PERCEPTIONS AND KNOWLEDGE ON FEMALE CIRCUMCISION. A CASE OF MERU WOMEN IN ARUMERU DISTRICT, ARUSHA. TANZANIA.

By

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A dissertation submitted in partial fulfilment of the requirements for the degree of master of public health of the University of Dar es salaam.

September 2001

CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by the University of Dar- es- Salaam a dissertation entitled PERCEPTIONS AND KNOWLEDGE ON FEMALE CIRCUMCISION. A CASE STUDY OF MERU WOMEN, ARUSHA, TANZANIA, in partial fulfilment of the requirements for the degree of Master of Public Health.

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Date 24-09-2001

DECLARATION

I hereby solemnly declare the following dissertation is my own original work, and that this dissertation has not been submitted for a similar degree in any other university.

Candidate's signature: _____

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It is acknowledged that any errors made in this work solely remain the responsibility of the author.

DEDICATION

I dedicate this work to my parents Mr. Michael August Kitambi and Mrs. Lucy Bahati Kitambi who provided me with a good education foundation, which brought me to where I am.

ABSTRACT

A cross-sectional study was conducted among Meru women aged 18 years and above in *Seela* and *Patandi* village in Arumeru district Arusha region, Tanzania from June-July 2001.

Perceptions and factors responsible for female circumcision were elicited using structured interviews and FGDs. The objective of the study was to investigate perception and knowledge on female circumcision among Meru women.

Major findings were as follows:-

- As many as 74.6% of respondents were circumcised.
- Cultural reasons were mentioned by majority of respondents (86.7%) to be responsible for the existence and continuation of the practice.
- While 51.7% of all respondents said parents do make decision for one to be circumcised, some parents did circumcise their daughters at a younger age (from six month) fearing that as they get older they may refuse to undergo the procedure. Some girls were reported to take self-initiative for circumcision following pressure from future husband as mentioned by 15% of the respondents.
- Forty two percent (42%) of all respondents reported that health effects following female circumcision occurred if cultural rules were not followed.
- Among all respondents, 42.5% had poor level of knowledge of health effects, 40.8% had moderate knowledge and 16.7% had good knowledge.
- Level of education, marital status and age had significant association with circumcision status, p-value <0.01, <0.01, and <0.05 respectively.

In Arumeru, female circumcision exists and is maintained through cultural reasons. It is reported by Meru women that, there are some men who still prefer marriage with circumcised women. Therefore girls are made to undergo female circumcision by their parents.

The study leads to the following recommendations, women should send their children to school at least to attain primary education, should be encouraged to deliver in the hospital, should be encouraged to send their daughter to hospital whenever they suspect they are suffering from *"lawalawa"* and teach their daughters useful cultural issues without circumcising them.

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ABBREVIATIONS:

DFID	Department of International Development.
FGM	Female Genital Mutilation.
FGDs	Focus Group Discussions.
HIV	Human Immunodeficiency Virus.
HAWACODA	Hanang Women counselling and Development.
IEC	Information Education Communication.
KIWADEA	Kilimanjaro Women Development Association.
MoH	Ministry of Health.
MPH	Masters in Public Health.
MUCHS	Muhimbili College of Health Sciences.
MWCSD	Ministry of Women Children Social Development.
NGO	Non Governmental Organisation.
NAFGM	Network Against Female Genital Mutilation.
OAU-	Organization of African Union.
TDHS	Tanzania Demographic Health Survey.
TBAs	Traditional Birth Attendants.
UNESCR	United Nation Economic and Social Council Resolution.
UNICEF	United Nation Children Fund.
UNFPA	United Nations Population Fund.
USA	United State of America.
UTI	Urinary Tract Infection.
WHO	World Health Organization.

DEFINITION OF TERMS TO BE USED IN THE TEXT: -

Female Circumcision - is a procedure, which involves partial or total removal of genitalia for cultural or any other non-therapeutic reason.

Social-cultural values with reference to circumcision is defined in this study as important aspects which are attached to the practice such as being an adult, being able to participate in adult decision making in the village, to get married.

Perception- is a tradition, beliefs and value to a certain practice.

Knowledge -Refers to how much respondents know about health effects of Female Circumcision.

Magnitudes of female circumcision- how many women are circumcised in the study sample.

Practice – habit of circumcision

Ngariba –traditional circumciser, most of them are old women.

Lawa lawa – is a disease, which is characterised by vaginal discharge.

CHAPTER 1.0
INTRODUCTION

BACKGROUND INFORMATION

All societies have norms of care and responsibilities, expectations and behaviour based on age, life stage, gender and social class. These norms are often reflected in traditional practices and beliefs, which they perceive to be beneficial, that others outside that community may perceive differently. There are health effects of particular traditional practices that have raised concern from health professionals due to their potential of causing harm. Knowledge of a potential association with ill health of certain traditional practise often gives rise to advocacy against the practise. Changing community's culture is difficult because of the values, and beliefs attached to that culture.

Female circumcision is one such practice that has existed for a long time in certain cultural groups and it has social and cultural values and beliefs attached to it. Several health effects of female circumcision have been alluded to and include bleeding, death, sepsis, urinary tract infection and labour complication (Toubia 1995; Darkenoo 1993). Advocacy against the practice of female circumcision has had minimum effect on the reduction of the practice.

Much effort has been made to stop female circumcision. These actions include several statements and resolutions that recommended an end to the practice. The actions include at the international level, the United Nation Economic and Social Council Resolution (1992), on traditional practices affecting the health of women

and children. WHO convened a technical-working group on female circumcision in Geneva, Switzerland to begin the process of developing standard and norms, (WHO, 1995). A joint statement on female genital cutting prepared by World Health organisation, UNICEF, and UNFPA, declared that the arguments against the practice are based upon universally recognized human rights standards, including the right to the highest attainable level of physical and mental health. (WHO, 1996). In 1997, there was the official launching of the Regional Plan of Action to accelerate the elimination of Female Genital Mutilation in Africa.

At country level, the efforts to stop female circumcision began within religious groups (churches), but with strong opposition from communities who did not see any reason to change their traditional norms and beliefs. In 1990 the Inter-African Committee opened a chapter in Dar es Salaam, Tanzania, which organized a massive sensitisation seminar in Dodoma in 1993 for decision makers, parliamentarians, religious and political leaders at the national level. There were also similar seminars involving leaders from all districts of the Dodoma region.

The Ministry of Community Development, Women Affairs and Children have an IEC kit that they have jointly worked on with support from UNFPA. The kit includes leaflets, posters and booklets. These are disseminated for use in areas of the country where female circumcision is mostly practiced.

Several international and local NGOs in Tanzania, have also been working towards eliminating female circumcision. In the Arusha region, Arumeru district, there are

NGOs working against female circumcision. These are the Hanang Women Counselling and Development (HAWACODA) together with Network against female circumcision. (NAFGM). It is the intention of the research to generate findings that will further inform the development of IEC materials.

CHAPTER 2.0
STATEMENT OF THE PROBLEM

Female circumcision is among the traditions that have drawn public health professionals because of what is perceived as health effects following female circumcision. It has been reported by Tanzania Demographic Health Surveys (1996), that 81% of all women who were studied in Arusha, were circumcised, however, the reasons driving to this practice merit investigations.

The health effects of female circumcision had been documented, (Toubia 1988; Daerkoo1993), these includes; blood loss, deaths, sepsis, urinary tract infection, labour complication etc. However, these effects need to be researched.

It has been reported that cultural and social values, attitudes and religious beliefs attached to female circumcision have been and continue to be a barrier towards stopping the practice, but there is no systematic way in understanding of the situation among the Meru's of Arumeru. There is also lack of knowledge of the barrier in interventions hence no target for criticisms on specific cultural values and attitudes that might maintain the practice and give room for the persistence of the practice to continue unchecked. There is there fore a need to explore the above barrier. The aim of this study is to explore the perceptions and knowledge on female circumcision among Meru women of Arusha region, Tanzania.

CHAPTER 3.0
RATIONALE:

Female circumcision is a traditional ritual, which has been in existence in many areas of the world for a long time. The people's social-cultural values, attitudes and beliefs attached to the practice may influence its existence. It has been reported by health professionals that there are health consequences, which could be associated with female circumcision since the health effects are common in areas where female circumcision is practiced. This has resulted in advocacy against the practice. In Tanzania, advocacy against Female Circumcision existed since 1979 and continues up to the present time. NGOs, religious groups provide advocacy training with local leaders, local community counselors, religious organizations and the media.

In order to clearly understand why the practice is still ongoing, advocates against the practice in Arumeru district need to understand the social and cultural values, attitudes and beliefs system that sustain the practice of female circumcision. The values, attitudes and beliefs, which may influence the practice of female circumcision, are currently unknown. For any initiatives or efforts to eliminate the practice in the district, there is a need to understand the context of the practice held by the individual, her family and the web of influences, which maintain this understanding.

Knowing the values, attitudes and beliefs attached to female circumcision and the community's perception on the effects of the practice in Arumeru district is important so as to suggest appropriate approaches to eliminate it. The community

will need to be aware on the effects of female circumcision. Acknowledging the effects of female circumcision will be the first stage towards changing behaviour.

CHAPTER 4.0

OBJECTIVES

Broad objective;

To explore perceptions and knowledge on female circumcision, among women in the Arumeru District, Arusha Region. Tanzania.

Specific objectives: -

1. To determine the magnitude of female circumcision.
2. To determine mean age at circumcision.
3. To explore social - cultural values attached to female circumcision.
4. To investigate perceptions on the health effects of female circumcision.

A TABLE OF OBJECTIVES, METHODS AND DATA COLLECTION TECHNIQUES:

NO.	OBJECTIVE	METHOD	DATA COLLECTION TECHNIQUE
1	To determine magnitude of female circumcision.	Quantitative	Interview using structured questionnaires.
2	To determine mean age at circumcision.	Quantitative	Interview using structured questionnaires.
3	To explore social cultural values, attached to female circumcision.	Quantitative. Qualitative	Interview using structured questionnaires. FGDs.
4	To investigate people's perception on the effects of female circumcision.	Quantitative Qualitative	Interview using structured questionnaires. FGDs.

CHAPTER 5.0
LITERATURE REVIEW:

Traditionally female circumcision is being practiced in different communities; hence the given meanings attached to it vary from one community to another. In Europe and the U.S.A, immigrants practice female circumcision, and in this setting the meanings attached to it are those of the original country. Anecdotal accounts suggest, however, a new emerging trend amongst female youth of these countries piercing their labia and wearing rings. It is not however; clear what meanings are attached to these practices.

In the Northern African countries -infibulation is less perceived as a problem, but is a badge of merit and identification. It moves the girls from childhood to adulthood and gives them the right to marriage (Hicks, 1988). Female circumcision is also a recognized method for controlling adolescent's pregnancies. The following quotation as quoted by Jeex, 1998 --is one such illustration.

> ... *"With clitoris you can easily be in the mood and you will itch to get a boy, but without a clitoris you don't easily become sexually aroused and it prevents girls from becoming pregnant at teenage". [(Jeex, 1997/1998)]*

The Darod of Somalia believe that if a woman's sexuality is not controlled, the family will be disgraced and the social structure of the tribe will degenerate, causing social disorder. Since the Darod women depend on having a husband, female circumcision has a significant role as it is only through experiencing the operative procedure that a girl becomes marriageable. Female circumcision among the Darod

is thus a method of ensuring women's subservience to men; of coercing women to accept a secondary position in the tribe (Jeex, (1997/1998).

This notion of female circumcision being a transition into womanhood, and bound to the honour of the family is also seen among the Sudanese, Nijats. There is also the belief that, if you circumcise your daughter, she can find a husband. Female circumcision in this cultural group is bound with belief of honour, shame and purity (Parker, 1995).

The Muslim of Kasena-Nankana district in Upper West of Ghana, perform what is called 'sunna circumcision' which implies it is recommended by Islam. This is also linked to the marriagebility of the girl though one can perform the practice after marriage. Another reason for practicing female circumcision in this region is breast development. Female circumcision is reported to be crucial for the feminisation of girls making it important to facilitate growth into adulthood. "The clitoris which is perceived as a male part of the female needs to be removed so as to make one a real woman" (Adogo *et al.*, 1998). The people of Kasena–Nankana also believe that female circumcision helps to reduce aggressiveness in the woman, which is said to be caused by the clitoris (Adogo *et al.*, 1998). In addition, it is reported that an uncircumcised woman will not be allowed to perform certain rituals expected of a daughter during the funeral of her mother or father and that, children that make contact with the clitoris during birth are destined to be stubborn and have no respect (Adogo *et al,* 1998).

In Kisii District of (Kenya) female circumcision makes a girl become an adult, marriageable, accessible for men and fertile. Through initiation ceremonies girls are taught to behave properly, be attentive to the husband's need, helpful to their in-laws and control to their sexual behaviour. Traditionally, girls are taught to control pregnancies by magic, that is, to make boys unable to get an erection. (Silberschmidt, 1999).

The experiences in the various countries in Africa show that the practice is not only wide spread but it is sanctioned by the community and the ramifications of not being circumcised have far reaching implications including that of rejection of ones position as a daughter in important cultural rituals, for example funerals of parents.

In Tanzania evidence shows that culture and traditions contributed to the practice of female circumcision. These are documented from cross-sectional studies conducted in two randomly selected wards in Moshi rural district of the Kilimanjaro region between August and September 1997. 150 women age 18-40years were randomly selected to participate in the study. Data was collected using a survey instrument and Focus Group Discussions (Chugulu, 2000). The aim of the study was to explore attitudes towards and beliefs surrounding FGM, also to explore the importance attached to the practice. It is reported that in Moshi rural district, culture and traditions are the main reasons for the practice of female circumcision as expressed by the following quotation

... *"If you are not circumcised you will not be accepted by husband or peer group."* ...

It is also a belief among villagers in Moshi rural district that, if a woman is not circumcised, she becomes wild, and her sexual urge is uncontrollable (Chugulu, 2000). It is reported that there was a man who married an uncircumcised woman, and she was allegedly forcing her husband to eventually sex with her, although the husband was tired. Her mother-in-law had to intervene and the man divorced his wife. Later the man married a circumcised woman and she was reported to be fine. There is also a belief that, babies born of women who are not circumcised will die (Chugulu, 2000).

Vidunda villagers of the Morogoro region also believe that female circumcision is a traditional culture of ancestors or forefathers, and lack of female circumcision can result into a person being seen as an outcast and not belonging to the Wavidunda ethnic group (Kiwasila, 1998). It is reported that the Wavidunda ethnic group normally remove the labia minora to ease penetration of the penis, hence ensure fertility. The labia minora among the Vidunda ethnic group is perceived to be 'bugs', or "fish fins" and hence unclean ugly flabby things that cause bad body odour in girls as well as to woman. Hygiene is perceived to be enhanced by their removal. They also believe that if one goes to bath in the river, with her labia minora intact, the fish in the river will pick the long flabby labia minora floating on water and may endanger the girl's life. It is also believed that the formation of warts and transmission of infections from uncircumcised mother to the child may also happen if one is not circumcised (Kiwasila 1998).

While most of the communities do female circumcision so as to control sexual arousal, the Masai people of Central/Northern Tanzania have different perceptions of a girl's virginity (Talle, 1988). It is culturally permitted for the young girls to have sex with unmarried male youths (*morani*). The removal of a young girl's *("ndito")* virginity (to make a hole) is said to be beneficial as the *Moran's* semen helps breast development. (Talle, 1988).

In Kilema village, Moshi rural (Massawe, 1983) reported that female circumcision is done just before marriage as a traditional pre-requisite for marriage. Those who are not circumcised, have to be circumcised after marriage, sometimes even if one is pregnant. In this village setting, female circumcision is necessary because it reportedly prevents diseases of the genitalia, diminishes sexual desire and ensures fertility. Furthermore, it is reported that women who are circumcised will give birth easily, without labour and pregnancy complications. The belief that women who are uncircumcised may cause bad happenings to the newborn or to the husband's family, makes it a necessity for the mother in laws or the husband's relatives to ensure that the practice has been performed to a young woman who is to be married. Another reason for female circumcision in this setting is for women not to appear like men.

In the Ndanda village, Mwanga district of Kilimanjaro region, female circumcision is mostly done at the younger age of 5-8 years. The reasons behind this practice, is reported to be conformity with tradition and customs that include, diminishing sexual desire of the circumcised girl, prevention of diseases of the genitalia and religious

reasons (Muslims) and also to appear like others who are already circumcised (Massawe, 1983).

Perceived heath effects of female circumcision have been documented but not much is known of the sexual and psychological effects (Toubia, 1995). Female circumcision is a man made condition, which has been reported to lead to potentially serious health problems (Toubia, 1995). Hrdy, 1987, pointed out that abnormal anatomy of mutilated vagina would predispose to numerous tears in the mucosa, absorption of secretions and viruses, hence increases the risk of HIV transmission but due to lack of empirical information especially in high endemic areas like the Sub Saharan African region it is not clear to what extent women who have been circumcised are at an increased risk of Human Immunodeficiency Virus (HIV) infection than those who have not been circumcised.

Toubia, 1995 had reported the possibility of immediate and long-term health effects. Immediate ones include bleeding and pain, while long-term complications are repeated urinary infections, stones in the urethra and bladder due to infections, kelloid formation (excessive growth of scar tissue) and cysts. The narrowing of the vaginal opening may cause sexual dysfunction in both partners. Pain during penetration makes it difficult for both partners to be relaxed, hence there is minimal sexual satisfaction, which may result in feelings of inadequacy, anxiety, depression, chronic irritability, frigidity, marital conflicts, conversion and psychotic reactions. Another immediate health effect reported is allergic reaction (Msuya, 1999). The long-term and immediate complications are less likely to be associated with female

circumcision, and likely to be interpreted as problems arising due to some tradition or other not being followed.

Very little has been done in Tanzania to explore perceived health effects of female circumcision and people's perceptions of potential health effects that will provide a platform for delivering heath educative messages. Only one study was retrieved that explored perceived health effects of female circumcision in Sierra Leone, that reported bleeding and pain were perceived to normal preparatory experience for childbearing among circumcised women (Koso-Thomas, 1987). The proposed study intends to explore amongst other things the perceived health effects of female circumcision. It is reported by Tanzania Demographic Health Survey (1996), that 81% of all women who were studied in Arusha were circumcised, however the reason driving to this practice were not explored especially among the Merus. It is for this reason this intended study is to be done in Arumeru district of the Arusha region, which is a high female circumcision practise area, with the view of getting the people's perceptions of the health consequences of female circumcision.

CHAPTER 6.0
METHODOLOGY

6.1 Study area

The study was conducted in Arumeru district, which is one of the seven districts of Arusha region. The district is situated in the northern part of Tanzania, along the slopes of Mount Meru. On the east it borders are the Kilimanjaro region and part of Tanga, on the western is Musoma and Singida regions, and to the south is Tanga and Dodoma regions. To the North it is bordered by Kenya. Arumeru district consists of 30 wards, 2 out of them are of mixed type (rural and urban) the rest are rural type. Each ward has a population ranging from 4,558 to 18,463 people.

Administratively the district is subdivided into 7 divisions, 30 wards. The District Commissioner is the top most leader, representing the Central government at the district level. He/she is assisted by one secretary in each division. There is a one district government, under the District Council. The leaders in the Council are categorised into executives and electoral leaders.

The executives are under the District Executive Director. The Ward Executive Officer and Village Executive Officer are the executive officers at ward and village level respectively.

The council Chairperson chairs the District Council. The councillors are elected by the people from respective ward and represent each ward in the Council.

Residents of this region are the Meru and Masai. The Masai are in the southern part while the Meru are in the northern part of Arumeru district. Masai are nomadic pastoralists. They keep large herds of cattle. Since they keep cows in big numbers, they concentrate more on their livestock than farming and their main food is milk and meat. Unlike Masai, Meru people concentrate more on farms; their major crops are maize and coffee. They are also good producers of tomatoes, banana, and green vegetables. Among traditions, which are practiced in Arumeru districts include: female circumcision and male circumcision.

Majority of Meru people are Christian though few Muslims are found there, but female circumcision is widely practiced respective of religious orientation. Arumeru district has a population of 321,825 (Bureau of Statistics Census, 1988) of whom 159,240 are males and 162,595 are females.

6.2 Target population: -

Women between 18 years and above were interviewed; this helped to get data from both, the young and old generation. This was a good range where different opinions from different age groups were extracted. Since one of the objectives is to investigate perception of effects of circumcision (including obstetric effects), a cut-off point of 18 years and above was chosen taking into account that at that age, most of the Arumeru women are married and have at least one child.

Study design: -

The study was cross sectional descriptive, carried out between June and July 2001.

6.3 Sample size: -

Sample size was 120 women estimated using the following formula:

$$N=\frac{Z^2(P(1-P)}{D^2}$$

Where,

P= estimated prevalence of female circumcision in Arusha (taken to be 81%).

Z= value of the standard normal distribution corresponding to the significance level taken to be 1.96.

D= Maximum likely error taken to be 7. 5%: -

$$N=\frac{(1.96)^2\ (0.81(1-0.81)}{(0.075)^2}=105$$

Assumption of 10% of the study population would not respond was made, then the needed sample size was: -

$$\frac{105}{0.9}=117\sim 120$$

The sample size used was 120 women.

6.4 Sampling technique: -

The Arumeru district has 30 wards; only 2 out of 30 are mixed type (rural and urban). Population in each ward varies from 4,558 (Oltrument ward) to 18,463 (Sokoni ward) and households from 800 to 3615.

Multistage sampling technique was used. Out of 7 districts of Arusha, Arumeru district was selected by simple random method. The wards that are situated in the northern part were identified with the assistance of district administrator. Two wards (Akheri and Singisi) were randomly selected. Then in each ward a list of villages was obtained from ward administrators from which one village was randomly selected. The two villages chosen were Patandi and Seela. In each village, a household visit was done under the assistance of the village chairman where every second house starting from the village office towards one direction was included. Women 18 years and above were informed and asked for their consent to participate in the study. They agreed to be interviewed; hence interviews were conducted until a total *number* of 60 women were obtained from each village.

Three FGDs were held. The first one was held with young women aged 18 – 24 years. It consisted of 8 participants. The second one was held with 8 women aged 50 years and above. The last FGD was held with 6 untrained TBAs and 2 circumcisers (*Ngaribas*). Purposive sampling methods were used for all three FGDs.

6.5 Data collection: -

Quantitative data was collected using a questionnaire whereas the qualitative data was collected using FGD guide:

Pre-testing: -

Pre-testing of questionnaires was done before the interviews to check for feasibility of the study, including application of the instrument and needed correction was made. The final version of the questionnaire is not shown in (annex II).

Pre-testing of the FGDs was also done.

Questionnaire

Quantitative data collection was done using questionnaires, which consisted of both closed ended and open-ended questions. The questionnaires were addressing the Socio-demographic characteristics; cultural values attached to female circumcision, perceived health effects of female circumcision, extent of knowledge of effects of female circumcision and also measured the attitudes attached to female circumcision. Attitude was measured using 10 statements; 5-supported circumcision and 5 did not support circumcision. Respondents were asked to say whether they totally agreed, agreed, totally disagreed or disagreed with the statements. A score of "4" was awarded to respondents who totally agree with a positive statement that supports circumcision. Those who agreed scored "3", those who disagreed scored "2" and those who totally disagreed scored "1". These were arranged in 4 columns. Unlike positive statements, respondents to the negative statements were awarded scores on the reverse of positive statements scores. The proportion of respondents under each score in the 4 columns besides each statement was calculated. The overall community's impression towards each statement was based on the column having the largest proportion of responders.

The extent of knowledge was measured by asking 13 statements that required the interviewee to respond whether true or false. A correct response scored "1" and a wrong response scored "0". Total score for each respondent was calculated. Total score of 0-4 was defined as poor extent of knowledge, 5-8 moderate extent of knowledge and 9-13 good extent of knowledge.

Focus Group Discussion

With the aid of FGDs' guidelines (annex I) the principal investigator facilitated the three FGDs. There was also a note taker (on recorder), and discussions were audio taped. Each FGD took a maximum of one and half hour. FGDs addressed the age at circumcision, social cultural values attached to female circumcision, perceptions of health effects of female circumcision and their opinions on continuation of the practice. There were three FGDs as follows: -

- One group of women aged 50 years and above.
- One groups of women aged 18 - 24 years.
- One group having 6 TBAs and 2 traditional circumcisers.

6.6 Personnel:

Two pre-trained research assistants did the interviews under the supervision of the principal investigator. They were selected from Arumeru district, and were females, one was a District nursing officer (DNO) the other one was a retired banker.

The research assistants had a three days training in Arumeru district hospital. The training involved introduction of the study objectives and use of the questionnaires during the data collection process to avoid inconsistencies.

6.7 Data management and quality control: -

Research assistants did maximum 6 interviews per day and name of interviewer was written in each questionnaire. There was daily quality check to ensure completeness of recorded answers. This was done in the field by reading through all the questionnaires. The interviews took 7 days.

6.8 Data analysis: -

Quantitative data: -

Open-ended questions' answers were coded before data entry into a computer.

After data coding, entry was done using EPI-INFO (Centre for disease Control and Prevention, Atlanta, GA, USA Statistical package). Frequencies were run to check for inconsistencies. Data cleaning was done following which analysis was done using the SPSS – Statistix (Analytical Software, Tallahassee, FL, USA) Statistical package. Chi square test (χ^2) and p-values were calculated to test for any associations between socio-demographic variables and variables related to social-cultural values, attitude attached to female circumcision and any perceived health effects of female circumcision.

Attitudes towards female circumcision were analysed according to the percent scored in each statement of the attitude scale.

Qualitative: -

Extended field notes from the FGDs were read through to generate open codes, which were then used to code the scripts. The coded materials were used to identify emerging themes. Content analysis was done. Similarities, dissimilarities and unique ideas from each group were identified. Data was then summarized, groups of ideas from the respondents were presented using quotations.

6.9 Ethical Considerations:

Ethical clearance was sought from the Ethical Clearance Committee of MUCHS, and authorities from regional and district administrator so as to get permission to go to the villages where data collection was done. Village administrators were briefly told about data collection. Every respondent was informed about the study objectives only verbally to avoid bias. Interviews were done in private rooms. No body was allowed to listen and interviewers ensured the interviewee confidentiality of the study. Research assistants were trained to remain impartial on what they were listening or to any reactions of the respondents as possible as they could in order to successfully collect information from the respondents' insiders' perspective.

6.10 Limitations:

It was difficult for the men to allow their wives to be interviewed privately, but after a brief and understandable explanation, they agreed on letting their wives/ women to be independently/interviewed freely. This made women feels free during the interview process. Since data collection was done during rainy season, not all the roads of Arumeru district were good enough to allow access to all areas. Few areas were reached with difficulties. This reduced smoothness of collection of data. The findings from this study cannot be generalised for the whole region and country.

CHAPTER 7.0

RESULTS

This section consists of two parts, results from questionnaire and results elicited through FGDs. Studied population includes 120 Meru women who were 18 years and above. Majority were Lutherans (73.4%), though there were other religions like Assembles of God, Amec and Muslims. Among all studied population women aged 18-24 years were 18.3%, while women whose age more than forty-five years were 36.7%.

7.1 Findings from the Questionnaire.

Table 1: Socio – Demographic Profile

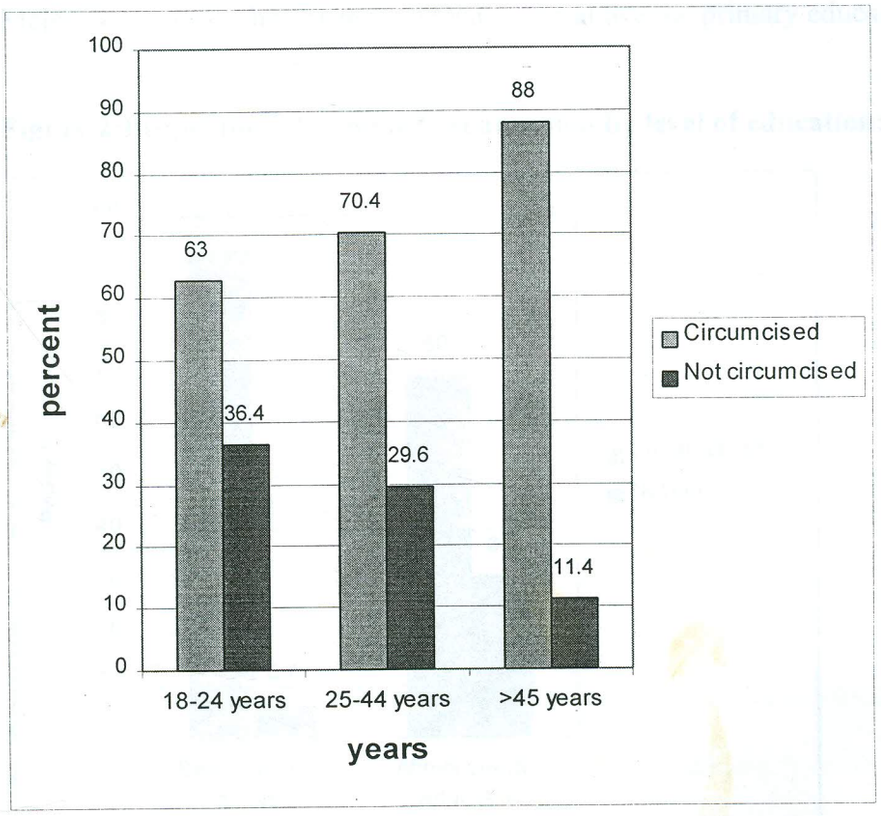
AGE	**n**	**%**
18-24 years	22	18.3
25-44 years	54	45
>45 years	44	36.7
Total	**120**	**100**
Marital status		
Monogamy	100	83.4
Polygamy	10	8.3
Single	10	8.3
Total	**120**	**100**
Religion		
Lutheran	88	73.4
Assembles of God	14	11.6
Islam	4	3.4
Amec	14	11.6
Total	**120**	**100**
Level of education		
Below primary school	33	27.5
Above primary school	87	72.5
Total	**120**	**100**

Among all respondents 110 were married and 10 were single. Those with children were 109, and minimum number of children was one. Majority were Lutherans 88, Assembles of God were 14, Muslims were 4 and 4 Amec of all respondents. Of all respondents 27.5% had below primary level education and 72.5 % had primary or above primary level of education.

Female circumcision status by age: -

Respondents where asked about their circumcision status. Figure number 1 below shows the percentage of females circumcised in different age groups.

Figure 1:
Proportion of Female reported to have been circumcised by Age



Overall a large proportion of females had been circumcised. Results indicate that 75.8% of the study population had undergone circumcision and only 24.2% were not circumcised. In addition, it was noted that elder women whose age are greater than 45 years had a higher prevalence compared to the younger age group. This difference between age groups was statistically significant (p value < 0.05).

Female circumcision status by level of education: -

Each respondent was asked about her level of education and whether she was circumcised or not. Education was categorised into 2 levels, i.e. below primary education and above primary education. The data is shown in figure number 2 below. Among all women interviewed, only 33 (27.5%) had lower than primary education and 87 (72.5%) had more than primary school education. (See table 1). Majority of women had primary education or above the primary education level.

Figure 2:Proportion of Female Circumcision by level of education:

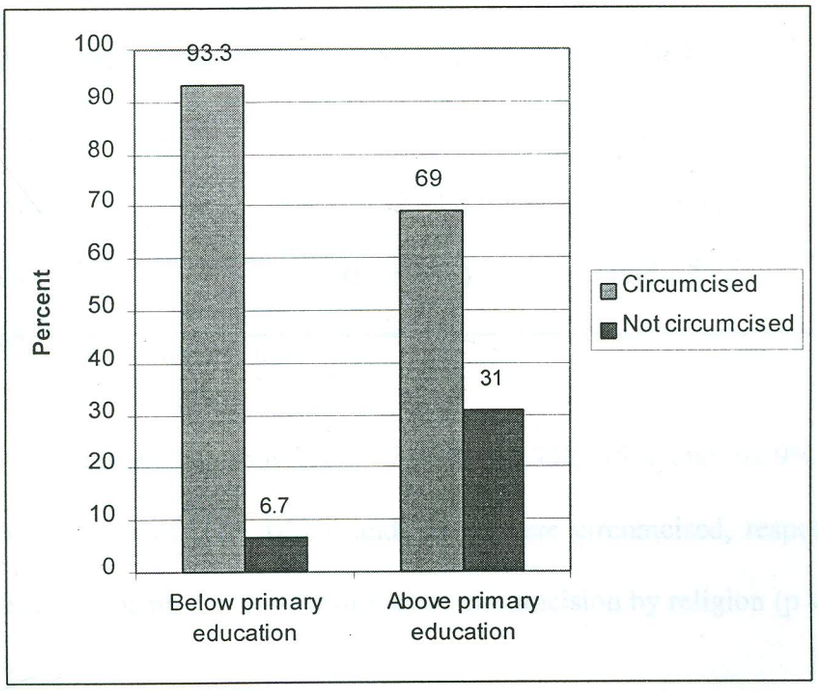


Figure number 2 shows that among those who had lower than primary school education, 93.3% were circumcised and 69% of all who had above primary school education were circumcised. The association of level of education and circumcision status was sought, and found to be highly significant (p value = < 0.01). A higher proportion of below primary school education had undergone circumcision.

Female circumcision status by religion: -

Each respondent was asked to which religion she belonged and circumcision status was determined. The results are shown in the table number 2 below.

Table 2:

Proportion of female circumcision by religion: -

Religion	Circumcised	Not circumcised	Total
Lutheran	63(71.5%)	25(28.5%)	88(100%)
Catholic	-	-	-
Assembles of God	12(85.7%)	2(14.3%)	14(100%)
Islam	3(75%)	1(25%)	4(100%)
Amec	13(92.9%)	1(7.1%)	14(100%)
Total	**91(75.8%)**	**29(24.2%)**	**120**

$X^2 = 3.83$, p value = 0.2809

Table number 2 shows that 71.4%, 85.7%, 75% and 92.9% of the Lutherans, Assemblies of God, Islam, and Amec were circumcised, respectively. This shows that there is no association of female circumcision by religion (p value > 0.05)

Female circumcision status by marriage relationship: -

Each respondent was asked whether she was married to a husband who had a single wife or more than one. The circumcision status was also determined. The proportions of marital status are shown in the table number 3 below.

Table 3:

Proportion of female circumcision by marital status

Marital status	Circumcised	Not circumcised	Total
Monogamy	**79(79%)**	**21(21%)**	**100(100%)**
Polygamy	10(100%)	0(0%)	10(100%)
Single	2(20%)	8(80%)	10(100%)
Total	**91(75.8%)**	**29(24.4%)**	**120**

Table number 3 shows that of 100 married women who were in monogamy relationship (79%) were circumcised and 21 (21%) were not circumcised. All 10 married women who were in polygamy relationship were circumcised. Majority of all single women were not circumcised.

Mean age at circumcision was calculated and found to be 14.5years and median age at circumcision was 16 years.

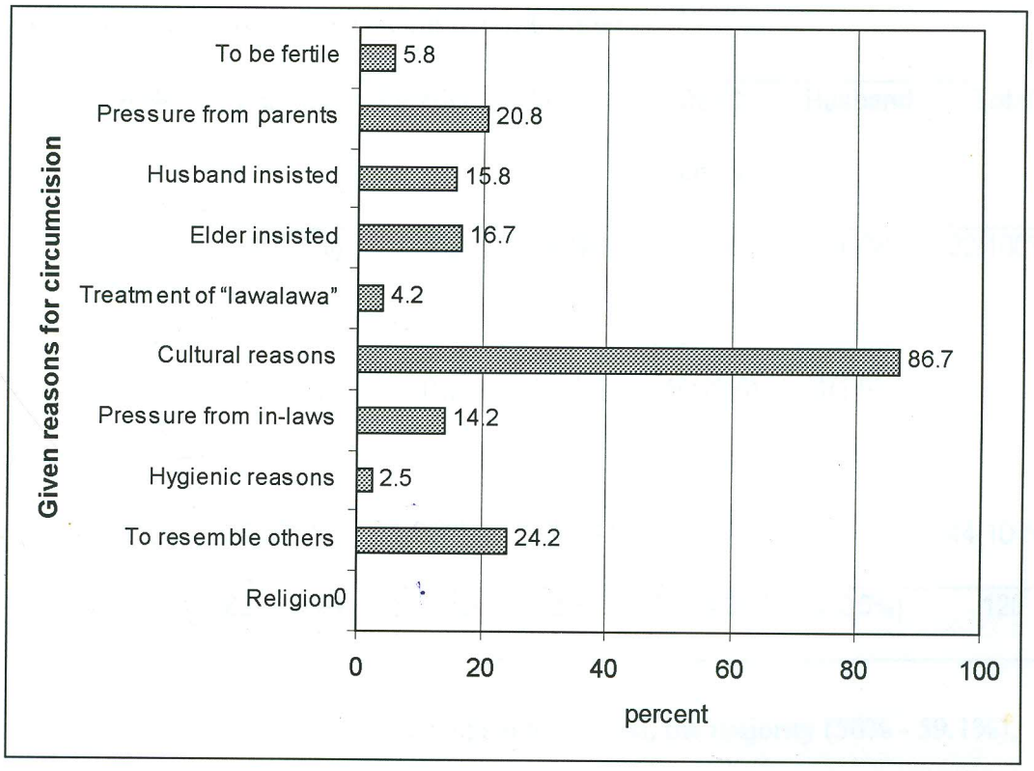
Social Cultural Values Of Female Circumcision

Given reasons for female circumcision

Respondents were asked what were the reasons for female circumcision.

The given reasons are shown in figure number 3

Figure 3: - Given reasons for Female Circumcision



The figure number 3 shows, that reasons for female circumcision given by the majority was cultural (86.7%) of all studied population. Only 24.2% of all studied population gave the reason that they have to resemble with others in the society. Of all respondents, 20.8% said it was pressure from parents. None of the respondent circumcision was done because of religious reason.

Decision for circumcision: -

Respondents were asked who makes decisions for one to be circumcised. The table number 4 below shows the age groups of the respondents and the respective responses.

Table 4: -

Who makes the decision for circumcision by age: -

Age	Myself	Parents	Relatives	In-laws	Don't know	Husband	Total
18-24yrars	1(4.5%)	13(59.1%)	0(0%)	0(0%)	8(36.4%)	0(0%)	22(100%)
25-44years	9(16.6%)	27(50%)	0(0%)	1(1.9%)	16(29.6)	1(1.9%)	54(100%)
>45years	12(27.3%)	22(50.0%)	1(2.3%)	2(4.5%)	5(11.4%)	2(4.5%)	44(100%)
Total	**22(18.3%)**	**62(51.7%)**	**1(0.8%)**	**3(2.5%)**	**29(24.2%)**	**3(2.5%)**	**120**

Table number 4 shows that all age groups interviewed, the majority (50% - 59.1%), said parents made decision for them to undergo circumcision, 18.3% said they themselves made decision. The 24.4% of all respondents did not know since were not circumcised.

Feelings after being circumcised: -

Participants were asked how they felt after being circumcised. The results are shown in the figure number 5 below.

Table 5:

Distribution of respondents on how they felt after being circumcised: -

No.	Feeling after being circumcised	Yes	No
1	Proud I am a real woman	42(38%)	74(62%)
2	Sense of belong ness to the clan	42(35%)	78(65%)
3	Embarrassed	6(5%)	114(95%)
4	Didn't make any difference	14(11%)	106(89%)
5	Be an adult	6(6%)	118(94%)

The table number 5 above shows that, most of the respondents said a sense of feeling proud following circumcision was the major feeling. Most of the respondents (95%), said there was no embarrassment after they are circumcised.

Advantages of female circumcision: -

Respondents were asked the advantages of female circumcision. Table number 6 below shows the advantages mentioned.

Table 6:

Distribution of respondents according to what they perceived as advantages of circumcision: -

	Advantages of female circumcision mentioned	Number	%
1	To get married	24	20%
2	Treatment of "*lawa lawa*"	5	4.1%
3	To become an adult.	2	1.7%
4	No advantages	74	61.7%
5	Non-respondents	15	12.5%
	Total	**120**	**100%**

Table number 6 above shows that, most of the respondents (70.5%) said there was no advantage of female circumcision. Some (4.8%) said circumcision was a treatment for *"lawa lawa"* Unfortunately 22.9% of all women reported that they were circumcised because they wanted to get married.

Attitude Towards Female Circumcision:

Respondents' attitude towards female circumcision: -

Respondents were asked whether they strongly agreed, agreed moderately, disagree moderately and disagreed strongly on given statements, of which 5 supported female circumcision and 5 didn't supported.

Table number 7 shows the different opinion statements and level of agreement by the respondents.

Table 7:

Respondents' attitude towards female circumcision: -32765 3 3 g'1 Y9 D o ' o 9 D

1. A wo an is not a true wo an unless she is circu cised +	21.6%	3.3%	17.6%	57.5%	100%
2. Men prefer uncircu cised wo en -	18.3%	10.8%	37.5%	33.4%	100%
3. Uncircu cised wo en will be pro iscuous. +	21.7%	6.7%	18.3%	53.3%	100%
4. ircu cised wo en have ore reproductive health proble s than uncircu cised wo en. -	38.4%	35.8%	10.0%	15.8%	100%
5. Misfortune befalls the fa ily of in-laws if a wo an is not circu cised.+	12.5%	2.5%	16.7%	68.3%	100%
6 Most wo en would not circu cise their daughter. -	20.8%	6.7%	11.7%	60.8%	100%
7. No an will arry an uncircu cised wo an. +	10.8%	10.0%	19.2%	60.0%	100%
8. Uncircu cised wo en en oy sex ore than circu cised. -	15.0%	34.2%	11.6%	39.2%	100%
9. ircu cised wo en are ore fertile than uncircu cised. +	3.3%	1.7%	11.7%	83.3%	100%
10. ircu cision is bad for a wo en's physical and ental health -	30.8%	37.5%	6.7%	25.0%	100%

Table number 7 above shows that, 57.5% disagree strongly that one cannot be a real woman without being circumcised. Only 18.3% of all studied women agreed strongly that 'men like uncircumcised women only'.

The statement 'uncircumcised women tend to be prostitutes' was strongly disagreed upon by 53.3% of all studied women and 68.3% strongly disagree that, misfortune will be in the family if the son married uncircumcised woman. In the above table also showed that only 20.8% of all studied population strongly agreed that, they would not want to circumcise their daughters. Of all studied women 60.0% didn't support the statement" no man marry uncircumcised woman."

Uncircumcised woman enjoy sex more than circumcised women was a statement strangely agreed upon by only 15% and 39.2% of all respondents totally disagreed.

Majority of women (83.3%) didn't support the statement "circumcised woman is more fertile than uncircumcised" and 30.8% supported that female circumcision can cause psychological and physical disorder of the women.

Uncircumcised women enjoy sex more than circumcised was strongly disagreed by 39.2%.

Continuation of female circumcision by age: -

Respondent were interviewed on whether the practice of female circumcision should continue or not. Table number 8 shows the different age groups and their response.

Table 8:

Respondents' opinion towards continuation of female circumcision by age: -

Age group	Respondents' opinion about continuation of the practice		Total
	Yes	No	
18-24 years	4(18.2%)	18 (81.8%)	22 (18.5%)
25-44 years	5 (9.4%)	48 (90.6%)	53 (44.2%)
>45 years	14(29.5%)	31 (70.5%).	45 (37.5%).
Total	**23 (18.5%)**	**97 (81.5%)**	**120**

Table number 8 above shows that 18.2% of all young aged women wanted the practice to continue and 29.5% of all old age wanted the practice to continue.

Reasons for health effects following female circumcision: -

Respondents were asked what are the reasons of health effects of female circumcision. Reasons given are shown in the table number 9 below.

Table 9: -

Proportion of respondents' perceived reasons for health effects following circumcision: -

Perceived reasons	Yes	No	Total
Not properly done	31(25.0%	89(75%)	120(100%)
Didn't follow the rules	50(41.7%	70(58.3%)	120(100%)
A girl had sex before circumcision	12(10%)	108(90%)	120(100%)
Others	21(17.5%)	99(82.5%)	120(100%)
Didn't obey her elder/grand mother was annoyed	18(15.0%)	102(85%)	120(100%)
Not properly fed nutritious food	5(4.2%)	115(95.8%)	120(100%)

Table number 9 shows that, 31 (25.0%) of all respondent agreed that health effects happened if women were not properly circumcised, 50 (41.7%) agreed that health effects happened if cultural rules were not followed, 12 (10%) agreed that if the girl had sex before circumcision, 18 (15.0%) agreed that the health effects happened if girl didn't obey her parents and 5 (4.2%) said if the girl was not properly fed.

Circumcision status and prolonged labour: -

All respondents (circumcised or uncircumcised) were asked if they had any history of prolonged labour. The results were as follows.

Table 10: -

Relationship between circumcision status and prolonged labour: -

Circumcision Status	Prolonged labour		N/A	Total
	Yes	No		
Yes	10(11%)	78(85.7%)	3(3.3%)	91 (75.8%)
No	1(3.4%)	20(69.0%)	8(27.6%)	29 (24.2%)
Total	**11(9.2%)**	**98(81%)**	**11(9.2%)**	**120(100%)**

Table number 10 shows that of all circumcised women 10 (11%) had history of prolonged labour, and 1(3.4%) of all uncircumcised had history of prolonged labour.

Circumcision status and blood transfusion: -

All study respondents were asked if there was any history of blood transfusion after delivery. The table number 11 shows the circumcision status and history of blood transfusion after delivery.

Table 11: -

Relationship between circumcision status and blood transfusion after delivery: -

Circumcision Status	Blood transfusion			
	Yes	No	N /A	Total
Yes	6(6.6%)	82(90.1%)	3(3.3%)	91 (75.8%)
No	1(3.4%)	20(69.0%)	8(27.6%)	29 (24.2%)
Total	**7(5.8%)**	**102(85%)**	**11(9.2%)**	**120(100%)**

Table number 11 above shows that, of all circumcised women 6 (6.6%) had a history of blood transfusion and of all uncircumcised only 1(3.4%) had a history of blood transfusion.

Circumcision status and fresh stillbirth: -

Each respondent was asked about any history of stillbirth. The answers are represented in the table number 12 below.

Table 12: -

Relationship between circumcision status and fresh stillbirth: -

Circumcision Status	Fresh stillbirth		N/A	Total
	Yes	No		
Yes	2(2.2%)	86(94.5%)	3(3.3%)	91(75.8%)
No	0(0%)	21(72.4%)	8(27.6%)	29(24.8%)
Total	**2(1.6%)**	**107(89.2%)**	**11(9.2%)**	**120**

The table number 12 above shows that of all uncircumcised women none had fresh stillbirth while 2(2.2%) of all circumcised had fresh stillbirth.

Circumcision status and pain during sexual intercourse: -

All respondents including circumcised and uncircumcised were asked if they experienced pain during sexual intercourse. Table number 14 shows the circumcision status and pain experience during sexual intercourse.

Table 13:

Experience of pain during sexual intercourse in relation to circumcision status:

Circumcision Status	Pain during sexual intercourse		Total
	Yes	No	
Yes	25(27.5%)	66(72.5%)	91(75.8%)
No	1(3.4%)	28 (96.6%)	29(24.2%)
Total	**26(21.7%)**	**94(78.3%)**	**120(100%)**

Table number 13 above indicates that of all women who were circumcised, 25 (27.5%) got pain during sexual intercourse and 66 (72.5%) were reported to have no pain during the act. Only 1 (3.4%) of all uncircumcised women got pain during sexual intercourse.

Crying during circumcision: -

Respondents were asked whether they cried or not during circumcision and age groups were determined.

Table 14:

Proportion of those who cried during circumcision according to age group: -

Age groups	Crying	Not crying	N/A	Total
18-24	5(22.7%)	7(31.8%)	10(45.5%)	22(18.3%)
25-44	8(14.8%)	30(55.6%)	16(29.6%)	54(45.0%)
>45	5(11.3%)	34(77.3%)	5(11.4%)	44(36.7%)
Total	**18(25.8%)**	**71(59.1%)**	**31(25.8%)**	**120(100%)**

$X^2 = 4.76$, p value <0.05

The table number 14 above indicates that majority of women (77.3%) who were more than 45 years of age did not cry at all when circumcised and younger age 18-24 years only 31.8% didn't cry at all. The association between age group and crying during circumcision is significant. The uncircumcised and those who were circumcised when where young, consisted of 31 (25.8%), these were not applicable.

Fear during circumcision: -

All participants were asked if they feared during circumcision. The responses are shown in the table number 15 below.

Table 15:

Relationship between age group and fear during circumcision: -

Age group	Fear	Not fear	N/A	Total
18-24	11(50%)	1(4.5%)	10(45.5%)	22(18.3%)
25-44	17 (31.5%)	20(37.%)	17(31.5%)	54(45.0%)
>45	21(47.7%)	17(38.7%)	6(13.6%)	44(36.7%)
Total	**49(40.9%)**	**38(31.7%)**	**33(27.5%)**	**120**

$X^2 = 7.73$ p value <0.05,

Table number 15 above indicates that in general 38 (31.7%) of all respondents didn't fear at all and 49(40.9%) did fear during circumcision. While 17 (38.6%) of all women age greater than 45 years didn't fear, only 1 (4.5%) of all young women 18-24 years didn't fear. The relationship between fear during circumcision and age group was significant.

Level of knowledge of health effects of female circumcision: -

The level of knowledge was assessed using a questionnaire, which comprised 13 statements related to knowledge of health effects following female circumcision. The scores were given to each respondent according to the answers. (See question 15a in annex II)

Table 16: -

Level of knowledge of health effects of female circumcision: -

SCORE	Percentage	Level of knowledge
0-4	51 (42.5%)	Poor knowledge
5-8	49 (40.8%)	Moderate knowledge
9-13	20 (16.7%)	Good knowledge
Total	**120 (100%)**	

Table number 16 above shows that, 51 (42.5%) had poor knowledge of health effects of female circumcision, 49 (40.8%) moderate knowledge and only 20 (16.7%) had good knowledge.

Alternative To Female Circumcision

Respondents were asked if they're any alternatives to female circumcision and 104 (86.75%) of all respondents said there was no alternative to female circumcision and only 16 (13.3%) said there were alternatives. Those who said there are alternatives to female circumcision were asked to mention the alternatives they thought about. The alternatives mentioned are in the table number 17 below.

Table 17:

Respondents' suggestion of alternatives to female circumcision: -

Alternative to female circumcision	Number	%
Teaching cultural issues without circumcision	12	75
Treatment of "*lawa lawa*"	3	18.8
Education about personal hygiene	1	6.2
Total	**16**	**100**

Table number 17 shows that, of all respondents who said there are alternatives to female circumcision, 12 (75%) said teaching cultural issues without circumcision, 3 (18.8%) said finding treatment of " *lawa lawa*" and only 1 (6.3%) said education about personal hygiene.

Reasons for persisting female circumcision: -

All respondents who said female circumcision couldn't stop were then asked what were the reasons for not stopping. The reasons for not stopping are shown in the table number18 below.

Table 18:

Respondents' reasons given as to why female circumcision is not stopping: -

Given reasons why female circumcision not stopping	Number	%
Cultural reasons	32	62.7
Circumcision is done underground	15	29.4
Payment of "*Ngariba*" (Traditional circumciser)	1	2
Men want circumcised women	1	2
Treatment of "*lawa lawa*"	2	3.9
Total	**51**	**100**

Table number 18 shows that of all respondents who said female circumcision couldn't stop 32 (62%) said it was because of cultural reasons, 15 (29.4%) said people are still doing it underground, 1 (2%) said "*Ngaribas*" are being paid, only 1 (2%) said it is because men want circumcised women and 2 (3.9%) said it is the treatment of "*lawa lawa*".

Level of education of respondents and their opinion of continuation of female circumcision: -

Opinion on whether the circumcision should continue or not was asked to all respondent and level of education was also determined. Responses according to level of education are shown in the table number 19 below.

Table 19:

Relationship between level of education of respondents and their opinion of continuation of female circumcision: -

	Continuation of the Practice		
Level of education	**YES**	**NO**	**Total**
Below primary education	13(39.4%)	20(60.6%)	33(100%)
Primary education and above	9(10.4%)	78(89.6%)	87(100%)
Total	**22 (18.5%)**	**97(81.5%)**	**120**

$X^2 = 13.48$ and p-value <0.01

The table number 19 above shows that of all respondents whose level of education was below primary education, 39.3% said the practice should continue and of all whose level of education was primary and above 31.8% wants the practice to continue.

The relationship between level of education and respondents' opinion of whether the practice should continue is significant. ($p< 0.01$).

Disadvantages of female circumcision: -

All respondents were asked to mention the disadvantages of female circumcision. The mentioned disadvantages are shown in the table number 20 below.

Table 20:

Respondents' perception on disadvantages of female circumcision: -

Perception of disadvantages of female circumcision	Number	%
No disadvantages	20	16.7
I don't know	44	36.7
Health effects	9	7.5
Unstable marriage	47	39.1
Total	**120**	**100**

Table number 20 above indicates that, majority of the all respondents 39.1%, said female circumcision was the cause of unstable marriage and 36.7% of all respondents didn't know the disadvantages of female circumcision. Only 7.5% of all respondents said female circumcision could cause health effects.

Summary of Information Elicited Through Questionnaire:

Prevalence of female circumcision among respondents is 75.8% and the average age at circumcision is 15years. The associations of female circumcision and age group, level of education, and marital status is significant. There is no association between religion and female circumcision. (p value =0.28). [Refer Tab2]

Majority of the Meru women are Lutherans, (73.3%)

Reasons given for female circumcision were cultural reasons (86.7%) and to resemble others (24.2%). Of all respondents, 51.7% said parents did make decision for their daughters to be circumcised. [Refer Tab 4] The advantage mentioned includes marriageable (22.9%), high proportion (70.5 %) said none [refer Table.6]. Results also showed that it was very important for the girls not to cry, 59.2% of all respondents said they didn't cry at all during circumcision, and only 15% did cry. None applicable included uncircumcised and those who were circumcised when were young. [Refer Tab. 14]

Results shows that generally Meru women have negative attitude towards female circumcision. This is because 57.5% disagree strongly that one cannot be a real woman without being circumcised. Circumcised women are more fertile than uncircumcised was totally disagreed by 83.3% of all respondents, and 68.3% of all respondents totally disagree with the statement of misfortune befalls the family of in-laws if a woman is not circumcised. Majority (53.3%) of all respondents totally disagree that uncircumcised women will be promiscuous. [Refer Tab no 7]

Perceived reasons for health effects of female circumcision were default of cultural rules (41.7%), and 25% of all respondents associated health effects with poor performance of procedure. [Refer Table 9]

The results showed that, only 18.5% of all respondents wanted the practice to continue and off all who wanted the practice to continue, only 18.2% of these were young women aged 18-24 years. Refer Tab no 8].

7.2 Information Elicited Through Focus Group Discussions

Social-demographic characteristics of the participants: -

Three Focus group discussions were conducted, which consists of 3 categories of women. One group was among older women 50 years and above, this group consisted of 10 women, all of them were married having children and grandchildren. All of them were peasants none of them had been employed. Six of them belong to Amec and 4 were Lutherans. The other Focus Group Discussion was with 6 Traditional Birth Attendants (TBA) (untrained) together with 2 traditional circumcisers (most of traditional circumciser are also TBAs). In this group there were 8 participants, with ages 50-60 years. There was no specific pay for their work except for some presents after assisting labour. All of them are married; having children and were all Lutherans. One the *"Ngaribas"* was very old 70 years the other one was 60 years. The one who was 60 years was pagan, was married and had children. The one, who was 60 years old, was a Lutheran, and she is also married and has children. Unlike TBAs the "*Ngaribas*" are not concentrating on farming because they are occupied with the work of circumcising girls. In the past they used to be very busy, they could circumcise 50 girls a day, and the cost was about 500/= Tanzanian shillings a day. The last FGD consisted of 6 participants, young women, from 18 years up to 24 years. Most of them were Lutherans except one was ~~served~~ saved, belonged to the Assembles of God. Five of them were primary school lever a and one was a form four leaver. The one who was a form four lever, was not married and was staying with her parents, while the rest were simple peasants. The rest were married having 2-4 children.

Practice of female circumcision: -

All three categories of women mentioned that female circumcision is the only traditional culture in Arumeru district though nowadays not all parents do circumcise their daughters. The reason of not circumcising their daughters given was that, it was not allowed by the government, and religious groups especially Christianity. The other reason given was some of young girls refused to be circumcised. One of the participants said: -

> *"If you tell them to go for circumcision they refuse and say that is an outdated fashion, and can cause problems. They tell you that not all men want circumcised girls there are some who want uncircumcised girls".*

Source FGD:-Old women 50 years and above.

This indicates that though the practice is still at the higher levels in the region, there is change occurring among its younger female members. However for majority of girls when they are 15 years old or after menarche, parents will organise a circumcision ceremony. These were normally performed during the harvesting season so that there was plenty of food, but nowadays such ceremonies do not exist because the government does not allow female circumcision. If such a ceremony is done, it will be known that female circumcision has taken place in which case the responsible person will be charged. What is happening nowadays is that parents send daughter to *"Ngariba"* (traditional circumciser) or some of the girls go on their own even if they don't have money, they will do temporary jobs in the coffee farms so as

to get 4,000/= Tanzanian shillings and go for circumcision. One of the young women said:

> *"Most of her age mates will be laughing at her or if a future husband insisted she will go even if she doesn't have money, she will pick coffee at coffee farms until she get 4,000/= Tanzanian shillings the fee demanded by "Ngariba" (traditional circumciser). Some of the girls don't tell their parents since some of them are against female circumcision. However some do tell their parents after being circumcised and all necessary traditional rituals will be done like slaughtering a sheep, feeding the girl properly, providing some local brew and the girl will be excused from work".*

Source FGD: young women 18-24 years.

When they were asked if it is possible for neighbours not to know, one respondent said: -

> *"If a guest comes the girl will come in the kitchen pretending to do some work or sometime some of the neighbours know but they don't report of the incident since their daughters did the same thing".*

Source FGD: Young women 18-24 years.

The cultural values of female circumcision: -

The cultural values, which were mentioned by all groups, were the same, though there were some women especially young ones who didn't support all those values. Some of the young women supported that the only treatment of "*lawa lawa*"(vaginal discharge) was female circumcision while other young women said "*lawa lawa*" can be treated in the hospital and can be avoided by proper personal hygiene. One of the old lady said: -

"My neighbour had that disease (lawa lawa) she went to hospital but there was no relief, her husband took her even to KCMC but still there was no relief. We had to tell her that she is wasting her time the only treatment for "lawa lawa" is circumcision. This was done and after which she became okay".

Source FGD: TBAs and traditional circumcisers (Ngariba).

The values include the girl will be marriageable because men believe that circumcised woman are good, her sexual desire will be diminished and she will not have any extra marital relationships. This value is still strongly believed by some of the Meru men, that is why they insist their future wives to be circumcised. Another value is to become an adult, that is, after circumcision you can be recognised by elders that you are a grown up person, hence you are allowed to take part in their discussions and your age mates will not call you "*laiyon*" (somebody who is not circumcised). Though a common belief, some of the young women didn't support this, one of them said: -

"I am not circumcised but I am married and have 4 children. It is only my husband and I who know that I am not circumcised. My mother in law and the rest don't know but my husband is fine with me. Diminishing somebody's, sexual desire is not proper. Men enjoy sex more with uncircumcised women. Most of our women are married just for taking care of their husband's place including livestock and farms, having babies and not enjoying sex like others do".

Source FGD: Young women 18-24 years.

Attitude towards female circumcision: -

Most of the respondents insisted that female circumcision was beneficial since it was accompanied with teaching. Before, old women stayed with the circumcised girl and taught her some very important cultural related issues, which helped the girl in the future. These include how to get a good husband, how to stay with husband, how to behave after being circumcised, how to talk since she is now a grown up somebody, how to respect in-laws so that she will not be sent back by her husband because of bad manners, etc. Some women were sad that, their daughters would not get those good teachings, which were important in their life, since the government banned circumcision. One woman said that: -

> *"Most of our daughters are behaving strangely, they start affairs very early because they think to get a future husband is to agree with what ever he tells you. Some have affairs with older men than themselves. Some of men even sodomise our daughters but since the daughters were not taught cultural related issues, they will agree thinking that all men are doing the same, taking into consideration men will be giving them some small presents".*

Source FGD: - Old women 50 years and above.

When asked why mothers don't teach their daughters about cultural related issues, another woman said: -

> *"It is not possible for the mother to tell her daughter, that is not our tradition even those aunts and grandmothers will not agree to come and teach your daughter without a ceremony. Without the girl being circumcised, she can't understand what she is taught. Since the government stopped the practice what could we do? We leave it like that but it is necessary for our daughters to learn the necessary cultural related issues. If your daughter will be sent back from her husband you will regret and say I wish I had circumcised her that, she would have been taught though some of these issues".*

Source FGD: - Women 50 years and above.

Some young women commented on the above statement and said: -

> *"I think those things can be taught without one being circumcised and one can understand. I suggest those things should be taught in the schools for older pupils without necessarily being circumcised, alternatively even mothers can talk to their daughters after menarche".*

Source FGD: - Young women 18-24 years.

Perceived health effects of female circumcision: -

Immediate health effects: -

When respondents were asked about immediate side effects of female circumcision, they agreed that they could happen but very rarely since most of them were circumcised and had no health effects. It is believed that going for circumcision

without elders being informed, one gets problems if they get annoyed. When asked why this happens, the explanation was " Parents may forget to tell all the necessary people. Nowadays there is fear of not been allowed to get circumcised if parents are told of the event, which they will be taken to task for. One of the participant explained: -

"After being circumcised if bleeding doesn't stop parents have to rush look for the elders or other relatives where ever they are to find out if any of them was annoyed. If the one annoyed is found, he or she will be taken home shake hands with the circumcised lady and it is believed that the bleeding will stop or the wound will heal. (Shaking hand, is a sign of forgiving or sometime he/she drinks milk without swallowing and spits it again to the same cup so that the girl is given to drink that milk)".

Source FGD: - Old women 50 years and above.

This culture was also not supported by some of the young women who believed that all those health effect were associated with the cutting. They also believe one can get HIV because of sharing of the instruments. This was denied by one of the young women, who said: -

"Every girl has her own blade and after cutting the "Ngariba" will throw the blade in her dust bin. There is no sharing of blades".

Source FGD: - Young women 18-24 years.

When respondents were asked about long-term complications like labour complications they said they are all circumcised but they delivered their babies smoothly without any complications. They said that they heard that one could get tear because of circumcision. One "*Ngariba*" said that, she had been assisting labour for many years and all that came to me delivered smoothly but if uncircumcised woman came to her, she told her to go to hospital. She said: -

"I can't assist labour to an uncircumcised woman because the labia will obstruct the baby when coming out, I normally tell them to go to hospital".

Source FGD: - TBAs and Traditional circumciser.

Alternative to the practice: -

When respondents were asked if there is any alternative to the practice, some said "nothing", but young women (not all) said, teaching cultural related issues without circumcising girls.

When they were asked if the female circumcision should continue, they said; "there is no need since our daughters are saying it is an old fashioned culture and has no advantages since men are marrying uncircumcised women except for some few who insisted on circumcision. One of the women commented that: -

"We heard that men like uncircumcised women because they are ready all the time but the circumcised ones are not always ready. We were told this is the reason why men go for uncircumcised women since they enjoy more than when circumcised women."

Source FGD: - Old women 50 years and above.

Summary of information elicited through FGDs: -

Female circumcision is a traditional culture among the Merus. Girls were circumcised at the age of 15 years, during harvesting season. In most cases parents decided for the girl to be circumcised, though sometimes girls initiated by asking their parents for permission.

Female circumcision was an important traditional culture in this community. The reason behind include being marriageable, it was believed that, a woman has to be circumcised so as to reduce sexual desire, which helps reduce extra marital relationship. Since it was compulsory for all women to be circumcised, age mates' isolated uncircumcised women, they called them "*laiyon*" and would not be married. Men were regarded as superior and head of the house that is why were circumcised outside house. Women were circumcised inside house because they are inferior to men.

Some of the participants had negative attitude towards female circumcision. Reasons given were; it can cause death, bleeding, one can get HIV and one experiences severe pain during circumcision. Other participants had positive attitude towards female circumcision, since it is accompanied with teaching some very important cultural issues.

According to them, the cutting is not painful and it is very rare to get complications after circumcision.

Health effects were associated with improper cutting or use of unsterile instruments, but some associated cutting with default of cultural rules like one being annoyed because was not invited in the circumcision ceremony. If that happened the person has to be found and asked to forgive, after forgiveness the bleeding stopped and wound healed.

Most of the participants didn't want the practice to continue because they didn't see the advantages of it. There were some who still insisting on female circumcision. This is because girls were being taught some important cultural issues in life and they were sad that nowadays there was no more teaching since there are no circumcision ceremonies.

CHAPTER 8.0
DISCUSSION

Perceptions on female circumcision were obtained using both quantitative and qualitative methods.

The results showed that mean age at circumcision was 14.6 years, same as what was elicited through FGDs. At this age most of the girls are matured enough and had finished standard seven so that they have enough time to stay inside after the procedure. This is the same as what was found in Vidunda, (Kiwasila, 1998) but it is different from the study conducted in Kilema (Massawe, 1983), where age at circumcision was a little higher (18-20years), and that women in this area were circumcised just before marriage, as prerequisite for marriage. It is also different in Islamic ethinic groups like Darood community where age at circumcision was 6-8 years (Jeex, 1998) and Usangi where age at circumcision was 8 years. (Massawe, 1983). This shows that in Islamic ethnic groups, circumcision is done earlier compared to Christian communities.

Prevalence of female circumcision in Arumeru was found to be 75.8%, which was slightly lower compared to the overall prevalence of female circumcision in Arusha region, which is 81.4%, and is higher than the national figure (TDHS 1996). The higher prevalence shows how this culture was important to the Meru community. The same information was extracted from all three FGDs that, female circumcision was compulsory to every Meru woman and almost all were circumcised. The high prevalence indicates that there are people who still believe in their culture, hence more efforts are needed to change their long-standing beliefs in their culture.

Prevalence of female circumcision among elder women was significantly higher compared to younger age. Women more than 45 years had prevalence of 88%. [Refer figure1]. The prevalence among the younger age groups was higher than the national figure for the respective age group in Tanzania (that is 14%), hence more efforts should be based on educating Meru parents the disadvantages of circumcising their daughters. When comparing prevalence of all age groups, the younger the age group the lower the prevalence. This is the same as what was elicited through FGDs; majority of young women didn't support the cultural values of female circumcision and didn't see the advantages of the practice. Advocacy against female circumcision should be continuous so that the new generations will not be influenced by the existing culture, and should be also in schools where there will be no interference by elder women who insist on the culture.

The prevalence also varied significantly with the level of education. It was 93.3% for those whose level of education was below primary education. It was 61.8% among those whose level of education was primary education and above. [Refer figure2]. Education is there fore a crucial element in reducing prevalence of female circumcision, since the educated ones can easily understand that, female circumcision can cause health effects. Another reason is that, if girls do go to schools, they interrupt with girls from different parts of Tanzania, this helps them to find out that circumcision is not necessary in life.

In this context, most of the religious groups are against female circumcision, with exception of Moslems as found in Usangi (Massawe, 1983) and also in Kasena Nankana in Upper West of Ghana where they perform "sunna" as recommended by the Islamic religion (Adogo et al, 1998), yet there was no significant difference in prevalence of

female circumcision among the different religions found in the study area. (p-value >0.05). [Refer tab2]. Hence religious groups with exceptions of Muslims should find another way of educating women that female circumcision is not necessary.

While monogamous couples had a prevalence of 79%, polygamous and singles had a prevalence of 100% and 20% respectively. [Refer table 3]. This shows how important is circumcision for one to get married. There fore parents were still forcing their daughters to be circumcised because if they were not circumcised no body was going to marry them and unmarried ones would cause an extra expenses to the family, unlike the married one, since parents will not take care of them. The importance of circumcision for one to get married is similar to what was encountered in other studies (Kiwasila, 1998; Thomas, 1988; Adogo et al, 1998; Massawe, 1983; Chugulu, 1999; and Silberschmidt, 1999).

Unlike the reasons given for undertaking female circumcision in different studies including "hygiene" (Kiwasila, 1998), "to become an adult (Talle, 1988; Hicks, 1988; Parker, 1995 and Silberschmidt, 1999), in this study "cultural reasons" were considered by majority of respondents (86.7%) which is consistent with information given by the late Kenyatta (1938), and other studies (Massawe, 1983, Mitzlaff, 1988, Talle, 1988; Kiwasila, 1998; Chugulu, 1999; Silberschmidt 1999) followed by "to resemble others". This shows that since it is their culture, which had existed since long time ago, changing their culture will need time.

In this society, majority of respondents (70.5%) said circumcision had no any advantage [Refer Tab. 6]. However, only 22% of respondents were of the view that one becomes

marriageable if she is circumcised, whereas 4.8% considered female circumcision useful in the treatment of "*lawa lawa*" which is different from what

Doctor Isaac Brown Baker (1866) who claimed that, the success in treating epilepsy and other nervous disorder in female patients is by excising their clitoris. Only 1.9% considered it a symbol to 'become an adult'. [Refer Tab. 6] This shows that many women do undergo circumcision without knowing the advantages. Probably their parents or future husbands force most of them although only a small proportion (20.8%) agreed that parents insisted them to be circumcised, and 15% agreed that their husbands insisted. Only 4.2% gave reason of treatment of *lawa lawa*. [Refer Figure 3] This implies that educating parents and husbands or the male population who are the future husbands will help to reduce prevalence of circumcision among the Merus, and creating awareness to this community that, "*lawa lawa*" can be treated in the hospital. The above information was complimented with the information extracted from FGDs that, "*lawa lawa*" is a new disease in this society and it affects all age groups, from young girls to old people. The mentioned treatment of the disease was only circumcision. Marriageability and not to be isolated by age mates was also mentioned as one of the advantages of female circumcision.

One of the cultural values attached to female circumcision was marriageability and sense of belonging to the clan (Kiwasila, 1998; Ahlberg, 1988). This has been supported by the result of this study in which 38% of all women interviewed agreed that, they were proud after undergoing circumcision and 35% of all women agreed that they felt sense of belonging to the clan after pursuing circumcision. [Refer Tab 5] Being an adult meant you are now qualified for marriage and that you can get a husband anytime.

Despite being a painful act, 59.2% of the respondents said that they did not cry at all during circumcision. This is similar to what Silberschmidt (1999) observed. On the other hand, 31.7% of the respondents said that they were not afraid when undergoing circumcision, while 24.2% were afraid to a small extent. High tolerance, which is evident by not crying, carries a lot of cultural importance. It is believed that if a woman is able to tolerate pain, she has higher chances of getting married whereas if one cries she has lower chances of getting married. This shows that the courage was built as a norm since their childhood, hence women were made to understand that circumcision was a good thing and not painful thus helping them not to fear. Same as what was elicited through FGDs.

Of all respondents, 41.7% agreed that health complications occur because of not following the cultural rules, which require the parents of the girl not to have sex after circumcision of their daughter until the wound heals, and to inform/ invite all her relatives including the grandmother, aunts and uncles to the circumcision ceremony. Similar observations were made by Kiwasila (1998). The above information was the same, as what was elicited through FGDs, except that some of the young women did not believe in that. Toubia (1995), Hrdy (1987) and Msuya (1999) associated the health effects with the cutting or use of unsterile instruments.

Only 25.0% of the respondents said that, complications happen if the cutting is not done properly. [Refer Tab. 19]. This is the same as what Hosken (1989) and Brandy (1999) reported. This shows that majority of people have poor perceptions of why health effects occur. Therefore, interventions aiming at stopping female circumcision should involve changing their wrong perceptions of health effects. Knowledge of health effects of

female circumcision among Merus is low since only 16.7% of the respondents had good knowledge. [Refer Tab. 16]. More efforts are required in making people aware of health effects of female circumcision and should be undertaken for a considerable period until the envisaged behaviour change takes place.

Though, circumcised mothers had more episodes of fresh stillbirths (5.5%) in comparison to uncircumcised women who had none, [refer tab 12] causes of fresh stillbirths could not be established from the respondents. The participants of FGDs (women old age 50 years and above) said that, they all delivered babies and there were no problems but they heard one can get perineal tear during delivery if circumcised. The cause of stillbirth could be associated with circumcision since among uncircumcised no one had history of stillbirth though causes of stillbirths should be well established

Results showed that of all respondents only 18.5% want the practice to continue [Refer Tab. 8]. When asked whether they would like the practice to continue, only 18.2% of respondents aged 18-24 years and 29.5% of those more than 45 years were in favour of the practice (p-value < 0.05)[Refer Tab. 8]. This indicates that young women are not in favour of the practice as compared to elder people. This shows that, most of the younger people do not want the practice to continue, and those who are circumcised could be because of the pressure from the parents. This is the same as what was elicited through FGDs, they didn't want the practice to continue because they didn't see the advantages of it, and they thought one could get HIV or any other infection and one gets pain for nothing.

CHAPTER 9.0
CONCLUSION AND RECOMMENDATIONS

In Meru, female circumcision has cultural reasons including the prestige that you are a real woman especially if you did not cry at all. Cultural values of female circumcision include to be able to get married and resemblance to others hence avoiding being isolated by others and that it is considered useful in the treatment of a disease "*lawa lawa*" among female children during their early childhood.

In the past circumcision were accompanied with big ceremonies, during which circumcised girls were taught some useful cultural issues by grandmothers and aunts.

Mean age at circumcision is 14.6 years after menarche after experiencing some signs of maturity. Age at circumcision has changed, there were some who were circumcised at young age (from six month) the reasons behind were treatment of "*lawa lawa*" and another reason for circumcising at younger age was because parents believed that if they leave them until they are matured enough they may refuse to be circumcised.

Some parents do not allow their daughters to be circumcised following the government banning of the tradition. However, some females would still undergo circumcision secretly through self-initiative. This is because they believe that, without being circumcised they will not be married since some of the men insist on circumcision so as to marry them.

Nowadays there is no teaching though circumcision is still practised. Since there are no ceremonies nobody is teaching the girls about some important cultural issues. Grandmothers and aunt will not agree to come and teach the girls without a ceremony. According to the Meru culture, a mother cannot talk with her daughter about cultural issues. Therefore the practice is still ongoing without teaching, this makes some girls be involved to some undesired behaviour unknowingly.

Majority of respondents had bad attitude towards female circumcision, though there are some who are still having good attitude. This is because it is their culture, which existed since long time ago and has its advantages like a girl can be married and will not be isolated by her age mate.

Health effects are not associated with the cutting; they are associated with some rules, which one has to be followed before circumcision. This is because 42% of the studied population had poor knowledge of health effects of female circumcision.

Majority of young women did not support female circumcision though there were some that had strong beliefs on female circumcision. They didn't see the advantage of female circumcision but they only see the disadvantages of female circumcision. Majority of this group wants female circumcision not to continue.

We need time to eliminate female circumcision. This include creating awareness to the society that, female circumcision can cause health effects and make them understand that one can be married without being circumcised.

RECOMMENDATIONS:

Generally results show that, prevalence of female circumcision in Arumeru is 74.6%, and culture is the main reason for female circumcision. Results also show that the practice is ongoing despite being banned by the government. It is also elicited that girls were taught by their grandmothers and aunts some cultural issues during circumcision ceremonies. Banning the practice made girls not to get knowledge of useful cultural issues since the aunts and grandmothers cannot teach them without ceremonies and their culture does not allow mothers to teach their daughters cultural issues. These findings lead to the following recommendations: -

- Elimination of female circumcision should base on creating awareness to the women so that they can accept that female circumcision can cause health effects
- There is a need to educate women that they can teach girls some useful cultural issues, which were taught during circumcision ceremonies without undergoing circumcision. This can be achieved by starting women's groups, which will be teaching girls without circumcising them.
- Women should be encouraged to deliver in the hospital or should be assisted by training personnel. This can be achieved by training TBAs and encouraging them to refer whenever they suspect there could be any complications.
- There is a need to ensure that society attains at least primary education. This can be achieved by encouraging parents to send their children to school and government should provide free primary education.
- Women should be encouraged to send their children to the hospital when they suspect that they are suffering from "*lawa lawa*".

FUTURE RESEARCH:

- There is a need to do research on men's perceptions on female circumcision since some of the men are still insisting on female circumcision.
- There is a need to investigate what is that disease, which is, named as "*lawa lawa*". Investigating the causative agent and the appropriate treatment for it.

CHAPTER 10.0

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