

THE INSTITUTE OF ACCOUNTANCY ARUSHA
ANALYZING THE EFFECTS OF FEMALE GENITAL
MUTILATION PRACTICES ON GENDER EQUALITY: A CASE OF TARIME
DISTRICT, TANZANIA

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Master of Arts in Peace and Security Studies of the Institute of
Accountancy Arusha
December, 2023

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MUTILATION PRACTICES ON GENDER EQUALITY: A CASE OF TARIME
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MPSS-01-0035-2022

**A Dissertation Submitted in Partial Fulfillment of the Requirements for the
Degree of Master of Arts in Peace and Security Studies of the Institute of
Accountancy Arusha**

December, 2023

DECLARATION

I **Brendan Merondo**, hereby declare that this dissertation is my own original work and that it has not been presented and will not be presented to any other higher learning institution for similar or any other award.

Signature.....

Date.....

CERTIFICATION

I, the undersigned, certify that I have read the dissertation entitled “**Analyzing the Effects of Female Genital Mutilation Practices on Gender Equality: A case of Tarime District, Tanzania**”, and hereby recommend for acceptance of the dissertation by the Institute of Accountancy Arusha for the fulfillment of the requirements for the degree of Master of Arts in Peace and Security Studies offered by the Institute.

Signature

Dr. Wanani, DAVID K.; PhD

Date

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ACKNOWLEDGEMENT

I am deeply grateful to all those who have contributed to the development of this research dissertation on the effects of Female Genital Mutilation (FGM) practice on gender equality in Tanzania, with a specific focus on the case study of Tarime District.

First and foremost, I would like to extend my heartfelt appreciation to Dr. David K. Wanani, PhD; my esteemed supervisor at the Institute of Accountancy Arusha. His expert guidance, valuable insights, and constant encouragement have been invaluable in shaping this research dissertation. I would like as well to thank the Institute of Accountancy Arusha for providing me with the academic platform and resources necessary to undertake this research.

Moreover, I am indebted to the ATFGM Masanga, CDF Tarime, Local Government workers at Tarime District Council, women, girls, men, community leaders, and other Kurya community members in Tarime District, whose participation and willingness to share their perspectives and experiences were crucial in the success of this study. In a special way, I extend my sincere thanks to research assistants John Marwa Magige and Brian Chacha Mosama whose assistance in data collection made the success of this study.

Furthermore, I wish to acknowledge the financial support provided by my wife Veronica which has made this research endeavor possible. On top of that I am deeply appreciative of the support and understanding of my family and friends throughout this academic journey.

While I take full responsibility for the content of this research proposal, the collective efforts and contributions of all those mentioned above have been integral to its development. Thank you all for your unwavering support and collaboration

ABSTRACT

This study aimed at Analyzing the Effects of Female Genital Mutilation (FGM) practice on gender equality in Tarime District, Tanzania, utilizing qualitative approach. FGM persists as a deeply ingrained cultural tradition, raising concerns about its implications for women's rights, empowerment, and overall gender equality. The study sought to delve into the lived experiences, perceptions, and beliefs of individuals directly affected by FGM, including women, girls, men, community leaders, and healthcare professionals, to comprehend the intricate dynamics surrounding the practice and its impact on gender relations and equality within the community. The research adopted a qualitative case study design, qualitative approach employing focus group discussions and in-depth interviews as primary data collection methods. The approach allowed for a comprehensive exploration of the socio-cultural context and individual narratives related to FGM practice. Thematic analysis was employed to identify recurring themes and patterns in the data, providing an in-depth understanding of the physical, psychological, and social consequences of FGM on women and girls' lives. Through the qualitative lens, this study was able to uncover the complex interplay between FGM and gender equality in Tarime District, shedding light on the influence of socio-cultural norms, community perceptions, and the role of key stakeholders in eradication of the practice. The research findings has informed contextually relevant recommendations on legal and Human Rights, Community engagement and Alternative Rite of passage approaches for policymakers, healthcare providers, local communities and other scholars to work towards eradication of FGM in Tarime District, Tanzania and the world at large and promote gender equality, fostering a society where the rights and well-being of women and girls are upheld.

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LIST OF ABBREVIATIONS

ACRWC	– African Charter on the Rights and Welfare of the Child
ATFGM	– Association for Termination of Female Genital Mutilation
AU	– Africa Union
CDF	– Children Dignity Forum
CEDAW	- Convention on the Elimination of All Forms of Discrimination Against Women
CRC	– Convention on the Rights of the Child
DHS	- Demographic and Health Survey
EAC	– East Africa Community
EU	– European Union
FGD	- Focus Group Discussion
FGM	- Female Genital Mutilation
FGM/C	- Female Genital Mutilation/Cutting
GBV	- Gender-Based Violence
NGO	- Non-Governmental Organization
NGOs	- Non-Governmental Organizations
PRSP	– Poverty Reduction Strategy Paper
SDG	- Sustainable Development Goal
SDGs	- Sustainable Development Goals
TECMN	– Tanzania Ending Child Marriage Network
UAE	– United Arab Emirates
UK	– United Kingdom
UN	- United Nations
UNFPA	- United Nations Population Fund

UNICEF	- United Nations International Children's Emergency Fund
URT	- United Republic of Tanzania
USA	- United States of America
WHO	- World Health Organization

CHAPTER ONE

PROBLEM SETING

1.0 Chapter Overview

This chapter covers the introduction to the study for analyzing the effects of Female Genital Mutilation (FGM) practices on gender equality in a social setting. The chapter consists of eight parts; the background to the research, the statement of the problem, the objectives of the study, research questions, and the scope of the study. Also, the chapter contains limitations and delimitations of the study as well as the significance of the research and a brief organization of the research.

1.1 Background to the Problem

Female Genital Mutilation (FGM), also known as female circumcision or female genital cutting, refers to the deliberate removal or alteration of female genital organs for non-medical reasons is a deeply rooted traditional practice that affects millions of girls and women worldwide, mostly in Africa, the Middle East, and Asia (Llamas, 2017). FGM violates women's rights and it is a form of gender-based violence that exacerbates discrimination against women (Khosla, et al., 2018). It is a global problem where in the Middle East, Female Genital Mutilation (FGM) practices exhibit variations in prevalence and forms across countries within the region (Barrett et al., 2021; Kandala et al., 2019; Shahawy et al., 2019).

Moreover, Egypt stands out with one of the highest prevalence rates globally, affecting approximately 87% of women aged 15-49 (Hosny Abd-Elhakam et al., 2023; Van Rossem & Meekers, 2020). Other countries in the region, such as Sudan, Yemen, and Oman, also report relatively high prevalence rates. FGM in the Middle East is deeply rooted in cultural and social norms, often associated with concepts of modesty, purity, and control over female sexuality.

While some communities consider FGM a religious requirement, there is no explicit religious mandate for the practice in Islam or any major religion (Mwanri & Gatwiri, 2017).

In Asia, the prevalence of FGM varies among countries and regions. Indonesia, with an estimated 50 million cases, has the highest number of girls and women affected by FGM in the region. Other countries such as Malaysia, India, Pakistan, and Sri Lanka, also report cases of FGM (Macfarlane & Dorkenoo, 2015). The types and forms of FGM practiced in Asia can vary, with Indonesia predominantly practicing FGM involving the partial or total removal of the clitoris and/or labia minora. FGM in Asia is deeply rooted in cultural and social norms, often associated with cultural identity, religious beliefs, and ideas of purity and modesty (Florquin & Richard, 2020).

In Africa, FGM is most prevalent compared to other regions, with high prevalence rates in several countries. Somalia has one of the highest rates, with an estimated 98% of girls and women aged 15-49 having undergone FGM while other countries with high prevalence rates include Guinea (97%), Djibouti (93%), and Sierra Leone (90%) (Nabaneh & Muula, 2019). In Egypt, about 87% of women have been subjected to FGM. Sudan, Mali, Burkina Faso, and Ethiopia also report significant prevalence rates. FGM practices in Africa encompass various types and are practiced in countries like Somalia and Sudan (Nabaneh & Muula, 2019). Nabaneh and Muula (2019) found that, around 44 million girls under the age of 15 in Africa have undergone some type of FGM, while approximately 3.9 million girls are at risk of undergoing the practice annually. The cultural and social factors influencing FGM in Africa are deeply rooted, tied to notions of tradition, purity, and initiation into womanhood. Prevalence of FGM in East Africa is led by Kenya with 21% (KDHS in Kandala et al., 2017), followed by Tanzania 10% (TDHS/MIS, in John, 2018) and Uganda 0.3% (UDHS, 2011).

Getting to Tanzania, where Tarime District is located FGM remains a significant problem, with a relatively high prevalence rate, particularly in specific regions where FGM practices are deeply rooted in cultural traditions and beliefs, making it challenging to eradicate without a comprehensive understanding of the local context and social dynamics (Mkuwa et al., 2023). According to the Tanzania Demographic and Health Survey (DHS) 2015-2016, approximately 10% of women aged 15-49 in Tanzania have undergone FGM (DHS in Farouki et al., 2022). However, this figure can vary significantly between regions and ethnic groups. In Tanzania FGM is practiced in many regions but the highest rates are found in Manyara 58%, Dodoma 47%, Arusha 41%, Mara 32%, Singida 31%, Tanga 14%, Kilimanjaro 10%, Morogoro 9% and Iringa 8% (TDHS/MIS in John, 2018). Reasons for performing FGM practice vary from community to community but most common reasons include avoiding stigma, controlling women's sexual desire, hygiene, and as the rite of passage from childhood to adulthood, all being deep – rooted in individual community culture. Being a cultural practice, it has been challenging to eradicate.

Globally, female genital mutilation is acknowledged as a violation of women's and girls' human rights (Khosla et al., 2017). It represents a severe kind of discrimination against women and reflects ingrained inequalities between men and women. According to UNICEF, (2022), FGM has multiple negative consequences in the lives of girls and women, including medical, psychological, emotional and social problems, and even loss of life. Girls subjected to FGM are also at risk of early/child marriage, dropping out of school, and reduced opportunities for growth, development and sustainable incomes. It is a manifestation of authority and control over the sexuality and bodies of women and girls (UNICEF, 2022). As a type of gender-based violence (GBV), female genital mutilation (FGM) stems from the unequal power dynamics between men and women, which are ingrained in a system that is supported by prejudiced gender norms and stereotypes as well as inequality in access and control over resources.

There have been several initiatives to eradicate FGM to which Tanzania is party. They include international cooperation through International agreements and conventions to condemn FGM and declare it a gender-based violence (Mmbando, 2014). Tanzania is party to the International Convention on Economic Social and Cultural Rights 1966 (ICESCR), Convention on the Elimination of All forms of Discrimination Against Women 1979 (CEDAW), United Nations Convention on the Rights of the Child of 1989 (UNCRC), United Nations Resolution on Intensifying Global Efforts for Elimination of Female Genital Mutilation during 2014, following the December 20, 2012, the United Nations General Assembly resolution calling on the nations of the world to eliminate FGM (Khosla, et al., 2017). Global efforts were emphasized on the inclusion of attaining zero FGM by 2030 in the United Nations Sustainable Development Goal 5 target 5.3. Following the spirit of Sustainable Development Goal (SDG) 5 on Gender Equality, the UN at global level is striving for full eradication of FGM by 2030 (Bonagani, 2022). Furthermore, Tanzania is part of Africa initiatives to eradicate FGM, which include the African Charter on the Rights and Welfare of the Child of 1990 (ACRWC), African Convention on Human and Peoples Rights on the Rights of Women of 2003 (Warioba, 2019; Mmbando, 2014).

Tanzania has enacted laws and policies to implement its obligation on eradication of FGM (Warioba, 2019). The Constitution of the United Republic of Tanzania 1977 as amended protects the right to life, equality, and dignity. FGM is criminalized under Section 169A (1) and (2) of the Penal Code CAP 16 (R.E. 2016), and Section 158 A (1) and (2) of the Law of the Child Act of 2009 as amended which provide for a penalty of not less than five years imprisonment or fine of two million shillings for a person involved to performing FGM to a child below eighteen years. Several Policies against FGM are implemented in Tanzania. They include the Child Development Policy of 2008, Women and Gender Development Policy of 2000, the National Plan of Action to Accelerate the Elimination of FGM and other Harmful

Traditional Practices in Tanzania (2001 – 2015) and the National Plan of Action NPA-VAWC (2017/18 – 2021/22) which Tanzania has used to affirm its commitment to international obligations to eradicate FGM in order to ensure gender equality.

1.2 Statement of the Problem

Tanzania is a party to International Community and International agreements to eradicate FGM in order to ensure Gender equality (Mmbando, 2014). There have been proposed approaches to eradicate FGM which include legal approach, awareness campaigns, education, and provision of alternative rite of passage (Warioba, 2019; Khosla, 2017). Tanzania has been implementing recommendations as obliged to eradicate FGM whereby, the Constitution of the United Republic of Tanzania of 1977 as amended protects the right to equality and protection of dignity. The Penal Code CAP 16 of the laws of Tanzania and the Law of the Child Act of 2009 have been amended to incorporate provisions criminalizing FGM and punish perpetrators. Policies on gender equality have been made by the state to help implement her obligation to eradicate FGM using the recommended intervention approaches.

However, despite the aforementioned efforts taken by the Government of Tanzania the problem and risk attached to FGM remains a significant challenge in many places including Mara region which has thirty two percent (32 %) rate of FGM prevalence where the most practicing communities are the Kurya who are mostly found in Tarime District (McCauley & Van den Broek, 2019; TDHS/MIS in John, 2018). Despite the observed slow decline to ten percent (10%) countrywide, the magnitude of the problem is still reflected in the high prevalence rates in certain regions due to persistence of social norms that support the practice (Novak, 2020). The problem is that the public efforts to combat the FGM in the Kurya societies seem to face a futile reaction.

1.3.1 General Research Objective

The study intended to analyze the effects of female genital mutilation (FGM) practices on gender equality in Tarime District.

1.3.2 Specific Research Objectives

- i. To identify the factors influencing the prevalence of FGM practices in Tarime District.
- ii. To analyze the impacts of FGM on gender equality in Tarime District.
- iii. To investigate approaches that can be used to eradicate FGM in Tarime District.

1.3.3 Research Questions

- i. What are the factors that influence the continuation of FGM practices in Tarime District?
- ii. How does FGM impact gender equality in Tarime District?
- iii. What approaches can be used for eradication of FGM in Tarime District?

1.4 Scope of the Study

The focus of the study on the effects of Female Genital Mutilation (FGM) on gender equality in Tarime District was to investigate the impact of this harmful practice on gender equality within the community. The research aimed to explore how FGM perpetuates and reinforces gender disparities, restricts women's agency, and hinders progress towards achieving gender equality in Tarime District. By examining the consequences of FGM on women and girls' physical and psychological well-being, access to education, economic opportunities, decision-making roles, and overall social status, the study sought to highlight the urgent need for targeted interventions and policy changes to eliminate FGM and promote women's empowerment, human rights, and gender equity in the region.

1.5 Limitations and Delimitations

The process of data collection was challenging as Female Genital Mutilation is deep rooted in Kurya Community culture (Mgata et al., 2015). Some respondents were reluctant to provide some information fearing societal pressure and government enforcement organs as Female Genital Mutilation is a criminal act. Such challenge was overcome by creating trust between researcher and respondents, assuring confidence and protection of their privacy. Moreover, the Social Welfare officer from Tarime District accompanied the researcher and researcher assistants to reach respondents. In addition, the study was carried during rainy season in a widespread area in such a short period. The researcher had to employ two research assistants who were trained and well instructed on the research topic and data collection methods and they helped to collect data in parts of the study area. There were challenges in obtaining permission for data collection from one of the target institutions forming part of the target population. The challenge was remedied by concentrating on the available respondents and use data collection tools efficiently, where the ultimate goal was sufficiently reached.

1.6 Significance of the Study

The research is significant in raising awareness and understanding about the harmful effects of FGM on gender equality in Tarime District, Tanzania and the world at large. By providing comprehensive data and analysis specific to Tarime District, the study enhances understanding of the context of FGM among local communities, policymakers, and global stakeholders. Increased awareness is crucial for addressing FGM effectively and promoting gender equality, whereby the study serves to development of better-informed policy interventions. The findings of the study serve as a valuable resource for policymakers and organizations working to combat FGM and promote gender equality in Tarime District. The evidence-based insights can guide the development and implementation of targeted

interventions, programs, and policies that address the specific needs and challenges faced by the community.

Moreover, this study helps on empowering local communities. The study can empower local communities in Tarime District to critically examine their cultural practices and beliefs surrounding FGM. By providing a comprehensive analysis of the impacts of FGM on gender equality, the study can encourage dialogue and discussion within communities, challenging harmful gender norms and fostering more equitable attitudes and behaviors. Furthermore, the study adds value in the course of protecting women's rights. FGM is a violation of women's and girls' rights, including the rights to health, bodily integrity, and non-discrimination (Women, 2022; Mhando, 2018). The study's findings can support advocacy efforts to strengthen legal measures and enforcement mechanisms against FGM in Tarime District. It can also contribute to promoting women's rights and ensuring the well-being and empowerment of women and girls in the community. The study enables the researcher to accomplish a Master of Arts in Peace and Security Studies degree at the Institute of Accountancy Arusha. This study is a requirement by the Institute regulations for the award.

Finally, the study contributes to global knowledge. It adds to the global body of knowledge on FGM and its impacts on gender equality. By focusing on Tarime District, the study provides unique insights into the specific cultural, social, and economic contexts that influence FGM practices and their consequences. These insights can inform and enrich the broader global understanding of FGM and contribute to evidence-based strategies and interventions worldwide.

CHAPTER TWO

LITERATURE REVIEW

2.0 Chapter Overview

This chapter covers a review of pertinent literatures relating to Female Genital Mutilation and gender equality and gender in-equality. Specifically, the review focused on the effects of Female Genital Mutilation on the realization of Sustainable Development Goal (SDG5) on Gender Equality which emphasizes on eradication of Female Genital Mutilation in order to ensure women and girls' empowerment. The chapter is divided into parts including conceptual reflections of the study, theoretical literature review, empirical literature review, conceptual framework and the knowledge gap existing from the literatures previously done.

2.1. Conceptual Reflections on the Study

The research on the effects of Female Genital Mutilation (FGM) on gender equality involved exploring various key concepts that are essential to understanding the complex relationship between FGM and gender equality. Some of the key concepts for this research were as follows:

2.1.1. Female Genital Mutilation (FGM).

This concept refers to the harmful practice of altering or removing female genitalia for non-medical reasons (O'Neil & Pallito, 2021). FGM is also referred to as Female Circumcision, or Female Genital Cutting. It includes various forms of cutting or removal of genital tissue and is often carried out on girls and young women. According to Williams (2018) FGM practice can be classified into four types. Firstly, that which include partial or total removal of clitoris and prepuce (clitoridectomy). Secondly, partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora. It is also known as excision. Thirdly, narrowing of

the vaginal orifice with creation of a covering seal by cutting the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation) and the lastly includes all other harmful procedures to the female genitalia for non-medical purposes, like pricking, piercing, incising, scraping and cauterization. The most common type of FGM practiced in Tarime is the first type (clitoridectomy). Sustainable Development Goal (SDG) 5.3 emphasizes on elimination of FGM in order to attain Gender Equality by 2030 (Mishra et al., 2023; Women, 2022). Understanding the practice itself is essential to grasp its impact on gender equality and the SDGs.

2.1.2. Gender Equality.

Gender equality is the principle of equal rights, opportunities, and treatment for individuals of all genders (Eweje & Nagano, 2021; Boerner et al., 2018). In this research, gender equality pertains to the fair and equitable treatment of women and girls, ensuring that they have equal access to resources, education, healthcare, employment, and decision-making. The research explored how FGM perpetuates gender inequality and hinders the progress towards achieving gender equality, which is a fundamental aspect of the SDGs.

2.2. Theoretical Review and Framework

This section covers the theoretical review and frameworks. The study was guided by two theories namely Gender Theory which is also known as Feminist theory, and Social Inequality Theory.

2.2.1. The Gender Theory

The Gender Theory focuses on understanding how socially constructed notions of masculinity and femininity shape individuals' roles, behaviors, and opportunities in society (Risman,2018). Gender theorists include Simone de Beauvoir, Kate Millett, Judith Butler, Gayle Rubin, to

mention a few whose work range from 1908–2017 (Avalos et al., 2015). Gender theories assume that individuals are socialized into specific gender roles and behaviors (Risman, 2018). Moreover, Risman (2018) states that gender theories assume the existence of patriarchal power structures where men hold privileged positions in society and exercise control over women's bodies and lives. Gender theories furthermore acknowledge individual and collective agency in challenging gender norms through women empowerment.

Gender theory was relevant in this study as Kurya societies in Tarime District where FGM is prevalent, the practices were found deeply ingrained in cultural norms and used as a way to uphold traditional notions of femininity, purity, identity, and rite of passage, contributing to early and child marriage, while restrict girl's rights and opportunities. Being guided by this theory, the study analyzed how socialization contributed to the acceptance and continuation of harmful practices like FGM leading to gender inequality in Tarime District.

Moreover, gender theories guided this study to analyze the patriarchal nature of Kurya societies in Tarime District where it was found that men hold privileged positions in society and exercise control over women's bodies and lives (Mhando, 2018). In the context of FGM, the theory helped understand how those power structures play a big role in perpetuating the practice, where it was found that FGM is often carried out to ensure men's control over women's sexuality, control women decision making power and to maintain traditional gender roles. Patriarchy, according to gender theorists impacts women's ability to engage in economic activities, and limit their ability to challenge traditional roles, thus perpetuating gender inequality contributing to gender-based economic disparities.

2.2.2. The Social Change Theory

Social change theory examines how societies evolve over time (Matanda et al., 2018). It helps to analyze and predict shifts in social norms, values, and institutions. Different founders have contributed to the development of social change theory. They include Karl Max, Emile Durkheim, Max Weber, Herbert Spencer and Georg Wilhelm Friedrich Hegel (Mishra & Thakur, 2023; Ritzer & Stepnisky, 2020).

The Social Change Theory assumes that change is natural and constant aspect of human societies (Sood & Ramaiya, 2022). Societies evolve and transform overtime due to various factors. It further assumes that culture and belief are influential in shaping social change, where changes in values, norms and cultural practices can lead to shifts in societies. The Social Change Theory guided the study by analyzing the importance of education and community engagement in changing Kurya social norms on FGM, by encouraging dialogue, awareness, and involving community leaders to help challenge and reshape those norms. Moreover, the theory recognizes that empowering of women and girls through education, economic opportunities, and a voice in decision making can help reject FGM and advocate for change. It also recognizes the role of human agency where individuals and groups can intentionally work to bring about change (Sood & Ramaiya, 2022).

2.3. Empirical Literature Review

This section covers an empirical literature review of the research whereby research articles, reports and other scholarly work were visited in order to understand the factors influencing the prevalence of FGM, its impacts on gender equality and approaches for eradication of FGM in Tarime District.

2.3.1 Factors Influencing Prevalence of FGM Practices

Female Genital mutilation continues to be practiced globally in different places of America, Asia, Middle East and Europe (Dawson, et al., 2020; Unicef, 2016). They further provide that the continuation of FGM in Asia is associated with culture. In other India, Indonesia and Malaysia has found the prevalence of FGM practice is associated with cleanliness, reducing female sexual desire and maintaining purity, and to purify the body (Dawson, et al., 2020). Other parts of America, Europe and Australia, prevalence of FGM is associated with the immigrant communities' culture that they carry with along from countries and communities of their origin where FGM is highly practiced (Cappa, et al., 2019; Davis & Jellins, 2019).

In Africa, FGM is persistent in many countries mostly high in Somalia has the highest incidence of 98%, followed by Guinea, Djibouti, and Egypt with an incidence of more than 90% and Eritrea, Mali, Sierra Leone and Sudan with an incidence of more than 80% (Corno et al., 2020). It is taken to be the most prevalent Continent in the world. The same as in other parts of the world, the practice in Africa is believed to continue due to community culture and beliefs that the FGM controls female sexual behavior and ensure women's virginity by reducing their sexual desire, improve marriageability, and maintain femininity of a woman in the community (Davis & Jellins, 2019).

East Africa is one of the regions which show slight decline of FGM practice. Despite such trend, FGM is still enshrined in countries whose communities' culture for ages has considered the practice as important for their communities. Studies show that FGM continues to be practiced in Kenya, Uganda, and South Sudan is influenced by intergenerational culture, social norms, beliefs and poverty (Ahinkorah et al., 2020; Kimani et al., 2020). Their study shows that the practice tends to be low in wealth communities compared to poor ones, taking

the possibility of exposure to education and culture exchange and sharing with other non-practicing communities.

The continued FGM practice in Tanzania is caused by culture, beliefs and other cultural myths (DHS, 2020). They include such culture related to hygiene, and desire to control women's sexuality to mention a few. For the Chagga and Pare of Kilimanjaro region, the practice is associated by culture of passing the blessings from ancestors to the young. Moreover, the practice is used as ritual of passage to adulthood for the Kurya and Maasai. This factor connects FGM practice with social acceptance as those who refuse are isolated from the community as outcast, and for those who have undergone the ritual are accepted for marriage. The communities justify FGM practice for the myth that it suppresses females sexual desire (Shabani & Gemma, 2018).

2.3.2 Impact of FGM on Gender Equality

Globally, female genital mutilation is acknowledged as a violation of women's and girls' human rights (Khosla et al., 2017). It represents a severe kind of discrimination against women and reflects ingrained inequalities between men and women. According to Unicef, (2022), FGM has multiple negative consequences in the lives of girls and women, including medical, psychological, emotional and social problems, and even loss of life. Girls subjected to FGM are also at risk of early/child marriage, dropping out of school, and reduced opportunities for growth, development and sustainable incomes.

Globally FGM practices have had harmful effects on gender equality (O'Neill & Pallitto, 2021). Female genital mutilation of any type has been recognized as a harmful practice and a violation of the human rights of girls and women. It is a manifestation of authority and control over the sexuality and bodies of women and girls (Unicef, 2022). As a type of gender-based violence (GBV), female genital mutilation (FGM) stems from the unequal power dynamics

between men and women, which are ingrained in a system that is supported by prejudiced gender norms and stereotypes as well as inequality in access and control over resources. In every society in which it is practiced, female genital mutilation is a manifestation of gender inequality that is deeply entrenched in social, economic and political structures. According to Johnson-Agbakwu et al., (2023) practice can contribute to gender inequality by limiting women's access to education, healthcare, and economic opportunities due to the physical and psychological consequences of FGM.

In UK and USA, the continuation of FGM in these communities have impacts on gender equality by perpetuating harmful gender norms and limiting girls' access to education and other opportunities (Barrett et al., 2021; Shahawy et al., 2019). The continuation of FGM in the UAE perpetuates gender inequality by reinforcing traditional gender roles and limiting women's autonomy and decision-making (Hakjem, 2022). FGM is practiced in parts of Iraq, particularly among the Kurdish population by subjecting girls to harmful traditional norms that restrict their bodily autonomy and reinforce their subordination to men.

In Africa as well, FGM practices have been recorded to have significant adverse effects on promotion of gender equality. FGM is prevalent in Egypt, particularly in rural areas and among some urban communities. The continuation of FGM in Egypt, Ethiopia, and Nigeria reinforces harmful gender norms and perpetuates the belief that women's bodies and sexuality need to be controlled (Farina et al., 2022). Gender norms may impose constraints on the difficult decisions that poor families must make about how to use their limited resources. Families may resort to harmful coping mechanisms, such forcing girls to undergo female genital mutilation before marriage in order to pay for the bride or to have fewer mouths to feed (Unicef, 2022). This can limit women's autonomy and decision-making power to decide on their personal and reproductive lives contributing to gender inequality. FGM practices in Sudan and Somalia

reinforces traditional gender roles, where women are expected to conform to cultural norms of modesty and purity (Moyo & Dhliwayo, 2019; Mwangi, 2019). The practice can limit women's opportunities for education and economic empowerment, patriarchal norms tending to limit women autonomy perpetuating gender inequality.

In East Africa (E.A), FGM is practiced in certain communities in Kenya, Uganda, South Sudan and Tanzania (Kimani, et al., 2020). The study by Mwangi, (2019) showed that perpetuation of FGM has implications on gender equality by limiting girls' access to education and economic opportunities. In many communities where FGM is highly practiced, there is a big number of school dropout and high early child marriage refusing girls from accessing education and other economic opportunities. FGM can also reinforce traditional gender roles and norms, restricting women's mobility and decision-making power.

FGM practices in Tanzania as well have harmful effects on gender equality. According to Shabani & Gemma, (2018), FGM has significant impacts on women's physical and psychological well-being, including health complications and psychological distress. Furthermore, Pesambili & Mkumbo, (2018) revealed effects of FGM to include early marriages, parents' negative attitudes towards girls' education, girls' change in attitudes and loss of interest in schooling, which lead to poor educational achievement in many ways. The study exposes the continuing practice of FGM in Tarime. Similarly, Mpinga et al., (2016) study findings revealed that FGM has significant economic costs and adverse social effects, including educational barriers, health complications, and perpetuation of harmful gender norms.

2.3.3 Approaches for Eradication of FGM

FGM reflects deep-rooted inequality between women and men and constitutes an extreme form of discrimination against women (Khosla, et al., 2017). It is nearly always carried out on minors and is a violation of the rights of children. Eradication of Female Genital Mutilation (FGM) requires a comprehensive and coordinated effort at the global level. Various international organizations, governments, and non-governmental organizations (NGOs) have been working on interventions and approaches to combat FGM and promote its abandonment worldwide including partnership in advocacy, awareness, and legislation. In 2012, the UN General Assembly adopted a resolution urging all member states to take immediate and concerted actions to eliminate FGM (WHO, 2019; Khosla et al., 2017). The resolution calls for legislation, awareness campaigns, and community engagement to address the issue.

In their final findings on how States are fulfilling their treaty responsibilities, several United Nations human rights treaties monitoring committees have addressed female genital mutilation. The Human Rights Committee, the Committee on the Elimination of All Forms of Discrimination Against Women, and the Committee on the Rights of the Child have all been vocal in their condemnation of the practice and their recommendations for countermeasures, which include making it illegal (Williams-Breault, 2018).

Furthermore, in its General Recommendation on Female Circumcision (General Recommendation No. 14), the Committee on the Elimination of All Forms of Discrimination Against Women asks states to take appropriate and effective action in order to end the practice and to furnish information regarding the steps they are taking to end female genital mutilation. The UN and the EU have come with Instruments that form the basis for states to engage in eradication of FGM (UNICEF, 2022; Vinois et al., 2018). Furthermore, Target 5.3 of the SDG Goal 5 aims to eliminate all harmful practices, including FGM, by 2030 in order to

attain gender equality (Bonagani, 2022; Leye, et al., 2019; Askew, et al., 2016). This commitment reinforces the global efforts to address FGM within the broader context of gender equality and women's empowerment.

Africa is not left back in the efforts to eradicate FGM. Many approaches are being used in the fight against FGM practice and its harmful effects on girls and women in Africa. In Africa, the continent with the highest FGM prevalence rates, the African Union adopted in 2003, the Maputo Protocol, which includes specific provisions banning FGM and launched in 2014, Agenda 2063 (Unicef, 2022). The Maputo Protocol is an important legal document adopted by the AU, aimed at promoting and protecting the rights of women in Africa (Haastrup, 2019). In compliance with the demand to enact anti FGM laws, some African countries Nigeria, Egypt, and Gambia among others have enacted legislations that criminalize FGM.

The East African Community (EAC) has been actively engaged in efforts to eradicate Female Genital Mutilation (FGM) in its member states. Approaches for eradication of FGM in the EAC include Alternative Rites of Passage Programs (Van Bavel, 2020; Hughes, 2018). The program emphasizes mentorship, life skills, and education, preserving cultural traditions while eliminating the harmful aspects of FGM and promoting a safer transition to adulthood. They also use Community Sensitization and Education programs that promote collective decision-making to abandon the practice, women empowerment and legislation (Ombogo, 2018; Kandala et al., 2017; Muzima, 2016).

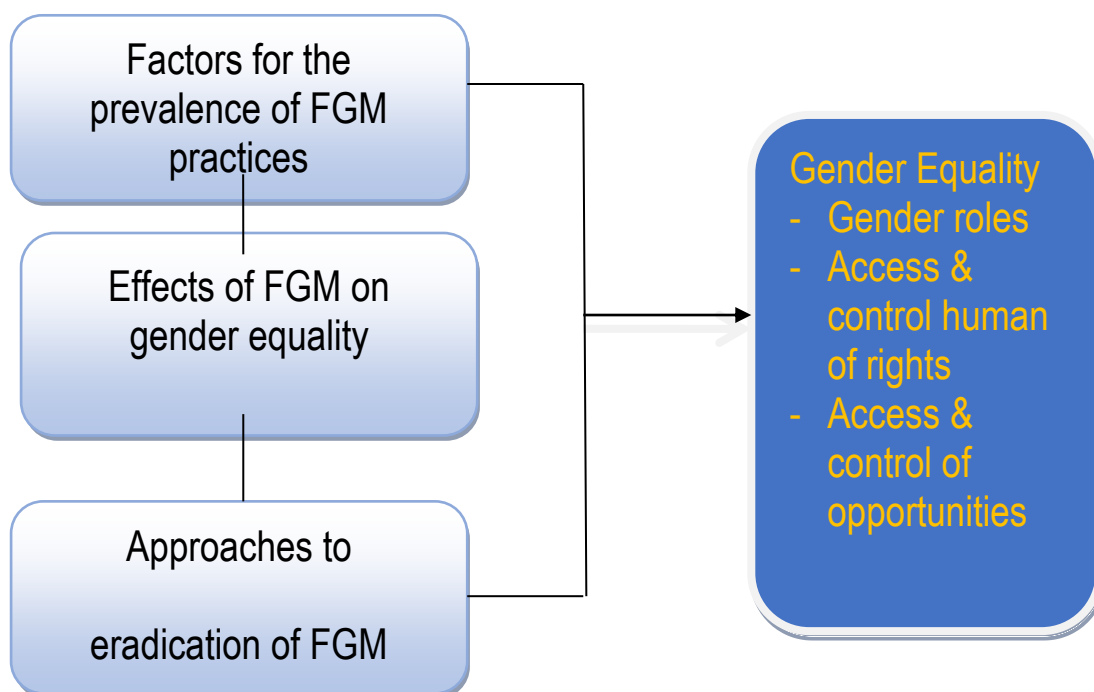
Tanzania has been actively working to eradicate Female Genital Mutilation (FGM) through a variety of interventions and approaches. The government, civil society organizations, and community leaders have collaborated to address the issue. There are a quiet number of approaches taken in Tanzania to combat FGM practices which include Community Engagement and Women Empowerment, mental health support, counseling, community

education and legal advocacy and enforcement, awareness campaigns, and constructive challenge of harmful cultural norms (Agu et al., 2022; DHS, 2020; Earp, 2019; Moyo & Dhliwayo, 2019; Hallonsten, 2016). The "Tanzania Media Women's Association" (TAMWA) has been a remarkable example NGO that works closely with community leaders, elders, and local activists to engage in dialogue on the harmful effects of FGM (Hallonsten, 2016). By involving community members in the conversation, the organization promotes collective efforts to abandon the practice.

2.4 Conceptual Framework

The conceptual framework underlying this study is presented in Figure 2.1 below. The framework indicates that the effects of FGM leads to gender inequality and ultimately causing a problem in ensuring gender equality. Continuation of FGM practices endangers rights of women and girls hence the need to understand factors for its prevalence in Kurya community of Tarime District. Therefore, through this framework the research study determined the factors for prevalence of FGM in Tarime District, how FGM affect gender equality in Tarime District, and by understanding, the study was able to suggest proper approaches to eradicate FGM and avoid such effects to ensure gender equality in Tarime District and Tanzania at large.

Figure 2. 1 : Conceptual Framework for Determinants of the Effects of FGM on Gender Equality



Source: Research Objectives and Literature Review, (2023)

2.5 Knowledge Gap

A variety of authors have acknowledged prevalence of FGM practices globally, regionally and in Tanzania including Tarime district and have argued on the effects and consequences of FGM practices physically (Dawson, et al., 2020; Davis & Jellins, 2019; Mpinga et al., 2016). Such prevalence has led to harmful effects that range from Human Rights Violations, Gender Based Violence, Health impacts, and other social economic impacts to women and girls. These effects of FGM have a negative impact on gender equality. There have been various interventions globally by International community like the United Nations, the European Union (EU) and other Regional Cooperation through policy and International Treaties and Agreements and other initiatives like the inclusion of Eradication of FGM as Gender Based

Violence (GBV) in order to attain SDG 5 by 2030 (WHO, 2019; Leye, et al., 2019; Khosla, et al., 2017; Askew, et al., 2016).

Africa through the Maputo Protocol and other initiatives has worked hard to make sure that FGM and its effects are minimized by member states (Haastrup, 2019). The East African Community has incorporated a provision in its Charter emphasizing that member states should protect women and girls from violations such as FGM. Tanzania was not left alone from initiatives to promote and protect Human Rights as it is member to International Agreements on protection of Human Rights (Mmbando, 2014; O'Neil & Pallito, 2021). Laws have been enacted criminalizing FGM and punishing perpetrators of the practice (Hallonsten, 2016). Institutions and policies have been put and different other non-legal approaches are in place to combat FGM practices in Tanzania.

Despite such Global, Regional and Tanzanian efforts, and solutions given by different authors on the effects of FGM on gender equality, the practice is still prevalent in many parts of Tanzania including Tarime District causing threat on gender equality. This study examined the reasons and factors for such prevalence, its effects and on gender equality and suggests best approaches to eradicate the practice in order to attain gender equality in Tarime District and Tanzania at large.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Chapter Overview

In this chapter, the methodological aspects used in this study were covered. Those methods included research design, the research approach, the area of the study, the study population, sampling procedure and sample size, data collection and techniques, pilot study, data management and analysis and research ethics considerations expected to be employed in this study.

3.2 Research Design

The research design for the study was case study design. In the case study design a particular phenomenon is investigated in its real-life context (Kothari, 2017). It involves in-depth exploration of a single case, which can be an individual, group, organization, community, event, or process. For this study, the design was used to analyze the effects of FGM on gender equality, specifically in Kurya community. The case study design was preferred over other research designs since it allowed the researcher to gain an in-depth understanding of the phenomenon of interest and generate rich, detailed data that could provide insights into complex social phenomena.

3.3. Research Approach

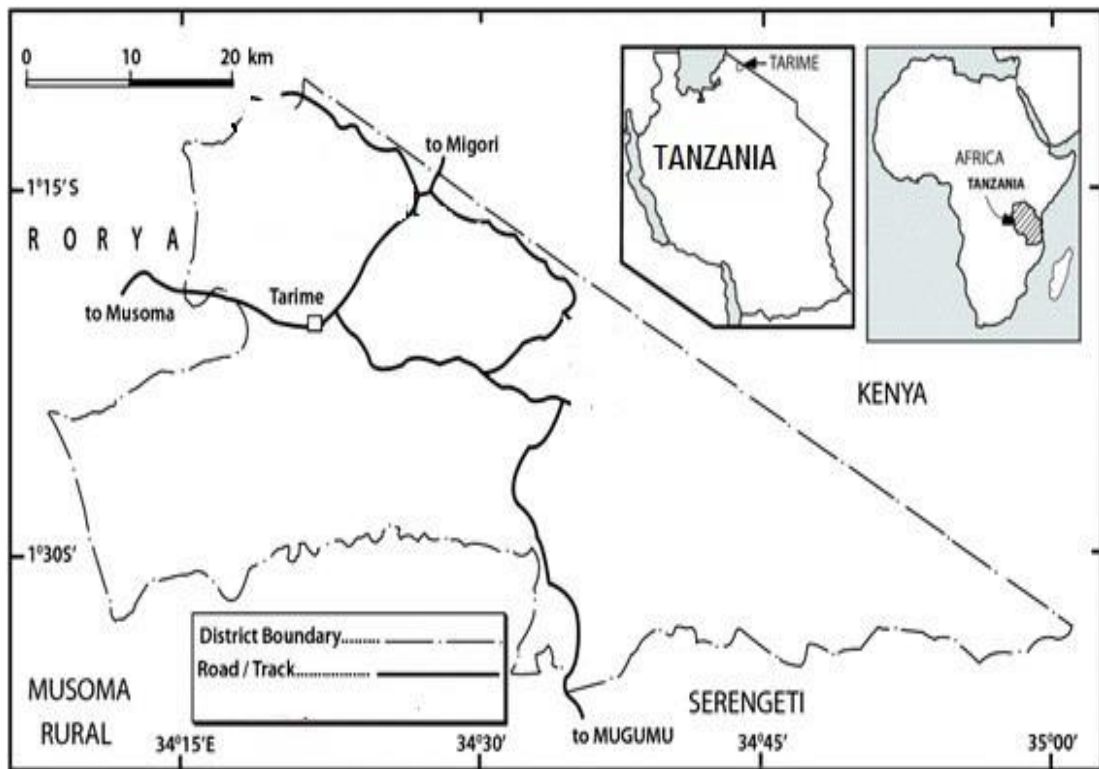
This study employed a qualitative approach. A qualitative approach involved the researcher's overall strategy for collecting and analyzing data in order to address the research question or problem at hand (Kothari, 2017). Qualitatively the study employed non numerical methods of data collection namely interview and focus group discussions and document review of other writer's work to get analytical expressions which helped the researcher's in – depth

understanding of the factors influencing prevalence of FGM, effects of FGM on gender equality and proper approaches to eradicate FGM in order to promote gender equality .A qualitative approach was chosen over quantitative and other approaches because the research question at hand required a detailed and nuanced understanding of the phenomenon being studied, and the research methods need to be flexible and adaptable to the specific context and needs of the study. Furthermore, the approach was preferred because it enabled the researcher to get in-depth understanding to uncover rich, in-depth data that couldn't be easily captured by quantitative methods.

3.4. Study Area

In this study, Tarime District was the study area relevant to the research topic. Tarime District is one of the Mara region's six districts situated in the Northern part of Tanzania, East Africa. It was previously referred to as the "North Mara District". Tarime town serves as its administrative center. The District is bordered to the North and North-East by the country of Kenya, the Serengeti and Butiama Districts to the south, and the Rorya District borders it to the west. The area was chosen purposely because the FGM practices situation has been more serious in Tarime district and has consequences on gender equality in the district and the nation at large.

Figure 3. 1 A Map showing Tarime District



Source:(URT in Machinda, 2021)

3.5. Target Population

The target population in research refers to the entire group of individuals or elements to which the researcher intends to generalize the findings of a study (Pandey& Pandey, 2021). It represents the broader group that the researcher is interested in understanding, and it is the population to which the study's conclusions are meant to apply.

The target population for the study was one hundred and sixty-one. These included four traditional leaders in Kurya community of Tarime District, thirty four Ward Executive Officers (WEO) from all wards in Tarime District, eighty eight Village Executive Officers (VEO) from all villages, thirty two women and girls who had experienced FGM, two NGOs namely Association for Termination of Female Genital Mutilation (ATFGM) and Children's Dignity Forum (CDF) working on gender issues in Tarime District, three police officers from Police

gender desk, two healthcare providers, and two social welfare officers. They were the best people for provision of information on Kurya culture, traditions, norms and practices supporting FGM. They were also proper persons who interacted and organized victims of FGM in sharing experience on the impacts of FGM in the study area. Being people of authority and influence, they provided necessary information on proper approaches to eradicate FGM in Tarime District.

3.6. Sampling Technique and Sample Size

This study employed non-probability sampling techniques to select the study respondents, and specifically the purposive sampling.

3.6.1. Purposive Sampling Techniques

Purposive sampling, is defined as a non-probability sampling technique used in research to select specific individuals or groups intentionally based on their unique characteristics or expertise, to provide valuable insights or represent a particular aspect of the population being studied (Boadu & Achiaa, 2019; Etikan et al., 2016). This approach was used researcher to select people with specialized knowledge, and unique perspectives from specific Kurya community of Tarime District.

Through purposive sampling, traditional elders were selected owing to their knowledge and experience in Kurya culture, women and girls who had undergone FGM or had been at risk of being mutilated who provided experience on the effects of FGM, workers of the Tarime District Council who in their knowledge, and leadership experience had rich information on factors for prevalence of FGM, its effects and approaches to eradicate FGM in Tarime District. Moreover, workers in NGOs ATFGM and CDF that work to support girls who run from FGM and promote

gender equality were select to provide in-depth information on the effects of FGM on gender equality in Tarime District.

Purposive sampling was preferred because of the case study research design and qualitative approach used in this study, as it allowed the researcher's focus on the most relevant and knowledgeable participants for their study, while increasing the likelihood of obtaining rich and valuable data. In purposive sampling, researchers deliberately chose participants who possessed the qualities or traits that were relevant for the research objective.

3.6.2. Sample Size

Sample size refers to the number of observations or individuals that are included in a study or experiment (Gannon et al., 2019; Boddy, 2016). It is the total number of subjects or items that are selected and analyzed from a population. The study was a qualitative research, and the goal was not to generalize findings to a larger population, but rather to understand and explore the experiences, perceptions, and perspectives of a small group of participants in-depth.

However, in this research, sample size was not determined solely based on numbers but also on achieving data saturation. Data saturation referred to mean the point in the research process where new information or themes ceased to emerge from the data, which indicated that the sample size was sufficient to address the research questions (Hennink & Kaiser, 2022). A total of eighty-one respondents were reached, whereby forty-eight were respondents in four Focus Group Discussions and other thirty-three were individually interviewed within a study area.

3.6.3. Data Collection Methods

In this study the researcher used primary and secondary data collection methods. Primary data were collected by a researcher directly from the field through semi-structured in-depth

interview and FGD methods. Interview were used as a method of data collection that involved a researcher asking questions to an individual or a group of individuals in order to gather information on a particular topic and research question (Mann, 2016). Interviews were conducted in person, using structured and semi-structure questions.

3.6.4. Interview as Primary Data Collection Methods

Interviews are a qualitative research method commonly used for primary data collection (Jain, 2021; Roulston & Choi, 2018). They involve direct interaction between the researcher and the participant, with the goal of gathering in-depth information and insights. Interviews can be structured, semi-structured, or unstructured, depending on the level of flexibility in questioning (DeJonckheere & Vaughn, 2019; Moser & Korstjens, 2018).

In this study individual in-depth semi structured interviews were conducted in the study area. A total number of thirty-three participants were interviewed who included four individual women and three girls who had undergone FGM and four beneficiary girls at the ATFGM Masanga rescue home in Tarime District who had escaped the risk of being cut were interviewed. They provided valuable insights of their personal experiences, attitudes, and perceptions of FGM. The interviews allowed for a deep exploration of their thoughts regarding the effects of FGM on gender equality and on their lives, and potential strategies for promoting gender equality in the Kurya community.

Moreover, interview were further used in collecting data from key informants including four Kurya traditional leaders and elders, two Social Welfare Officers, four Ward Executive Officers, four Village Executive officers, and eight workers of two NGOs working in Tarime District who provided insights of their roles, perspectives, and experiences in understanding FGM and its effects on gender equality, and hoe to address FGM and promote gender

equality. These interviews allowed for a deeper understanding of the community context and the efforts being made to tackle FGM and foster gender equality.

3.6.5. Focus Group Discussion (FGD)

A focus group discussion (FGD) is a qualitative research data collection technique that involves a group of people (usually 6-12) who are brought together to participate in a guided interactive discussion about a specific topic or issue (Mishra, 2016). FGD is valuable for exploring complex topics, understanding people's attitudes and perceptions, and generating ideas. It involves a small group of participants who share their thoughts, opinions, and experiences on a particular topic guided by a moderator or facilitator (Nyumba, 2018). The goal is to gather in-depth insights and perspectives on a specific subject.

The researcher in this study organized four FGDs, FGD – 01 at ATFGM Masanga village Gorong'a Ward in Tarime District on sixth October 2023 from 11:00 am to 2:00 pm, FGD – 02 at Turugeti village Bumera Ward in Tarime District on twenty fourth October 2023 at 2:00pm to 4:30pm, FGD – 03 at Keisangora village Nyamwaga Ward in Tarime District on twenty sixth October 2023 from 10:00am to 12:25pm, and FGD – 04 at Sirari village Sirari Ward in Tarime District on nineteenth October, 2023 from 2:30pm to 5:00pm, each comprised of twelve participants with a total of eleven semi structured questions under three specific objective which facilitated collective exploration of attitudes, beliefs, and social norms related to FGM and gender equality. These discussions revealed shared perspectives, differing viewpoints, and dynamics within the community that influence prevalence of FGM, its impacts and the approaches for its eradication.

3.6.6. Secondary Data

Secondary data collection in a research study involves using pre-existing data that was collected for a different purpose but can be relevant to the present research question

(Ruggiano & Perry, 2019; Sileyew, 2019). The researchers gathered and analyzed data from international and regional agreements on gender and FGM, the Constitution of the United Republic of Tanzania of 1977, statutes, articles from journals, published reports on gender equality from different sources, such as government agencies, research institutions, non-governmental organizations, and other international bodies.

Furthermore, secondary data were collected from review of different previous including “Addressing female genital mutilation in the Asia Pacific: the neglected sustainable development target. *Australian and New Zealand journal of public health*” by Dawson et al, (2020); “Female genital mutilation: a systematic review of research on its economic and social impacts across four decades. *Global health action*, 9(1)”, by Mpinga et al., (2016); “The practice of female genital mutilation across the world: data availability and approaches to measurement. *Global Public Health*, 14(8),” by Cappa et al., (2019); “At the intersection of place, gender, and ethnicity: changes in female circumcision among Kenyan Maasai. *Gender, Place & Culture*, 27(8)” by Van Bavel (2020); “Alternative Rites of Passage: Faith, rights, and performance in FGM/C abandonment campaigns in Kenya. *African Studies*” by Hughes (2018); “Socio-economic and demographic determinants of female genital mutilation in sub-Saharan Africa: analysis of data from demographic and health surveys. *Reproductive health*” by Ahinkorah et al., 2020; Female genital mutilation/cutting: Emerging factors sustaining medicalization related changes in selected Kenyan communities. *PLoS one*, 15(3)” by Kimani et al.,2020; “Female genital mutilation and the humanitarian development nexus: practical ways to support programme-level implementation” by UNICEF, (2022); “The etymology of Gender Violence (SDG-5) in Anthropocene: India. *J. Appl. Life Sci. Int*, 26(3)” by Mishra et al., (2023); “Progress on the sustainable development goals: The gender snapshot 2022” by Women, (2022);

Secondary data were preferred because they were a cost-effective and efficient way to answer research questions in the present study. The researcher was mindful of its limitations and ensured the data's suitability for specific research objectives.

3.7. Data Analysis

Data analysis is the process of inspecting, cleaning, transforming, and modeling data in order to extract useful information from it (Vassakis, 2018). It involves using statistical and computational methods to identify patterns, trends, and relationships within the data. The goal of data analysis is to turn raw data into meaningful insights that can be used to make informed decisions and solve problems. For the study at hand the data were analyzed by using qualitative data analysis method namely thematic analysis. Thematic analysis involves identifying and analyzing themes or patterns in the data, often using a deductive or inductive approach and it is often used to identify patterns across a large dataset or to compare and contrast themes across different participants or groups (Clarke et al., 2015)

In this study, data collected from the field were familiarized by transcribing audio to written data and familiarizing with all the collected data in order to get general understanding of the content and context. Thereafter, data were coded by assigning segments of text that represented specific ideas, concepts and themes that were derived from research questions, existing theories, and emerging codes from the data. Furthermore, a list of codes with definitions were created. The more data were being analyzed, the more review and refining of the created data list was done. Then patterns and themes that emerged from the coded data were identified and related codes were grouped to form higher – level themes. Thereafter, the identified themes were reviewed to ensure that they accurately captured the essence of the data. Themes were then re-written supported with relevant data extracts and interpreted in the context of the research objectives. In addition to that, findings were then checked against the

original data for verification and validation. Finally, themes were considered within the theories and in understanding the effects of FGM on gender equality.

3.8. Pilot Study

A pilot study is a small-scale preliminary study that is conducted to test the feasibility and effectiveness of a research design, methodology, data collection instruments, and analysis techniques before launching a larger-scale research project (In, 2017). The purpose of a pilot study was to identify potential problems or issues with the research design or data collection process, and to make necessary adjustments before beginning the larger-scale study. In this study the researcher with the aid of the officer from CDF Tarime conducted a pilot study in two villages, Nyagisese village and Kemange village of Nyandoto ward in Tarime District from twenty sixth to twenty ninth September, 2023. Seven people were interviewed and one focus group discussion FGD – PS was conducted at Kemange village of Nyandoto ward in Tarime District on twenty ninth September, 2023 on the same questions and the findings helped the researcher to adjust some strategies by employing two research assistants in order to help collecting data. Furthermore, the findings of a pilot study helped the researcher to prepare fund for a companion from the social welfare office who helped to introduce the researcher to respondent and reduce resistance in data collection.

3.9. Validity and Reliability

Validity refers to the extent to which a study measures what it is supposed to measure. In other words, it is the degree to which a study accurately reflects the phenomenon it is intended to investigate (Cohenet al., 2017). Reliability refers to the consistency or stability of a measure over time or across different raters. In other words, it is the degree to which a study produces consistent and reproducible results.

In this study the researcher observed validity and reliability by making sure that, the methods that were used to collect and analyze data were appropriate for the research question and design. In this study, the researcher used in-depth interview, FGD to collect primary data and review of other authors' writings, reports and written legal instruments. The data were collected using reliable and valid measures, and conducted thematic data analysis to analyze data as per the case study research design and qualitative approach.

Furthermore, the researcher conducted a pilot study that involves testing the research methods on a small sample of participants before conducting the main study. This helped to identify and adjust questions and use of well trained and instructed research assistants. The adjustment of the data collection method and tools helped reach reasonable and sufficient population sample and data, findings of which represented the reality in the target area of the study.

Finally, the researcher made sure that, the participants were fully informed about the study and provide their informed consent to participate. This helped to ensure that the study was ethically conducted and that participants were fully aware of the purpose and potential risks and benefits of the study. All these helped to ensure that the findings of the study were trustworthy and accurate.

3.10 Ethical Consideration

Ethical considerations in research refer to the principles and guidelines that researchers should follow to ensure that their research is conducted in an ethical and responsible manner (Hasan et al., 2021). These considerations are designed to protect the rights, safety, and well-being of the research participants, as well as the integrity and credibility of the research itself.

The researcher obtained a letter from the Institute of Accountancy Arusha as permission to go and collect data from target area of study and target population. The letter was also used for a request of the institution to the target population to allow the researcher to collect data. Furthermore, the study was conducted after ensuring voluntary participation where informed consent was sought from respondents before getting data from them. Upon their consent, respondents were assured that confidentiality of their data and participation would be strictly observed and would not be shared with anyone who is not directly involved in the study. Their right to withdraw from the study at any time was addressed. All interviews were recorded in the sound recording devices and notebooks depending on the permission of each respondent. Also, the Researchers will avoid any conflicts of interest that may compromise the integrity of the research or harm the participants.

CHAPTER FOUR

PRESENTATION AND DISCUSSION ON THE FINDINGS

4.1. Chapter Overview

In this chapter findings of the study are presented and discussed in relation to research objectives. Analyzed data by thematic data analysis are used to provide results which are linked to the research objective. Critical discussion of the findings in line with previous findings of other authors is done to answer and fulfill research objectives. Moreover, this chapter will provide a summary of the findings and results of the study in relation to research objectives.

4.2. Presentation and Discussion of Findings

In this study, findings were obtained after thematic data analysis was done. Data captured from in-depth interview, focus group discussion and reading from other writers' work on FGM practice in Tarime and other places were collected, translated, familiarized, and coded to obtain themes related to research objectives. The specific research objectives that guided analysis of data to obtain findings were to identify factors influencing prevalence of FGM in Tarime District, analyzing the effects of FGM on gender equality in Tarime District and to investigate approaches for eradication of FGM in Tarime District.

4.2.1 Findings from Pilot Study

In the pilot study, it was found that FGM continued to be practiced though not in a large scale compared to previous days. The continuation of the practice of FGM in the pilot study area was found to be caused by the reasons of upholding Kurya culture. Despite having received awareness and education on the harmful effects of FGM, some parents wish to subject their daughters in FGM because they want to pass their culture to the next generation. One parent

at Nyagisese village of Nyandoto Ward in Tarime district when interviewed on the twenty seventh September, 2023 he provided,

“In years when we were young, during the initiation season there were many ceremonies in almost every house, but nowadays only a few are practicing. These friends (CDF), are always telling people to stop. I must take my girl to FGM even if it is of today’s fashion which doesn’t cause such harm. All I need is to uphold my culture” (anonymous, at Nyagisese village of Nyandoto Ward in Tarime district when interviewed on the twenty seventh September, 2023)

The same was found when an FGD – PS (names withheld) was conducted at Kemange village of Nyandoto ward in Tarime District on twenty ninth September, 2023 where the group provided that most of Kurya adult females were mutilated. They were culturally brought up and passed from childhood to womanhood. There were many female cultural issues that they acquired during initiation season and they helped them keep their femininity and manage the family responsibilities. They believed that FGM continued because of its cultural significance.

Moreover, the pilot study found that, FGM cause harmful effects on gender equality. Girls suffered bleeding, injuries, and death. They are subjected to early child marriage and most of them are young and they end up spattered from their husbands. One woman (anonymous), when interviewed at Kemange village of Nyandoto ward in Tarime District said,

“Previously we were cut, for those who had been misbehaving before FGM they suffered a lot as they were being punished by ancestors. They suffered over bleeding, could not heal early and some could even die. But that was a misfortune, and it causes harm. Nowadays they are not deeply cut” (anonymous, when interviewed at Kemange village of Nyandoto ward in Tarime on twenty ninth September, 2023)

Despite the fact that most of the respondents were aware of the effect their answers were not precise on the effects of FGM on gender equality. The concept of gender equality could not be easily understood when questions on the interview guide were used without more additional questions. They helped the researcher find some secondary sub questions which would help get the best data from the respondent during the subsequent main study.

Additionally, the pilot study found that several approaches were being carried in the pilot study area to eradicate FGM and its impacts on gender equality. It was found that awareness campaigns and education on the harmful effects of FGM are reachable by the community members. The same was found by Pesambili & Mkumbo (2018) in their study on the Implications of female genital mutilation on girls' education and psychological wellbeing in Tarime, Tanzania who found that awareness and education programs are conducted in Tarime District in spite of which the practice and effects continue in the area. Several government and non-government efforts were carried in the study area but they could not comprehend properly what it meant by the alternative rite of passage. One traditional elder (name withheld) when interviewed at Nyagisese village of Nyandoto ward in Tarime District on twenty seventh September, 2023 had this to say,

"I understand that some mutilators were arrested and the government has made the law prohibiting FGM. One day, there came people like you to convince us elders to agree to stop FGM. Our gods don't want that. They had to bring a female sheep and flour to make offering to ancestors if they could allow us. It failed and we have to continue. I don't know about any alternative to FGM, but all I understand is that FGM is a ritual, culturally performed and cannot be done otherwise" (anonymous, at Nyagisese village of Nyandoto ward in Tarime District on twenty seventh September, 2023)

Consequently, the pilot study found that FGM is practiced in Tarime District. Those findings supported the findings of Pesambili & Mkumbo (2018) who provide that the absence of alternative rite of passage in Tarime District causes the continuation of FGM because of the need to uphold culture. Findings also support the objectives of the main study were supported by the findings as researchable in the target area of Kurya community of Tarime District. Findings of the pilot study when analyzed, gave results that FGM in the Nyandoto ward of Tarime District continued to be practiced because of culture, maintaining femininity and as a rite of passage, cause effects on gender equality such as health effects of injuries, pain and death, and several approaches including legal, awareness and education are used to combat

the practice in order to ensure gender equality. Such results responded to the study objectives which wanted to identify factors for prevalence of FGM in Tarime District, analyze effects of FGM on gender equality and investigate the approaches to eradicate FGM in Tarime District. The results of the pilot study were also in line with the gender theory which according to Risman (2018), it assumes existence of patriarchal system where men are favored while female are oppressed, and the social change theory which assumes that the society changes slowly with time considering social factors like culture (Sood & Ramaiya, 2022).

4.2.2. Findings from Main Study

The main study was conducted following the pilot study. The findings from main study were guided by the specific objectives, research questions, theoretical and empirical frameworks of the study.

4.2.2.1. Factors influencing the prevalence of FGM practices in Tarime District.

The study found that FGM is still practiced in Tarime District. Reasons for prevalence of the practice were obtained to include, socio – cultural factors and economic factors.

4.2.2.1.1 Socio – Cultural Factors

This section discussed some socio-cultural factors found in Tarime that inspire for the continuation of FGM.

4.2.2.1.1.1 FGM as a Component of Culture Heritage and Identity

This study found that FGM continues to be practiced as part of Kurya culture. It was found that the practice is deeply rooted in Kurya culture for ages and is taken as compulsory cultural requirement for Kurya girls to perform. Similarly, Mpinga et al., (2016) in their study they

revealed that FGM has significant effects including perpetuation of harmful gender norms. As Bumeru Ward Executive officer provided,

“FGM practice is a deep-rooted and very strong culture in Kurya tribe which cannot easily be changed. One great political leader who is highly educated, has exposure and lives far in a big city brought his two daughters to accomplish FGM cultural requirement. We asked him why, and he just said that, without FGM performed to his daughters they would not be complete and they would lose their identity” (Name withheld, at Bumeru village of Bumeru ward in Tarime District, on nineteenth October, 2023)

FGM culture was found to be practiced by the elite, with exposure to other non-FGM practicing culture. The implication was that culture couldn't be easily abandoned despite education and awareness received by community members. The results were the same as those found by Dawson, (2020) who provided that FGM was about people's identity in practicing communities. Dawson, (2020) further argued that FGM practicing communities in India, Indonesia and Malaysia showed the prevalence of FGM practice was associated with preservation of cultural identity. The same notion of cultural identity preservation through FGM practices was observed in some parts of America, Europe and Australia, where prevalence of FGM was associated with the immigrant communities' culture that they carry with along from countries and communities of their origin where FGM is highly practiced (Cappa, et al., 2019; Davis & Jellins, 2019). One Focus Group Discussion at Bumeru Ward in Tarime District observed that,

“FGM practice is performed in order to fulfill cultural requirement for a Kurya woman. According to our culture, every woman must undergo the process of FGM for her to be complete and qualify to engage and participate in the community”. (FGD – 02 at Turugeti village Bumeru Ward in Tarime District on twenty fourth October 2023 at 2:00pm to 4:30pm)

Such findings proved that FGM has been perpetuated by cultural factors. Members of Kurya community had to protect their culture and in so doing the harmful practice of FGM continue.

One respondent at ATFGM Masanga provided,

“One girl came to us from Muriba in Tarime District. She had been mutilated and she was HIV positive. We received her when she was very weak. She received her treatments and good diet while with us. When she was recovering, she told us that she had to go back home to fulfill traditional rituals of shaving hairs and smear oil on healing, testing her fitness and healing by making sex as she believed them as mandatory traditional steps in FGM rituals. We integrated her with the family as she feared from becoming an outcast for failure to fulfill FGM culture” (Name withheld, at ATFGM Masanga village of Gorong’a Ward in Tarime District on third October, 2023).

In that case, culture has been deeply built in a victim that she needed to fulfill despite all the sufferings, she feared to lose her sense of belonging to her community. Khosla, (2017) also found that the moral obligation to uphold culture and identity caused continuation of FGM practices which resulted to severe harmful effects on gender equality.

4.2.2.1.1.2 FGM as a Rite of Passage

Moreover, FGM is culturally used as a rite of passage for girls (Van Bavel, 2020; Hughes, 2018). Kurya girls who are about to enter puberty have to undergo cultural rite of FGM for them to be recognized as grown up. In an in-depth interview with one traditional elder at Turugeti village in Tarime District said,

“Culturally, girls who are immature and have not undergone FGM are called ‘msaghane’ and she who has undergone FGM is called ‘mwiseke’”. (Name withheld, at Turugeti village Bumera Ward in Tarime District on twenty fourth October 2023).

Msaghane has been used by Kurya as a degrading name given to a girl who has not been mutilated and considered a child unless and until she is mutilated to be called *mwiseke* and change to being a grown-up woman ready for adulthood responsibilities. The same was provided by Van Bavel, (2020) and Khosla, (2017) that FGM culturally signifies change of social status of a girl from childhood, dirty and unworthy to womanhood, clean and socially worthy in the community. It was found that FGM is a cultural identity of Kurya in Tarime District.

4.2.2.1.1.3 Social Pressure

The study found that FGM continues to be practiced in Tarime District because of fear from community pressure. Khosla (2017) found that FGM was associated with being clean. The same was found in Tarime District that Kurya girls or woman who has not been undergone FGM was considered unclean. Stigma and discrimination were found as pushing factors for her to undergo mutilation in order to overcome social pressure. The same as it was found in Tarime District, other studies have also associated continuation of FGM practices with cleanliness, and maintaining purity (Dawson, et al., 2020). One FGD at the ATFGM Masanga safe home in Tarime District said,

“My mother, grandmother, aunts and close relative in my clan underwent FGM. They kept asking me when I would perform FGM. In most of the time I was not allowed to mix with them. They said I was unclean. They kept on encouraging me to go for FGM saying that without it I could not become a compete woman”. (names withheld, FGD – 01 at ATFGM Masanga village Gorong’a Ward in Tarime District on sixth October 2023 from 11:00 am to 2:00 pm).

Findings for the factors for prevalence of FGM in Tarime District were the same as other studies which provided that FGM continued to be practiced in Kenya, Uganda, and South Sudan due to the intergenerational culture where women parents strive to pass their culture of FGM to their children (Ahinkorah et al., 2020; Kimani et al.,2020). In Kurya Community of Tarime District the large number elderly women have been mutilated, and they have become a social pressure over the upcoming ones to undergo FGM. Ahinkorah et al., (2020) provided further that such pressure passed the FGM cycle from one generation to another. In another Focused Group Discussion at Keisangora village of Nyamwaga ward in Tarime District it was observed that,

“We understand the harmful effects of FGM. Most of us underwent FGM and we have met different people who told us a lot on its effect. However, we have been encouraging our girls to be mutilated because most of us, our friends, relatives and neighbors whom we live together in the village have their girls cut and are married. They have been inviting us to initiation ceremonies and wedding of their girls where

we eat and dance. They want us also to invite them, and so we do. Because of that pressure to fulfill their desire and be part of community social life, we have to convince our girls to undergo FGM. Sometimes we feel ashamed of our decisions but we cannot abandon our community (FGD – 03 at Keisangora village Nyawaga Ward in Tarime District on twenty sixth October 2023 from 10:00am to 12:25pm)

Despite having desire to abandon FGM, some members of Kurya community in Tarime District are forced to have their girls mutilated due to social pressure from the community. The same was provided by Davis and Jennings, (2019) that FGM continued when the society recognized FGM a source of femininity and marriageability. This study found that girls in Kurya community of Tarime District were exposed to mutilation for them to get married and reduce social pressure put on their parents. Another woman when interviewed on social pressure at Sirari in Tarime District said,

“Most of my friends got married immediately after they had undergone FGM. I felt lonely as my age mates were all gone and I was seen as unfit for marriage. One boy loved me, and I also loved him. He emphasized that I had to be cut for him to marry me. He kept providing examples from my age mates who had already got married. I had no option but to get cut to avoid consequences of staying uncut”. (anonymous, at Sirari village of Sirari ward in Tarime District on twenty fifth October, 2023).

The social life in Kurya community exerts pressure on girls and women to conform to FGM culture for peaceful coexistence with other members of the community. According to Van Bavel (2020) peer pressure influenced continuation of FGM in Kenya. The same was found that some Kurya girls are forced to be mutilated when most of their peers have undergone FGM got married. In addition to the above argument, another respondent from Keisangora village of Nyamwaga ward in Tarime District said,

“As many women were mutilated/cut, the uncut woman was not allowed to walk into the village well to fetch water. It was a taboo and such a woman could not live peaceful life in the village. Such stigma forced many girls to accept FGM only because of social insecurity in the community (anonymous, at Keisangora village of Nyamwaga ward in Tarime District on twenty sixth October 2023).

Community pressure based on Kurya culture was found to be a factor pushing the continuation of FGM in Tarime District. Fear from being stigmatized, seen as unclean, and lack of socio – cultural qualifications to get married were found to push girls to be cut.

4.2.2.1.1.4 Consequence from Traditional Belief

Moreover, the study found that Kurya culture perceives FGM as part of traditional belief practice to their ancestors who are pleased when traditions are upheld. In connection to that, it was found that immediately before and during initiation season there are a number of traditional rituals that are performed to consult their gods and ancestors known as *Abhakuru* on the sacrifices and rituals shed by blood of circumcised boys and cut girls. One male respondent on an interview at Bumera village of Bumera ward in Tarime District had this to say;

“Our ancestral gods (abhakuru) know that we have to perform circumcision and FGM to our children. As traditional elders we have uphold our cultural beliefs. We meet pray and perform some rituals with sacrifices in connection to initiation season and when ancestors are pleased, our land become peaceful, safe and productive. Otherwise if not well adhered, we are punished as community”. (anonymous, at Bumera village of Bumera ward in Tarime District on nineteenth October, 2023).

FGM is strongly connected with traditional religious beliefs (DHS, 2020; Khosla, 2017). The same was found in this study where Kurya community’s traditional beliefs are connected with FGM practices. Rituals are performed, and offering and sacrifices are done to please Kurya gods and ancestors, *abhakuru*. Such belief was found deeply protected. Members of the community were obliged to obey and cause FGM practice to continue. In support to that, another traditional leader at Mangucha village of Nyanungu ward in Tarime District provided on an interview that,

“Boys and girls of the community are very important in upholding our culture. Before the opening of initiation season, we consult ‘abhakuru’ (our ancestors gods) to protect the community and ‘abhasamba’ (the circumcised/cut yet to heal) from any harm.

Their blood which is shed at the land of circumcisions goes direct to the ancestors and is a blessing and protection to both the community and our youths” (Name withheld, at Mangucha village of Nyanungu ward in Tarime on twenty third October, 2023)

Findings in this study provide that prevalence of FGM practice in Tarime District is caused by cultural factors. They include of fulfillment of cultural requirement and cultural identity, rite of passage, community pressure, and FGM as part of traditional belief.

4.2.2.1.2 Economic Factors

In this study, it was found that FGM continued to be practiced in Kurya community of Tarime District due to economic reasons. Studies have also shown the same that FGM continues to be practiced in Kenya, Uganda, and South Sudan due to the influenced of poverty where families use FGM practice to raise family income (Ahinkorah et al., 2020; Kimani et al.,2020).In support to Ahinkorah et al., (2020) & Kimani et al., (2020) findings, this study also found that FGM in economic perspective meant a system that involved many people of different status, social and cultural positions, in a chain of planned events from pre-initiation seasons, during initiation season and post season events. It was furthermore found that all participants and event associated with FGM involved economic value in buying and selling of crops for food and traditional drinks, clothes, fuel, hiring traditional dancers known as ‘*abharentya*’, payment of mutilators and offerings for traditional rituals and medicines, buying gifts, and bride price (dowry) on marriage of girls during post initiation season. That complex economic system was found to be one of the drivers of prevalence of FGM in Tarime District. The social welfare officer from ATFGM at Masanga village of Gorong’a Ward in Tarime District said,

“FGM is generally a source of income to many of Kurya community members in Tarime District. There are many people at different levels who benefit in one way or another from the practice. In pre-season, people buy khanga, obhosaro, gifts, food from crops to feed the initiated girls and boys known as ‘abhasamba’. Traders have a

good market in this season” (Name withheld, at AFTGM Masanga village of Gorong’a Ward in Tarime District on third October, 2023).

The terms *Khanga* is a Swahili word that was used by the respondent to mean a light traditional female piece of cloth normally worn by female and in this context, when undergone FGM. Moreover, the term *obhosaro* is a Kurya word which means beads worn by females as ornaments. Furthermore, the word *abhasamba* is a Kurya word which was used by the respondent to mean girls who have been mutilated and are yet to heal.

The study found that FGM is supported by different persons who benefit economically. The same as Ahinkorah et al., (2020) & Kimani et al., (2020) provided, this study found that Kurya community members in Tarime District used FGM a catalyst to facilitate business environment where there was high sale and buying of goods which consequently encouraged continuation of the practice. Another respondent (name withheld) from CDF in Tarime District said,

“We have been conducting awareness to villagers on abandoning FGM. Many mutilators we uncounted have been doing that for years. They have scheduled and planned budgets setting FGM as part of their income sources. They are paid thirty thousand for each girl they mutilate” (Interviewed on second October, 2023, at Bomani Street of Bomani ward in Tarime District).

The study found that payments done to mutilators form a source of their income. They have become dependent on such source and they were not ready to let it go. Findings of this study were the same as those of Mwangi, (2019) who found that most of FGM mutilators have taken the practice as their profession which they used in generating income to sustain their livelihood. In support of the above, another respondent, senior project coordinator of AFTGM Masanga interviewed at Masanga village of Gorong’a Ward in Tarime District said,

“FGM is owned by some people as sources of income. A few people who are in the position in the community and who are very influential do not support eradication. People like village and traditional leaders, clan leaders, traditional healers, and mutilators are all in a chain of benefit. Hundreds of girls are mutilated with payments of at least thirty thousand each. When complication arise like severe bleeding, prolonged healing of wounds or any infringement of traditional instruction or ritual,

payments to healers or elders are done both in terms of money and livestock to rectify the failure or mistakes” (Name withheld, at AFTGM Masanga village of Gorong’a Ward in Tarime District on sixth October, 2023).

In addition to that, service providers such traditional dancers and artists were found to benefit from the practice. In same way as provided by Ahinkorah et al., (2020) & Kimani et al., (2020), poverty pushed them to prefer continuation of the practice as it helped the gain money. In support, one traditional artist interviewed at Kangariani village of Itiry ward in Tarime District had this to say;

“Several groups of traditional dance artists in Kurya known as ‘abharentya’ get a lot of money during initiation season. We get paid money, and in turn we prepare songs praising our culture and exalting girls who are cut known as ‘abhaiseke’ while degrading the uncut girls known as ‘abhasagane’. Each season, I get money some of which I buy cattle. The season is always good for us” (Anonymous, at Kangariani village of Itiry ward in Tarime District on twentieth October, 2023).

From the above, income gained from FGM practice and contents of traditional songs were found to encourage perpetuation of FGM practices. Beneficiaries cannot easily accept change knowing that they would lose a reliable source of their income.

Moreover, the study found that gaining income from gifts has been a pulling factor for some girls to agree to be cut. In Kurya community of Tarime District, mutilated girl got money, new expensive clothes, *khanga* and other kinds of precious presents and gifts when she has been mutilated. Warioba, (2019) found the same that gifts influenced girls to accept mutilation and the number of gifts received by girls made them proud and felt sense of acceptance in the family, clan and the community. In a Focus Group Discussion at the ATFGM Masanga village Gorong’a Ward in Tarime District, respondents including one beneficiary girl supported the argument and said,

“Before going for FGM, a girl is bought nice things like new expensive gowns, shoes, khanga and a wig. When she has been mutilated and she has not cried, money notes are pinned everywhere on her clothes. She walks on the way back home half rich. Girls and their relatives compete on who would get (FGD – 01 at ATFGM Masanga

village Gorong'a Ward in Tarime District on sixth October 2023 from 11:00 am to 2:00 pm).

Such gifts are perceived by girls as important income to found their future. They feel happy and are proud of what they earn from FGM. Such economic benefit encourages continuation of the practice in Tarime District.

Furthermore, the same as it was found by Ahinkorah et al., (2020) & Kimani et al., (2020), this study found that, FGM continues in Tarime District because of poverty in most of the Kurya communities. As FGM was used as rite of passage of a girl to adulthood, she was prepared to get married. In Kurya community, girls were married in order to bring dowry in terms of cattle which enriched members of the family other than the girl herself. The same was found by Pesambili & Mkumbo (2018) that a Kurya girl has been traditionally prepared to get married. A traditional elder (name withheld) at Nyairoma village of Sirari ward in Tarime District when interviewed on twentieth October, 2023 argued that,

"In Kurya traditions a girl is prepared to be married to other homes. When a girl child is born, there is joy to the family as the father is sure of future cows when she will get married. It is only a matter of time before her cows are brought to the father. Traditionally, FGM gets her ready to be married and if performed early, she can get married early before she is engaged with men. At that time a father can get as many cows as he is pleased"

FGM was found preferred mostly by male members as it enabled them to gain wealth from dowry. In connection to dowry, male born children in Kurya community were traditionally dependent of their sister's dowry for them to marry. When a girl was married, her dowry was partly used by her brother to also pay for his wife's dowry. The findings supported the argument by the UNICEF, (2022) that harmful Gender norms including FGM may impose constraints on the difficult decisions that poor families must make about how to use their limited resources. Families in Kurya community of Tarime District have resorted to harmful

coping mechanisms, such as forcing girls to undergo female genital mutilation before marriage in order to gain the bride to support their families (Unicef, 2022).

Additionally, one man at Nyamwaga village of Nyamwaga ward in Tarime District during a focus group discussion in support of the above, had this to share,

“I have a good wife whom I married using my young sister’s dowry. She is younger than me, but I had to wait until she underwent FGM and got married when I was given eleven cows which I paid for my wife (Name withheld, FGD – 03 at Keisangora village Nyamwaga Ward in Tarime District on twenty sixth October 2023 from 10:00am to 12:25pm).”

Therefore, the study found that families in Kurya community of Tarime District have been using FGM to facilitate getting a family girl married in order to bring wealth used by other family members to sort their economic needs.

4.2.2.2 Effects of FGM on Gender Equality in Tarime District

FGM is a GBV and needs to be eradicated by 2030 in order to ensure Gender Equality (Mishra et al., 2023; Women, 2022). This study went to analyze effects of FGM on gender equality the results of which should reveal the rationale of the need to eradicate FGM. As it was found by O’Neil & Pallitto, (2021), findings of this study have revealed that FGM practice in Tarime District leads to several effects which hinder promotion of gender equality. These effects include Control and suppression of women, physical and psychological consequences, and socioeconomic impacts.

4.2.2.2.1 Control and Suppression of Women

In this study it was found that FGM is used to control women’s bodies. The same was found by Shabani & Gemma (2018) that men’s control over women was based on patriarchal culture where men hold stronger position than women. Families are led by men in all aspects. The father is the head of the family, he decides for the family. Along with the father are other male

members of the family. They include brothers, and other close relatives who are decision makers when it comes to issues pertaining family member. They determine the fate of all other female members of the family. When it comes to whether a girl has to be mutilated, it is the father or, and other male members to decide. The same as Risman (2018) provided, it was found that Kurya girls didn't have ownership over their bodies as they couldn't decide on their own as to whether they should or should not be performed FGM. FGM has been used in many societies to suppress and control female sexuality. A different traditional elder said in an interview at Mangucha village of Nyanungu ward in Tarime District,

"It is the responsibility of the father to make sure that culture is passed to his children. The father must make sure that his female children are properly passed to womanhood. It is the decision of a man. Women only have to listen and implement" (Name withheld, at Mangucha village of Nyanungu ward in Tarime District on twentieth October, 2023).

Men in Kurya community owned women in deciding what should be done over women's bodies. Another respondent, who is a beneficiary girl at the ATFGM Masanga in Tarime District, said in a focused group discussion,

"I didn't know that I should be subjected to FGM in that season. I was only twelve and in standard five of primary school. My mother told me that my father had prepared for my initiation on the following day. I was afraid and asked my mother to please my father to change his decision. She told me that it was not for us women to decide, decisions come from the father. I was afraid, and it was on that night I escaped to this safe home (anonymous, FGD – 01 at ATFGM Masanga village of Gorong'a Ward in Tarime District on sixth October 2023 from 11:00 am to 2:00 pm).

Women have access but not control over their bodies. They cannot decide over their body. Decisions by males to subject a girl to FGM without her consent perpetuate males' control over women body.

Furthermore, findings of the study revealed that FGM is used in Kurya community of Tarime District as a tool to suppress female sexuality. A Social Welfare Officer for Tarime District Council at Nyamwaga village of Nyamwaga ward in Tarime District when interviewed she said,

“FGM is a psychological weapon used by men to suppress female sexuality and maintain patriarchal control. In many cases that we attend in this area, female have no say on their sexuality. They believe that men have that power and they only have to obey. FGM is performed on female body partly on reasons of controlling female sexual desire, and sometimes men say that mutilated female parts are tight and make men enjoy intercourse. It is men who decide how a woman should satisfy men’s sexual happiness without women themselves engage in such decision. FGM is therefore a tool used by men to own and control female sexuality” (Name withheld, at Nyamwaga village of Nyamwaga ward in Tarime District on thirtieth October, 2023).

It was found in this study that women in Kurya community of Tarime District are suppressed of their freedom of choice and decision over their bodies. They only possess their bodies but ownership is with men. FGM perpetuates patriarchal control system in the Kurya communities of Tarime District.

4.2.2.2.2 Socioeconomic Impacts

In this study, it was found further that FGM practice has socioeconomic impacts on women and girls in Tarime District. Such impacts were found to include limited access to education, limited economic opportunities and consequently widening gender gap.

4.2.2.2.1 Limited Access to Education

The study found that FGM has limited girls’ right to education. FGM is performed mostly to young girls who are in school. As it is carried as a traditional rite of passage, immediately after being mutilated, young girls are considered grown up and subjected to early child marriage. Most of such girls are barred from continuing with education as for the Kurya, girls are traditionally expected to get married, bring cows to the family while education is mostly considered for male children. The Program Coordinator for Children Dignity Forum (CDF) at Tarime said;

“In Kurya Communities of Tarime District a girl child is mostly valued for marriage. Education is not a family priority for girl children. FGM is a catalyst to denying girls’ right to education as it exposes her to early child marriage. Many children drop

school, and some who succeed to accomplish primary school they are more vulnerable to getting married” (Name withheld, interviewed on second October, 2023, at Bomani street of Bomani ward in Tarime District).

This study found the same as Johnson-Agbakwu et al., (2023) that FGM practice contributed to gender inequality by limiting women's access to education, as FGM exposes girls to early marriage and are forced to discontinue with their studies. Another respondent, the assistant program coordinator at CDF Tarime provided on interview that,

“During our duty, we found a girl who had just finished her form four and passed very well with second division. She had been mutilated when she was only 15. Her father forced her to get married without which she could go to school, she could bring a shame to his family” (Name withheld, interviewed on second October, 2023, at Bomani street of Bomani ward in Tarime District).

FGM opens girls' sexual practice. Some parents are afraid of their daughters to get pre marriage pregnancies which bring shame to a family. To avoid such shame, mutilated girls were forced to drop school and got married. Similarly, Pesambili & Mkumbo, (2018), found that the continued prevalence of FGM caused impacts on gender equality as it perpetuated harmful gender norms by limiting girls' access to education and other opportunities.

Moreover, FGM was found to influence mutilated girls hate schooling. When they are mutilated while students, they change their behavior feeling adult in that they cannot be mixed with un mutilated children called 'wasaghane'. Mutilated girls feel being clean while considering other un mutilated students unclean and they cannot mix in the same class or school. The effect of such behavior change is school dropouts or more frictions with teachers which consequently affect their learning in school. One lady, a social welfare and outreach coordinator at ATFGM Masanga provided that,

“In our outreach we visit schools where these village girls do study. In one school at Muriba village in Tarime District, we met female non kurya teachers. We found that the mutilated girl students at that school are very stubborn, they misbehave and they believe that they are stronger and brave than other un mutilated teachers. They disobey non kurya teachers, saying that they are as children as other young

unmutilated village girls 'wasaghane'. They hate and stigmatize other unutilated school girls and when corrected they end up fighting and drop school" (Name withheld, at ATFGM Masanga village of Gorong'a Ward in Tarime District on third October, 2023).

The study found that FGM has contributed to limit access to right to education of both mutilated and unutilated girls. Mutilated girls hate school, drop their misbehavior has influenced other unutilated girls to both go for FGM and get married or drop school to avoid stigma. The same was found by Pesambili & Mkumbo, (2018) who revealed effects of FGM to include early marriages, parents' negative attitudes towards girls' education, girls' change in attitudes and loss of interest in schooling, which lead to poor educational achievement in many ways.

4.2.2.2.2 Limited Economic Opportunities

In this study, it was found that FGM caused limited economic opportunities to women and girls of Kurya community in Tarime District. FGM exposed girls to early marriage and dropped from ordinary systems which would prepare her to take economic opportunities. Other studies have also provided that failure to get proper education and learning limited girl's access to economic opportunities (Mwangi, 2019; Mpinga et al., 2016). The effects perpetuated poverty cycle as more women were excluded from economic opportunities primarily provided through education system. When interviewed at Masanga in Tarime District, ATFGM Masanga Project Coordinator pointed out;

"FGM denies young girls' economic opportunities. Some when mutilated they are forced to start adult life at their very young age. They know nothing about economic opportunities other than limited opportunities found in their villages. They find themselves doing the same as their parents, poor crop and animal agriculture with poor production. They continue being poor and poor. We normally try to help them learn to explore opportunities surrounding them, and for some beneficiary girls who run to us for rescue, we make sure that we impart them education and learning to enhance their capacity to identify and utilize every available economic opportunity within their reach"(Name withheld, at ATFGM Masanga village of Gorong'a Ward in Tarime District on sixth October, 2023).

Moreover, patriarchal system of the FGM was found to limit women and girls' access to economic opportunities. Girls were married in early ages. They were subjected to traditional control, of their husbands who were their decision makers. They couldn't decide on their own choices of economic pursue. FGM culture perpetuated male dominance over women both on access and control of economic opportunities. A Social Welfare Officer for Tarime District at Nyamwaga said observed during an interview,

“When a girl is mutilated, she becomes ready for marriage. Her dreams on economic endeavor end there as she goes to male dominance where husbands decide everything including her involvement in any economic activity. Even when she is allowed to engage in economic opportunities, she only has access but she doesn't have ownership of any economic opportunity and products. FGM can be seen as a tool to enslave a woman where everything she does benefits the husband (slave master) while a slave continues to be poorer and poorer” (Name withheld, at Nyamwaga village of Nyamwaga ward in Tarime District on thirtieth October, 2023).

FGM has therefore been used as a tool to limit economic opportunities of girls and women in Tarime District. Limiting women and girls' rights to access and control socioeconomic opportunities benefited males and widened gender gap in Kurya community. FGM practices perpetuated gender inequality.

4.2.2.2.3 Physical and Psychological Consequences

In this study, it was found that FGM has impacts on gender equality. The same was provided by UNICEF, (2022) that FGM is a gender-based violence causing both physical and psychological impacts on girls and women. According to Shabani & Gemma, (2018) physical impacts included body injuries caused by physical cutting of female genitals, loss of blood, physical pain on mutilation and during sexual intercourse, vaginal rupture during child birth, fistula, HIV infections and death. Similar to this study, Mpinga et al., (2016) revealed that FGM has significant effects including health complications, and perpetuation of harmful gender norms. One beneficiary girl during FGD had this to say said,

“My cousin was cut, she had excessive bleeding. They believed that it was due to her pre-mutilation arrogance and bad behavior. They tried local herbs but it couldn’t help. Finally, they rushed her to Nyamwaga hospital, but it was too late. She died, and because of our traditions, she was buried far outside their homestead. It was painful, and I was afraid. I had to run away to this rescue center. It was a horrible and painful experience of FGM I ever had” (anonymous, FGD – 01 at ATFGM Masanga village Gorong’a Ward in Tarime District on sixth October 2023 from 11:00 am to 2:00 pm).

FGM causes death to girls and women. In another occasion, it was provided by a social welfare lady cum outreach coordinator at ATFGM Masanga in Tarime District said,

“There was a beneficiary girl who had run from her home to ATFGM Masanga for rescue from FGM. She was only fifteen and she was HIV positive. We put her to medication and special diet while at the rescue center. After the initiation season was over, she requested to be reintegrated with her family. We did and she was accepted by her family. After a few days she was forcefully taken to a mutilator and was cut. She suffered a lot and lately they brought her to our dispensary. She could not make it, and she died. It was one of the most horrible and painful experience for all of us here and every time I remember I feel very painful...” (Name withheld, at ATFGM Masanga village of Gorong’a Ward in Tarime District on third October, 2023).

Such findings were supported by Shabani & Gemma, (2018) who provided that FGM cause gender-based violence whose consequences far reach to death. It was also found that FGM exacerbated GBV. Mutilated girls were forced to get married in their young age. Such age did not support them handle marital obligations to the extent that many were beaten by their husband. When fled to their original home, they couldn’t be accepted back home only because once married, the girl’s bride price benefited the father and sometimes used by brothers to marry their wives and such bride price could not be returned.

Therefore, traditionally Kurya women were found forced to endure domestic violence from their husband because of fear from non-acceptance by their original families while husbands considered wives as equal to cattle paid on marriage as bride price. Such a situation demonstrates how females are taken as commodities equated to bride price in terms of cattle. FGM results to both physical and psychological torture. FGM has caused physical torture and reproductive complications during child birth. According to Social Welfare Officer for Tarime

District at Nyamwaga, scars left by FGM on female genital parts, and early pregnancies caused by FGM led early marriage has caused complications during child births. There are experienced rupture and fistula to many women during child birth. In one Focused Group Discussion one Kurya woman at Keisangora village of Nyamwaga ward in Tarime District (anonymous) also said,

“FGM practice is a painful experience a woman can have in her life. During healing process, female get terrible torture than circumcised males. Female cut wounds are easily covered with clotted blood which has to be removed and cleaned every day. Sometimes they are washed by elder women, but if a girl is not strong enough to sustain the pain, her brothers or other strong men are used to hold her while being cleaned. They watch her private parts without her consent and in some occasion, girls are beaten to force her perseverance. At that moment she experiences severe pain and psychological torture” (Anonymous, FGD – 03 at Keisangora village Nyawaga Ward in Tarime District on twenty sixth October 2023 from 10:00am to 12:25pm).

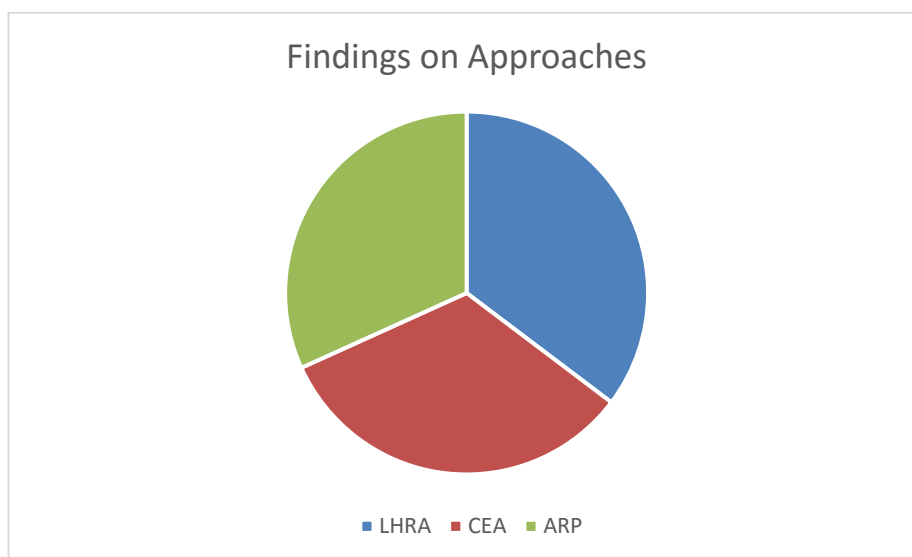
Therefore, the study found that FGM has impacts on gender equality as it causes psychological impacts on girls and women. The whole process of FGM involve force, pain, male dominance over women and suppression of female sexuality, exploitation of women rights has caused psychological impacts to girls and women in Tarime District.

4.2.2.3 An Analysis for Approaches to Eradicate FGM in Tarime District.

Different approaches to eradicate FGM were found applied in Tarime District. The study acknowledged application of the following approaches with cumulative percentage in brackets:

(1) Legal and Human Rights Approach –LHRA 60%; (2) Community Engagement Approach-CEA 56%; and (3) Alternative Rite of Passage-ARP 54%.

Figure 4. 1 Acknowledged Approaches against FGM



Source: Field Study (2023)

4.2.2.3.1 Legal and Human Rights Approach

This study found that Tanzania being party to International and Regional Human Rights Treaties, has adopted Legal and Human Rights Approach to eradicate FGM in Tarime District. It was further found that Tanzania has laws in place which expressly and by necessary implications protect girls from FGM practices. The same as was provided by Many, (2018) & Matanda, et al., (2018), that the Constitution of the United Republic of Tanzania of 1977 as amended from time to time has provided under Article 9, 13, and 16 for protection of right to life, protection of human rights, dignity, and privacy without any discrimination. Moreover, this study found similar to the findings of Many, (2018) that in Tanzania FGM has been criminalized under Section 169A (1) and (2) of the Penal Code CAP 16 (R.E. 2016), and Section 158 A (1) and (2) of the Law of the Child Act of 2009 as amended, which provide for a penalty of not less than five years imprisonment or fine of two million shillings for a person involved in performing FGM to a child below eighteen years.

The international Community through the United Nations and other regional Organizations like the African Union and the East African Community have been part of efforts contributing to the legal approach to eradicate FGM (Mgata, et. al., 2015). They have enacted Human Rights Treaties like the Universal Declaration of Human Rights, the United Nations International Convention on Economic Social and Cultural Rights 1966 (ICESCR), Convention on the Elimination of All forms of Discrimination Against Women 1979 (CEDAW), United Nations Convention on the Rights of the Child of 1989 (UNCRC) (UNICEF, 2022; Women, 2022; Many, 2018) . Moreover, the United Nations passed a special resolution on Intensifying Global Efforts for Elimination of Female Genital Mutilation of 2014, and the inclusion of attaining zero FGM by 2030 in the United Nations Sustainable Development Goal 5 strategy 5.3 (Bonagani, 2022). Other efforts included the African Charter on the Rights and Welfare of the Child of 1990 (ACRWC), African Convention on Human and Peoples Rights on the Rights of Women of 2003 (Many, 2018).

Despite having those provisions of the laws, this study found that there is a weak anti FGM law in Tanzania. The Head of Programs at Association for Termination of Female Genital Mutilation (ATFGM) at Masanga in Tarime District clarified that;

We don't have anti-FGM law in our country. The provisions that we have in some other laws do not cover in a wider perspective important aspect needed for eradication of FGM. Our neighboring country, Kenya has a specific anti-FGM Act which make most of Kenyans bring their girls into our area during the season to undergo FGM" (Name withheld, at ATFGM Masanga village of Gorong'a Ward in Tarime District on sixth October, 2023).

This study found that Kenya has a specific Anti FGM Law. In support of the argument by Ombogo, (2018), this study found that the absence of the specific Anti FGM Law in Tanzania has led to the increase in cross border FGM practices. Ombogo, (2018) provides further that Kenyan Kurya girls have been sent to their neighboring Kurya villages in Tanzania to undergo FGM because Anti FGM Law in Kenya has deterred them from practicing while in Tanzania

the prohibition is not strict due to the absence of the Law. The present inclusion of prohibition of FGM in other laws was found not sufficient to support eradication of FGM in Tarime District by Tanzania as obliged by International and Regional Human Rights Treaties.

Additionally, the study found that Several Policies against FGM are being implemented in Tanzania. They include the Child Development Policy of 2008, Women and Gender Development Policy of 2000, the National Plan of Action to Accelerate the Elimination of FGM and other Harmful Traditional Practices in Tanzania (2001 – 2015) and the National Plan of Action NPA-VAWC (2017/18 – 2021/22). The same as it was found by Avalos, et al., (2015), policy implementations in some approaches like Legal approach didn't do well due to lack of proper legal framework. Moreover, it was found that enforcement has not been sufficiently effective because of delays to act by police due to chain of command, distortion of evidence and witnesses within the police, Kurya community and courts leading to ineffective law enforcement and continuation of FGM practice. As one respondent at ATFGM Masanga said;

“We give information to the police on the perpetrators of FGM; sometimes we were told that they were waiting for the order to act, which then made them delay. Sometimes they stood aside watching villagers dance and match with fresh cut girls. They don't act properly in some occasions” (Name withheld, interviewed at ATFGM Masanga village of Gorong'a Ward in Tarime District on third October, 2023).

Such trend increased the problem in Tarime District which need collective efforts from all responsible parties to harnesses it. Moreover, the study results found that the current laws do not impose obligations on certain influential persons like prominent leaders and persons in higher position to act and conduct in a way that will encourage eradication of FGM and positive cultural change. That left Tanzania and in particular the Kurya in Tarime District at risk of FGM.

4.2.2.3.2 Community Engagement Approach

Under this approach, it was found that several initiatives are put in place to integrate Kurya community in eradication of FGM. This study found the same as was provided by Williams-Breault, (2018) that engaging the community in solving its own problems makes it easier to adopt and own the process of change. It was further found that the government through community development department of local government authority and social welfare officers in Tarime District conducted awareness campaigns, identified girls at risk and engaged in raising income support mechanisms to traditional elders and mutilators. The social welfare officer for Tarime District Council at Nyamwaga provided that;

“We work together with local communities, traditional leaders and mutilators. Our efforts have succeeded in some areas like Busweta, Bumera and in some parts of Butimbaru. We believe that by involving the society directly people will accept and change” (Name withheld, interviewed at Nyamwaga village of Nyamwaga ward in Tarime District on thirtieth October, 2023).

As it was found by Khosla, (2017), FGM formed part of core cultural values, this study found the same in Kurya community of Tarime District FGM that cannot be easily changed due to its attachment to Kurya culture. In connection to that, it was found that some Kurya clans like *Watimbaru, Wasweta and Wahunyaga* have accepted and shown positivity on approaches to eradicate while *Wairegi* cooperated in some programs but they have shown very little acceptance to change.

Non-government institutions were found to participate in eradication of FGM. Institutions including the Association for the Termination of Female Genital Mutilation (ATFGM) Masanga, Children Dignity Forum in Turwa Ward are among the important Instruments for change towards eradication of FGM in Tarime in Tarime District. As Avalos, et al., (2015) provided, this study found that NGOs were easily trusted and could easily engage the community in awareness campaigns and provision of other eradication measures. The study found that one

NGO, ATFGM has provided safe home for girls who need rescue from FGM violence. In a focus group discussion, one of the beneficiary girls at ATFGM Masanga in Tarime District shared her story and said;

“My father and brothers had planned to take me to mutilators. Flags were already put. I was afraid because one of my sister’s friends had died because of excessive bleeding. On that night my mother covered my body to look like a boy. She ordered me to go to a neighbor’s house whom we worship together. From there I was taken here. This institution saved my life. They provide us education. We are now aware of the harmful effects of FGM and we have courage to stand against it. When I go back home, I will be able to convince and encourage others with love to abandon the practice (Anonymous, FGD – 01 at ATFGM Masanga village Gorong’a Ward in Tarime District on sixth October 2023 from 11:00 am to 2:00 pm).

Moreover, in complement to the argument by Mpinga, et al., (2016) & Mgata et al., (2015) this study found that NGOs operated through different programs to engage Kurya Community by enhancing awareness on effects FGM and importance of eradicating the practice. Men and boys were found to be the central and important agents for change in a patriarchal Kurya Community. The study found that initiatives to engage men and boys to influence change of Kurya community FGM culture were done by both the NGOs.

In addition to that, the study found that ATFGM conducted an inclusion of men in changes to eradicate FGM program at Nyamwaga village. The findings of this study supported the argument by Mwendwa, et al., (2020) who viewed men as potentially powerful allies in the effort to end FGM. They involved ‘BodaBoda’ young boys believed to be potential influential group that had been lobbying young girls to undergo FGM for the promise to be married as such boys believed on the culture of marrying cut girls only. Social Welfare Officer for Tarime District Council stationed at Nyamwaga in Tarime District (*Name withheld*), interviewed at Nyamwaga village of Nyamwaga ward in Tarime District on thirtieth October, 2023, had this to say:

“We worked together with ATFGM, collected Boda-Boda boys. We talked and trained them on the sensitive function of the female clitoris during sexual intercourse and sexuality of a girl. We made them understand that uncut girl (woman) can be married and both husband and wife can enjoy even more than with cut girls. The following seasons were told to have discussions in the community on whether it was necessary for girl to undergo FGM for her to be married, hence reduced pressure and stigma on uncut girls”.

Program of MenEngage Tanzania (MET) was also found conducted in Tarime District by the Children Dignity Forum (CDF) that aim at engaging men and boys in achieving gender equality and promoting women and children’s rights (Alliance, 2017.). Men and boys were reached, provided with education and awareness to understand, recognize and appreciate their important position in positive cultural changes. The same as was provided by Stern & Anderson, (2015) the program aimed at making boys and men in the community believe that FGM is a GBV and needed to be eradicated. Groups like the *BodaBoda*, male parents, and initiated young boys (*saiga*) have been engaged and have showed positive change. However, this approach is carried in a way that should not perpetuate Gender Based Violence based on patriarchal social structure of Kurya Society and is referred to as a constructive challenge of harmful cultural norms (Agu et al., 2022)

Moreover, through collaboration with the stakeholders like the Police, Local Government Authorities and community leaders, these organizations collaborated to form a joint Anti FGM Cross Border committee which works together with their counterpart on the neighboring Kurya community in the Kenyan side in order to join efforts to eradicate cross-border FGM practices. They meet several times in pre-season at places rotating on both sides and the chairperson comes from the presiding part. They discuss and agree on strategies to eradicate FGM in Kurya community of both countries, Tanzania and Kenya. According to Ward Executive Officer for Sirari Kurya clans of Wanchari, Wakira and Wairegi are twin found in both sides, and all Kurya from both Tanzania and Kenya share the same culture on FGM.

In addition to the above, the study found that the community engagement approach involved awareness, education, poverty reduction programs, women empowerment, and male participation. The same as it was in Kenya where the study by Ombogo (2018) found it effective, Community Sensitization and Education programs in Tarime District were used to promote collective decision making to abandon the practice. Government departments of the Community Development, Social Welfare, the Police (Police Gender Desk), NGO's like the ATFGM – Masanga, CDF – Tarime, among others, have carried awareness campaigns in schools, religious occasions, and village meetings. Villagers were informed of the harmful effects of FGM and encouraged to abandon the practice. One female, a village leader from Kangariani village in Tarime District (*Anonymous*) at Kangariani village of Itiryoy ward in Tarime District on twentieth October, 2023 confessed;

“I was one of the villagers who were reluctant to accept that FGM violates our rights, but after receiving education from Masanga I changed my mind. I wish that my children will not go through FGM experience”.

Under the community engagement approach, Kurya communities were helped to improve their income using different economic empowerment programs in agriculture, small scale entrepreneurship and technical skills. The same as was argued by Kandala et al., (2017) & Muzima, (2016) those programs target to discourage using FGM as source of income by mutilators, traditional elders, and some members of the family by engaging them in alternative income generating activities. However, results of this study provided that some of the beneficiaries continued with the practice despite being helped. Signifying how hard it was for the Kurya to abandon FGM as part of their culture.

4.2.2.3.3 Alternative Rite of Passage

The study found that FGM was used as a Rite of Passage for the Kurya community. Girls of the age of twelve to fifteen were subjected to FGM to mark that they were grown up and were passed from childhood (*msaghane*) to a matured girl (*mwiseke*) who was ready for woman's

productive and reproductive gender roles such as raising personal and family income, getting married and take care of a family. According to Droy et al., (2018), Alternative rite of passage was created by NGOs as part of measures to end FGM and was referred to as a circumcision by words or a ritual without cutting.

This study found the same as it was found by Droy et al., (2018) that Alternative Rite Passage program emphasized mentorship, life skills, and education, preserving cultural traditions while eliminating the harmful aspects of FGM and promoting a safer transition to adulthood. The approach was widely practiced in neighboring Kenya and was believed to be a result of positive change from harmful cultural practices of FGM (Van Bavel, 2020; Hughes, 2018). According to Droy et al., (2018) the leading Kenyan women's development organization, *Maendeleo ya Wanawake* (MYWO), organized the first alternative rite of passage in Kenya in collaboration with PATH (Program for Alternative Technology in Health) in the Tharaka area of Meru in 1996. According to Van Bavel (2020), the approach was not uniformly practiced despite having carried the same objective, the same as it was found in Kurya Communities of Tarime District.

This study found that, some Kurya clans such as the Wahunyaga of Bumera had started using “pouring powdered flour” as an alternative to FGM rite of passage. Such flour was being poured onto a girl's private parts as only to symbolize the rite. It was being done on the same season when boys are initiated with the same ceremonies. As one male traditional elder in Bumera ward said;

“We were told about the effect of FGM. We all together as community leaders agreed to use flour instead of cutting. We see it as right, although some of us secretly transferred their girls to Bunchari where they stayed for the whole season and we heard that their girls were cut. It will take time to accept it completely but we see it as reasonable alternative...” (Name withheld, at Bumera village of Bumera ward in Tarime District, on nineteenth October, 2023).

In some other parts of the clan of *Wairegi* and *Wakira* the Christian converts used the same season of initiation to gather their young girls who could be traditionally undergone FGM, stay in church campus everyday throughout the season. They kept praying, fasting and learn religious teachings. They were also trained on other self-reliance skills. When the season was over, they return to normal life in the society. One male person, social welfare officer at ATFGM Masanga in Tarime District observed that;

“At Kitagutiti village of Mbogi ward in Tarime District, members of the Salvation Army church who used to send their children to ATFGM Masanga station for safety and protection believed that FGM practices are satanic, they decided to encourage girls to camp at the church every day during the initiation season where they prayed, trained and encouraged to abandon the practice and stand for their belief. In that year there were many girls in the village who were able to avoid FGM and later were used as ambassadors for the societal change”. (Name withheld, at ATFGM Masanga village of Gorong’a Ward in Tarime District on third October, 2023).

Alternative rite of passage could be done in different ways. Communities in Kurya of Tarime District used a religious way which could be used by believers who were members of the community and could pass such positive cultural values to their upcoming generations in place of FGM. Those findings are support findings of Van Bavel (2020) & Droy et al., (2018) who found in their studies that there was no single mode of alternative rite of passage as it took various forms in different communities.

The study found that the approach introduced in Tarime District to be a traditional ceremony during initiation season where girls were poured with flour onto their private parts only to symbolize the practice. They remain uncut and they were passed traditionally along with circumcised boys. Furthermore, the study found that only a few Kurya clans had started accepting the approach while others were of the view to adherence on FGM as it was their culture, and has strong ties with traditional gods, commonly known as Abhakuru in Kurya language. Some believed that accepting any alternative to FGM will not only injure their culture, but also would bring misfortune to their community. However, the act of exposing

private parts of a girl and pouring flour without her consent was viewed as gender-based violence infringing girl's rights to protection of her dignity and privacy.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusion

The study analyzed the effects of FGM on gender equality in Tarime District, Tanzania. In this study factors for prevalence of FGM in Tarime District were determined and found that both social cultural and economic factors had been influencing FGM prevalence in Tarime District. Additionally, FGM was found to be practiced in order to fulfill requirement of culture and maintain cultural identity of Kurya community. Furthermore, the study found that culturally the practice of FGM continued in Tarime District as a rite of passage of young girls from childhood to womanhood. Social pressure mainly created by sociocultural life of that Kurya community was also found to influence continuation of FGM practices in Tarime District. Not only that but also the study found more that FGM was practiced because of traditional beliefs to please traditional Kurya gods, '*abhakuru*' and ancestors in order to bring blessings, fortunes.

In addition to the social cultural factors, the study found that FGM continued to be practiced in Tarime District because of economic factors. The study found FGM was an economic system which provided for economic opportunities and benefits to different participants at different levels. It involved many people of different status, social and cultural positions, a chain of planned events from pre-initiation seasons, during season and post season events like marriage. All participants and each event in connection with FGM involved economic value. Some bought and sold crops for food and traditional drinks, clothes, fuel, hired traditional dancers known as '*abharentya*', paid mutilators, paid for traditional rituals and medicines, bought gifts, and paid bride price (dowry) on marriage of girls during post initiation season. That complex economic system was found to be one of the drivers for prevalence of FGM in Tarime District.

Moreover, the study analyzed the effects of FGM on gender equality in Tarime District where it was found that FGM caused effects on gender equality by perpetuating control and suppression of women by men. FGM in Tarime District was used to perpetuate patriarchal system in Kurya community through which women were controlled by men and suppress their power to decide for their own body and sexuality. FGM was also found to affect social economic conditions of girls and women in Tarime District where their rights and opportunities to education, economic opportunity and engage in social and political opportunities in their society were affected by FGM practice. Additionally, the study found that FGM caused physical and psychological effects to girls and women in Tarime District. These effects ranged from physical harm, pain, torture, and death.

In addition to that, the study also analyzed different approaches to eradicate FGM in Tarime District. It was found that legal and Human Rights approach, community engagement and the alternative rite of passage approaches were used in Tarime District to fight FGM practice and its impacts on gender equality. The study found that there were provisions of the law and policies that criminalized FGM as well as policies on eradication. Furthermore, the study found that there had not been enacted a specific law to deal with FGM in Tanzania, and such gap had led to insufficiency in fighting the practice.

In addition to legal and Human Rights approach, the study found that community engagement approach was used to eradicate FGM in Tarime District. Government Authorities, NGOs, community leaders, and other community members were engaged in education programs, awareness and empowerment programs to fight against FGM and its impacts on gender equality. Rescue safe home was established to protect girls running from being mutilated, economic empowerment programs on families, mutilators and traditional leaders to reduce poverty and economic dependence on FGM were conducted in Tarime District. Moreover, it

was found there was established a working special joint committee from bordering districts of Tarime in Tanzania and Kuyra and Migori in Kenya that used a community engagement programs in their efforts to combat cross border FGM practices.

On top of that, the study found that FGM was practiced in Tarime District. The practice was mainly influenced by tradition and culture, and the practice has adverse and severe effects on gender equality. Such effects started as early as the victim contemplates in the mind the act of the cutting during pre-cutting stage and went even after the post-cutting stage.

The study has significance as it found that FGM has been narrowly defined only to cover the 'act of cutting', while FGM can widely be defined to include all aspects and conduct that lead to the act of cutting and cause effect of FGM to the victim, starting from preparation, cutting, healing, and benefiting from mutilation of female genitalia. This extended or comprehensive meaning has included all stages of FGM which has harmful effects to the victim under human rights perspective. The results from the study found that even uncut girls who once were about to be cut had suffered from the effects of FGM. The effects which were derived from gender theory like male dominance over female on decision making, and ownership of '*female being*' both mentally and physically were experienced by girls immediately after they came to know that they were about to be mutilated. Since the effects are of FGM then the girls could be said to have started when she contemplated the sufferings of the whole process of FGM, the victim could be said to have been mutilated even before the cutting.

The study also proved that not only during the cutting but also after cutting; during healing girls suffer from not only the cutting but also the physical and psychological abuse, stigma and other deceases of post cutting period. When she is stigmatized, she is mutilated again; when forcefully held naked by men during cleaning and removing clotted blood without protecting and respecting her dignity and privacy she is mutilated physically and psychologically; when

she gets child birth complications she is being mutilated again; and when she is married and abused by a husband because of the bride cattle that the husband paid to marry her she is being mutilated again. FGM therefore can mean *“Any act or conduct that is done against a female in connection to the cutting of her female genital parts and which can cause injury or violation of her rights”*. The findings of this study can help in development of comprehensive definition of FGM and improve scope of eradication approaches including laws and policies basing on protecting Human Rights and uphold Gender Equality.

5.2 Recommendations

The study recommends to the state improvement of eradication approaches by enacting a specific Anti FGM Law which will cover widely and sufficiently all aspects of FGM. Being specific on FGM, and wide coverage can improve interpretation and acting responsibly by each stakeholder in eradication of FGM. The success of the Anti FGM law can end the effects of FGM on gender equality in Tarime District and Tanzania at large.

Furthermore, it is recommended to policymakers to improve gender policies especially on approaches to eradicate FGM by putting framework that can encourage and take on board local indigenous people in outreach and empowerment campaigns in NGOs to ensure local ownership of the process for easy transformation of the community culture. When frontiers to fight FGM are non – local the process is perceived as alien and the local always strive to protect their culture from alien and it becomes difficult to change.

Further studies are recommended on the definition of FGM. The current definition seems to be too narrow leaving uncovered other elements necessary to mean FGM in connection to its effects to the victim. Additionally, further studies are recommended on the societal reluctance to cultural change. Further investigation is needed on how people can be helped to change

from holding harmful culture like FGM. Moreover, there can be done more research on proper rite of passage that cannot perpetuate gender inequality.

5.3 Critical Analysis of the Study

The dissertation was successfully conducted. The research topic was well chosen considering the current international and national societal demand for change and protections of female from gender-based violence and upholds gender equality. The research was also motivated by the requirement to conduct a successful research study for accomplishment of Master degree at the Institute of Accountancy Arusha.

During the dissertation process, knowledge about the research topic was well afforded and acquired from the Institute of Accountancy Arusha and other scholars worldwide. The process was well supervised and field data sufficiently obtained and analyzed. Knowledge about the subject matter of the study was successfully obtained and new knowledge advanced from the study. Furthermore, the study succeeded to provide recommendations which can help to solve the problem of the effects of FGM on gender equality caused by prevalence of FGM in Kurya community of Tarime District, Tanzania and the world at large.

Lastly, a few challenges were encountered during the study. It was challenging to be trusted to be given information due to the nature of the FGM practice. The study area was too large to be covered in a short period of one month, while satisfying all ethical requirements. The timing of data collection was also challenging as it was done during rainy season making it challenging to reach far in villages. Some expected target population could not be reached due to institutional reluctance to issue permission to collect data. However, despite such challenges, the study was successful and the ultimate goal was reached.

REFERENCES

- Agu, C., Mbachu, C., Agu, I., Iloabachie, U. and Onwujekwe, O., 2022. An analysis on the roles and involvements of different stakeholders in the provision of adolescent sexual and reproductive health services in Southeast Nigeria. *BMC Public Health*, 22(1), p.2161.
- Ahinkorah, B.O., Hagan, J.E., Ameyaw, E.K., Seidu, A.A., Budu, E., Sambah, F., Yaya, S., Torgbenu, E. and Schack, T., 2020. Socio-economic and demographic determinants of female genital mutilation in sub-Saharan Africa: analysis of data from demographic and health surveys. *Reproductive health*, 17, pp.1-14.
- Alliance, M., 2017. MenEngage global alliance strategic plan 2017–2020. *MenEngage Alliance*.
- Askew, I., Chaiban, T., Kalasa, B. and Sen, P., 2016. A repeat call for complete abandonment of FGM. *Journal of medical ethics*, 42(9), pp.619-620.
- Avalos, L., Farrell, N., Stellato, R. and Werner, M., 2015. Ending female genital mutilation & child marriage in Tanzania. *Fordham Int'l LJ*, 38, p.639.
- Barrett, H.R., Bedri, N. and Krishnapalan, N., 2021. The female genital mutilation (FGM)–migration matrix: the case of the Arab league region. *Health Care for Women International*, 42(2), pp.186-212.
- Boadu, K. and Achiaa, A., 2019. Customer relationship management and customer retention. *Customer Relationship Management and Customer Retention (October 20, 2019)*.
- Boddy, C.R., 2016. Sample size for qualitative research. *Qualitative Market Research: An International Journal*, 19(4), pp.426-432.
- Boerner, K.E., Chambers, C.T., Gahagan, J., Keogh, E., Fillingim, R.B. and Mogil, J.S., 2018. Conceptual complexity of gender and its relevance to pain. *Pain*, 159(11), pp.2137-2141.

- Bonagani, R.R., 2022. Gender equality and sustainable development: A case study of UNO's SDG 5.
- Cappa, C., Van Baelen, L. and Leye, E., 2019. The practice of female genital mutilation across the world: data availability and approaches to measurement. *Global Public Health*, 14(8), pp.1139-1152.
- Clarke, V., Braun, V. and Hayfield, N., 2015. Thematic analysis. *Qualitative psychology: A practical guide to research methods*, 3, pp.222-248.
- Cockerham, W.C. and Scambler, G., 2021. Medical sociology and sociological theory. *The Wiley Blackwell Companion to Medical Sociology*, pp.22-44.
- Cohen, L., Manion, L. and Morrison, K., 2017. Validity and reliability. In *Research methods in education* (pp. 245-284). Routledge.
- Corno, L., La Ferrara, E. and Voena, A., 2020. Female genital cutting and the slave trade.
- Davis, G. and Jellins, J., 2019. Female genital mutilation: Obstetric outcomes in metropolitan Sydney. *Australian and New Zealand journal of obstetrics and gynaecology*, 59(2), pp.312-316.
- Dawson, A., Rashid, A., Shuib, R., Wickramage, K., Budiharsana, M., Hidayana, I.M. and Marranci, G., 2020. Addressing female genital mutilation in the Asia Pacific: the neglected sustainable development target. *Australian and New Zealand journal of public health*.
- DeJonckheere, M. and Vaughn, L.M., 2019. Semistructured interviewing in primary care research: a balance of relationship and rigour. *Family medicine and community health*, 7(2).
- DHS (Demographic and Health Surveys) 2020. Tanzania: Standard DHS, 2019-2020. Retrieved on 29 July, 2023 from <https://dhsprogram.com/pubs/pdf/FR369/FR369.pdf>
- Doob, C.B., 2019. *Social inequality and social stratification in US society*. Routledge.

- Droy, L., Hughes, L., Lamont, M., Nguura, P., Parsitau, D. and WamueNgare, G., 2018. Alternative rites of passage in FGM/C abandonment campaigns in Africa: a research opportunity. *LIAS Working Paper Series*, 1.
- Duivenbode, R. and Padela, A.I., 2019. Female genital cutting (FGC) and the cultural boundaries of medical practice. *The American Journal of Bioethics*, 19(3), pp.3-6.
- Earp, B.D., 2019. The child's right to bodily integrity. *Ethics and the contemporary world*, 6(12).
- Etikan, I., Musa, S.A. and Alkassim, R.S., 2016. Comparison of convenience sampling and purposive sampling. *American journal of theoretical and applied statistics*, 5(1), pp.1-4.
- Eweje, G. and Nagano, S., 2021. Introduction: The Gender Equality Debate in Japan—An Overview. *Corporate Social Responsibility and Gender Equality in Japan: Historical and Current Perspectives*, pp.1-12.
- Farina, P., Ortensi, L., Pettinato, T. and Ripamonti, E., 2022. The relationship between women's individual empowerment and the support to female genital cutting continuation: a study on 7 African countries. *Genus*, 78(1), p.7.
- Farouki, L., El-Dirani, Z., Abdulrahim, S., Akl, C., Akik, C. and McCall, S.J., 2022. The global prevalence of female genital mutilation/cutting: A systematic review and meta-analysis of national, regional, facility, and school-based studies. *PLoS Medicine*, 19(9), p.e1004061.
- Florquin, S. and Richard, F., 2020. Critical discussion on female genital cutting/mutilation and other genital alterations: perspectives from a women's rights NGO. *Current Sexual Health Reports*, 12, pp.292-301.

- Gannon, M.A., de Bragança Pereira, C.A. and Polpo, A., 2019. Blending Bayesian and classical tools to define optimal sample-size-dependent significance levels. *The American Statistician*, 73(sup1), pp.213-222.
- Gupta, A. and Gupta, N., 2022. *Research methodology*. SBPD Publications.
- Haastrup, T., 2019. WPS and the African Union. *The Oxford Handbook of Women, Peace, and Security*, pp.375-388.
- Hakiem, R.A.A.D., 2022. 'I can't feel like an academic': gender inequality in Saudi Arabia's Higher Education system. *Higher Education*, pp.1-21.
- Hallonsten, S., 2016. Help or hinder?: Journalists affecting the future of female genital mutilation in a patriarchal society.
- Hasan, N., Rana, R.U., Chowdhury, S., Dola, A.J. and Rony, M.K.K., 2021. Ethical considerations in research. *Journal of Nursing Research, Patient Safety and Practise (JNRPSP)* 2799-1210, 1(01), pp.1-4.
- Helsel, D.R., 2005. *Nondetects and data analysis* (Vol. 588). John Wiley and Sons, New York.
- Hennink, M. and Kaiser, B.N., 2022. Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social science & medicine*, 292, p.114523.
- Hinsliff-Smith, K. and McGarry, J., 2017. Understanding management and support for domestic violence and abuse within emergency departments: A systematic literature review from 2000–2015. *Journal of clinical nursing*, 26(23-24), pp.4013-4027.
- Hosny Abd-Elhakam, F., Ibrahim, E.S., Zakaria Mohamed, M. and Elzeblawy Hassan, H., 2023. Prevalence of Female Genital Mutilation at Beni-Suef Governorate, Egypt. *Egyptian Journal of Health Care*, 14(1), pp.564-577.
- Hughes, L., 2018. Alternative Rites of Passage: Faith, rights, and performance in FGM/C abandonment campaigns in Kenya. *African Studies*, 77(2), pp.274-292.
- In, J., 2017. Introduction of a pilot study. *Korean journal of anesthesiology*, 70(6), pp.601-605.

- Jain, N., 2021. Survey versus interviews: Comparing data collection tools for exploratory research. *The Qualitative Report*, 26(2), pp.541-554.
- John, R.H., 2018. Female Genital Mutilation: Why it is Difficult to Stop in Tanzania?
- Johnson-Agbakwu, C.E., Michlig, G.J., Koukoui, S., Akinsulure-Smith, A.M. and Jacobson, D.S., 2023. Health outcomes and female genital mutilation/cutting: how much is due to the cutting itself?. *International Journal of Impotence Research*, 35(3), pp.218-227.
- Jordal, M. and Wahlberg, A., 2018. Challenges in providing quality care for women with female genital cutting in Sweden—A literature review. *Sexual & reproductive healthcare*, 17, pp.91-96.
- Kandala, N.B., Kinyoki, D., Sarki, A., Gathara, D., Komba, P. and Shell-Duncan, B., 2017. Modeling and mapping of girls' female genital mutilation/cutting (FGM/C) in the context of economic, social, and regional disparities: Kenya Demographic and Health Surveys 1998-2014.
- Kandala, N.B., Nnanatu, C.C., Atilola, G., Komba, P., Mavatikua, L., Moore, Z., Mackie, G. and Shell-Duncan, B., 2019. A spatial analysis of the prevalence of female genital mutilation/cutting among 0–14-year-old girls in Kenya. *International journal of environmental research and public health*, 16(21), p.4155.
- Khosla, R., Banerjee, J., Chou, D., Say, L. and Fried, S.T., 2017. Gender equality and human rights approaches to female genital mutilation: a review of international human rights norms and standards. *Reproductive health*, 14(1), pp.1-9.
- Kimani, S., Kabiru, C.W., Muteshi, J. and Guyo, J., 2020. Female genital mutilation/cutting: Emerging factors sustaining medicalization related changes in selected Kenyan communities. *PLoS one*, 15(3), p.e0228410.
- Kimani, S., Muteshi-Strachan, J. and Njue, C., 2016. Health impacts of female genital Mutilation/Cutting: a synthesis of the evidence.

- Koski, A. and Heymann, J., 2017. Thirty-year trends in the prevalence and severity of female genital mutilation: a comparison of 22 countries. *BMJ Global Health*, 2(4), pp. bmjgh-2017.
- Kothari, A. and Wathen, C.N., 2017. Integrated knowledge translation: digging deeper, moving forward. *J Epidemiol Community Health*, 71(6), pp.619-623
- Leye, E., Van Eekert, N., Shamu, S., Esho, T. and Barrett, H., 2019. Debating medicalization of Female Genital Mutilation/Cutting (FGM/C): learning from (policy) experiences across countries. *Reproductive health*, 16(1), pp.1-10.
- Llamas, J., 2017. Female circumcision: The history, the current prevalence and the approach to a patient.
- Macfarlane, A.J. and Dorkenoo, E., 2015. *Prevalence of female genital mutilation in England and Wales: National and local estimates*. City University London in association with Equality Now.
- Machinda, Z., 2021. *Determinants of male involvement in family planning services in Tarime District, Tanzania* (Doctoral dissertation, The Open University of Tanzania).
- Mann, S., 2016. The research interview. *Reflective practice and reflexivity in research processes*.
- Many, T., 2018. The law and FGM: An overview of 28 African Countries. 28 Too Many.
- Matanda, D., Okondo, C., Kabiru, C.W. and Shell-Duncan, B., 2018. Tracing change in female genital mutilation/cutting: Shifting norms and practices among communities in Narok and Kisii counties, Kenya.
- McCauley, M. and Van den Broek, N., 2019. Challenges in the eradication of female genital mutilation/cutting. *International health*, 11(1), pp.1-4.
- Mgata, R., Ndaro, R. and Gillo, I., 2015. Persistence of Female Genital Mutilation in Tarime District, Tanzania.

- Mhando, N.E., 2018. The Continuing Paradox of Traditional Female and Male Circumcision among Kuria in Northeastern Tanzania. *Anthropologica*, pp.300-313.
- Mishra, G.N. and Thakur, A.K., 2023. *Gateway of Sociological Thought*. BFC Publications.
- Mishra, L., 2016. Focus group discussion in qualitative research. *TechnoLearn: An International Journal of Educational Technology*, 6(1), pp.1-5.
- Mishra, S.P., Mishra, D.P. and Mishra, S., 2023. The etymology of Gender Violence (SDG-5) in Anthropocene: India. *J. Appl. Life Sci. Int*, 26(3), pp.53-69.
- Mkuwa, S., Sempeho, J., Kimbute, O., Mushy, S.E., Ndjovu, A., Mfaume, J. and Ngalesoni, F., 2023. The role of communities and leadership in ending female genital mutilation in Tanzania: an exploratory cross-sectional qualitative study in Tanga. *BMC public health*, 23(1), pp.1-8.
- Mmbando, C. J., 2014. The Protocol on the Rights of Women in Africa- A Tool to Women Rights Protection in Tanzania. *Tuma L. Rev.*,3: 1.
- Moser, A. and Korstjens, I., 2018. Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis. *European journal of general practice*, 24(1), pp.9-18.
- Moyo, T. and Dhlwayo, R., 2019. Achieving gender equality and women's empowerment in Sub-Saharan Africa: lessons from the experience of selected countries. *Journal of Developing Societies*, 35(2), pp.256-281.
- Mpinga, E.K., Macias, A., Hasselgard-Rowe, J., Kandala, N.B., Félicien, T.K., Verloo, H., ZacharieBukonda, N.K. and Chastonay, P., 2016. Female genital mutilation: a systematic review of research on its economic and social impacts across four decades. *Global health action*, 9(1), p.31489.
- Muzima, L., 2016. Towards a sensitive approach to ending female genital mutilation/cutting in Africa. *SOAS LJ*, 3, p.73.

- Mwangi, J.W., 2019. *The Role of Men in Ending Female Genital Mutilation/cutting In Maparasha Location, Kajiado County* (Doctoral dissertation, University of Nairobi).
- Mwanri, L. and Gatwiri, G.J., 2017. Injured bodies, damaged lives: experiences and narratives of Kenyan women with obstetric fistula and Female Genital Mutilation/Cutting. *Reproductive health*, 14, pp.1-11.
- Mwendwa, P., Mutea, N., Kaimuri, M.J., De Brún, A. and Kroll, T., 2020. "Promote locally led initiatives to fight female genital mutilation/cutting (FGM/C)" lessons from anti-FGM/C advocates in rural Kenya. *Reproductive Health*, 17(1), pp.1-15.
- Nabaneh, S. and Muula, A.S., 2019. Female genital mutilation/cutting in Africa: A complex legal and ethical landscape. *International Journal of Gynecology & Obstetrics*, 145(2), pp.253-257.
- Novak, L., 2020. Persistent norms and tipping points: The case of female genital cutting. *Journal of Economic Behavior & Organization*, 177, pp.433-474.
- Nyumba, O. T., Wilson, K., Derrick, C.J. and Mukherjee, N., 2018. The use of focus group discussion methodology: Insights from two decades of application in conservation. *Methods in Ecology and evolution*, 9(1), pp.20-32.
- O'Neill, S. and Pallitto, C., 2021. The consequences of female genital mutilation on psycho-social well-being: a systematic review of qualitative research. *Qualitative health research*, 31(9), pp.1738-1750.
- Ombogo, F.A., 2018. *Towards the Elimination of Female Genital Mutilation-an Appraisal of Kenya's Prohibition of Female Genital Mutilation Act, 2011* (Doctoral dissertation, University of Nairobi).
- Pandey, P. and Pandey, M.M., 2021. *Research methodology tools and techniques*. Bridge Center.

- Pesambili, J.C. and Mkumbo, K.A., 2018. Implications of female genital mutilation on girls' education and psychological wellbeing in Tarime, Tanzania. *Journal of Youth Studies*, 21(8), pp.1111-1126.
- Risman, B.J., 2018. *Gender as a social structure* (pp. 19-43). Springer International Publishing.
- Ritzer, G. and Stepnisky, J., 2020. *Classical sociological theory*. Sage publications.
- Roulston, K. and Choi, M., 2018. Qualitative interviews. *The SAGE handbook of qualitative data collection*, pp.233-249.
- Ruggiano, N. and Perry, T.E., 2019. Conducting secondary analysis of qualitative data: Should we, can we, and how?. *Qualitative Social Work*, 18(1), pp.81-97.
- Shabani, J. and Gemma, T.O.D.D., 2018. Female genital mutilation in Tanzania: re-examining women's position in society. *Fe Dergi*, 10(1), pp.119-138.
- Shahawy, S., Amanuel, H. and Nour, N.M., 2019. Perspectives on female genital cutting among immigrant women and men in Boston. *Social Science & Medicine*, 220, pp.331-339.
- Sileyew, K.J., 2019. Research design and methodology. *Cyberspace*, pp.1-12.
- Sood, S., and Ramaiya, A., 2022. Combining Theory and Research to Validate a Social Norms Framework Addressing Female Genital Mutilation. *Frontier in Public Health*, 9: 747823.
- Stern, E. and Anderson, A., 2015. 'One Hand Can't Clap by Itself': Engagement of Boys and Men in Kembatti Mentti Gezzimma's Intervention to Eliminate Female Genital Mutilation and Circumcision in Kembatta Zone, Ethiopia.
- Takács, K., 2018. Discounting of evolutionary explanations in sociology textbooks and curricula. *Frontiers in Sociology*, 3, p.24.

- Tomaskovic-Devey, D. and Avent-Holt, D., 2019. *Relational inequalities: An organizational approach*. Oxford University Press, USA.
- Unicef, 2016. *Female Genital Mutilation/cutting: A Global Concern. UNICEF's Data Work on FGM/C*. Unicef.
- Unicef, 2022. Female genital mutilation and the humanitarian development nexus: practical ways to support programme-level implementation.
- Van Bavel, H., 2020. At the intersection of place, gender, and ethnicity: changes in female circumcision among Kenyan Maasai. *Gender, Place & Culture*, 27(8), pp.1071-1092.
- Van Rossem, R. and Meekers, D., 2020. The decline of FGM in Egypt since 1987: a cohort analysis of the Egypt Demographic and Health Surveys. *BMC Women's Health*, 20(1), pp.1-11.
- Vassakis, K., Petrakis, E. and Kopanakis, I., 2018. Big data analytics: Applications, prospects and challenges. *Mobile big data: A roadmap from models to technologies*, pp.3-20.
- Vinois, A.M.A., Mwenda, E.R., Calimoutou, E., Daverio, F.C.N., MicaliDrossos, I., SantagostinoRecavarren, I.M., Bogado, L.L., Goldstein-Bolocan, M., Reddi, P.S. and Melis, W.J., 2018. Compendium of international and national legal frameworks on female genital mutilation. *Disclosure*.
- Warioba, I., 2019. Child Marriage in Tanzania: A Human Rights Perspective. *The Journal of Law, Social Justice and Global Development*, (23):1 – 8.
- Wesp, L.M., Malcoe, L.H., Elliott, A. and Poteat, T., 2019. Intersectionality research for transgender health justice: a theory-driven conceptual framework for structural analysis of transgender health inequities. *Transgender health*, 4(1), pp.287-296.
- Williams-Breault, B.D., 2018. Eradicating female genital mutilation/cutting: human rights-based approaches of legislation, education, and community empowerment. *Health and human rights*, 20(2), p.223.

Women, U.N., 2017. Finding convergence in policy frameworks. *A background paper on the policy links between gender, violence against women and girls, and female genital mutilation/cutting.*

Women, U.N., 2022. Progress on the sustainable development goals: The gender snapshot 2022.

World Health Organization, (2020). Female genital mutilation. Retrieved on 29 July 2023 from <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>.

World Health Organization, 2019. *Female genital mutilation: evidence brief* (No. WHO/RHR/19.19). World Health Organization.

World Health Organization, 2019. *WHO consolidated guideline on self-care interventions for health: sexual and reproductive health and rights.* World Health Organization.

APPENDICES

APPENDIX I: SEMI STRUCTURED QUESTIONS FOR INDEPTH INTERVIEWS

Factors influencing the prevalence of FGM practices

1. What do you believe are the main reasons or factors that contribute to the prevalence of FGM in Tarime and are these reasons influenced by cultural, religious, or social norms?
2. In your opinion, what are the main social, cultural, or religious factors contributing to the continuation of FGM, and how do these factors intersect with gender roles and equality?
3. To what extent does tradition and cultural beliefs influence the perpetuation of FGM in Tarime?

Impact of FGM on gender inequality

1. Can you share your understanding of Female Genital Mutilation and how you think it affects gender equality within the community?
2. How has FGM impacted the physical and mental health of women and girls within the community, and how do you think it affects their overall empowerment?
3. Are there any positive or negative effects of FGM on women's social status and decision-making power within the community and how does it relate to gender equality?
4. Can you describe any personal experiences or stories related to FGM and their impacts on gender equality that you believe are important to share?

Some approaches for eradication of FGM

1. How does the community perceive the role of men and boys in relation to FGM and promoting gender equality and are there any initiatives or programs involving men to address FGM and its effects on gender equality?
2. Can you suggest any alternative ritual of passage that can be used in place of FGM in your society?
3. What role do elders, community leaders, and religious leaders play in promoting or discouraging the practice of FGM?

APPENDIX II: SEMI STRUCTURED QUESTIONS FOR FOCUSED GROUP DISCUSSION

On the factors for prevalence of FGM in Tarime District;

1. How do you perceive and understand the practice of FGM in Tarime and what do you believe are the main reasons or factors that contribute to the prevalence of FGM in Tarime?
2. To what extent does tradition and cultural beliefs influence the perpetuation of FGM in Tarime and how has the practice evolved over time?
3. Are there perceived benefits or disadvantages linked to this practice and are there any misconceptions or myths related to FGM?

On the impacts of FGM on gender equality in Tarime;

1. What are your perceptions and understandings of FGM, and how do you think it impacts gender equality within our community?
2. In your opinion, what are the main effects of FGM on the physical and mental health of women and girls and how do these effects intersect with their overall empowerment and gender roles?
3. How do you think FGM influences gender relations and dynamics within families and the wider community?

On approaches for eradication of FGM in Tarime District;

1. What existing efforts or initiatives have been undertaken to address FGM in Tarime and how effective do you think they have been, and what challenges do they face?
2. How can the community be actively involved in the eradication of FGM practices and what role can community leaders and elders play in promoting change?

3. How can women and girls be empowered to take a leading role in advocating against FGM and promoting alternative rites of passage?
4. What role can men and boys play in supporting the eradication of FGM and how can they be encouraged to be allies in this effort?
5. What are some culturally sensitive alternative rites of passage that can replace FGM and how can these alternatives be promoted and embraced by the community?

APPENDIX III: RESEARCH PARTICIPANTS

1. Researcher and research assistants
2. Respondents
 - i. Tarime District Council Workers
 - ii. ATFGM Masanga workers and beneficiary girls
 - iii. CDF Tarime workers
 - iv. Kurya community members

APPENDIX IV: IAA RESEARCH PERMIT



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Ref. No.: MPSS/01/0035/2022

18th September 2023

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.....
P.O.BOX.....
.....

Dear Sir/Madam,

RE : REQUEST FOR DATA COLLECTION

The purpose of this letter is to introduce to you **MR. BRENDAN MERONDO** who is our student pursuing Masters of Peace and Security with registration (MPSS/01/0035/2022). Currently, the aforementioned student is conducting a study on **"ANALYZING THE EFFECTS OF FEMALE GENITAL MUTILATION PRACTICES ON GENDER EQUALITY: A CASE STUDY OF TARIME DISTRICT TANZANIA"**. We would like to highlight here that this study is part of the requirement for the award of the above mentioned programme of study.

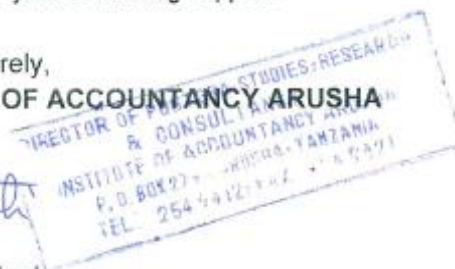
We therefore request you to extend to the above-mentioned student of our Institute any help that may facilitate him to achieve study objectives. We further request permission for him to see and talk to the staff of your Institution in connection to his study. The period for this request is granted from September to the end of November 2023.

Thank you for your continuing support.

Yours Sincerely,

INSTITUTE OF ACCOUNTANCY ARUSHA

Mishael Abduel
FOR: RECTOR



APPENDIX V: DATA COLLECTION LETTER FROM ATFGM



ASSOCIATION FOR TERMINATION OF FEMALE GENITAL
MUTILATION (ATFGM) – MASANGA

P. O. Box 431

Phone: +255 684 176 128

Tarime, MARA, TANZANIA

+255 767 942 155

ATFGM “Maendeleo ya kisasa” E-mail. termination.fgm@gmail.com/

Website: www.atfgm.or.tz

2nd October 2023

Mr. BRENDAN MERONDO

MPSS/01/0035/2022

RE: REQUEST FOR DATA COLLECTION.

Please refer to your letter with the heading above, dated 18th September 2023.

On behalf of the Association for Termination of Female Genital Mutilation (ATFGM Masanga) I accept your request for the data collection at our organization.

Upon your arrival you will meet first the management team before you meet the staff and the beneficiaries for your data collection.

We promise to cooperate with you in your study.

Kind regards

Valerian Mgani

Head of programs

ATFGM Masanga.



APPENDIX VI: DATA COLLECTION LETTER FROM TARIME DISTRICT COUNCIL

THE UNITED REPUBLIC OF TANZANIA

PRESIDENT OFFICE
REGIONAL ADMINISTRATION AND LOCAL
GOVERNMENT

TARIME DISTRICT COUNCIL



In reply address:

Ref: No.HWT/T1/8/40

17th October, 2023

Rector,
Institute of Accountancy Arusha,
P.O BOX 2798,
ARUSHA.

RE: REQUEST FOR DATA COLLECTION.

Reference is made on your letter dated 18th September, 2023 with reference No. MPSS/01/0035/2022 regarding the captioned subject above.

- I would like to inform you that, permission has been granted to your student pursuing **Masters of Peace and Security** at your Institute to carry out his Research study on **"ANALYZING THE EFFECT OF FEMALE GENITAL MUTILATION PRACTICES ON GENDER EQUALITY. A CASE STUDY OF TARIME DISTRICT TANZANIA"** in our Organization at Department of Health, Social Welfare and Nutrition services from **September, 2023 to November, 2023** as requested.
- We hope that he will incur all her data collection work expenses accordingly.
- District medical officer assist him kindly.

Victoria Alex Karengi
Victoria Alex Karengi

**FOR: DISTRICT EXECUTIVE DIRECTOR
TARIME DISTRICT COUNCIL**

MKURUGENZI MTENDAJI
JILMASHAURI JA WILAYA
YA TARIME

Copy to:
District Medical Officer,
P.O BOX 16,
TARIME.

Brendan Merondo
P.O BOX,
TARIME.

Tarime District Council, Nyamwaga Village, Nyamwaga Road, P.O Box 16, Tarime-Mara, Phone +25528-2690518. Fax No: +25528-2690144. Email: ded@tarimedc.go.tz Website: www.tarimedc.go.tz

APPENDIX VII: PLAGIARISM REPORT

ANALYZING THE EFFECTS OF FEMALE GENITAL MUTILATION PRACTICES ON GENDER EQUALITY: A CASE OF TARIME DISTRICT, TANZANIA

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APPENDIX VIII: GRAMMAR CHECK

INSTITUTE OF ACCOUNTANCY ARUSHA TANZANIA
CERTIFICATE OF ENGLISH EDITING

This certificate confirms that the manuscript listed below was edited by one or more expert English Editors. The following issues were edited: Grammar, Spelling, punctuation, Sentence Structure and Phrasing. Journal editors can contact us for a copy of the edited document that was submitted to the Authors.

MANUSCRIPT TITLE

**ANALYZING THE EFFECTS OF FEMALE GENITAL MUTILATION
PRACTICES ON GENDER EQUALITY: A CASE OF TARIME DISTRICT,
TANZANIA**

.....

AUTHOR(S)

**BRENDAN MERONDO
&
DR WANANI, DAVID K.**

DATE ISSUED

10/12/2023

CERTIFICATE NUMBER

.....



Signature Name of Editor: Wilhelmina Costantini ("PHD")