

**THE IMPACT OF FEMALE CIRCUMCISION ON PRIMARY SCHOOL
PUPILS: THE CASE OF MOSHI RURAL DISTRICT**

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTERS OF ARTS IN SOCIAL
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CERTIFICATION

The undersigned certifies that he has read and hereby recommend for acceptance by the Open University of Tanzania, a dissertation titled: “The Impact of Female Circumcision on primary school pupils: The Case of Moshi Rural District” in fulfilment of the requirements for the Degree of Masters of Arts in Social Work.

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.....
Date

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I, Juster Siriwa Masambu, do hereby declare that this dissertation is my own original work and it has not been presented before its submission to any other university or higher learning institution for a similar or any other degree award.

Signature _____

Date

DEDICATION

This study is dedicated to my dearly loved children Rachel, Lissa, Jacob and Careen.

ACKNOWLEDGEMENTS

Thanks to God's endless love, I have accomplished this Dissertation. My appreciation should be addressed to all people who assisted and contributed in one way or another to the accomplishment of this academic work. I also recognize the high devotion and highest contribution of my Supervisor, Dr. Abunuwasi Mwami, with my thankful heart; especially for his good and important guidance that enabled me in the production of this dissertation. I would like to thank my dear friend Furaha Eballo for his close collaboration and moral support that encouraged me during the whole process of this work and my studies in general. I would like to state that, I am entirely responsible for any error and deficiencies that may be observed in this work.

ABSTRACT

The main objective of this study was to explore the social cultural factors that propel female circumcision practice among the Chagga communities in Moshi rural district. The study attempted to answer various questions in order to meet its specific objectives, which were to identify the form and essence of sexuality among Chagga in Moshi District, determine the social cultural factors driving female circumcision practice in Moshi district, and assess the effects of female circumcision to primary school girls in Moshi district. The study was a case study research design, the population of which was selected using stratified and simple random sampling procedures, while three instruments, face to face interview, questionnaire and focus group discussions were used in collecting data. In relation to the study objective, it was evident that the persistent practice of female circumcision in Moshi rural district is driven by different social cultural factors. These were identified as acceptance in the community, preserving cultural norms, beliefs and tradition, teaching young girls the way to behave toward their in-laws and husband, bringing chance and respect in the family, increasing young girls' chance to marriage, and reducing sexual addiction to young girls and women in the community. As recommendations, the government should plan and conduct surveys and investigations elsewhere in the country to determine the socio-cultural values associated to this practice. It should also conduct open discussions with community members in order to get their views and insights with regard to female circumcision. On top of that, the government should promote this practice by legalizing and improving environments and conditions to perform the circumcision to women.

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LIST OF ABBREVIATIONS

FC	-	Female Circumcision
FGC	-	Female genital Cutting
FGD	-	Focus Group Discussion
FGM	-	Female Genital Mutilation
HIV	-	Human Immune Virus
KNCU	-	Kilimanjaro Native Cooperative Union
NGO	-	Non Government Organisation
RTI	-	Reproductive Tract Infection
SPSS	-	Statistical Package for Social Sciences
TPC	-	Tanganyika Planting Company
URT	-	United Republic of Tanzania
WHO	-	World Health Organisation

CHAPTER ONE

1.0 INTRODUCTION AND BACKGROUND TO THE PROBLEM

1.1 Introduction

Female circumcision remains prevalent in many countries around the globe, including Tanzania. However, with the increasing awareness on the role played by women in the social well-being of the community, female circumcision has become an issue of global concern. According to World Health Organisation report (2006), over 136 million women have been circumcised, and an estimated number of between 2000 and 4000 women undergo female circumcision every year in Tanzania.

The history of female circumcision goes as far back as to 13th Century B.C as one among the old practices in a Greek Papyrus (Hugannet, 1998). It had later become common among the Phoenicians, Hittites, Arabs, Syrians, Malaysians, Indonesians and some tribes in Africa. Since the early 1990s, female circumcision has hence acquired a status of health and human rights problem among different Nations around the world, and hence it has been advocated by different organisations and professional associations. This practice is particularly associated with Islamic culture as it has referred to favorably in later Islamic texts and is often perceived to have religious significance. The Institute of Adult Education (1990) in its book 'Madhara ya Kutahiri Wanawake' stated that female circumcision is more practiced in Asia and Africa than in other continents in the World.

According to Amnesty International (1997) approximately 6000 girls were at risk of female circumcision and among the countries where the practice has been reported

included Australia, Italy, France, Denmark, the Netherlands and Sweden. Emphasizing on this, Amnesty International (1997) found out that there are more than 79.9% (80 million) circumcised females in the World. Toubia and Sharief (2003) found out that about 130 million women and girls have undergone female circumcision in the world.

Kabira et al (1997) found out that in Africa female circumcision contributed to high rates of school drop-outs among girls because once they were withdrawn from schools to participate in female circumcision ceremonies they did not resume studies because they were encouraged to socialise toward marriage.

In 1997, the World Health Organisation, the United Nations Children's Fund, and United Nations Population Fund issued a joint statement confirming the universally unacceptable harm caused by female circumcision practice and issued a call for the elimination of this practice in all its forms. The three agencies hoped that this harmful practice would end when people around the world understood the severe health consequences and indignity it inevitably causes (LHRC, 1999). Given that practice is for the most part done without the consent of its victims and it similarly causes severe circumstances to females, it is therefore seen as a violation of the human rights of women and of girl child.

In Tanzania female circumcision is mostly practiced in a number of regions and cultures. Gilkey and Institutes of Adult Education found out that Arusha (among the Massai, Mbulu, and Barbaig tribes), Kilimanjaro (among the Chagga and Pare

tribes), Dodoma (among the Gogo and Sandawi tribes), and Nyaturu tribe in Singida region were the regions where female circumcision was mostly practiced (Gilkey, 1999; Institute of Adult Education, 1990). According to them, the most common type of female circumcision in Tanzania is clitoridectomy which was practiced in the central and Northern zone. However, it is evidenced that a lot of young girls in Tanzania undergo female circumcision through influence and pressure from their parents (Daily News, 2009). However, cultural and societal identities were found as the major reasons for the practice of female circumcision. This is now carried out on infants and young girls so that they can not rebel and bring shame on their families (LHRC, 2005). For example in Tarime and Kilosa districts, female circumcision has been closely tied with the initiation into adulthood and the teaching of cultural ways that happened at the time of cutting. Legal and Human Rights Center (2005) found out that in nearly all regions of Tanzania female circumcision was performed on the girl children. In some tribes including Kurya, Chagga, and Massai those who escaped to undergo the genital circumcision in their childhood or married in these tribes uncircumcised would be circumcised during the delivery of their first borns. The study further indicated that traditionally the instrument used to circumcise was the native knives, whereas today a razor blade is often used.

A number of problems have been registered as the major consequences of female circumcision. According to World Health Organisation (1998), many difficulties during child delivery were associated with excision scars because it prevented dilation resulting into tears, haemorrhage and infections. The same study found out that female circumcision created deep psychological wounds as well as physical ones

among the very young girls who are subjected to that torture by their own families, those they trusted and loved. Emphasizing on this, Legal and Human Right Center (2005) discovered that in Iringa district psychological trauma was said to cause women tighten their legs during delivery and kill their baby because they remembered the pain they suffered from female circumcision. Rushwan (2000) found out that female circumcision facilitated HIV transmission through numerous mechanisms such as using unsterilized instruments.

1.2 Background to the Problem

With the increasing awareness on the role played by women in the social well-being of the community, female circumcision has become an issue of greater concern among various social activists in Tanzania and elsewhere in the world. Movements against female circumcision emerged in the 1990s following pressures by various international agencies including World Health Organisation, United Nations for Children's Funds, to eradicate all oppressive and discriminatory practices against women and girls. It is estimated that more than 13 million girls and women have undergone some form of female circumcision and that each year an additional two million girls are at risk (WHO, 2006).

According to World Health Organization female circumcision consists of several distinct procedures. Their severity is often viewed as dependent on how much genital tissue is cut away. The World Health Organisation which uses the term female genital cutting divides the procedure into four major types, although there is some debate as to whether all common forms of female circumcision fit into these four

categories, as well as issues with the reliability of reported data. The World Health Organisation defines female circumcision type I as the partial or total removal of the clitoris (clitoridectomy) and/or the prepuce (clitoral hood). In the context of women who seek out labiaplasty, there is disagreement among doctors as to whether to remove the clitoral hood in some cases to enhance sexuality or whether this is too likely to lead to scarring and other problems. The World Health Organisation's definition of female circumcision type II is partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora. The type III is known as infibulations with excision, which consists of narrowing the vaginal orifice with creation of a covering seal by cutting and repositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation). It is the most extensive form of female circumcision, and accounts for about 10% of all female circumcision procedures described from Africa. Infibulation is also known as "pharaonic circumcision" (WHO, 2008; WHO, 2006; WHO, 2000; Elsmusharaf et al. 2006; Cornier, (2005), Pieters *et al*, (1977).

There are other forms of female circumcision, collectively referred to as type IV that may not involve tissue removal. The WHO defines female circumcision type IV as all other harmful procedures to the female genitalia for non-medical purposes, for example, pricking, piercing, incising, scraping and cauterization. This includes a diverse range of practices, such as pricking the clitoris with needles, burning or scarring the genitals as well as ripping or tearing of the vagina. Type IV is found primarily among isolated ethnic groups as well as in combination with other types (WHO, 2008).

A June 2006 study by the WHO has cast doubt on the safety of genital cutting of any kind. This study was conducted on a cohort of 28,393 women attending delivery wards at 28 obstetric centers in areas of Burkina Faso, Ghana, Kenya, Senegal and The Sudan. A high proportion of these mothers had undergone female circumcision. According to the WHO criteria, all types of female circumcision were found to pose an increased risk of death to the baby (15% for type I, 32% for type II, and 55% for type III). Mothers with type III were also found to be 30% more at risk for cesarean sections and had a 70% increase in postpartum hemorrhage compared to women without female circumcision. Estimating from these results, and doing a rough population estimate of mothers in Africa with female circumcision, an additional 10 to 20 per thousand babies in Africa die during delivery as a result of the mothers having undergone genital cutting.

Female circumcision is traditionally performed on women in Tanzania. The rate of female circumcision in Tanzania ranges up to 17.6% of prevalence, with type II and III being the most typical mode practiced, (WHO, 2006). The most affected areas include Arusha, Kilimamnjaro, Dodoma, Singida, Mara and Morogoro regions, other regions include Iringa, Mbeya, and Zanzibar. According to Tanzania health statistics, female circumcision affects 18 percent of the female population in Tanzania. In Tanzania, the practice of female circumcision is not a new phenomenon and is thus associated with a customary and traditional belief. Gilkey, (1999) conducted a study on female circumcision in Tanzania, and found out that at least 10% of women population is genitally circumcised every year. For instance, Chugulu, (1998) and Msuya, *et al*, (2002) on the same subject found out that female circumcision was

associated with traditions and customs, religious requirements, rite of passage, cleanness, better marriage prospects, prevention of promiscuity, preservation of virginity and increased sexual pleasure for men.

However, over the period of time, female circumcision has been associated with a number of problems among women. Rushwan, (2000) found out that female circumcision facilitated HIV transmission through numerous mechanisms. He further discovered that instruments used for genital circumcision were likely to cause tetanus and that infibulations created a bridge of skin which obscured the opening of urinary canal. Therefore, the normal flow of urine is deflected and the area remained constantly wet and susceptible to bacteria infections. Generally, female circumcision is believed to have been a major cause of a lot of problems among women and girl children.

Female circumcision is a danger to health and life as it is usually performed without anaesthesia and is intensely painful. Life threatening complications are haemorrhaging; blood poisoning, tetanus and gangrene. Long-term consequences include persistent pain, psychological distress and chronic infection from shared cutting instruments. Others are genital scarring which can obstruct childbirth, causing permanent injury even death to women in labour. Female circumcision may leave a lasting mark of the life and mind of the women who have undergone the procedure. Children lose trust and confidence in care-givers. In the long term, women may suffer feelings of anxiety, depression, and frigidity. Sexual dysfunction may be the cause for marital conflicts and eventual divorce.

Female circumcision is discriminatory and violates the right to equal opportunities, right to be free from violence, injury, torture, abuse, and cruel, right to health, the right to be protected from harmful traditional practices and to make decisions concerning reproduction Stallings *et al*, (2009). It was also reported that, in Tanzanian women, the risk of HIV among women who had undergone female circumcision was roughly half that of women who had not; the association remained significant after adjusting for region, household wealth, age, lifetime partners, union status, and recent ulcer. The authors, who expressed surprise at their finding, concluded that the association was due to confounding due to unknown factor.

Similarly, Klouman *et al*, (2005), studying women in Tanzania, found that among women who had undergone female circumcision, the odds of being HIV positive were roughly twice those among women who had not. However, both HIV and female circumcision were strongly associated with age; when controlling for age, the association was no longer statistically significant.

In addition, Brewer *et al*, (2007) found that in virgins, female circumcision was associated with a higher prevalence of HIV infection (3.2% vs 1.4%), which the authors attributed to non-sterile procedures. Among sexually experienced women, female circumcision was associated with lower HIV prevalence (5.5% vs 9.9%). The authors suggested two possible reasons: that an HIV-specific immunity might be acquired through female circumcision procedures, and mortality of those infected at the time of female circumcision would reduce HIV prevalence in surviving adults. Maslovskaya *et al*, (2009) found that female circumcision was associated with higher

risk of HIV among women whose first-union partner was younger or the same-age, but it was associated with lower risk of HIV among women whose first-union partner was older than the women herself. Yount, K and Abraham, B. K (June 2007), reported that, although female circumcision and HIV were not directly related, female circumcision was indirectly related to HIV via a number of associations with other factors, including extra-union partners, early onset of sexual activity, being widowed or divorced, and having an older partner. The authors concluded that female circumcision "may be an early life-course event that indirectly alters women's odds of becoming infected with HIV through protective and harmful practices in adulthood.

Lightfoot-Klein, (1989) studied genitally-cut and infibulated females in Sudan, stating, "Contrary to expectations, nearly 90% of all women interviewed said that they experienced orgasm (climax) or had at various periods of their marriage experienced it. Frequency ranged from always to rarely." Lightfoot-Klein stated that the quality of orgasm varied from intense and prolonged, to weak or difficult to achieve.

The reasons of female circumcision are multiple. Women have little choice in the practice of this ancient ritual despite the physical and psychological harm. The practice is seen as necessary preparation for woman's marital and family responsibilities. There are social stigmas associated with women who are not circumcised. For example it is thought that a woman not operated on will suffer ill health, disease and be affected by a taboo. Traditionally males are strongly

prohibited from marrying into a family where women do not undergo female genital mutilation. Parents and communities who support female circumcision believe that it protects girl's virginity, discourages female promiscuity, promotes cleanliness, guarantees marital prospects, improves fertility and prevents stillbirths.

In some areas of Tanzania, female circumcision is carried out during infancy, others during childhood, at a time of marriage, during a women's first pregnancy or during the birth of her first child. The most typical age is 7 – 10 years or just before puberty, although the age is dropping in some areas due to the fact that the government has made the practice illegal. The Tanzania Sexual Offences Special Provisions Act, a 1998 amendment to the Penal Code, specifically prohibits female circumcision. Section 169A(1) of the act provides that any one having custody, charge or care of a girl under 18 years of age who causes her to undergo female circumcision commits the offence of cruelty to children. The penalty for this offence is imprisonment up to fifteen years, a fine up to 300,000 Tanzania shillings or both imprisonment and fine. The law also provides for the payment of compensation by the perpetrator for the victim of the offence.

Both government and non-government organizations have been committed to eradicating female circumcision by creating awareness of such practice to communities. Thus the Tanzania government has made the practice illegal. In 1998 the Tanzania Government criminalized female circumcision, saying the practice is cruelty to girls and children less than 18 years of age. However, in many regions of Tanzania this traditional cultural practice remains common. It is regularly being

performed on girls as young as seven and eight so as to go unnoticed. In Singida region in central Tanzania people evade the law by privately cutting baby girls when they are a few days old. In Mara region the ceremony is now shrouded in secrecy. Although the Tanzania Government officially discourages the tradition of female circumcision it still is performed at an early age in approximately 20 of the country's 130 ethnic groups. The Tanzania Legal and Human Rights Centre estimated that 1.5 million women have been subjected to the practice.

1.3 Statement of the Problem

Various efforts by the government, NGOs and individual persons have been made in addressing the issue of female circumcision. For example, the Tanzania government has enacted the (SOSPA, 1998) which prescribes it, NGOs like TAMWA and TGNP have been in the forefront in educating the Tanzanians against the adverse effects of the practice; religious institutions have also condemned the practice. Yet despite these measures female circumcision is still rampant and on the increase. The questions are; why is this? What are the social and cultural factors which still propel the prescribed practice?

This study has therefore been designed to explore the social cultural factors that propel female circumcision the practice among the Chagga communities in Moshi District, despite government campaigns against it. As such, this study is going to find out the beliefs associated with the practice and as to whether those beliefs are valid or not. Also the reasons as to why campaigns against female circumcision are ineffective will be explored.

Therefore, this study has explored the social cultural factors that propel female circumcision practice among the Chagga communities in Moshi District, particularly those in rural areas of Moshi District and as to why it continues while it is remarkably decreasing in other societies like the Kuriya in Mara and is not practiced among other tribes in Tanzania.

The study intended to explore the importance of the government and Non-government Organisations campaigns against female circumcision and envisaged to find out the reasons as to why the campaigns are doing better in some societies while in other societies not? It has thus found and suggested some alternatives and particular approaches to address the problem of female circumcision in Moshi rural district since the campaigns conducted by the government, Non-government organisations and religious institutions were seemingly less viable.

1.4 Objectives of Study

1.4.1 General Objective

The general objective was to explore the social cultural factors that propel female circumcision practice among Chagga communities in Moshi District.

1.4.2 Specific Objectives

The specific objectives of this study were:

- 1 To describe the form and essence of sexuality in Chagga community
- 2 To investigate the social cultural factors which propel female circumcision among Chagga communities

- 3 To determine the effects of female circumcision practice to school girls in Moshi District.

1.5 Study Questions

1.5.1 General Question

The main question that was answered in this study was: What are social cultural factors propelling female circumcision practices among Chagga communities in Moshi Rural District?

1.5.2 Specific Questions

This study attempted to answer the following specific questions:

1. What was the form and essence of sexuality among Chagga in Moshi District?
2. What were the social cultural factors driving female circumcision practice in Moshi district?
3. What were the effects of female circumcision to primary school girls in Moshi district?

1.6 Rationale of the Study

This study was of foremost importance where its findings first have brought about awareness to the ill effects of this social practice. To educate the people from Moshi and Tanzania in general on the present social interaction across the country that may lead to the females who are circumcised not to be married in societies, which do not practice female circumcision.

1.7 Study Delimitation

This study dealt with primary school pupils only because of the recent shift from circumcision of potential marriagers who were about 15 years to 25 in the past years to primary school girls who range from 10 years to 14, particularly from standard five to standard seven.

CHAPTER TWO

2.0 LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This section includes the review and presentation of the theory that will guide this particular study, as well as the review of empirical literatures on various aspects of female circumcision including reasons, performance, practice prevalence and consequences of female circumcision. Similarly, it is the section that exposes the gaps to be filled by this study.

2.2 Review of Empirical Literatures

Many scholars have written on issues related female circumcision elsewhere in the world and Tanzania in particular. Despite a number of literatures available on this related topic, few have been written on the impacts of female circumcision on young girls, especially primary and secondary school girls.

Female circumcision occurs throughout the world. World Health Organisation estimates that between 100 million and 140 million girls and women alive today have experienced some form of the practice (WHO, 2006).

According to the piece of work by Keita and Blankhart, (2001) focussing on the belief and practices of people in Faranah district, Guinea regarding female genital excision, it was revealed that women of young ages and more importantly those in their pre-adolescence remain the most targeted and perpetuated in the practice of female circumcision, whereby the practice in their ethnic groups, it is done without the consent of the victim as an obligatory rite episode.

These scholars did not state clearly why the practice has remained more perpetual to women of young ages and obligatory. It is evident that, their work did not look at the social cultural factors that drive many communities to continuously executed female circumcision. For instance, they did not indicate how female circumcision practice impacts on the sexuality in their surveyed communities.

The scholar named Strickland (2001) on the practice of female circumcision, the study which aims at identifying the knowledge, attitude and practice of female circumcision among Egyptian physicians, has shown that, this practice is done with a number of degrees of complexity depending on one society to another. In most occasions, female circumcision is executed in unsafe conditions and settings using unsophisticated instruments and without anaesthesia or aseptic techniques. According to this scholar, female circumcision in communities where it is practiced it is regarded as a necessary and desirable practice for women and girls.

Despite the work of Strickland on the practice of female circumcision has indicated the conditions under which female circumcision is performed and the perception of its practitioners, but this scholar has ignored to investigate the factors, especially socio-cultural factors that enforce the necessity and desirability of female circumcision practice in the communities where it is executed.

In a study on infibulations in the Horn of Africa, which aims at determining the effects of infibulation on marriage and child birth, as well as the gynaecological problems associated by the practice, Pieters discovered that the procedure involves

extensive tissue removal of the external genitalia, including all of the labia minora and the inside of the labia majora. The labia majora are then held together using thorns or stitching. In some cases the girl's legs have been tied together for two to six weeks, to prevent her from moving and to allow the healing of the two sides of the vulva. Nothing remains but the walls of flesh from the pubis down to the anus, with the exception of an opening at the inferior portion of the vulva to allow urine and menstrual blood to pass through. Generally, a practitioner recognized as having the necessary skill carries out this procedure, and a local anaesthetic is used. However, when carried out "in the bush", infibulations is often performed by an elderly matron or midwife of the village, without sterile procedure or anaesthesia (Pieters, *et al.*, 1977).

A reverse infibulations can be performed to allow for sexual intercourse or when undergoing labour, or by female relatives, whose responsibility it is to inspect the wound every few weeks and open it some more if necessary. During childbirth, the enlargement is too small to allow vaginal delivery, and so the infibulation is opened completely and may be restored after delivery. Again, the legs are sometimes tied together to allow the wound to heal. When childbirth takes place in a hospital, the surgeons may preserve the infibulation by enlarging the vagina with deep episiotomies. Afterwards, the patient may insist that her vulva be closed again, (Pieters, *et al.*, 1977).

In relation to the study by Pieters, *et al.* (1977), it is evident that their study was mainly focused on identifying the procedures used in removing the tissues of the

external genitalia and their physical consequences, but they did not provide any social cultural meaning pertaining to this removal of those external genitalia tissues. This unstated information requires a deep investigation.

A study conducted by Msuya, Sia E. *et al.*, (2002) aimed at studying the prevalence, type, social correlates and attitudes towards female circumcision among urban women in Kilimanjaro, Tanzania; and to examine the association between female genital cutting and gynaecological problems, reproductive tract infections (RTIs) and HIV. In 1999, 379 women attending reproductive health care clinics were interviewed and underwent pelvic examination. Specimens for RTI/HIV diagnosis were taken. The results showed that seventeen per cent had undergone female circumcision, mostly clitoridectomy (97%). Female genital cutting prevalence was significantly lower among educated, Christian and Chagga women. Women aged ≥ 35 were twice as likely to be cut as those < 25 years. Seventy-six per cent of those who had undergone female genital cutting intend not to perform the procedure on their daughters. Age < 25 years ($P < 0.0001$) and low parity ($P < 0.01$) were predictors of that intention. There was no association between RTIs, HIV or hepatitis B and female circumcision.

Kilimanjaro region, where the study was conducted, is in the northeast of Tanzania. It ranked the fourth (37%) in the number of women who have undergone genital cutting among the 20 regions in the country (Bureau of Statistics 1997). According to that study the likelihood of having undergone female circumcision was significantly higher among women who were not of the Chagga ethnic group, were of Muslim

religious affiliation, were illiterate and had more than three children. Women who had undergone female circumcision were slightly older than those who had not (mean age 28.67 vs. 26.58 years). Only 12% of women aged < 25 years had undergone circumcision while 18.6 and 24.5%, respectively, of women between 25 and 34 and ≥ 35 years had undergone the procedure. Age at which female circumcision was performed ranged from 6 to 18 years, with median age being 10 years (Table 3). By the age of 10, 59% of the affected women had undergone female circumcision, and the percentage rose to 84% by the age of 14. Chagga women underwent circumcision when they were older (≥ 15 years) than those from other ethnic groups. The study also revealed that the genitourinary tract infections and other sexually transmitted infections were equally prevalent among women who had undergone female circumcision and those who had not. In addition, it was indicated from that study that women who had undergone excision had vaginal narrowing (stenosis) and reported painful intercourse secondary to difficult penetration.

The identified gaps from this study by Msuya, *et al.*, (2002) are the failure of these researchers to state the socio-cultural drives impelling the female circumcision practice in Kilimanjaro stated in their work. Similarly, their study ignored to underline the effects of the female circumcision practice to the social cultural development of young children, especially school girls. This needs to be researched so as to get the necessary information to fill the identified knowledge gap.

In Tanzania, evidence shows that culture and traditions contribute to the practice of female circumcision as documented from cross-sectional studies conducted in Moshi

rural district. For instance, a study by Chugulu involved 150 women aged between 18 and 40 years who were selected randomly in Moshi district. The data of which were collected using survey instrument and focus group discussion with the aim of exploring attitudes toward and beliefs surrounding female circumcision, as well as the importance attached to the practice. The results from this study have reported that in the Moshi district, culture and traditions are the main factors influencing the practice of female circumcision. It was also believed by villagers in the area that, if a woman is not circumcised, she becomes wild, and her sexual urge is uncontrollable, and babies born of uncircumcised women will die, (Shugulu, 2000). In his study on the reasons for perpetuation of the practice in rural Kilimanjaro, Shugulu found out that, the fact that age at sexual debut and number of partners did not differ between the women who had undergone cutting and those who contested the belief that genital cutting reduces promiscuity and preserves virginity (Chugulu 1998).

Albeit the fact that the studies by Chugulu have revealed culture and traditions as main factors propelling the practice of female circumcision, still there was a need of investigating on the essence and cultural meaning of sexuality among Chagga people. This could reveal socio-cultural forces enforcing persistent practice of female circumcision among Chagga community.

In addition, a study conducted by Massawe in 1983 at Kilema village within the same district on related subject showed that female circumcision is done just before marriage as a traditional pre-requisite for marriage. Those who are not circumcised, have to be circumcised after marriage, sometimes even if one is pregnant. The

practice of female circumcision in this village was shown to be necessary because it was said to prevent diseases of genitalia, diminishes sexual desires and ensures fertility, as circumcised women were believed to give birth easily without labour and pregnancy complications. Another reason of circumcised women in this village was for them not to appear like men. Furthermore, this scholar in the same study at Ndada village in Mwanga district, Kilimanjaro region, revealed that female circumcision was mostly done at the younger age of 5-8 years. This practice was reported to be an act of conformity to the tradition and customs including, diminishing sexual desire of the circumcised girl, prevention of diseases of genitalia, religious beliefs (Muslims), and conforming to others already circumcised, (Massawe, 1983).

The findings by Massawe (1983), in his study conducted at Ndada village in Mwanga district, has not clearly stated the form and essence of sexuality in Kilimanjaro region, especially among the communities practicing the female circumcision. This information could reveal the meaning of sexuality and its relation to female circumcision practice in the district, and Tanzania in general. Similarly, Massawe in his studies did not investigate on the effects of female circumcision, especially to young or schoolgirls. This has therefore motivated the designing of this study in order that the identified gaps can be filled.

Many Social scientists have attempted to address the question of why female circumcision continues. In *The Female Circumcision Controversy*, Ellen Gruenbaum states: “There is no simple answer to this question (Gruenbaum, 2001). Concerning female circumcision, people have different and multiple reasons. Female

circumcision is practiced by people of many ethnicities and various religious backgrounds, including Muslims, Christians, and Jews, as well as followers of traditional African religions. For some it is a rite of passage. For others it is not. Some consider it aesthetically pleasing. For others, it is mostly related to morality or sexuality.” Gruenbaum presents the reasons given by survey respondents for supporting the practice, and the differences among background variables, including variables associated with the empowerment of women.

As a social behaviour, female circumcision derives from a complex set of belief systems. In the majority of countries, the practice is supported among both women and men. The motivation for continuing the practice is often linked to the perception of specific benefits. The reasons for practising female circumcision, however, vary significantly within and between countries. The respondents in her study on “*The Female Circumcision Controversy*” believed that, the main reason justifying the continuation of female circumcision include norms and traditional beliefs. In Côte d’Ivoire, Eritrea and Sudan, for example, around 70 per cent of women find custom and tradition to be the most compelling reason justifying the continuation of the practice. In Kenya 42 per cent of women and in Nigeria 35 per cent of women believe female circumcision is a good tradition.

It can be said that, Gruenbaum, (2001) in her study on “*The Female Circumcision Controversy*” did not question why female circumcision was it believed to be a good traditional practice, and what were the reactions of female circumcision practitioners, particularly women against activism on the eradication of the practice.

In addition, Yoder S.P., (2004) suggests that “among the women who think female circumcision should continue, half to two-thirds regard female circumcision as part of their commonsense understanding of what parents should do for their daughters – that they are doing what they think is appropriate.” Regardless of the explanations provided, it could be concluded that the largest proportion of women who believe female circumcision should be continual support the practice because of custom or traditional beliefs.

The work by Yoder (2004) also did not take into account the reasons as to why women believe in the custom and traditional beliefs protracting the practice of female circumcision to be appropriate. According to the studies conducted by Walker and Parmar, (1996), Dorkenoo, (1995) and Smith, (1995), it was revealed that in countries like Burkina Faso, Mali, Kenya, Sudan and Nigeria there was a belief that the clitoris are dangerous and aggressive organs, thus when contact with the baby head during childbirth, they might kill the baby. The study further discovered that in Ethiopia, people believed that if the women genitals were not exercised, they would finally grow and hang between the legs like a man’s organs. According to them, another widespread belief was that female circumcision was regarded as an initial important rite of passage particularly during the passage from childhood to adulthood. Smith and Dorkenoo have cited Northern Sudan, Kenya, Ivory cost and Mali as areas where initiation rites are practiced. In these cases, songs, dances and chants teaching the young girls their duties and the required characteristics of a good wife or mother are performed in the form of a ceremony. In other societies female genital mutilation is seen as a part of tradition.

Despite the fact that the studies by Walker and Parmar (1996), Dorkenoo (1995) and Smith (1995), have enumerated a number of factors standing as driving force of the female circumcision in their studied communities, but not enough information has been provided on the link between sexuality and the circumcision of female genital organs.

According to Toubia, (1995), women who have been infibulated face a lot of difficulty in delivering children, especially if the infibulation is not undone beforehand, which often results in severe tearing of the infibulated area, or foetal death if the birth canal is not cleared. The risk of severe physical and psychological complications is more highly associated with women who have undergone infibulations as opposed to one of the lesser forms of female circumcision. Although there is little research on the psychological side effects of female circumcision, many women feel great pressure to conform to the norms set out by their community, and suffer from anxiety and depression as a result (Toubia, 1995). "There is also a higher rate of post-traumatic stress disorder in circumcised females" (Nicoletti, 2007, p. 2).

Beside, female circumcision is deeply rooted in the social and cultural structures that are patriarchal in nature construct gender sexual relations that also determine male dominance in the control of sexuality and fertility Kabira, Gachukia and Matiangi, (1977).

From the works of Toubia (1955), Nicotelli, (2007) and Kabira, et al, (1977), it is evident that little were shown and known on issues relating to the effects of female circumcision to young children, especially girls. This gap therefore requires an investigation.

In February 2010, a study by Pharos, a Dutch group which gathers information on health care for refugees and migrants, found that many women who have undergone female circumcision suffer psychiatric problems. This was the first study into the psychiatric and social complaints associated with female circumcision. In the study 66 questioned Dutch African women, who had been subjected to the practice, were found to be "*stressed, anxious and aggressive*". It also found that they were more likely to have relational problems or in some cases had fears of establishing a relationship.

What can be questionable in the study of Pharos is that, what were the mechanisms the researcher used to determine whether the stress, anxiety and aggressiveness were associated with female circumcision and not to the status of studied women (refugee's status). This study will go further by exploring how girls subjected to this practice may develop an attitude of stress, anxiety and aggressiveness. Similarly, they ignored to investigate social cultural factors propelling the said practice. They also ignore to highlight positive impacts of the female circumcision to women and communities where the practice remains prevalent.

Recent reviews have suggested that female circumcision may increase the risk of HIV (Stallings et al., (2009); Utz-Billing I and Kentenich H (2008); Yount *et al.*(2007); Brewer *et al.* (2007); Braddy *et al.*, (2007); Klouman *et al.* (2005), Nyindo, M. (2005); Abusharaf, R.M. (2001); Brady, M.(1999); Kanki P, *et al.* (1992)). For instance, a study by Stallings et al., (2009) on "Female circumcision and HIV infection in Tanzania: for better or for worse" revealed that, in Tanzanian

women, the risk of HIV among women who had undergone female circumcision was roughly half that of women who had not; the association remained significant after adjusting for region, household wealth, age, lifetime partners, union status, and recent ulcer. The authors, who expressed surprise at their finding, concluded that the association was due to confounding due to a further, unknown factor.

Despite the fact that psychological effects of female circumcision has not been systematically explored (Meniru, Hecht and Hopkins, 2000), female circumcision seems to leave an ever lasting mark on the life and mind of the woman who has undergone it. For girls having the procedure later in childhood or adolescence when they are already aware of nature of female circumcision, feelings of anxiety are prevalent before the procedure (Meniru, Heacht and Hopkins, 2000). The practice of Female circumcision has been associated with the feeling of incompleteness, frigidity, irritability post traumatic stress disorder, chronic anxiety, depression, genital phobia and other psychiatric problem (Rushwan, 2000); Meniru, Heacht and Hopkins, 2000; Strickland, 2001, Rymer, 2003). However the psychological impact of female circumcision is widely individualized and may vary depending on meaning or culture of the procedure for the person involved. WHO (1998) found out that the female circumcision created deep psychological wounds as well as physical ones among the very young girls who are subjected to that torture by their own families which they trusted and loved.

Albeit the fact that, all the psychological effects indicated in the paragraph above can be pertaining to female circumcision practice, still those scholars ignore to relate the

those effects to the meaning and perception of the person subjected toward the practice. That is to say, they did not show whether women from the communities where the practice of female circumcision is highly admired or accepted are also victims of the said psychological problems.

In some parts of Africa, female circumcision contributes to the high rate of school drop – out among girls once the girls are withdrawn from the school to participate in the ceremonies, they do not return to school because they are encouraged to socialize towards to marriage (Kabira, Matiangi, Gachukia, 1997; Siringi, 2002). As a result the impact of poorly educated mother is passed on the daughter. Socially, the distressing sexual dysfunction may also affect women's relationship with the spouse or sexual partner and therefore may be an indirect cause of marital disharmony (Rushwan, 2000).

The gap found from the findings from the works by Kabira, et al., 1997; Siringi, 2002 and Rushwan, 2000 consists of their inability to establish the relationship between female circumcision and socio-cultural meaning on sexuality, especially showing why lack of being circumcised may lead to marital disharmony. Therefore, all the identified gaps from the reviewed literatures above have prompted me to conduct this research to complement the knowledge gap.

2.2 Theoretical Framework

Female genital mutilation is a deeply rooted historical, cultural and religious tradition that has been the subject of considerable debate. Baron and Denmark (2006:339),

argue that from a human rights point of view it is an unsafe and unjustifiable practice that violates bodily integrity; and feminists argue that it is an inhumane form of gender-based discrimination that capitalises on the subjugation of women, yet nations that endorse the practice define it as an integral feature of the culture. However, a variety of theories has been used by different scholars on the related topic.

For instance, in social theory, the intention to perform a particular act is seen as a consequence of the relative weight of attitudes and normative considerations. Packer (2005:224) argues that attitudes are determined by beliefs about the consequences of a particular behaviour. Normative considerations consist of social pressure to perform or not to perform a particular behaviour. The norms on which these considerations are based are communicated by important „others“ through socialisation and social interaction and the individual's motivation or desire to comply with these (ibid).

Similarly Barth (1982:14) argues that human behaviour is shaped by consciousness and purpose. It is explained by the utility of its consequences in terms of values held by the actor and the awareness on the part of the actor of the connection between an act and its specific results. The perception of other people in the community shapes one's behaviour and way of life.

Jenkins says that, *“Individuals are unique and variable, but selfhood is thoroughly socially constructed: in the processes of primary and subsequent socialisation, and in the ongoing processes of social interaction within which individuals define and redefine themselves and others throughout their lives”* (Jenkins 1996:20-21).

Socialisation therefore plays an important role in the development of values and this affects the way people behave later in life. Change and mutability are endemic in all social identities but they are more likely for some identities than others. In cases where locally perceived embodiments is a criterion of any social identity, fluidity maybe the exception rather than the rule (Jenkins 1996:21). For the case of female circumcision, change is bound to be slow because of the fact that its justification is embedded in the culture of the people practicing it. Individuals seek to comply with the belief they perceive the significant leaders of their community hold, notably that girls should be circumcised.

The theories referred to above explicitly incorporate the influence of the immediate social context on individual behaviour, (Parcker 2005:224). A web of socio-cultural norms where a person lives affects their behaviour and decision-making, (ibid: 224-225). In Africa social and cultural norms remain strongly in favour of female circumcision. The family and community are the most significant transmitters and guardians of norms. It is through the family that the practice of female circumcision is maintained and upheld as a tradition, (ibid).

Despite a variety theories could be applicable in this study; the researcher has suggested applying or being guided by social constructionist theory (TRA) in this particular study.

2.1.1 Social Construction Theory

Social constructionism may be defined as a perspective which believes that a great deal of human life exists as it does due to social and interpersonal influences (Gergen

1985). Although genetically inherited factors and social factors are at work at the same time, social constructionism does not deny the influence of genetic inheritance, but decides to concentrate on investigating the social influences on communal and individual life. The subjects that social constructionism is interested in are those to do with what anthropologists call culture, and sociologists call society: the shared social aspects of all that is psychological. Constructionism lays emphasis upon the socially constructed of our knowledge, including our knowledge of self and others. By problematizing the foundations of this knowledge, Constructionism argues that what is routinely assumed to be given or self-evident is achieved and precarious. In common with other phenomenological and hermeneutic traditions of social theory, Constructionism understands that all ways of communicating, all forms of knowing and all modes of being lack absolute foundations; and are therefore that they are obliged to rely upon particular, historically contingent sets of taken for granted assumptions to support and sustain their 'good sense'.

The key event in introducing the notion of 'social constructionism' to a wide academic audience was the publication in 1967 of Berger and Luckman's "The Social Construction of Reality". Drawing from the phenomenological philosophy of Edmund Husserl (1975) and Alfred Schutz (1962-6), they characterised everyday life as a fluid, multiple, precariously negotiated achievement in interaction. Their principal thesis was that individuals in interaction create social worlds through their linguistic, symbolic activity for the purpose of providing coherence and purpose to an essentially open-ended unformed human existence. Society is neither a system nor an organism; it is a symbolic construct composed of ideas, meanings and language

which is all the time changing through human action and imposing constraints and possibilities on human actors themselves. What such an approach clearly does is to emphasise the processes through which people define themselves (their identities) and their environments. People do so by participating in their social worlds, interacting with others and assigning meaning to aspects of their experience. Constructing social realities is seen as an ongoing aspect of people's everyday lives and relationships.

In social construction theory, as in most feminist approaches, the idea of an objectively knowable truth does not exist. Knowledge is constructed through social interpretation and the inter-subjective influences of language, family, and culture (Hoffman, 1990). The basic contention of social constructionism is that reality is socially constructed (Berger, 1967), that is, what we perceive as reality has been shaped through a system of social, cultural and interpersonal processes. Four assumptions are made by social constructionists:

- (1) The way we go about studying the world is determined by available concepts, categories, and methods. Our concepts often incline us toward or even dictate certain lines of inquiry while precluding others, making our results the products more of our language than of empirical discovery.
- (2) The concepts and categories we use vary considerably in their meanings and connotations over time and across cultures. Concepts are assumed to relate to permanent human experiences or functions.

- (3) The popularity or persistence of a particular concept, category, or method depends more on its usefulness (political usefulness particularity) than on its validity.
- (4) Descriptions and explanations of the world are themselves forms of social action and have consequences, (Gergen, 1985, pp.266-275).

Social construction theory explores an evolving set of meanings that are continuously created from people's interactions. The development of concepts is a social phenomenon, a fluid process that can only evolve within a cradle of communication (Hoffman, 1990). It is only through the interaction of the socio-cultural processes with the intrapersonal self (ideas, beliefs, history) that the construction of knowledge is nurtured. This theory places an emphasis on the individual's active role in constructing reality, while being guided by her/his culture (Tiefer, 1987, 1995). Persons are constructors of knowledge in their lives assisted by the prevalent discourses in their societies and cultures, and their own life experiences.

Through social constructionism, researchers can look for diverse meanings of sexuality within and between social groups (Thompson, 1992). Social construction theorists contend that physically identical sexual acts may have different social and personal meanings depending on how they are defined and understood in their different cultures and historical periods (Vance, 1991). Besides influencing the way individuals define and act on their behaviours, socio-historical constructions also organize and give meaning to collective sexual experience through, for instance, constructions of sexual identities, definitions, ideologies, and regulations (Vance,

1991). It is interesting to argue then, how it is that sexuality has been "repressed" and "liberated" through time if it is only a construction of the expression of a biological potential.

The history of American sexuality...is not one of progress from repression to liberation...we argue that sexuality has been continually reshaped by the changing nature of the economy, the family, and politics...questions of repression and enjoyment are themselves present-minded. They rest on a contemporary belief...that physical sexual pleasure...is critical to human happiness. They often also assume that sexuality is a fixed essence that resides within the individual... This essentialist framework overlooks the ways [sexuality] has been constructed. It also ignores [sexuality's] grounding in economic change and its role in maintaining systems of social inequality (D'Emilio & Freedman, 1988, pp. xi-xiv).

Foucault, in his *History of Sexuality: An Introduction* (1978), stated that there is no such thing as an internal force or drive, sexuality, that can be manipulated in such ways. He went on to say that what can be manipulated are ideas and definitions, a potential regulator of the ways in which sexuality can be thought of, defined, and expressed. Sexualities, he argued, are constantly produced, changed, modified, and the nature of sexual discourse and experience changes accordingly (Foucault, 1978).

With the above theory in mind, this study on the impact of female genital mutilation to primary school girls will successfully be completed and presented in order to provide a better understanding of the social cultural influences on female circumcision among Chagga community.

CHAPTER THREE

3.0 METHODOLOGY AND RESEARCH DESIGN

3.1 Introduction

This section attempted to cover the entities such as research design, area of study, study population; sample size and procedures; methods of data collection and instruments of data collection.

3.2 Research Design

Research design is defined as a logic plan of how to conduct a research. It stands for the advance planning of the methods to be adopted for collecting the relevant data and techniques to be used in their analysis, keeping in view the objectives of the research and the availability of staff, time and money (Kothari, 2003). It is needed because it facilitates the smooth sailing of various research operations, thereby making research efficient as possible yielding maximal information with minimal expenditure of effort, time and money. Therefore, a case study research design is used because the researcher intends to gain a deep and thorough understanding of the phenomena and because of its flexibility in respect to the data collection methods.

3.2.1 Study Area

The study was conducted in Moshi rural district in Kilimanjaro region. Moshi rural has been chosen because fewer studies have been carried out in the area with a focus on primary school pupils. Additionally, the area has many cases related to female

circumcision which have not yet been researched. In addition, the area is inhabited by Maasai and Chagga people who are believed to practice female circumcision to women and young girls. Hence, this study provided an opportunity to get a thorough understanding of the impact of female circumcision among primary school pupils in the rural district.

3.2.1.1 The Land and Its People

Moshi rural district occupies an area of 3,054.3 square kilometres on the southern slopes of Mount Kilimanjaro. The most significant physical feature in the district is the snow-capped Mount Kilimanjaro, which is the highest in Africa. It extends from Rombo district in the east to Hai district in the west for 80 kilometres. The inhabited land in the area consists of three belts; low belt, middle belt, and high belt.

The district, like the other districts in Chaggaland, is a land-scarce district. The 1988 census indicated that the district population was 342,897, with a density of 129 people per square kilometre. This high density has encouraged most young men and women to engage in local business or migrate to other parts of the country in search of land and commercial opportunities.

3.3 Sampling Plan

3.3.1 Sampling Frame and Study Population

This is a complete list of all elements in the population from which your sample will be drawn (Kamuzora and Adam2008). Therefore, pupils and teachers from ten schools which were selected from each ward will constitute the sampling frame for this study.

3.3.2 Sampling Techniques

Sampling techniques refer to the procedure adopted in selecting items (respondents) for the study. It is a process that constitutes the selected respondents (Kothari, 2003). Thus, purposive and simple random sampling techniques were adopted for data collection. One primary school was purposely chosen in each ward. Stratified sampling technique was used to select thirty (10) pupils from each school, which represented a stratum. Simple random sampling method was employed in order to provide equal chance to every individual in the population to be included in the sample.

Qualitative sampling was mainly random. In the qualitative part, the sampling unit was primary schools. Only pupils in standard six and seven from selected schools participated in the study. On the one hand, five (5) schools participated as an intervention group.

3.3.3 Sampling Procedures

The respondents were randomly selected to participate in the questionnaire survey and then subjected to female circumcision related information. Thereafter, pupils who received female circumcision information were asked to respond to the same instrument. On the other hand, the other five schools participated as a control group. These were not subjected to female circumcision information, but were asked afterwards respond to the same instrument. The aim was to see if female circumcision information/knowledge impacted to pupils could help to change their attitudes against female circumcision and therefore prevent female circumcision practice.

3.3.4 Sample Size

A sample size of one hundred and five (105) pupils and sixty (60) teachers who were selected among ten primary schools in Moshi rural were required for this study. This sample population was expected to provide relevant and accurate information that would enable the researcher to gain a better understanding of female circumcision and how it affects the learning process of primary school pupils in the area.

3.4 Methods of Data Collection

The study used various data collection techniques. Primary data were collected through interviews, focus group discussion and questionnaires. A semi – structured questionnaires with open and closed ended questions were administered to girl pupils and female and male teachers. During interviews teachers were asked to explain how female circumcision affects the learning process of pupils.

3.4.1 Interview

This involved the use of predetermined questions for conducting personal interview depending on the nature and availability of the respondents, especially for those selected randomly. Besides, in order to fill the gap of questionnaire data collection instrument, open-ended questions were used from a number of respondents so as to allow respondents to provide what they thought could be the problem and possible measures to the matter. The researcher used a number of 17 interview questions to gather information from pupils. The questions were classified into five sections, the first section concerned the respondent personal identification, the second section was all about the first objective of the study intending to determine the form and

essence of sexuality in Chagga community, and the third section involved questions entailing to discover social cultural factors which propel female circumcision, while the fourth section included questions which entailed to unveil the effects of female circumcision practice to school girls, and the last section involved questions recommending respondents to suggest on what should be done to curb with the situation.

3.4.2 Questionnaires

The questionnaire was developed in English and then translated into Kiswahili, which is the medium of instruction in the participating schools. The instrument was reviewed for content validity and revised before data collection begins. The questionnaires consisted of socio – demographic characteristics of respondents, knowledge about female circumcision practice in the study area, especially about form and essence of female circumcision, social cultural factors and the effects of female circumcision, as well as respondents' suggestions on how the issue of female circumcision should be regulated. The questionnaire was sub-divided in five sections, the section of respondent's personal identification, the section relating to the first objective, that relating to second objective, the third objective and the section of suggestions. The questionnaire involved both closed and open-ended questions.

3.4.3 Focus Group Discussion

Each focus group discussion consisted of eight (8) informants. The themes for the in depth interviews and female circumcision included: Their understanding of female circumcision practice, for instance, what it is? Who practices it? Where it is

practiced? When it is practiced? How it is practiced? What are effects of the practice? Female circumcision related skills, whether they are vulnerable to Female circumcision; what they understand about the law that prohibit female circumcision? What are their views on the methods girls can use to escape being circumcised? What is their perceived efficacy to avoid being circumcised? Their acceptability of female circumcision, do they want to undergo female circumcision? What are their reasons for and against, perceived effects of female circumcision? Their source of understanding of female circumcision, where did they get information about female circumcision? What are their feelings, opinions, or views about female circumcision? Their perceived normative beliefs on female circumcision, what do they think would be views of other person on a person who has undergo female circumcision? Their opinions on how to eradicate female circumcision practice; what do they think can be done to eradicating female circumcision? What are they views about the law that prohibits female circumcision?

3.5 Data Processing and Analysis

As both quantitative and qualitative data were collected, therefore the quantitative data was analyzed using the statistical package for social sciences (SPSS). In general, descriptive and inferential statistics was employed. While qualitative data was analysed using content analysis system.

3.6 Limitation to the Study

Given the nature of this study, it was expected to come across a number of difficulties, including some respondents not to provide reliable information because of the subject matter itself which is related much to socio-cultural values. Besides,

respondents may not be able to honour the agreed time of appointments for interviews, specifically head teachers and teachers due to many functions they have to accomplish. In addition to that, financial constraints are forecasted to be the most challenging constraint that could affect the timing of this study.

3.7 Ethical Clearance

In the process of adhering with ethical issues, ethical clearance was sought and obtained from the Open University of Tanzania prior to the study. Research permit was also sought and obtained from Kilimanjaro region and Moshi Rural district authorities. Furthermore, informed consent was sought and obtained from participants before they participants were informed about the objective of the study and their participation was voluntary as there were no kinds of coercion for participation.

Furthermore participants were free to decline or withdraw of time in the course of the study without any repercussion. It was clearly clarified that the information to be provided whether orally or in writing would be for research purposes and would therefore be strictly anonymous and dealt with confidentially. As the study involved school girls who might have been victims of female circumcision, there was likelihood that they might develop feeling of anxiety especially if they recall some episodes. In this way, the researcher was standby to provide social support or counselling to participants who might have developed such feeling.

CHAPTER FOUR

4.0 DATA PRESENTATION AND DISCUSSION

4.1 Introduction

This section clearly provides a presentation, analysis and discussion of the survey data. The section is subdivided into two main subsections, the first being the description of the study area and population which provide a thorough understanding of the surveyed area and population, while the second concerns the presentation of data in form of tables and graphs, the data analysis and discussion.

4.2 Description of Study Area and Population

4.2.1 Description of the Study Area

The study was conducted in Moshi rural district, precisely in Urushimbwe where a number of ten primary schools were surveyed and ten among them being selected. These are Shimbwe chini, Sia shimbwe, Kishumundu, Materuni, Mnini, Mwasi, Mruwia, Matoli, Ngaruma and Shimbwe juu. The data concerning the surveyed schools are as presented in Table 4.1.

Table 4. 1: Name of Surveyed Schools

No	Name of School	No	Name of School
1	Shimbwe Chini	6	Sia Shimbwe
2	Kishumundu	7	Materui
3	Mnini	8	Mwasi
4	Mruwia	9	Matoli
5	Ngaruma	10	Shimbwe juu

Source: Survey Data, 2011

4.2.2 Description of Study Population

This particular section describes the population who were able to participate in one way or another in the survey and study activities. Three tools were used in collecting information from the field, namely direct interviews, questionnaires and group discussions. As the surveyor intended to get information from both pupils and teachers, however a total number of 199/300 (66.3%) respondents responded positively to questions. These included 105 pupils who participated at interviews, 62 teachers who filed and returned their questionnaires, and 32 who participated in group discussions. This means that the sample size of 199 respondents was obtained and whose information was retained by the researcher for data presentation, analysis and discussion, and from which the conclusion was made.

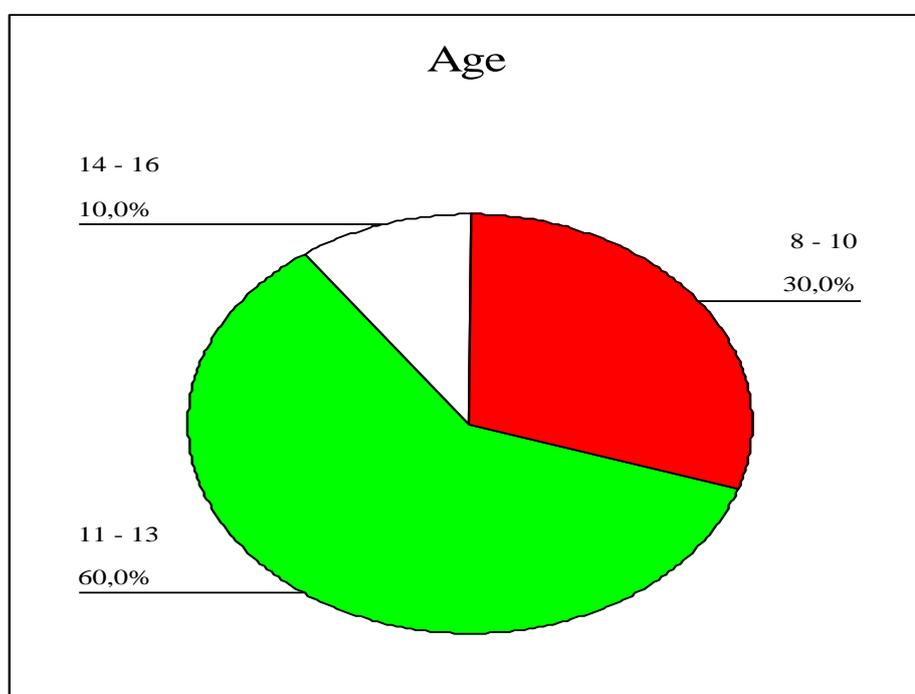


Figure 4.1: Pupils' Age Group (Interview)

Source: Survey Data 2011

The population of this study was classified into two different groups, namely students' group and teachers group who were in turn described by their age, sex, and tribe as well as years in teaching career which was unique for teachers. The pupils' ages ranged between 5 and 16 years old, while teachers between 20 and 60 years old. Among pupils, 32 representing about 30% were of age between 8 – 10 years old and 10 representing about 10% were of 14 – 16 years old while those of age ranging between 11 – 13 years old were 58 as 60%. The data is as presented in Figure 4.1.

Among the respondents from the group of teachers, , and 15 or about 23% between 20 and 29 years old, 40 (about 65%) age between 30 – 39 years old, and 4 (6%) were between 50 and 59 years old and 40 – 49 respectively. The information is as shown in Figure 4.2.

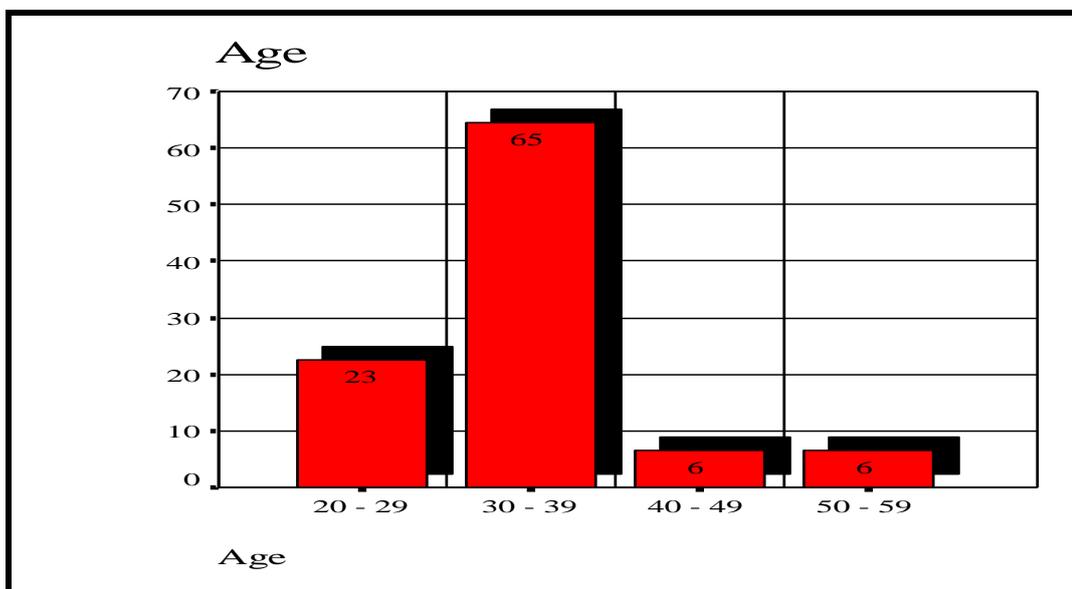


Figure 4.2: Teachers' Age Groups (Questionnaire)

Source: Survey Data, 2012

All pupil respondents were females while teachers were selected from both males and females among them a total number of 32 representing 51.6% of all teachers' respondents were females and males constituted a number of 30 as 48.4% of respondents. The data are as represented in Table 4.2 below:

Table 4.2: Respondents Sex Representation (Questionnaire)

Category of Respondents		Frequency	Percent
Valid	Male	30	48.4
	Female	32	51.6
	Total	62	100.0

Source: Survey Data, 2011

Concerning respondents' tribes for teachers, it was determined that teachers in Moshi Rural District are from different tribes including Chagga (41.9%), Pare (19.4%), Gogo (3.2%), Haya (3.2%), Nyiramba (3.2%), Fipa (3.2%), Luguru (3.2%), Pogoro (6.5%), Sukuma (3.2%), Matumbi (3.2%), Kurya (3.2%), Masai (3.2%), and Nyaturu (3.2%). The data can be seen as presented in Table 4.2.

Table 4.3: Teachers Tribe Representation (Questionnaire)

		Frequency	Percent
Valid	Chagga	26	41,9
	Pare	12	19,4
	Gogo	2	3,2
	Haya	2	3,2
	Nyiramba	2	3,2
	Luguru	2	3,2
	Fipa	2	3,2
	Pogoro	4	6,5
	Sukuma	2	3,2
	Matumbi	2	3,2
	Kurya	2	3,2
	Masai	2	3,2
	Nyaturu	2	3,2
	Total	62	100

Source: Survey Data 2011

While only three tribes were identified among the interviewed pupils, inter alia Chagga representing about 70% of the respondents, Pare (20%) and Hehe (10%).

The data is presented in Figure 4.3.

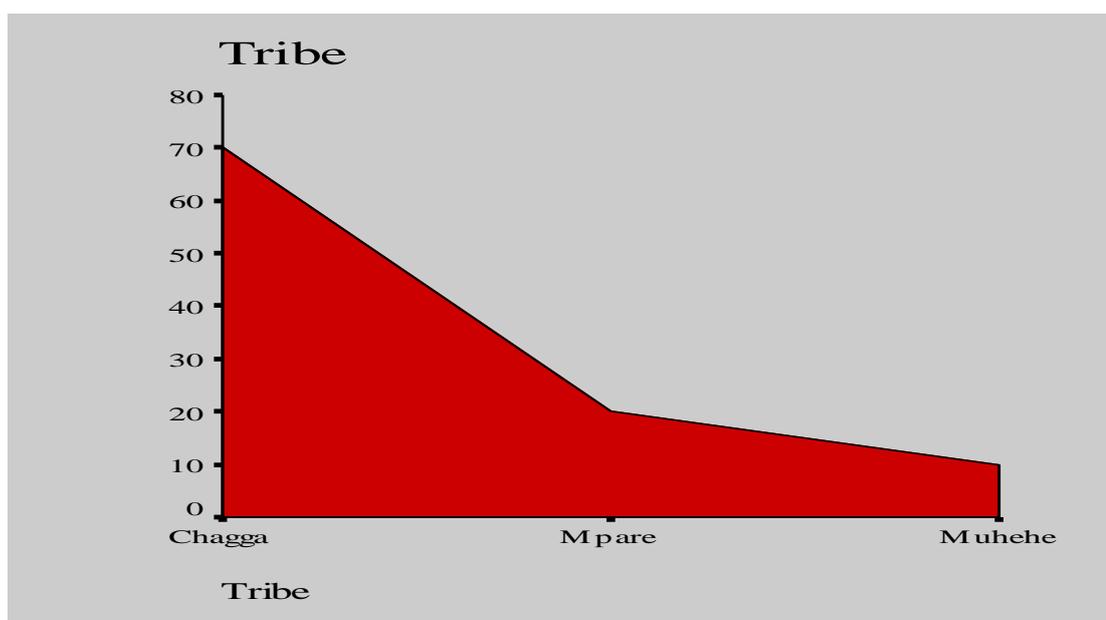


Figure 4.3: Pupils' Tribe Group (Interview); Source: Survey Data 2011

Finally, on information relating to the duration of respondents in teaching career, the data revealed that a total number of 10 respondents representing 16.1% had an experience of 1 to 5 years, 26 (41.9%) respondents 6 to 10 years, 8 (12.9%) respondents 11 to 15 years and those with 16 to 20 respectively whereas other 10 respondents (16.1%) an experience of over 21 years of work. The data are as described in Table 4.3.

Table 4.4: Teaching Experience (Questionnaire)

	Frequency	Percent
Valid		
1 -5	10	16,1
6 – 10	26	41,9
11 – 15	8	12,9
16 – 20	8	12,9
21 and above	10	16,1
Total	62	100,0

Source: Survey Data 2011

4.2.3 Discussion of the Findings

This section concerns the description of the research area and population as it is observed during the survey process. The study was conducted in Moshi rural district, precisely at Urushimbwe whereby two groups of respondents were contacted, namely primary school girls and teachers. The data collected from interview method were obtained from 105 respondents all being schools girls and the findings from 62 teachers were collected through questionnaires, while the group discussions involved 32 respondents selected from both primary school boys and girls. This means that, a total number of 199/300 (66.3%) respondents responded positively to study questions. The pupils' ages ranged between 5 and 16 years old, while the surveyed teachers aged between 20 and 60 years old. A total number of 32 representing 51.6% of all teachers' respondents were females and males constituted a number of 30 as 48.4% of respondents.

Therefore, despite the fact that the number of respondents who participated in the study was less than that which was proposed by the researcher, namely 199 out of 300, still the obtained information is reliable and accurate for the validation the study findings.

4.3 Essence of Sexuality in Chagga Community

This section concerns the essence of sexuality as it is perceived by Chagga community. A number of questions were asked to determine how sexuality means among chagga people and what the mode of sex practiced among them is. The questions were asked to both pupils and teachers using direct interview, questionnaires and focus group discussion methods. The findings were as follows:

4.3.1 Understanding of Primary School Girls and Teachers on Sexuality

A question was asked to primary school girls to get their views on how they understand about sexuality in their community. The data revealed that sexuality is when a man makes love with a circumcised woman (84 or 66.7%), a sex intercourse a man has with any woman whether circumcised or not (21 or 20%), or any type of sexual intercourse between two individuals of any sex (14 or 13.3%). The data are as presented in Table 4.5.

Table 4.5: Community Understanding On Sexuality – Pupils (Interview)

	Frequency	Percent
A man to have Sex with a circumcised woman	70	66.7
A man to have sex with any woman whether circumcised or not	21	20
Any type of sexual intercourse between two individuals (males or females)	14	13.3
Total	105	100

Source: Survey Data 2011

The same question was asked to teachers through questionnaires which were distributed to them and returned after they have been answered. The data from respondents revealed was that far from that provided by school girls as presented in Table 4.4 above. A number of 52/62 respondents representing 84% said sexuality to refers to an act of sexual relationship between two people of opposite sexes, while only 10/62 (16%) respondents said it to be a sexual act done between two people of either sexes. The data is as shown in Table 4.6.

Table 4.6: Teachers' Understanding on Sexuality (questionnaire)

	Frequency	Percent
Valid Sex between people of opposite sexes	26	83,9
Sex between people any sex (males or females)	5	16,1
Total	31	100,0

Source: Survey Data, 2011

On the same vein, a question was asked to primary school pupils through interview to determine what was the essence or the really meaning of sexuality. Depending on the survey data, the essence of sexuality was indicated in a variety of ways, which were summarised in the statements as shown in Table 4.7.

Table 4.7: Essence of Sexuality (interview)

	Frequency	Percent
An act done by a man and a woman to satisfy their sexual desire	11	10.4
Leisure and admiration of one's bodily constitution	9	8.6
Leisure and enjoyment of the feeling that one gets from his or her beloved	6	5.7
An act of Pleasure and satisfaction between two individuals	14	13.3
Satisfaction and pleasure that a male and female feel during sexual intercourse	7	6.7
Satisfaction of the desire for sex between male and female	12	11.4
Satisfaction of sexual desire during and after sex intercourse between two individuals	5	4.8
An act of sexual enjoyment between male and female for the purpose of reproduction	18	17.1
The feeling and satisfaction of sexual activity between a boy and a girl	10	9.5
A physical admiration and sexually satisfaction that a couple feels after an act of love has been concluded	13	12.4
Total	105	100

Source: Survey Data, 2011

4.3.2 The Relationship between Sexuality and Female Circumcision

A related question was asked to determine whether there is any relationship between sexuality and female circumcision, and results indicated the following: among the respondents from pupils group, 42 (40%) respondents said 'YES', while 63 (60%) said 'NO'. On the side of teachers, 24 (38.7%) respondents said 'YES', and 38 (61.3%) said 'NO'. The data is as presented in Table 4.8.

Table 4.8: Relationship between Sexuality and Female Circumcision

		Frequency	Percent
Pupils	Yes	42	40
	No	63	60
	Total	105	100.0
Teachers	Yes	24	38.7
	No	38	61.3
	Total	62	100.0

Source: Survey Data, 2011

A question was asked using focus group discussion to determine why female circumcision associates to sexuality and most of the groups had the following common arguments as discussed in this section.

In Chagga community it is enjoyable, a man doing sex with a circumcised woman who in most cases is considered as faithful. A circumcised woman is audacious and able to handle her husband by satisfying him both sexually and physically. In chagga community uncircumcised woman is always disgraced not only by her husband but also by the whole community since she is seen as one addicted to sex. Female circumcision increases the faithfulness in the marriage as a woman should only be satisfied by her husband. It is during this practice young girls get occasion to know how to make sex and handle their spouse during sexual activity. Female circumcision reduces the stimulation and sexual desire, especially for a woman. On the other hand, it was raised a point that sexual desire sometimes comes through titillating each other, thus the fact of removing some parts of sexual organs to women decreases stimulation and feelings of making sex to both man and woman. The circumcised women miss something so important in life while making sex as stimulus parts are removed.

On top of that, a question was asked to determine the mode of sex done in Chagga in Moshi rural district. The responses revealed that most of Chagga people are heterosexuals as indicated by 84 (80%) interviewees, and 21 (20%) respondents said both homosexuality and heterosexuality are practiced. The data is as presented in Figure 4.4.

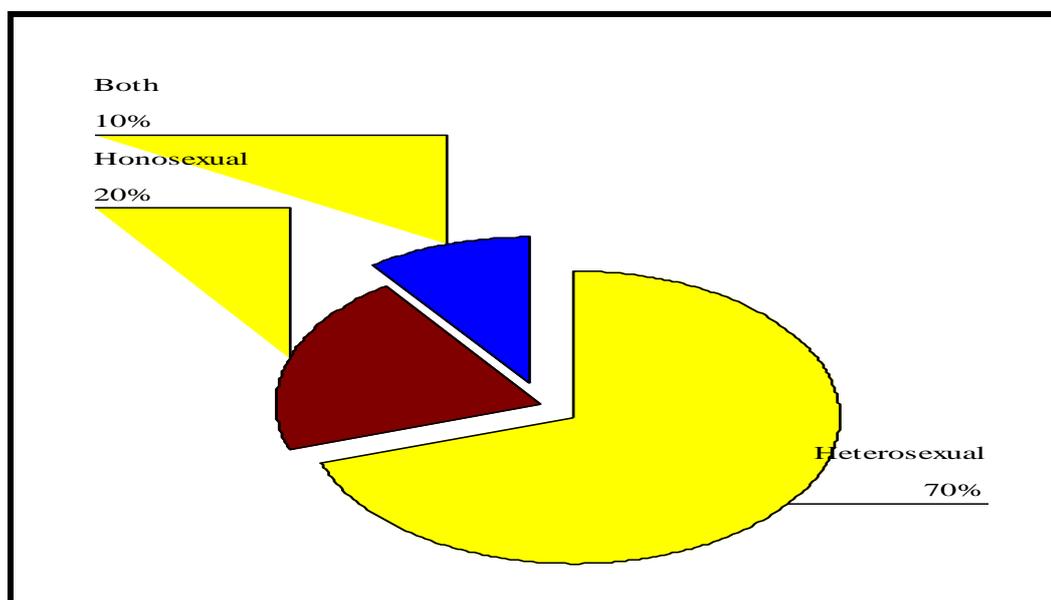


Figure 4.4: Mode Sexuality (interview); Source: Survey Data 2011

4.3.3 Discussion of the Findings

A number of questions on the essence of sexuality was asked to both school girls and teachers selected from ten primary schools found in Moshi rural district. First, a question was asked to primary school girls to get their views on how they understand about sexuality in their community. According to the findings, it can be said that sexuality is perceived differently among school girls in Moshi rural district. It is perceived by some as an act of a man making love with a woman, especially a circumcised one and others perceive it as a sexual intercourse a man has with any woman whether circumcised or not, while from the perceptions of other respondents,

sexuality can be explained as any type of sexual intercourse between two individuals of any sex. But taking the views of the majority of respondents (84 or 66.7%), it can be deduced that Moshi rural community mostly blesses sexuality with a circumcised women.

On top of that, it can be realized from the findings that, the concept “sexuality” does not have a uniform meaning as people can interpret it in a number of ways, namely an act done by a man and a woman to satisfy their sexual desire; leisure and admiration of one's bodily constitution; leisure and enjoyment of the feeling that one gets from his or her beloved, an act of pleasure and satisfaction between two individuals, satisfaction and pleasure that a male and female feel during sexual intercourse, satisfaction of the desire for sex between male and female; satisfaction of sexual desire during and after sex intercourse between two individuals, an act of sexual enjoyment between male and female for the purpose of reproduction, the feeling and satisfaction of sexual activity between a boy and a girl and a physical admiration and sexually satisfaction that a couple feels after concluding an act of love. In accordance with the results obtained on the really essence of sexuality, it can be said that sexuality is an act that should bring a certain degree of satisfaction to those practicing it.

On the information relating to the relationship between sexuality and female circumcision, it is evident to presume that there is a link between two phenomena, sexuality and female circumcision. This was determined from 40% of students and 38.7% of teacher respondents who said ‘YES’, there is a relationship between the two. The same was backed up with a number of reasons certifying as to why this

relationship exists. And this was seen in both negative and positive sides. For instance, at the positive side participants stated the following: *A Chagga man enjoys much doing sex with a circumcised woman since she is considered as faithful one, audacious and able to handle a man by satisfying him both sexually and physically. In addition, it is through this practice young girls get occasion to know how to make sex and handle their spouse during sexual activity. The practice enables a woman to adapt to sexual activity and handle her husband in the bedroom.* While at negative side, it was indicated that, *both man and woman lack the full pleasure and feeling of love since the removed parts are the ones which increase sexual feeling through touching them. The circumcised women miss something so important in their life that their friends, uncircumcised, enjoy while making love. This practice makes a woman lazy of sex activity and diminishes the stimulation to the woman* (This was stated during a FGD conducted at Shimbwe Juu Primary school on November 27th, 2011).

Finally, on mode of sex practiced among people in Moshi rural district. It was revealed by the majority (84 or 80%) that most of the communities living in this district are heterosexuals as the most enjoyable sex among is that done between individuals of opposite sexes.

4.4 Factors Propelling Female Circumcision Practice in Moshi Rural District

This particular section provides factors propelling female circumcision practice in Moshi rural district. It also focuses on the influencing people that promote female circumcision, the age category of girls the mostly affected by the practice, and the why and why not people adhere to this practice in the community. These were identified from a series of questions asked to both primary school girls and teachers

through interview, questionnaires and focus group discussions as presented in the next section.

4.4.1 Cultural Factors Impelling Female Circumcision in Moshi Rural District

First, a question was asked using interview instrument to determine factors pressing on the continuation of female circumcision in Moshi rural district, especially to young school girls and women in general. From the results we were able to identify a number of factors including, circumcisers raise income (6.6%), preserve cultural norms and tradition (3.8%), fear of giving birth to disabled children (8.5), escape cultural effects (10.4%), money and gifts received at girls dancing ceremony (7.6), social acceptance and respect (14.7%), better marriage or get a husband easily (11.4), teach young girls how to behave in marriage (9.5%), protecting young girls and women in general from addiction to sex (15.2%), and fear for being discarded and discriminated from the society (11.4%). The result is as presented in Table 4.9 below:

**Table 4.9: Factors Impelling Female Circumcision in Moshi Rural District
(Interview)**

Factors	Frequency	Percent
To raise income for those circumcisers	7	6.6
To preserve cultural norms and tradition	4	3.8
Fear of giving birth to disabled children	9	8.5
To escape cultural effects	11	10.4
Money or gifts received at girls dancing ceremony	8	7.6
To get social acceptance and respect in the society	15	14.7
To get a better marriage	12	11.4
To teach young girls the way to behave	10	9.5
Cultural belief protecting women from sexual addiction	16	15.2
Fear for being rejected and discriminated by the community	12	11.4
Total	105	100

Source: Survey Data, 2011

Table 4.10: Cultural Factors Propelling Female Circumcision (questionnaire)

Teachers' Views		Frequency	Percent
	A woman is taught to build confidence and endure the pain during child delivery and other difficulties in her marriage	4	6.4
	Cultural belief that through circumcision a woman should get acceptance and respect within her community	4	6.4
	Failure to circumcising a girl leads to her dismissal and denial to many communal services in the community, such cooking for people, and sometimes it is not easy for such woman to get man for marriage.	4	6.4
	A girl who's not circumcised has a great chance of missing a husband in her community as she's considered unclean	2	3.2
	To preserve cultural belief and tradition	10	16.1
	It is known to many women that failure to circumcision should end by giving birth to disabled children and bringing bad omen to the family	2	3.2
	Our community is still adherent to this culture to abstain our community from many problems, such as giving birth to handicapped children, and bringing bad omen into the family	2	3.2
	The belief that if uncircumcised a woman can have difficulty in delivering, to teach a woman to be tolerant, to teach her how to live or handle the husband in their marriage	2	3.2
	The belief that it removes bad omen of giving birth to disabled children and reduces the possibility of child mortality	2	3.2
	To avoid problems that may result to the woman herself and the family in general	2	3.2
	Through circumcision a woman should get a husband easily and acceptance from her in-laws.	3	4.8
	To prepare young girls for adulthood and motherhood	2	3.2
	To gain money from gifts and rewards received during dancing ceremony for the circumcised.	2	3.2
	To make the family successful and reduce bad omen within the kinship or clan.	3	4.8
	To build and maintain the respect and discipline from and within the family.	2	3.2
	To preserve young girls from promiscuity by teaching them the cultural norms and traditions	2	3.2
	To raise income, it is a culture preparing young girls for marriage or sexual relationship. To teach ways of living with in-laws and protect her family	2	3.2
	To receive respect form in-laws, and bad belief of preserving cultural norms and tradition	2	3,2
	To reduce diseases, such as HIV, to bring about respect and discipline in the family. Young girls receive teaching of wisdom from their grand mother to become responsive women	2	3.2
	To reduce excess desire for sex or sex addiction to young girls	2	3.2
	To reduce sexual addiction, it also reduces the chance of contamination of infectious diseases. To prepare or teach a girl or woman on how to handle her husband and in-laws in the family.	2	3.2
	To teach women the good ways to behave	2	3.2
	Total	62	100

Source: Survey Data, 2011

A related question was asked to teachers using questionnaires to investigate on cultural factors impelling the female circumcision practice in Moshi rural district who in turn have been able to provide a list of contributing factors, inter alia as, preserving cultural belief and norms, preserving the community from bad omen, increasing a chance of marriage to a woman, building a woman with confidence and the spirit to endure before pains, cleaning a woman, and reducing sexual addiction to a female, etc. Many other factors are as presented in Table 4.10.

4.4.2 People Impelling Female Circumcision in Moshi Rural District

Another interview question was asked to determine people most influencing the practice of female circumcision in Chagga community, and the findings indicated that grand parents (60%) constitute the group of people mostly involved in advocating the propelling of the practice of female circumcision followed by female parents (40%) while none of respondents from school girls indicated male parents among those enforcing their daughters to undergo circumcision. The findings are as indicated in Figure 4.5.

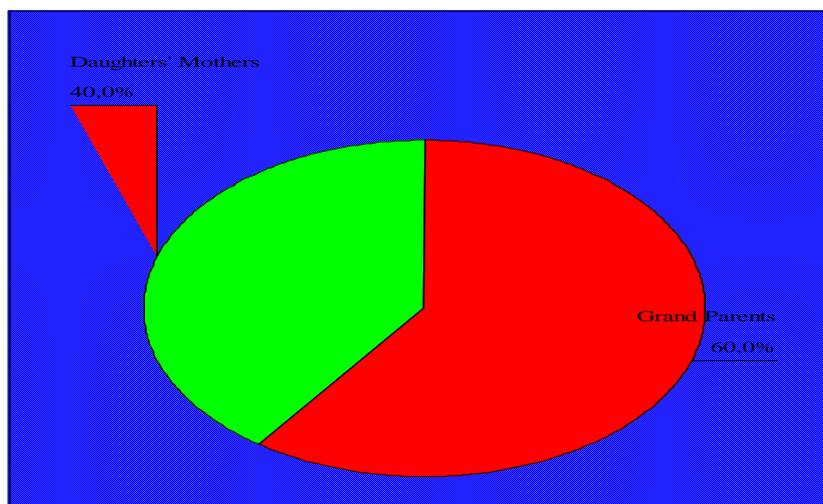


Figure 4.5: People Impelling the Practice of Female Circumcision (interview)

Source: Survey Data, 2011

A related question was also asked to primary school teachers through questionnaire technique, and 42% of respondents said mothers prevail in enforcing their daughters to undergo the circumcision, followed by fathers or male parents (26%), then grand parents and local leaders (16%) respectively. The findings relating to this are as shown in Figure 4.6 below.

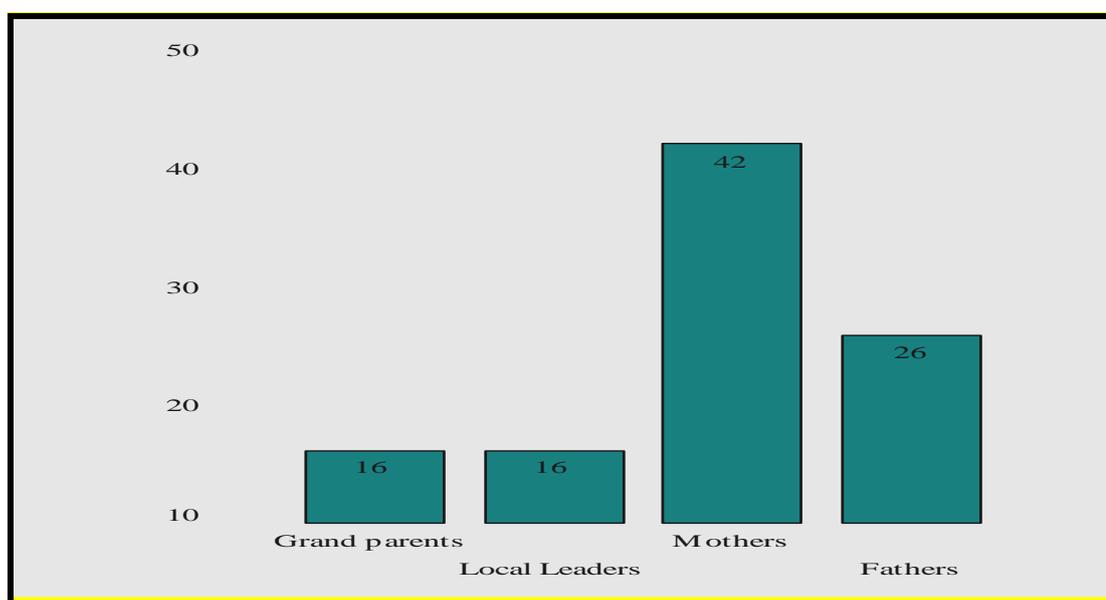


Figure 4.6: People Impelling the Female circumcision Practice (questionnaire by Teachers)

Source: Survey Data, 2011

4.3 The Age Group the Most Affected by the Female Circumcision

In addition, a question was asked to determine the most affected age group by the practice female circumcision and it was discovered from the findings that, the age group ranging from 6 – 13 prevails the most as it was indicated by 50% of respondents followed by those of age group ranging between 19 – 23 (30%), and then those in the group of 14 – 18 years old (20%). This information is as summarised in Figure 4.7 below.

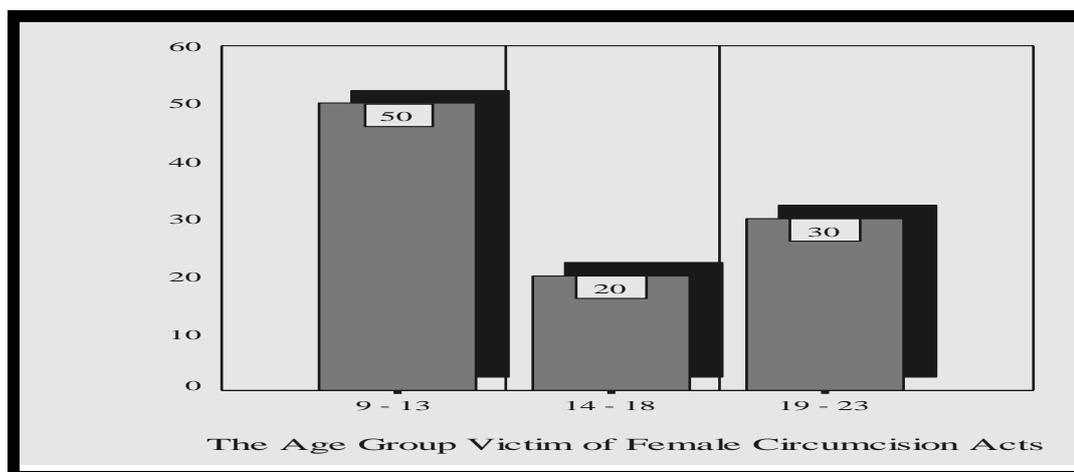


Figure 4.7: The Age Group Most Affected by Female Circumcision (interview)

Source: Survey Data, 2011

4.4.4 People's Perceptions toward Female Circumcision Supporting Cultures

A survey went further to get the perceptions of respondents toward the cultures that impel the practice of female circumcision, and among those who responded to this question, 63 as 60% said, they are disgusted with such cultures, while 42 of the remaining group showed to be supportive to these cultures. The information is as presented in Table 4.11.

Table 4.11: Cultures Supporting Female Circumcision (Interview)

	Frequency	Percent
Yes	42	40
No	63	60
Total	105	100

Source: Survey Data, 2011

The survey on the same issue, intended to know why people dislike the culture encouraging the practice of female circumcision in Moshi rural district, and those among students who were involved in the study responded differently and a number of reasons was given. Some among those reasons include, the practice generates many infection diseases and cause pain to females, it prevents females from their basic rights, and violates human rights, etc. More details are presented in Table 4.12.

**Table 4.12: Students' Views on Cultures Impelling Female Circumcision
(Interview)**

Why Do you Detest Such a Culture?	Frequenc y	Percent
Because this practice generates many infection diseases to women and cause pain	22	20.9
Because it denies females' basic rights and it is a violation of human rights in general	20	19.0
Because It is harmful and causes pain to women who undergo the circumcision	35	33.3
It is too dangerous, especially during baby delivery since a mother spends much bloods or sometimes lost her life	28	26.6
Total	105	100

Source: Survey Data, 2011

The same question was also asked to teachers through questionnaire technique who in turn provided different statements showing their disgust about the culture enforcing the practice of female circumcision. Some of their views include, such culture propels violence against young girls, prevents female to enjoy the pleasure of life (sex), is illegal and harmful, has past with time and not applicable in nowadays, etc. See more details in Table 4.13.

Table 4.13: Teachers' Views on Why Discouraging the Culture Enforcing FC (Questionnaire)

Why "NO?"	Frequency	Percent
Education should be provided to those communities propelling the practice of female circumcision as it is a culture which is too harmful to women	12	19.3
This culture has gone with time, it can't be applicable nowadays	6	9.6
The culture has already lost its value, and it needs to be rejected since it has become a violation of human rights	4	6.4
Parents need special education for not forcing their daughters to undergo the circumcision and circumcisers should categorically be prohibited, because they this act is dangerous to their daughters	4	6.4
Other cultural means should be taken instead of that circumcising young girls, which seems illegal and problematic to females	3	4.8
Such cultures are there to propel violence against young girls	7	11.2
This Culture should be stopped, because it has many negative effects than positive to those who undergo the circumcision and community in general.	4	6.4
Such cultures should be combated and stopped, because it prevent female to enjoy the life, especially when doing sex.	10	16.1
The community should be educated to understand the problems caused by this practice	2	3.2
These cultures are to be discouraged in the community, especially to the school girls because they are harmful and illegal.	4	6.4
To provide the community with education on the effects of FC. Circumcisers should categorically be forbidden and girls also need education on issues related to FC.	6	9.6
Total	62	100

Source: Survey Data, 2011

Similarly, a number of arguments were provided by students who responded to the interview showing as to why they support cultures enforcing the propelling of female circumcision practice. For instance, some respondents pushed their arguments stating that, such culture should be encouraged, because this practice enable women to maintain and control their sexual desire; it is culture which build a community of respectful and ethical women, etc. See more reasons as listed in Table 4.14.

**Table 4.14: The Students Arguments Supporting Cultures Enforcing FC
(Interview)**

Why Do you Encourage this Culture?	Frequency	Percent
It is a good practice since circumcised women are able to maintain their desire for sex	36	34.3
It teaches girls how to handle a husband and take care of children.	12	11.4
It is a culture which raise and prepare a young girl to become a responsible and ethical woman	30	28.6
It helps building a community of respectful and ethical women	27	25.7
Total	105	100

Source: Survey Data, 2011

And teachers on their side about the same question provided a list of reasons as shown in Table 4.15 below. The information was obtained using questionnaires method of data collection. Some of these reasons are, as girls nowadays have become so addicted to sex and prostitution, this should be encouraged in order to protect them against infection diseases and early pregnancies, as the adherence to this practice is going down, the morale of young girls and women in general has decayed, etc.

4.4.5 Discussion of the Findings

The study went further to investigate on factors propelling female circumcision practice in Moshi rural district. This brought about a series of questions, namely questions on people promoting female circumcision, the most affected age category by the practice among school girls, and the why and why not people adhere to this practice in the community.

Table 4.15: Teachers' Perceptions toward Cultures Encouraging FC Practice (Questionnaire)

Teachers' Views		Frequency	Percent
	As girls nowadays have become so addicted to sex and prostitution, this culture should be encouraged so as protect them from infection diseases and early pregnancies	9	14.5
	As the adherence to this practice is going down, the morale of girls and women in general has decayed	6	9.7
	Girls should be circumcised for them to be polite	1	1.6
	I enjoy the culture, it enables females to control their sexual desire and behave themselves	2	3.2
	It should be important if this practice is done to adults and those ready for marriage and this should be done at hospital and not illegally	6	9.7
	My suggestion is to educate the community on the effects of female circumcision and how they can get rid of this culture	4	6.4
	Parents should look other ways of initiating their daughters to adulthood and preservation of their culture rather than sticking to circumcision	3	4.8
	On my point of view this practice should be continuous to reduce degree of prostitution in the community	5	8.1
	The community should be educated on benefits and effects of this culture and tradition	3	4.8
	The education to the community on the effects of circumcision is needed, and there should be established a law emphasising on this issue	6	9.7
	This culture should be continuous, because it helps young girls and women in general to be not addicted to sex and remain faithful to their spouse	10	16.1
	This culture should be promoted as nowadays girls have become very delinquents and addicted to sex	3	4.8
	This practice should be stopped to very young girls, but if possible it good to be conducted to big girls who understand what is going on	4	6.4
	Total	62	100

Source: Survey Data, 2011

In accordance with the data revealed in Table 4.7 and Table 4.8, it is evident that most of the factors provided by both groups of respondents refer back to cultural beliefs, norms and tradition, as well as to the economic purposes. For instance, the factors such as, fear of giving birth to disabled children, escape cultural effects,

social acceptance and respect, preserve cultural norms and tradition, the ignorance of the practice should bring bad omen and bad effect in the family, building a woman with confidence and the spirit to endure before pains, cleaning a woman, and reducing sexual addiction to a female are indicators of cultural beliefs, norms and tradition, while factors like, circumcisers raise income, and the circumcised to get money and gifts at dancing ceremony serve for economic purposes.

On determining most influencing people to the practice of female circumcision in Chagga community, the majority of respondents from the group of school girls (60%) accused their grand parents to be the mostly involved in advocating the propelling of this practice by daughters' mothers (40%). The results were supported by that of teachers who the side accused daughter's mothers as the most prevailing in advocating the recurring of the practice in Moshi rural communities (42%).

The contradiction envisaged from the information revealed by the two groups was that, none of respondents from school girls indicated male parents among those enforcing their daughters to undergo circumcision, while 26% of primary school teachers reported male parents to be part of those inflicting their daughters to adhere to the practice. Despite the envisaged contradiction from the two groups of the study respondents, it can be deduced that, mothers and grand parents play a great part in enforcing the perpetual female circumcision practice in Moshi rural community.

In reference to the data in Table 4.9 above, it can be said that girls aging between 6 – 13 years old. In addition, it can be realized from the survey results that, the majority of respondents (63 or 60%) have negative perceptions toward the cultures that impel

the practice of female circumcision. The negative perceptions resulted from what the majority of respondents reported as the practice of female circumcision being at the source of a number of problems facing young girls and women in general namely, contamination of infection diseases, pain, bleeding, violation of human rights, prevention from sexual enjoyment and pleasure.

On the side of respondents supporting cultures enforcing the propelling of female circumcision practice, it is obvious that this practice is encouraged mainly on a number of reasons. These are to enable women to maintain and control their sexual desire, build a community of respectful and ethical women, protect females against infection diseases and early pregnancies, and maintain the morale of young girls and women in general.

4.5 Impacts of Female Circumcision to School Girls in Moshi Rural District

This section provides the findings on the impacts of female circumcision to school girls in Moshi rural district. A number of questions were asked to primary school girls in the district through interview questions as the adopted method of data collection in this study. The results of survey are as follows:

4.5.1 Circumcision to Primary School Girls

First, a question was asked to primary school girls to determine whether they are circumcised or not. The responses from respondents in the group of students indicated that a number of 74 respondents as 70% said “No”, they were not circumcised, while 31 (30%) remaining respondents said “Yes”, they were circumcised. The result is as indicated in Figure 4.8.

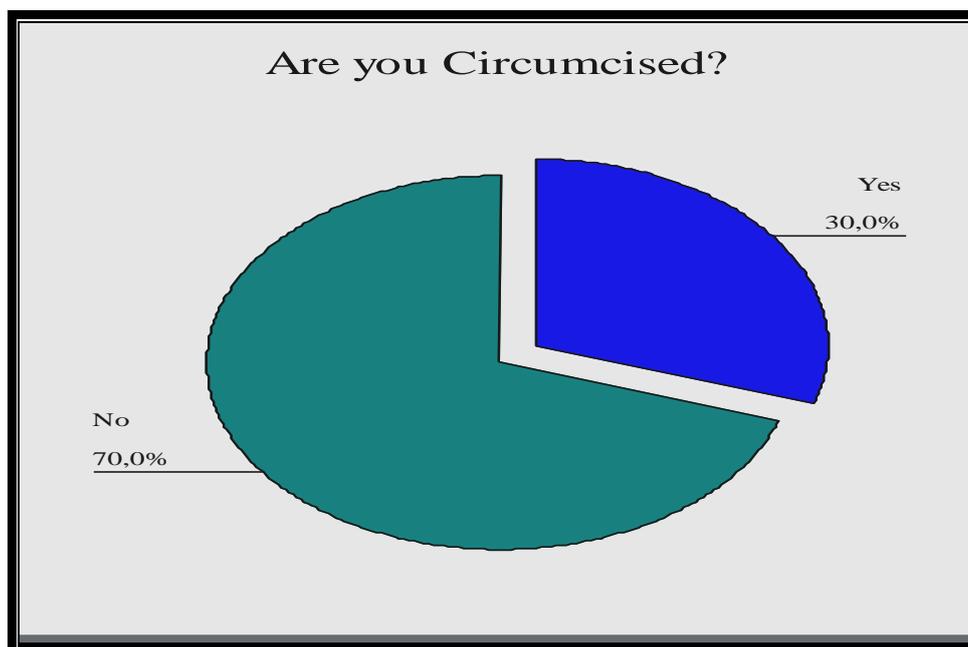


Figure 4.8: Number of Circumcised School Girls (interview);

Source: Survey Data, 2011

4.5.2 Effects of Circumcision to School Girls

Second, another question was asked to primary school girls using interview method to determine how female circumcision affects young girls who are still at school and women in general. It was discovered from the findings that, this practice causes much bleeding to young girl at the time of circumcision and during child delivery (16 or 15.2%), it causes death to mothers while in maternity (12 or 11.4%), it is violation of human rights and gender (11 or 10.5%), it causes trauma and stress to young girls when done unwillingly (7 or 6.7%), it causes pain, it decreases sexual pleasure (5 or 4.8%), it decreases sexual satisfaction to women (11 or 11.5%), it causes pain during sexual intercourse (8 or 7%), and prevents girls from their basic right and freedom (20 or 19%). See the data as presented in Table 4.16.

**Table 4.16: Effects of FC to Young School Girls and Women in General
(Interview)**

	Students' Views	Frequency	Percent
	Death of mothers in child delivery	12	11.4
	Much bleeding at circumcision time and during child delivery	16	15.2
	Gender and human rights violation	11	10.5
	Trauma and stress to young girls where they undergo it unwillingly	7	6.7
	It causes pain, especially during the circumcision process	15	14.3
	Lack of sexual pleasure during intercourse	5	4.8
	Lack of sexual satisfaction	11	10.5
	Pain during sexual intercourse	8	7.6
	Violation of girls' basic right and freedom	20	19
	Total	105	100

Source: Survey Data, 2011

The information obtained from the questionnaires filled by teachers on effects of circumcision to primary school girls revealed that, the practice decreases sexual desire and stimulation, causes much pain and bleeding, infections, psychological problems (stress and trauma), and other many more as it can be seen in Table 4.17.

A related question was asked to primary school teachers using questionnaire method to determine how the practice of female circumcision affects the education of girls in their respective schools. The responses were not homogeneous since some did not find any problem with this practice, especially to schools girls, as it is in most occasions done while these are on vacations, while other have mentioned a list of problems relating to female circumcision toward school girls. More detailed information is as presented in Table 4.18.

Table 4.17: Effects of Female Circumcision to Primary School Girls (Questionnaire)

Teachers' Views	Frequency	Percent
A girl miss the desire and sexual stimulation, the fact which may push her to have many fiancés at a time as strategy of testing if whether she get satisfied	3	4.8
Bleeding, infection diseases through using unsterilized instruments	1	1.6
Bleeding, injury at the sexual organ, and difficulty in child delivery	1	1.6
Bleeding, problem during child delivery, no satisfaction or enjoyment of sex	3	4.8
Bleeding, to get infection diseases when a single or unsterilized instruments is utilized	1	1.6
Circumcising a girl at low age may cause many effect to her such as psychological problems, and it is to deny this one with her basic rights	2	3.2
Deprive young girls their basic right, Loss of blood, no enjoyment for love when an adult	1	1.6
Girls efforts to school decreased as most of them start thinking of marriage	2	3.2
Infectious diseases, injury, and loss of blood	5	8.1
It causes injury and pain to young girls	2	3.2
It causes injury/wound, to loose much blood, to deprive the girl to enjoy sex when an adult	1	1.6
It causes more pain the fact which brings about stress to the young girls	1	1.6
It causes pain and injury and loss of blood to young children	2	3.2
It denies young girls their basic right, it causes pain to them, makes young girls think of marriage rather school	2	3.2
It deprive girls and women in general the desire of enjoying sexual activity, it causes many effects, such as bleeding and pain during child delivery	1	1.6
It doesn't have any problem to students and women in general	3	4.8
It has no effect, but only those who aggravate the situation the way it isn't	1	1.6
It increases the possibility of infection diseases, pain and injury.	3	4.8
It is so painful, loss of blood	1	1.6
Loss of blood, a girl can not fully enjoy sex since the her sensitive part has been removed	2	3.2
Many of the spread information on the effects of FC are wrong, although some are right, like causing pain, reducing the sex enjoyment or pleasure when girl reach her period of marriage	3	4.8
Psychological problem, school performance decreased, bleeding, reduction of sexual stimulation	6	9.6
psychological problems, infection diseases, painful injury	1	1.6
Students for sure are affected psychologically, and the act violates the human rights	3	4.8
The attendance to school decreased day after day, lack of confidence and anxiety in class and among their friends	1	1.6
The effects includes lack of sex stimulation and pleasure, bleeding and pain during child delivery	2	3.2
The young girl becomes unhappy and stressed following big pain she sensed during the practice	2	3.2
Women are denied their right to enjoy sex which everyone is supposed to enjoy	3	4.8
Total	62	100

Source: Survey Data, 2011

Table 4.18: Effects of Female Circumcision to Girls' Education (questionnaire)

Teachers' Views	Frequency	Percent
Affects student performance at school as it introduce them in the other world where they are prepared to become wife	2	3,2
This culture as it's most problematic to school girls, especially to their performance and attendance at school	3	4.8
Bleeding, pain, humiliation and low education performance	6	9.6
From the experience, girls after this ceremony become to different and their performance at school starts decreasing	4	6.4
I have yet identified any case of a circumcised pupil at our school, though I have no idea on the circumstances of female circumcision to school girls	2	3.2
It affects students psychologically and reduce their performance at school	3	4.8
It doesn't have any effect to school girls, because in most cases it is done while on the vacation	1	1.6
It doesn't affect them in any way	8	12.8
It humiliate and affect a student psychologically	2	3.2
It humiliates and makes them unhappy among their friends. It comes time many girls drop their school due to humiliation	2	3.2
It is difficult to identify the effects of the practice as it done secretly	3	4.8
It is not easy to determine them since the practice is mostly done during school leaves	4	6.4
Students performance at school decreases, and they are humiliated when among their friends or colleagues	6	9.6
The performance of girls at school decrease, girls acquire bad behaviour after the practice	4	6.4
Their attendance to school becomes irregular or sometimes girls stop school and got married	2	3.2
Their performance at school decreases, the get injury/wound, and acquire bad habit as they now know how to make love	6	9.6
Those who are circumcised are not as delinquent as the uncircumcised ones	4	6.4
Total	62	100

Source: Survey Data, 2011

4.5.3 Importance of Female Circumcision to School Girls

The study went further to determine whether there could be any importance relating to the circumcision of young school girls. A questionnaire question was thus, asked to teachers from ten different primary schools surveyed in the district and their responses were at odds, some among them accusing the practice as an act of violation of human rights due to a numbers of problems it generates to female, and school girls in particular, while others have said it to a very important practice conforming to its

advantages towards females and school girls in particular. See more details in Table 4.19 below:

Table 4.19: The Importance of Circumcision to School Girls (questionnaire)

Teachers' Views	Frequency	Percent
Circumcising school girls doesn't contribute to any thing, though it is to be stopped	1	1.6
Circumcising young girls is an act of violation, which requires legal punishments	6	9.6
Enables them to build confidence and become brave, reduce the excess desire for sex, to respect themselves and others	2	3.2
I don't know	1	1.6
It does bear any interest to both young girls and women in general	3	4.8
It doesn't have any importance	9	14.5
It enable them control their sexual desire for them to continue with their education	4	6.4
It enables young girls to know and understand their culture very well. Also it's helpful to young girls as it enables them to become wise, respectful and faithful to their spouse	2	3.2
It is a practice that make women brave and audacious, reduces the addiction for sex to women	1	1.6
It is important because it makes the family successful and increases respect to the daughters' parents	7	11.3
It is important for women to be circumcised in order to acquire respect from the community surrounding them	6	9.6
It is no use circumcising very young or school girls since the feel shy and ashamed before their colleagues	3	4.8
The negative impacts are many than positive ones	5	8.1
The practice is out-dated and it has no importance in this new millennium	2	6.4
This practice should not be done to very young girls, but to those ready for marriage it is ok	4	6.4
Women are taught to be polite and enriched with techniques of maintain and live with a man and reduce level of prostitution in the society	4	6.4
Total	62	100

Source: Survey Data, 2011

On top of that, the study investigated on the perception of the Moshi rural community toward uncircumcised women, and it was discovered from the interview that, an uncircumcised woman is considered as unethical and immature (42 or 40%), incomplete (6 or 5.7%), impolite (10 or 9.5%), evil and someone with bad omen in the family (20 or 19%), someone who doesn't deserve to prepare the food for the people in the family (15 or 14.3%), and someone of low status in the community (7 or 6.7). And a number of five respondents as 4.8% said, it depends on one society to

another since it is not easy to determine either this or that is circumcised or not. The findings are as presented in Table 4.20.

Table 4.20: Community Perception toward Uncircumcised Women (interview)

Students' Responses	Frequency	Percent
An uncircumcised woman is considered as unethical, immoral and immature	42	40
Are discriminated as incomplete women	6	5.7
Considered as an impolite	10	9.5
Our community despises an uncircumcised woman as someone to bring bad omen (luck) and evil into the family	20	19
Incomplete woman, a woman who does not deserve to cook for the people	15	14.3
It depends on one society to another since it is not easy to determine either this or that is circumcised or not	5	4.8
Denigrated and despised by everyone in the community	7	6.7
Total	105	100

Source: Survey Data, 2011

4.5.4 Discussion of the Findings

The survey also intended to pinpoint the impacts of female circumcision to school girls and women in general, whereby a series of questions was asked to both primary school girls and teachers. The inferences from the collected information as follows:

It can be inferred from the data in Figure 4.5 that, 30% of primary school girls in Moshi rural district are circumcised; this was determined by 31 respondents as 30% of the surveyed school girls accepting to have undergone the circumcision.

With reference to the findings in Table 4.14 and Table 4.16 above, it can be said that this practice is characterised by a range problems that it causes to those who undergo the practice. The most identified ones include much bleeding to young girl at the time of circumcision and during child delivery, death to mothers while in maternity,

pain, trauma and stress to young girls when done unwillingly, reduction of sexual desire and stimulation to women. Among impacts are violation of human rights and gender, reduction of sexual satisfaction to women, and pain during sexual intercourse, as well as infections.

From the findings presented in Table 4.17 it is however admissible to say that, the practice is very problematic to the performance of primary school girls. This was determined by the majority of teachers showing that, a numbers of students in their respective schools after being circumcised could not attend classes accurately due to a range of factors, among which humiliation, adherence to marriage, and lack of concentration to their studies.

The responses from the interviewed teachers, on whether female circumcision bears any significance to the sufferers of the practice or not, were at odds, with some accusing the practice as an act of violation of human rights due to a numbers of problems it generates to female, and school girls in particular, and others appreciating it as a very important practice due to its advantages towards females and school girls in particular. It can thus be admitted that, female circumcision is both problematic and advantageous to the community where the act is practiced.

By way of this information, it can thus be admitted that people in Moshi rural district have ill perceptions toward uncircumcised women to the extent that uncircumcised woman is perceived as unethical and immature, incomplete, impolite, evil, not deserving prepare the food for the people in the family, and someone of low status in the community.

CHAPTER FIVE

5.0 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter provides the summary of the research findings, the conclusion and different recommendations as related to the results of the study.

5.2 Summary of the Findings

This section presents the summary of the findings basing on the study objectives and questions as follows:

5.2.1 Description of Study Area and Population

This section presents a summary of an assessment on the description of the research area and population as it is observed during the survey process. The study was conducted in Moshi rural district, precisely at Hurushimbwe whereby two groups of respondents were contacted, namely primary school girls and teachers. The data collected from interview method were obtained from 105 respondents all being schools girls and the findings from 62 teachers were collected though questionnaires, while the group discussions involved 32 respondents selected from both primary school boys and girls. This means that, a total number of 199/300 (66.3%) respondents responded positively to study questions. The pupils' ages ranged between 5 and 16 years old, while the surveyed teachers aged between 20 and 60 years old. A total number of 32 representing 51.6% of all teachers' respondents were females and males constituted a number of 30 as 48.4% of respondents. The

investigation was conducted within ten primary schools, which randomly from the surveyed area.

5.2.2 Essence of Sexuality

This part provides a summary of the findings of objective one of the study concerning the essence of sexuality which was assessed using several of questions. First, it was found that sexuality is not homogeneously known since it has different connotations among school girls in Moshi rural district. It is perceived by some as an act of a man making love with a woman, especially a circumcised one and others perceive it as a sex intercourse a man has with any woman whether circumcised or not, while from the perceptions of other respondents, it refers to any type of sexual intercourse between two individuals of any sex.

On top of that, it was revealed that, the concept “sexuality” does not have a uniform meaning as people can interpret it in a number of ways, namely an act done by a man and a woman to satisfy their sexual desire; leisure and admiration of one's bodily constitution; leisure and enjoyment of the feeling that one gets from his or her beloved, an act of pleasure and satisfaction between two individuals, satisfaction and pleasure that a male and female feel during sexual intercourse, satisfaction of the desire for sex between male and female; satisfaction of sexual desire during and after sex intercourse between two individuals, an act of sexual enjoyment between male and female for the purpose of reproduction, the feeling and satisfaction of sexual activity between a boy and a girl and a physical admiration and sexually satisfaction that a couple feels after concluding an act of love.

On the information relating to the relationship between sexuality and female circumcision, the number of respondents from both surveyed groups (40% and 38.7%) who said, there is a link between phenomena, while the majority of students and teachers respondents (60% and 61.2%) denied this relationship. Finally, it was found out, on mode of sex practiced among people in Moshi rural district, that the majority of people (84 or 80%) in the district are heterosexuals.

5.2.3 Factors Impelling Female Circumcision

The findings in this study did uncover a number of factors impelling female circumcision in Moshi rural district. These include cultural beliefs, norms and tradition, as well as to the economic conditions. For instance, fear of giving birth to disabled children, escaping cultural effects, acquiring social acceptance and respect, preserving cultural norms and tradition, building a woman with confidence and the spirit to endure pains, cleaning a woman, and reducing sexual addiction to a female, circumcisers raise income, and the circumcised to get money and gifts at dancing ceremony.

In addition, it was reported by the majority of student respondents (60%) that grand parents are the mostly implicated in advocating the propelling of the practice of female circumcision in Chagga community followed by female parents (40%). The results were supported by teacher respondents who also indicated that female parents play a great part in advocating the recurring practice of female circumcision in Moshi rural communities (42%). The contradiction envisaged from the information revealed by the two groups was that, none of respondents from school girls indicated male parents among those enforcing their daughters to undergo circumcision, while 26%

of primary school teachers reported male parents to be part of those inflicting their daughters to adhere to the practice.

Regarding, the age most affected by female circumcision acts in the surveyed area, results showed that, girls aging between 6 – 13 years old were the most targeted and affected. On top of that, the majority of respondents (63 or 60%) have shown to have negative perceptions toward the cultures that impel the practice of female circumcision. An a few percent of respondents (42 or 40%) showed positive perceptions toward cultures enforcing the propelling of female circumcision practice by pushing a number of arguments. For instance, this practice enable women to maintain and control their sexual desire, build a community of respectful and ethical women, protect females against infection diseases and early pregnancies, and maintain the morale of young girls and women in general.

5.2.4 Impacts of Female Circumcision to School Girls in Moshi Rural District

The study also reported a relative number of primary school girls in Moshi rural district who have undergone circumcision. A significant number of 31 (30%) respondents among primary school girls were victims of circumcision.

In addition, it was apparent from the study findings that the practice was characterised by a variety of problems that it causes to its victims. The most identified ones include much bleeding to young girl at the time of circumcision and during child delivery, death to mothers while in maternity, pain, trauma and stress to young girls when done unwillingly, reduction of sexual desire and stimulation to

women. Among impacts are violation of human rights and gender, reduction of sexual satisfaction to women, and pain during sexual intercourse, as well as infections.

Moreover, the results of the investigation showed that, the practice of female circumcision is too problematic to the performance of primary school girls as it was reported by the majority of teachers in the surveyed schools.

Furthermore, the responses from the interviewed teachers on importance of female circumcision were at odds, with some seeing no importance at all in this practice, but relating it to the act of violation of human rights due to a numbers of problems it generates to female, and school girls in particular, while others appreciating it as a very important practice due to its advantages towards females and school girls in particular.

Finally, the information obtained from girls or students revealed that, majority of people in Moshi rural district including their parents have ill perceptions toward uncircumcised women as they perceive them as unethical and immature, incomplete, impolite, evil, not deserving prepare the food for the people in the family, and of low status in the community.

5.3 Conclusions

In accordance with the objectives of this study, it was discovered that sexuality is complex concept which varies in meaning and connotations depending on one person to another. This act requires any degree of satisfaction, especially to those involving

in it. It was indicated that, there is any relationship between sexuality and female circumcision. This relationship can be determined in two aspects, physical and emotional aspects.

An number of factors have been identified as most contributing to the recurrent female circumcision practice, referring to cultural beliefs, norms and tradition, as well as to the economic conditions, which involve fear of giving birth to disabled children, escaping cultural effects, acquiring social acceptance and respect, ... circumcisers raise income, and the circumcised to get money and gifts at dancing ceremony. The findings have revealed that, female parents and grand parents prevail the most in enforcing the continuation of this practice, and school girls of age between 6 and 13 as the most targeted by the practice. Similarly, about 30% of primary school girls are victims of female circumcision in Moshi rural district.

The findings of the study have revealed that, the practice of female circumcision does have both effects and importance to primary school girls and women in general. And the community in Moshi rural district have negative perception toward uncircumcised women in the community. Therefore, most of factors impelling female circumcision practice in Moshi rural district have shown to be culturally bound which indicate a linkage between the social construction theory and the findings of this study.

5.4 Recommendations

In order to rectify the aforementioned negative state of affairs as regards to the effects and impacts of female circumcision to primary school girls the study suggests

the following recommendations to the government and policy makers and activists of the related issues. Government should plan and conduct surveys and investigations elsewhere in the country to determine the socio-cultural values associated to this practice and conduct open discussions with community members in order to get their insights toward female circumcision. This should enable the government and other parties in establishing policies and plan measures to address the situation.

As this practice serves for culture purposes, and a community without culture is dead, it would be better if this practice is promoted by improving the environment and conditions to perform this activity through the government legalizing this practice and training the specialists of female circumcision as it is for men at hospitals. This can minimize different risks and problems pertaining to this practice, like contamination of infection diseases, much bleeding, pains and many more.

On top of that, the government and non-governmental organisations personnel should plan and conduct public awareness campaigns in order to mobilize the community, especially fathers and mothers in rural Moshi and the rest of the country to understand and identify the effects of this practice to women and community in general if done under unsafe conditions.

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APPENDICES

Appendix I : Questionnaire for Primary School Pupils

Note: This questionnaire wishes to get your ideas on the impact of female genital mutilation among primary school pupils. The information that you will provide will be confidentially treated and used for academic purposes only.

SECTION ONE: Respondents Personal Information

1. Name of the School
2. Sex: Male () Female ()
3. Age: 8-10 () 11-13 () 14-16 ()
4. Class/Standard:
5. Tribe (e.g. Chagga, Massai,...),

Section Two: Form and Essence of Sexuality

6. How does your community interpret the concept 'sexuality'?
 - a. Have sex with a circumcised woman ()
 - b. Have sex with a uncircumcised woman ()
7. What are forms sex applied in your community?

.....

.....
8. What is the essence of sexuality among your community members?

.....

.....

Section Three: Social Cultural Factors Propelling Female Circumcision in Moshi District

9. What are the social cultural factors enforcing the practice of Female circumcision in Moshi district?
 - a)
 - b)
 - c)

- 10. Who are the major advocates of female circumcision in your community?
 - a) Traditional leaders ()
 - b) Teachers ()
 - c) Fathers ()
 - d) Mothers ()
- 11. Whom do you think to be the most targeted age group to undergo female circumcision in Moshi district? **A.** 4-8 () **B.** 9-13 () **C.** 14-18 () **D.** 19-23 () **E.** 20-Above ()
- 12. Do you appreciate a culture encouraging female circumcision? Yes ()
NO ()
- 13. If your answer is 'YES' state why?
- 14. If your answer is 'NO' state why?

Section Four: Effects of Female Circumcision Practice to School Girls

- 15. Have you undergone female circumcision? YES () NO ()
- 16. What do you think to be the effects or consequences of female circumcision to school girls in your community?
- 17. How are the attitudes manifested by your community toward uncircumcised girls or women in general?
.....
.....
.....

Section: Suggestions

- 18. Can there be any alternative concerning female circumcision propelling in your community? What are they?
.....
.....
.....
- 19. What do you propose to the government and other social activists on regards to female circumcision practice?
.....
.....
.....

Thank you for your good cooperation

Appendix II : Questionnaire for Primary School Teachers

Note: This questionnaire wishes to get your ideas on the impact of female genital mutilation among primary school pupils. The information that you will provide will be confidentially treated and used for academic purposes only.

Section One: Respondents Personal Information

1. Name of the School
2. Sex : Male () Female ()
3. Age :
4. Class/Standard:
5. Tribe (e.g. Chagga, Massai,...):

Section Two: Form and Essence of Female circumcision in Moshi District

6. What do you understand by sexuality?
7. Is there any relationship between female circumcision and sexuality in your community?
8. What do you think to be the factors driving the practice of female circumcision in your community?

Section Three: Social Cultural Factors Propelling Female Circumcision in Moshi District

9. Provide any social cultural factors contributing to the prevalence of female circumcision practice in Moshi district.
 - A.
 - B.
 - C.
 - D.
 - E.
10. How are your perceptions towards a culture encouraging female circumcision to young girls?

.....

.....

- 11. Depending on your culture what are the roles of female circumcision?
- 12. Whom do you think to be the major advocates of female circumcision in your community?
 - a. Local leaders ()
 - b. Girls' female parents ()
 - c. Girls' male parents ()
 - d. Other (specify)
.....

Section Four: Effects of Female Circumcision to School Girls

- 13. As a teacher, what do you think to be the consequences of female circumcision to girls' education in school?
- 14. What do you think to be the advantages, if any, of female circumcision to school girls or women in general?
- 15. What are repercussions of female circumcision practice to school girls or women in your community?

Section Five: Suggestions

- 16. What can propose to the government or social activists to successfully address the problem of female circumcision practice to school girls?
- 17. What is your message to the major advocates of female circumcision practice in Moshi District?

Thank you for your good cooperation

Appendix III : Focus Group Discussion Guiding Questions

Note: This questionnaire wishes to get your ideas on the impact of female genital mutilation among primary school pupils. The information that you will provide will be confidentially treated and used for academic purposes only.

Section One: Form and Essence of Female circumcision in Moshi District

1. What do you understand by sexuality?
2. Is there any relationship between female circumcision and sexuality in your community?
3. What do you think to be the factors driving the practice of female circumcision in your community?

Section Two: Social Cultural Factors Propelling Female Circumcision in Moshi District

4. Discuss and identify any social cultural factors contributing to the propelling of female circumcision practice in Moshi district.
5. How are your perceptions towards a culture encouraging female circumcision to young girls?
6. Depending on your culture what are the roles of female circumcision?
7. Whom do you think to be the major advocates of female circumcision in your community?

Section Three: Effects of Female Circumcision to School Girls

8. What do you think to be the consequences of female circumcision to girls' education in school?
9. What do you think to be the advantages, if any, of female circumcision to school girls or women in general?

Section Four: Suggestions

10. What are your suggestions to the government or social activists to successfully address the problem of female circumcision practice to school girls?

Thank you for your good cooperation