No Woman Left Behind: Women’s Lived Experiences, purposes, and perceptions on Female Genital Mutilation (FGM) of Maasai and Datoga communities in Arusha, Tanzania

Audrey Tirrill

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No Woman Left Behind

Women’s Lived Experiences, purposes, and perceptions on Female Genital Mutilation (FGM) of Maasai and Datoga communities in Arusha, Tanzania.

Audrey Tirrill

Academic Director: Dr. Oliver C. Nyakunga
Academic Coordinator: Oscar Paschal
Advisor: Dr. Oliver C. Nyakunga
Co-advisor: Kaiza R. Kaganzi

University of Oregon
Global Studies

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Abstract

Female genital mutilation (FGM) has been practiced for centuries around the world, currently FGM occurs in Africa, Asia and the Middle East. Even though many counties like Tanzania has outlawed FGM and stating it is a violation of human rights, many people continue the procedure without adequate education on FGM. While believing the decline in number of FGM incidences and there is still a lack of local women perspectives and their respective lived experiences on the matter. This is particularly true in some Tanzanian rural and male dominated tribes where most women are educated with limited freedom of speech such as in some parts of the Arusha region. The purpose of the study is to examine lived personal experiences, purposes, and perceptions by women undergone or practiced FGM by Maasai and Datoga women with the Arusha region. Key informant interviews and semi structured interviews were used to collect data in the two study sites. The results indicate that women who have undergone or practiced FGM in Maasai communities conclude FGM as a traumatic experience. However, the results indicate Datoga women who have undergone or practiced FGM concludes FGM as normal and not a memorable experience. In conclusion, the acquired findings has led to more effective strategies for eradicating FGM while respecting cultural diversity and understanding experiences and perspectives.

Key words: Women’s lived experiences, purposes, perceptions, Female Genital Mutilation Maasai and Datoga communities, Arusha, Tanzania
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Chapter I

1.1 Background Information

The practice of Female Genital Mutilation (FGM) has dated back 2000 years; however, it is unknown where it has originated from (Llamas, 2017). According to BioMed Central Central Public Health, FGM was believed to be practiced in ancient Egypt as a sign of distinction amongst the aristocracy (BMC, 2016). FGM began with the arrival of Islam in some parts of sub-Saharan Africa (BMC, 2016). It is theorized that the practice had spread due to slave trade and globalization (Ross, 2016). However, FGM was not only common in Africa and the Middle East it was fairly common in North and South America, Asia, and Europe. Currently, western societies tend to believe FGM has only been practiced in the South Asia, Middle East, and Africa but historically FGM was also practiced in the United Kingdom and United States by gynecologists to cure women of so-called “female weakness” (TooMany, 2013). In the 21st century FGM is still considered common in Africa subjecting women to taboos and violence. It is estimated that more than 200 million women alive today have undergone FGM in Africa (WHO, 2023). FGM is still common in sub-Saharan Africa due to foundation of culture that is hard to change (WHO, 2023). FGM is continuously a social norm to conform to this historic practice leading to slow change in rural areas in sub-Saharan Africa (WHO, 2023). The purpose for this procedure is motivated to maintain virginity, child marriage and control sexual desire (Mathews & Dallaston, 2020). In ancient Egyptian empires FGM was tied to a structured social framework the practice was implemented to attire inequality between classes, for example families would cut young girls to signify their commitment to the wealthy and polygamous men of their society (Ross, 2016). Since the 1990s FGM has decreased dramatically in Africa mainly because of legislation, education, and globalization (TooMany, 2013). In rural areas where education is not accessible especially about female circumcision, FGM is not known of its dangers (WHO, 2023). Without education about female anatomy there is a gap with misinformation being passed down to each generation. However, as globalization has touched rural areas and education has been found to be part of the solution (Shabani, 2018). July 2003 the African Union adopted the Maputo Protocol calling to end FGM and promote women’s rights, by 2008 25 member countries had ratified it (US Dept., 2014). Tanzania has acknowledged and signed various international human rights conventions relation to FGM (Van Bavel, et al., 2017). The Elimination of Discrimination
Against Women was ratified in 1986 and the Rights of the Child ratified in 1991 to criminalize traditional practices that harm children and discriminate against women (Van Bavel, et al., 2017). Although FGM was outlawed in 1998 under that Tanzanian Parliament Sexual Offenses Special Provisions Act (UNFPA, 2016), the prohibition of FGM has caused underreporting out of fear of prosecution therefore NGOs have been established to encourage girls to report in school or to local authorities (Van Bavel, et al., 2017). Increased education, programs and local participation have all decreased the occurrence of FGM however many women are still apprehended by the physical and mental effects of this procedure. Quantifying the global FGM-related burden is essential for supporting programs and policies for prevention and mitigation (BMJ Global Health). In 2010 Tanzania Demographic Health Survey (DHS) estimated that 7.9 million women between the ages to 15 and 49 have undergone FGM (Van Bavel, et al., 2017). Tanzania has had a dramatic reduction in the practice as “the prevalence in 2015 being one third as much as thirty years ago” (Van Bavel, et al., 2017). North Tanzania has the highest occurrence of FGM the regions that score the highest involve, Manyara, Dodoma, Arusha, and Mara (Van Bavel, et al., 2017). It has been argued that FGM prevalence in Manyara and Arusha is corresponded with high amounts of Maasai communities (Van Bavel, et al., 2017).
The prevalence of FGM varies greatly by ethnic identity and within Tanzania these procedures are predominantly performed as a component of girls’ social initiation. This practice has persisted traditional beliefs, values, and attitudes. Some groups, such as Datoga and Maasai people, have historically performed these procedures, while most others have not (Hannelore, 2017). FGM can be a gateway for social and economic survival and security for women and young girls. Due to taboos, norms, and lack of education about FGM, this practice also increases respect from the community. In general, FGM, continues to be believed that it would ensure women’s virginity and reduction in sexual desire in Maasai and Datoga communities (Hannelore, 2017). The research centered around women’s experiences is lacking from FGM studies, hence the objective of this study to narrate FGM experiences for the overall purpose of gender equity, education, and evolving culture.

1.2 Problem Statement

In Tanzania FGM has decreased since 1998 which it became illegal and punishable up to fifteen years in prison, however 10% of the population continue to undergo Female Genital Mutilation (Galukande, 2015). Tanzania is one of the 29 counties where FGM is still prevalent, according to
BMC public health it is estimated that 7.9 million women and girls have undergone FGM in Tanzania (Galukande, 2015). While believing the decline in number of FGM incidences and there is no lack of literature particularly on health-related complication caused by FGM there is still a lack of local women perspectives and their respective lived experiences on the matter. This is particularly true in some Tanzanian rural and male dominated tribes where most women are educated with limited freedom of speech such as in some parts of the Arusha region. This is true for Maasai and Datoga communities as FGM is still considered a common practice because of traditional beliefs of the transition to womanhood. The problem lies between a lack of women’s voices in the conversation of FGM and how their perspectives and opinions have shaped their life. To bridge this gap in the existing body of knowledge around FGM this study seeks to examine lived experiences, purposes, and perceptions of women in relation to FGM in some parts of Longido and Mang’ola in the Arusha region.

1.3 Scope of the study
The study was conducted in some parts of the Arusha region across the span of four weeks in November of the year 2023. Data was collected for seven days in November, for two days data was collected in Longido and for five days data was collected in Mang’ola. The focus of the study was to involve women participants with firsthand FGM experience, age above 18 years and willing to participate in the study.

1.4 Significance and justification
The significance of the study is to document experiences, purposes and perceptions on FGM in Longido and Mang’ola districts of the Arusha region. Findings of this study extends beyond academia, as they hold potential to shape policies, empower marginalized voices, and contribute to the global dialogue on FGM and women's rights. Moreover, the acquired findings can lead to more effective strategies for eradicating FGM while respecting cultural diversity.

1.5 Objectives
1.5.1 General objective
To examine lived personal experiences, purposes, and perceptions by Maasai and Datoga women undergone or practiced FGM with the Arusha region.
1.5.2 Specific objectives
   i. To document a narrative of experiences from women who have undergone or practiced FGM
   ii. To investigate the purpose for practicing FGM
   iii. To assess the perception of FGM from women who have undergone or practiced FGM

1.6 Research Questions
   i. What is a narrative of experiences by women undergone or practiced FGM?
   ii. What is the purpose for FGM?
   iii. What is the perception of FGM with women undergone or practiced FGM?
Chapter II

2.0 Literature Review

2.1 Defining FGM

Female genital mutilation (FGM) is a procedure involving removal of female genitalia, this can be some or all parts of the external genital area that have been cut, sewn or cause injury to the organs (WHO, 2020). Historically FGM has been a traditional and religious practice that has traveled around the world. Currently, FGM is practiced in 30 countries that are mainly located in sub-Saharan Africa (Koski and Heymann 2017). The World Health Organization (WHO) classify FGM into four general types. The first, type one is clitoridectomy: partial or total removal of the clitoris. Type two is excision: partial or total removal of the clitoris and the labia minora or majora. Type three is infibulation: cutting the inner or outer labia and sewing them to create a seal of scar tissue that narrows the vaginal opening as well as removal of the clitoris. Type four encompasses all other procedures to the female genitalia involving cutting, burning or piercing (Avalos, 2015). Terminology is essential when discussing FGM and circumcision. As this practice gained global attention FGM was generally referred to as ‘female circumcision’ (UNFPA, 2022). This term has been denounced because correlating male circumcision and FGM causes space for misunderstanding and misinformation. With defining both as circumcision it discounts the distinction of organs, phycological and physical risks. The term FGM gained support in the late 1970s (UNFPA, 2022) and during the 1990s many United Nations conferences policies have used female genital mutilation or cutting (FGM or FGC) as an advocacy tool (UNFPA, 2022).
Circumcision has been a matter of culture, tradition, and health. Studies have shown male circumcision leads to decreased risk of HIV acquisition, other sexually transmitted infections, and urinary tract infections (WHO, 2023). Medically there is no reason for FGM unlike male circumcision. Some extreme types of FGM such as the cutting of all external genitalia are associated with extensive complications. Short term health risks involve severe pain, excessive bleeding, tissue swelling, infections, HIV, and death (Galukande, 2015). Long term affects include complications during childbirth, anemia, cysts formation, urethra damage, dyspareunia, prolonged labor, still births and death (Galukande, 2015). FGM also generates conflicts in relationships including family members, community members and spouses. Marriage conflicts relating to FGM encompass sexual dysfunction this can include decreased sexual desire and pleasure, pain during sex, decreased lubrication, tissue swelling, etc. (WHO, 2023). FGM have lasting bodily affects as well as psychological stress that may trigger anxiety, depression, PTSD, behavioral disorders etc. (UNFPA, 2022). Women who have undergone FGM are four times
more likely to experience post-traumatic stress disorder, low self-esteem, phobias, loss of identity, and social anxiety (Kobach et al., 2018). According to the World Health Organization Sexual and Reproductive Health and Research after FGM occurs the pain, bodily shock and physical force are reasons why women have vocalized FGM is a traumatic event (WHO, 2023). Socially, FGM is conducted with a ceremony and required in many communities to be respected, seen as an adult and clean, and ready for marriage. In many communities if a woman is uncircumcised is is possible for her to be rejected from leaders and seen as unclean (Manuel Martinez-Linares, 2021). For this reason, young girls want to be cut in-order to fit in with the social norms of their culture and community (Manuel Martinez-Linares, 2021). These social structures have physiological effects leading to low self-esteem, depression, etc. that causes many health factors more than physical (UNFPA, 2022). Psychological, social, and sexual consequences of FGM/C are an under-researched and an overlooked issue (Berg, et al., 2010). Future studies investigating the consequences of FGM should compare clearly defined groups that differ in FGM severity as well as going in depth about their personal experiences (Berg, et al., 2010).

2.3 Education and Culture
The link between FGM and education rests on the assumption that educated women will be less likely to have their daughters cut (Manuel Martinez-Linares, 2021). Another possible scenario that decreases numbers of FGM is while in school, girls develop social ties with peers and mentors who are opposed to FGM; this could provide a reference group for which no normative sanctions exist for failing to comply with FGM (Van Bavel, 2017). Additionally, educated women may have greater exposure to intervention programs, media messages, local and international discourse that denounce the practice, potentially creating sanctions for continuing FGM. Evidence also shows that girls today are being cut at younger ages than their mothers and grandmothers (UNFPA, 2022). This means that the window of opportunity to prevent FGM through various interventions is closing. Acting on this knowledge will help accelerate progress against FGM, with the ultimate aim of ending the practice by 2030, in accordance with target 5.3 of the Sustainable Development Goals (UNICEF, 2022). Let’s not forget uncircumcised schoolgirls faced a variety of FGM-related issues that had varying degrees of severity and
impaired their academic performance in various circumstances (Pesambili, 2013). A range of experiences and issues that girls who had not undergone FGM faced, such as stigmatization, exclusion from school, forced marriages, forced FGM, and isolation (Pesambili, 2013). The data also showed the different coping mechanisms including using confrontational and avoidance coping mechanisms to prevent stigmatization, as well as asking for help from family members, religious organizations, educational institutions, and the government (Pesambili, 2013). Culture and traditions evolve and shift throughout the world as female genital mutilation gained global attention communities in Tanzania stopped the practice. Growing societal pressure to stop the practice has led to its concealment and detachment from traditional ceremonies (Van Bavel, et al., 2017). This indicates shifting attitudes towards female genital cutting among the younger generation is due to education. Maasai culture and this practice are not fixed but actively questioned and redefined by educated individuals and women who play prominent roles in reshaping gender norms (Van Bavel, et al., 2017).
Chapter III
3.0 Methodology
3.1 Study area description
Longido, Tanzania is located in the Arusha region with a latitude of -2 43’ 59.48” S and a longitude of 36 41’ 51.83” E. Longido has a population of 175,915 and an area coverage of 7,782 square kilometers (National Population Census, 2018). Agriculture is the major economic activity of people in Longido district council. Livestock keeping is currently the main source of income for households. The Maasai are currently the dominant group in the district and the original inhabitants of the district were the Rwa, Chagga and Sonjo. Within the Maasai five communities will be represented in the study; Sinyati Yohana, Ndata, Ngoropil Simon, Merikinojy Olkedanye, and Nanyori Ndete all located in the Olbomba ward. The second study area will be in Mang’ola an administrative ward in the Karatu district of the Arusha region of Tanzania. The coordinates of this area are a latitude of 3 25’00.0” S and a longitude of 35 25’60.0”E (Maplandia, 2016) with a population of 6,087 according to the 2012 census (National Population Census, 2012). This area is mainly known for onion farms and the main source of income for households is livestock and agriculture (Tomikawa, 1979). The area has minimum vegetation cover with a semi dry climate year-round (Tomikawa, 1979). The study was conducted among the Datoga tribe known as Mang’ati. The village name where the study was conducted was Qang’ded. Both of these study sites were chosen based on the prevalence of women who have been impacted by female genital mutilation.
3.2 Study design
The study design is an approach that seek to understand and describe the universal essence of a phenomenon this is phenomenological study as qualitative research (Wilson, 2015). The research is a phenomenological study because the results describe the lived experiences who have first-hand knowledge and experience of female genital mutilation.

3.3 Methods
Two methods, key informant interviews (Tremblay, 1957) and semi structured interviews (Adams, 2015), were used in Olbomba in Longido district, and in Mang’ola in Karatu district of the Arusha region to collect data. Key informant interviews are used to collect a wide range of percipients who have firsthand knowledge about the topic, this method was used in the study to provide data that would not be assessable without the key informant (Tremblay, 1957). Semi structured interviews allow the freedom to explore and express their perspective on their own terms, leading to a wider range of responses (Carruthers, 1990).

3.3.1 Key Informant Interviews
In this method, a specific group of people were interviewed due to their insight and knowledge on the specific topic (Tremblay, 1957). Key informant interviews are qualitative in-depth interview with selected people for their firsthand knowledge about the topic (Tremblay, 1957).
Key informant interviews was used to complete the first specific objective in order to obtain the informants narrative of FGM. The key informant interviews have mapped out themes to be able to compile the data well.

3.3.2 Semi Structured Interviews
A semi-structured interview is a qualitative research method which combines a pre-determined set of open questions with the opportunity for the interviewer to explore themes of the responses and dive into responses from the interviewee (Carruthers, 1990). Semi structured interviews were used to complete each specific objective by recording the individual's narrative, perspectives, and opinions of FGM.

3.4 Sampling techniques and procedure
Purposive sampling was used because the participants have been selected based on the characteristics of their knowledge of FGM (Campbell, et al., 2020) non-probability sampling was used, not all participates have an equal chance for participating in the study (Campbell, et al., 2020). Maximum variation strategic was used for sampling because the information on the significance of specific circumstances for the outcomes, this is used to capture the widest range of perspectives (Shakir, 2002).

3.5 Sample size
This study used purposive sampling by selecting participants based on their characteristics and experiences (Campbell, et al., 2020). Data was collected once the data saturation point was reached. A total of 6 Maasai women were selected based on their knowledge and experiences in relation with FGM, after the 6 interviews were completed that saturation point was reached (Campbell, et al., 2020). A total of 22 Datoga women were selected based on purposive sampling and maximum variation to observe a wider range of outcomes. The sample size includes 28 women based on purposive and non-probability sampling, and the usage of maximum variation.

3.6 Data Analysis
The data collected was analyzed by two approaches one is semantic analysis and the other is thematic analysis. Semantic analysis is a process of understanding natural language by extracting
insightful information such as context, emotions, and sentiments from unstructured data (Stanford University, 2021). This was helpful to capture the full story of the participants. Thematic analysis involves reading through a set of data and looking for patterns to find themes (Maguire, et al., 2017). Thematic analysis was useful after all the data was collected and ready to be analyzed and described.

3.7 Ethical Considerations
This research was carried out respecting culture of the Maasai, Datoga and gender roles in Tanzania. The participants were informed the objective and intention of the study. They were reminded of their authority to withdraw from the interview at any time without explanation. The participants privacy and confidentiality have been ensured with this personal and sensitive subject.
Chapter IV

4.0 Results

4.1 Demographic Information

All of the 6 Maasai women in this study came from villages in the Longido district. The specific villages represented were Ndata, Sinyati Yohana, Ngoropil Simon, Merikinoy Olkedanye, and Nanyori Ndete. The women’s ages ranged from 20 to 85 years of age. All of the six women have had an education through TEMBO (Tanzania Education and Micro Business Opportunity) Project between 10 and 2 years ago on women empowerment and FGM. Twenty-two Datoga women in this study came from one village Qang’ded in Mang’ola. The names of the bomas is not to be disclosed for the safety of the interviewees. Majority of the women do not have an education in general let alone knowledge on female anatomy, the highest level represented is primary education. The ages of this group of Datoga women range from 25 to 90 years with the majority between the ages of 40 and 60 years old.

4.2 FGM experiences

The first objective involves FGM narratives with each participant describing their personal experience. There were 3 main themes found within the results of the first objective, theme one type of FGM and age, theme two circumcision ceremony, and theme three health effects. Each of these themes draw conclusions to telling a story for these women.

4.2.1 Type of FGM and Age

The results indicate that in many Datoga communities it is a tradition for female circumcision (FGM) to occur between the ages of one year to age six. Many participants in the study revealed that FGM occurs at an early age due to less blood loss. Deeper reasoning receipts in the lack of the ability to remember the experience, the family won’t be reported, and questions will not be asked by the community or the girls themselves. All of the 22 Datoga women had undergone type 1 which is the removal of the clitoris. When asked the reasoning 50% of the women responded with the cause being a disease called lawalawa, which is believed curable by cutting the clitoris. “If a young girl has lawalawa she has to be cut” (Datoga Participant 8).
However, the results for Maasai differed in type of FGM and age. The women stated the main type practiced was type II or type III, this involves total removal of all external genital organs. Each of the Maasai participants expect one had a rite of passage ceremony at the age of 15 to be an adult and to be married. One of the Maasai participants had undergone FGM at the age of 2 years, “I was cut very young because it was already illegal, and the elders had to do it in hiding” (Maasai Participant 6).

4.2.2 Circumcision Ceremony
The Datoga participants responded to having two different circumcision ceremonies one for girls and one for boys. The female circumcision ceremony occurred when the girl is under four years of age and involved singing and dancing. This traditional ceremony was to continue to cure lawalawa and culture from elders. Datoga pour goat milk on the girls wounded area and have her drink goat blood and milk. For Maasai there were some similarities in the ceremony such as the involvement if goat milk and blood as well as singing and dancing. The main difference was the purpose and emotion during the ceremony. The six women interviewed indicated that Maasai people have traditionally practiced female genital mutilation (FGM) as a rite of passage, for marriage and to be ‘clean’. For this to occur myths have led communities to believe all female external genitalia is dirty and makes a woman not able to marry. Women who have previously practiced FGM reported that the day of the cutting many steps had to be taken to ensure everything went smoothly. “The girls’ mother had to hold her down, other mothers also held the girl down while I cut” (Maasai Participant 2). “Circumcision occurred inside so men didn’t see all the blood” (Maasai Participant 3). “Goat blood and meat was given to me to regain the blood I had lost” (Maasai Participant 4).

4.2.3 Health Effects
The Datoga respondents reported female circumcision (FGM) has not caused them any pain or complications after the procedure. Only a handful of the total 22 Datoga women described that FGM actually causes physical and emotional affects even if you don’t remember. One respondent in particular proposed the connection between body and mind in relation to FGM occurring at a young age. “Your mind might not remember but your body remembers” (Datoga
Participant 9). The experiences from Datoga women did not have a big verity. The response to describe your experience of FGM all related in zero to little affects and not considered a traumatic or rememberable event. “Painful but no effect” (Datoga Participant 10). Only few reported that the injury was painful or caused increase harm. “Very painful, would hear girls scream and cry for weeks” (Datoga Participant 11).

Maasai respondents had experienced negative health effects including extreme blood loss, pain during menstruation, birth complications, pain during and after sex, and depression. Three out of the four viscerally remember the day of the ceremony when they were 15 years old. “I knew the pain would be unbearable, and it was” (Maasai Participant 3). One of them does not recall because she was cut before two years of age, however she does remember the physical pain brought on as a young age due to FGM. “The cutting always occurs inside a house, so everyone won’t have to see the blood. My mother held me down while the elder cut me. I screamed in pain, thinking I wouldn’t make it. But I did. I was given goat blood and meat to regain what I had lost. Once I was able to stand days later, the whole village was singing and dancing” (Maasai Participant 1). One interview in particular stood out in the shear amount to detail and explanation of her narrative in relation to FGM. By including physiological and social affects that FGM has had on her and her family. “FGM caused me to have four stillbirths, endless infections, and constant pain. I finally gave birth to one girl but that wasn’t enough for my husband. He returned me to my family and that day I would make sure that my daughter would never have to go through that. I was a woman left behind in the old ways of life and my daughter will not be” (Maasai Participant 3).

4.3 Purpose of FGM
The second objective was to find the purpose or the root cause of FGM in Datoga and Maasai communities. The themes found included tradition, transition to adulthood, marriage, social acceptance, and lastly disease.

4.3.1 Tradition
All of the Datoga women within the two bomas’ categorized FGM as a tradition and without the practice it would be a disservice to elders and past generations. The handful of women who will
not continue the practice still believe that the purpose is due to the tradition even though they do not agree with it. “No reason for it, it’s a tradition that has to be kept because our parents passed down the practice” (Datoga Participant 17).

Maasai participants did not recall FGM as a tradition but a practice important for transitioning to adulthood, marriage, and social acceptance.

4.3.2 Transition to adulthood
Maasai uses female circumcision as a transition to adulthood, this is a reason for the ceremony and cutting to occur when a girl is between 14 or 16. “I was grown up” (Maasai Participant 1), “I became a woman that day” (Maasai Participant 4). Datoga respondents did not conclude FGM was for transition to adulthood.

4.3.3 Marriage
Maasai participants, shortly after the ceremony you become a woman, you will then be married. The intersected purpose of the transition to adulthood then to marriage reflects the results of the multipurpose of female circumcision. “I had to be cut to become a woman and a man would marry me” (Maasai Participant 1).

Some Datoga participants responded the purpose for FGM is more than a tradition but also for marriage and cleanliness. Other beliefs involved social acceptance and respect from everyone in the community. “Every girl has to be circumcised to get married, Datoga men only want cut girls” (Datoga Participant 10).

4.3.4 Social Acceptance
Maasai participants stated in order for FGM to continue people in the community use it as a social tool. “I used to believe, if you are not circumcised you are dirty” (Datoga Participant 7). The majority 5 out of the 6 Maasai women expressed they wanted to be cut to be accepted in their community and gain respect from fellow women. This also is common within the Datoga responses. There was a woman that was not circumcised included in the data, she had explained none of the other women know she is uncircumcised because if they know she would be shunned from the community. Another respondent explained how she was told to think about female
circumcision. “Growing up I was told if a girl isn’t circumcised, she will have too much sex” (Datoga Participant 8).

4.3.5 Disease
Out of the total Datoga women interviewed 50% reported that they are only circumcised because of a disease called lawalawa. The more asked about this disease it was found the cause is due to sanitary reasons and dirt getting in the genitalia. Many women also cut their daughters to prevent this disease with the fear that without FGM young girls will die from lawalawa. “Girls will die if we don’t cut because of lawalawa” (Datoga Participant 1). 80% of Datoga women continue to practice FGM to prevent lawalawa and to cure the disease in belief it is the only way.

4.4 Perception of FGM
The third specific objective is Datoga and Maasai perceptions of FGM. Three main themes were found including FGM as a positive practice, FGM as a negative practice, and possible solutions. Within the last theme possible solutions three sub-themes were identified governmental enforcement, education, and gender equality.

4.4.1 FGM as a positive or negative practice
None of the Maasai participants presented FGM as a positive practice. All 6 Maasai women disagree with FGM and believe more should be done to stop it. Expending on this topic, it was found that they believe the local and state government does not contribute enough to end FGM in rural communities. Exploring the roots of the practice the women presented that in their communities FGM was always to please a man for marriage and control women’s sexual desire. However, 72% of Datoga women agree with FGM and will continue the practice. The participants a part of the 72% believe cutting is the only cure for lawalawa as well as the obligation to continue the tradition. The other 28% of Datoga participants responded with FGM being a negative practice. “I will not continue; the clinic has a cure for lawalawa” (Datoga Participant 13). “There is no reason for female circumcision, doctors have a cure, and it is too harmful to continue it” (Datoga Participant 11). In total of all 28 participants the majority believe FGM is a positive practice, but this data can also be a limitation as explained in the discussion and limitation section.
4.4.3 Possible Solutions

4.4.3.1 Governmental Enforcement
Datoga respondents that will not continue FGM either were in fear of the government or had education about FGM at a nearby clinic. The women that were in fear of the government had been able to let go of the tradition and others will not do so. “Cutting is a tradition, but sometimes traditions need to change” (Datoga Participant 7).

4.4.3.2 Education
The Maasai women who have practiced female circumcision (FGM) on girls and women resulted in 33%. Both of them were the ‘elder cutters’ in their community and had respect because they continued the practice. Once each of them received an education through TEMBO Longido they had immediately stopped the practice. They then moved on to educate other mothers about the effects of FGM explaining why they had quieted the practice. “Extreme pain was normal; I just didn’t know any better” (Maasai Participant 2). For Datoga 32% received an education about FGM through a local clinic, half decided to try and educate other women the other half either continued the practice or did not educate others on the matter.

4.4.3.3 Gender Equality
Gender equality resets on a bigger aspect of FGM due to taboos, child marriage, and the usage or purpose for FGM. During Maasai interviews each of the participants brought up gender in relation to ending FGM. All the women had said the importance for accepting change even if gender inequalities are still presented within culture. “Sometime culture needs to change and I’m thankful it has” (Maasai Participant 2). “I don’t want a voice; God says men are first” (Maasai participant 1). Other women had a different perspective of gender, “I am a powerful women” (Maasai Participant 3).
Chapter V

5.0 Discussion

The aim of this study has been to narrate and understand lived experience, investigate the purpose of FGM and perspectives of select Maasai and Datoga women that have been influenced by female genital mutilation. Literature centered around FGM focuses on cultural factors, health effects and the overall picture of human rights. The discussion will explore six different journals of literature within the theme FGM to support the evidence found by each objective FGM experiences, purposes, and perceptions. The themes are not laid out within the discussion due to overlapping literature and the consistency without the themes.

5.1 FGM Experiences

Currently in areas where FGM is still prevalent the overall average age is under 2 years of age and the most common type I (UNFPA, 2016). The data collected in this study correlates with this finding as the majority of Datoga women undergone FGM under the age to 2 and all have type I. However, Maasai experienced type II or type III of FGM that involves total removal of all external genitalia which not common today. For this study, Maasai participants had the average age of 15 when undergoing FGM and marriage occurring within a year after.

A culture, health and sexuality journal found in its findings that in Maasai communities' circumcision is a rite of passage from childhood to adulthood (Van Bavel, et al., 2017). This is similar with results obtained from Maasai participants that the main purpose for FGM in Maasai communities is the rite of passage. The following quote mentions the importance of the ceremonies and the sheer number of emotions going on. Weather these emotions were excited about the rite of passage or concerned due to the effects, the participant shared the conflicting values of the tradition and the pain of FGM. “During the ceremonies I did think this (FGM) could be wrong because of how many young girls were getting sick and dying. I continued because there was no way out of the tradition” (Maasai Participant 4). Within all the respondents each of them either remembered the ceremony as an delightful event or have been proud to be a part of the ceremony. Although, as the tradition continued many young women
started to question the purpose for FGM other than to be married. This is seen in a FGM study by Magesa on how cultural factors influence people's perceptions at a young age (Magesa, 2023). The ceremony in both Maasai and Datoga held importance in the community, as generations pass this on there is low chances of a tradition changing. Magesa also concluded that as younger generations are required to attend school there are perceptions about circumcision changing unless they are cut before able to report in school.

Each of the Maasai respondents experienced pain during sex and more complications during birth. These health effects are common in FGM studies, for example a report from the Norwegian Knowledge Center for Health Services (2013) stated the outcomes of FGM especially types II and above causes pain during intercourse, less sexual satisfaction, birth complications and everyday genital pain as this is a highly sensitive area. There is not much research regarding the Datoga results with having little to no health effects, however this is likely due to the age FGM occurs and the type being less invasive. Nevertheless, Datoga acknowledge their experience with the processes, “pain is normal” (Datoga Participant 13). FGM causes pain and complications where women who have undergone FGM cannot physically bare the toll of sex and birthing complications (Van Bavel, et al., 2017). “I had to be cut again to deliver or I would have a stillbirth because I wouldn’t be able to give birth” (Maasai Participant 4). These health affects do connect to polygamy, and social structure because of the amount of sexual intercourse and the need for many children (Van Bavel, et al., 2017). One Maasai participant reported, men need to have a lot of wives for sex and children, and in order to do so, more than one women has to be involved. “My husband married more wife’s because I couldn’t sexually, please him” (Maasai Participant 5). The experience of FGM with Maasai and Datoga can be described as unsettling, traumatic and painful, yet these women have voiced their own narrative resulting in diverse answers with FGM being awful, normal, invasive to non-invasive. These experiences illustrate the importance of these experiences because each one is vailed in presenting the experiences’ of FGM.

5.2 Purpose of FGM

The purpose of FGM can vary depending on culture. In Tanzania Maasai have practiced FGM for the transition to adulthood, marriage, and social acceptance. However, the Datoga
communities have practiced FGM for the purpose of keeping the tradition and curing a disease called *lawalawa*. According to an FGM European Scientific Journal (2015) factors that encourage families to circumcise daughters is the ability to marry if cut. The study also discovered FGM is used to control sexual desires, the results in this study provide that some respondents reported female circumcision does lower sexual desire and pleasure. BMC public health (2015) reported gender-based factors including FGM could be deemed necessary in order for a girl to become a woman. Many other factors include the belief that female genitalia are dirty, unclean or need to be fixed, “It’s ugly and dirty” (Datoga Participant 14). Another purpose Datoga participants reported was a genital disease named *lawalawa*. According to Ali et al. (2012) the term *lawalawa* has been used to describe certain vaginal and urinary tract infections, the term started to appear soon after 1968 following the ban on FGM in the Arusha region. The journal captures *lawalawa* into a phenomenon, *lawalawa* occurs because sand and dirt is often used to clean small children’s bottoms. This can result in female children obtaining infections that can be accompanied by fever (Ali, et al., 2012). Datoga participants in this study reported that without circumcision girls will die from *lawalawa*, Ali et al. (2012) found the same results. *Lawalawa* is a genital infection and is curable if child is brought to the hospital (Ali et al., 2012). This can become a challenge in rural areas with the lack of access to hospitals and transportation. The results in this study and the others presented above have shown the purpose for FGM relies on tradition, culture, and disease. Because of these factors and strong believes FGM continues to be something many women face in their lifetime.

5.3 Perceptions of FGM

The results indicate that women who have undergone or practiced FGM in Maasai communities conclude FGM as a traumatic experience, however, their counterpart Datoga women concluded that FGM as normal and not a memorable experience. According to Van Bavel, et al., (2017) education has been the main tool for ending FGM but in rural communities it is difficult for girls to get an education These results conform to the findings of this study in which Maasai women explained their fight for education and finding alternative ways of passage in adulthood.

“Female circumcision is genital mutilation. Everyone even needs education on the matter” (Maasai Participant 4).
FGM is the center of the conversation however many factors are involved including history, tradition, and gender equality. The 6 Maasai women in this study described how FGM reflects the value of women in their society. Five of the respondents referred to men being of higher value and importance, mentioning the only purpose for a woman is to get married, have children and serve her husband. These findings explore the bigger picture of FGM in communities, as female circumcision is a rite of passage all the women were married shortly after the ceremony at 14 or 15 years of age. Only 1 participant had different values on gender, the rest of the women although except change believe that men are more powerful and have more control than women. Participant 3 opinions was extremely different in relation to gender, education and empowerment. “I am a powerful woman. I live for my daughter to see her finish school and choose to get married. All people are equal and should have the opportunity for education” (Maasai Participant 3).

The results in this study indicate that women who have an education on FGM oppose the practice, Datoga women who did not have an education through a clinic wanted to continue FGM. Therefore, community education and awareness could be an effusive way to reduce FGM in these areas. These perceptions relay on gender differences within culture and education (UNICEF, 2022). In 2022 UNICEF released a journal on the power of education to end FGM. With millions of women that have been subjected to FGM and a wide range of variations within experiences and perceptions they have found education influences behavior (UNICEF, 2022). With communities where circumcision is an important tradition education on female anatomy and the purposes for each area has changed perceptions on circumcision (UNICEF, 2022). This has provided the information that general knowledge on female genitals can make a difference in how women and young girls think about their body and perceive FGM.

6.0 Limitations

This study consists of some limitations. The first one includes the sample size of Maasai verses Datoga. The sample size was planned to be determined once the data saturation point was reached. This was true for Maasai participants, however since a few members of Datoga bomas were asked to be interviewed, they were expecting every woman in both of the bomas to be interviewed. This resulted in unbalanced data, therefore there were more data sets for Datoga
than Maasai. Another limitation was the language barrier, it was asked of the translator to translate as much a possible although some descriptions could have possibly been lost. For future studies it is recommended to community a clear number of participants and plan ahead of time for samples. An additional limitation lies within any social science study is the possibility of human altercation, meaning what the participant reports is not always 100% the truth. The last limitation is the lack of diverse perspectives from all genders and the lack of ability to dive into root causes of lawalawa or gender differences within these communities.

7.0 Conclusion and recommendations
Female genital mutilation has been practiced for centuries with multiple purposes and affects around the world. Africa, Asia, and the Middle East are currently involved in the practices. As countries like Tanzania have outlawed FGM, it is still common in the country because of lack of adequate education on FGM, sex, and female bodies and the inability to reach rural communities. The purpose of this phenomenological study was to narrate Maasai and Datoga experiences, purposes and perceptions of female genital mutilation. The results and discussion explored the findings where FGM is continuing to affect many women and young girls today. Weather past traumatic experiences or current health effects or altering a tradition to not get caught with the illegal practice; FGM is a complex issue involving sensitive emotions, tradition, culture, and gender equality. Gender equality can be used to describe a solution for FGM by connecting this practice to gender-based violence. However, this may discount traditional believes, the is a balance to be found. This balance is matching education to culture. Within the results education had a huge impact on weather participants were opposed to FGM. It is important to acknowledge FGM is seen as circumcision as well as not a negative practice. Because of this understanding from tradition and purpose for FGM is key to finding what is best for all.
For future studies it is recommended to focus on a wider sample size of Maasai and Datoga. Even involving more Tanzanian tribes and bigger sample size to receive diverse results and a place of action. For example, diving deeper into where lawalawa stems from in Datoga with a larger sample size and different areas of study. Another study could focus on the relation between FGM and education with involving all genders and different locations to see how education effects FGM.
Overall, future studies can always be beneficial to obtain knowledge about FGM and release personal experiences for the world to comprehend and understand. In order to advance in the eradication of FGM education needs to be accessible as well as an understanding of where people are coming from. This is important to reveal the complexity of FGM involving practice, experience, tradition, ceremony, respect, acceptance, health, education, power, and gender equality. This study addresses the difficulty of female genital mutilation with the acceptance of finding a solution is not simple. Female genital mutilation violates women to equality, life, security, dignity, and freedom, to change this education needs to spread continuously throughout Tanzania.
Nuts and bolts.

Project TEMBO (Tanzania Education Micro-Business Opportunity)
Paulina TEMBO director: +255 787 525 935
Tina Wetu TEMBO coordinator: +255 789 800 025
Janeth Laandare Translator: 0684434828

Mang’ola
Qang’ded Translator Pendo Samwel Gisuru: +255 752 880 145
### Work Plan
Table 1. Description of work plan throughout SIT Fall 2023.

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<th>October</th>
<th>November</th>
<th>December</th>
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# Budget

Table 2. Research Budget for a total of 8 days in Longido and Mang’ola Arusha, Tanzania.

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<th>Description</th>
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References


