Title: Socio-Demographic and Economic Differentials in Female Genital Cutting in Tanzania.

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Introduction

Female genital cutting (FGC), amongst other harmful traditional practices, has been identified to have contributed to the cases of infant and maternal mortality in sub-Saharan Africa (Idowu: 2010). Although efforts to reduce infant and maternal mortality have been intensified over the past two decades, reported rates in sub-Saharan Africa are still high. In countries where FGC is practiced, infant and maternal mortality is high. The practice has mainly been supported by female adults in society although some writers have noted the influence of men on the continuation of the practice (Gruenbaum: 2001). However, disparities exists amongst females who may have either or not experienced the practice, and their choice regarding the continuation of FGC.

Furthermore, FGC has remained for reasons of the preservation of cultural norms and values since in certain communities FGC is employed for initiation of young females into adulthood or unmarried women into marriage. But worldwide, FGC has been condemned by human rights activists (Idowu: 2010).

In Tanzania, the practice is still prevailing at 15 percent, although a law on FGC has been enacted since 1998 (National Bureau of Statistics, 2005 & 2010). According to Mwambalaswa (2004), the Singida and Mara regions are noted for secretly performing the rite, and in some cases the girls are cut at earlier ages, even in infancy. This is a 'silent' form of infringing on the rights of the child. Meanwhile, Tanzania is still lagging behind other East African nations in meeting the MDGs, although the country has made steady progress towards achieving some of the other health and health-related MDGs – universal primary education and combating HIV and Malaria.

Despite the concerns raised about FGC and its harmful effects on the lives of women, some still believe that the practice is of benefit to young women. Thus, it has become necessary to investigate the issues of people's (mainly women's) attitude towards the practice (Rahman and Toubia: 2000), in order to assess whether there is a likelihood that the practice will be discontinued or not. The present study examined the socio-demographic and economic characteristics of Tanzanian women and their husbands' educational status as they relate to the attitude of the women regarding with respect to the decision to discontinue or continue FGC in that country.

Method

Study Area

The Republic of Tanzania is located in East Africa with a total area of 940,000 square kilometers, which are mostly highlands, islands and coastal plains. It is largely rural, however about two-thirds of the population are urban slum dwellers. The country borders seven countries, but the Indian Ocean to the east; its total population, according to the population census of 2002, is 34,569,232. According to the 2004 estimates, the population growth rate is about 1.95%. Almost about half of the population is young (less than 15 years) and the average life expectancy as at 2002 was 44.39%. The literacy rate is 64.9%. The predominant religion is Christianity (45%) on mainland and Muslim (99%) in Zanzibar land. Tanzania's population is mostly farmers. There are also about 130 ethnic groups scattered amongst the 26 regions.

Study design

Data from the 2004/05 Tanzania Demographic and Health Survey (TDHS), which is a national probability sample household surveys of persons ages 15 to 49 years was used. Women were selected according to their circumcision status (FGC status): that is circumcised or uncircumcised women. Again, since the variable explored is women's decision to approve of FGC, the sample was further selected using the question "should female genital cutting continue?" A sample size of about 7579 women was used for the study. Some of the characteristics of the women which were explored included: age, education, religion, region and

place of residence, husband's education, wealth status and FGC status. The study also considered certain variables in order to measure reasons given for the continuation of the practice; these variables include timing of first sex, timing of first marriage and pregnancy complications.

Data Analysis

The unit of analysis is the individual woman aged between 15 and 49 years. Descriptive statistics (frequencies and percentages) were used to describe the study population. Where relevant, the Chi-square test was used to test for significance between two groups. A multinomial regression analysis was also performed since there were four categories in the dependent variable. A p-value of less than 0.05 was considered significant. However, for the multinomial analysis, if the p–value of any coefficient is less than or equal to 0.01 (***), 0.05 (**), 0.10 (*) then that parameter is considered significant. Analysis was done with SPSS.

The study tested three main hypotheses:

1. Woman's education in Tanzania is inversely related to the decision to continue female genital cutting.
2. Women who have undergone FGC are more likely to decide to continue the practice, than women who have not.
3. Women whose husbands have higher educational status are more likely to decide to discontinue FGC.

Limitation of the study

The study is limited for reasons of inadequate questions that may have helped in exploring the reasons given for FGC's continuation.

Results

Of the 7,579 women interviewed at the 2009 TDHS, 1,509 (20%) had undergone genital cutting. However, the general prevalence rate in Tanzania over the past ten years has 15%, as reported by the 2004 and 2009 TDHS. The prevalence rate of FGC was higher among the women studied than in the total national population.

Table 1.0 shows the characteristics of the study population. A little above a third (38.5%) of the women were young (15-24) and about a quarter were 35 years and over. Amongst these women, most had completed primary education (69.8%); however, very few amongst them were circumcised (19.1%) and still a little over one-tenth had had secondary or higher education (8.7% and 2.5%). About 64.8% of the women were rural residents. The study also revealed that while about three out of every 10 women are Muslims (34.7%), about one would have no religion. Women in the Lake Zone constituted 30% whilst about 9.8% were in the Central zone. In addition, since Tanzania women were mostly farming or trading and also the country's main occupation being mostly agriculture, about a third of these women were of the richest category. Although a little above one fifth (22.5%) of the women were not married, majority of the women had husbands with primary education (55.2%). Furthermore, only a third (30.5%) of the women had married before the mean age of marriage (18.3); most of these women were uncircumcised (78.77%). However, more than two –thirds (67.1%) of the women had had sex before their first union, and still uncircumcised women were of the majority. But the findings showed that women who had had pregnancy complication were just a few (17.6%).

Table 1.0 Characteristics of women by their FGC Status.

Characteristics	FGC Status (%)		Total	
	Circumcised	Uncircumcised	(%)	Number
FGC Status	19.9	80.1	100	7579
Age of woman				
15 – 24	16.4	83.6	100	2919
25 – 34	19.8	80.2	100	2689
35 +	25.3	74.7	100	1971
Education of woman				
No Education	32.6	67.4	100	1434
Primary	19.1	80.9	100	5291
Secondary	2.7	97.3	100	662
Higher	5.2	94.8	100	192
Religion				
Muslim	13.3	86.7	100	2629
Catholic	19.7	80.3	100	2118
Protestants	26.3	73.7	100	2225
None	26.2	73.8	100	604
Other	33.3	67.7	100	3
Place of residence				
Rural	26.5	73.5	100	4912
Urban	7.8	92.2	100	2667
Wealth Status				
Poorest	34.7	65.3	100	1085
Poorer	29.2	70.8	100	1219
Middle	25.1	74.9	100	1262
Richer	16.5	83.5	100	1554
Richest	8.3	91.7	100	2429
Husband's Education				
No Education	34.3	65.7	100	930
Primary	22.3	77.7	100	4190
Secondary	7.2	92.8	100	445
Higher	9.5	90.5	100	285
Don't know	11.5	88.5	100	1729
Region				
Coastal	10.2	89.8	100	2143
Northern	52.1	47.9	100	1050
Lake	7.8	92.2	100	2274
Central	61.8	38.2	100	744
Southern	7.8	92.2	100	1367

Source: 2004/05 TDHS

Generally, women in Tanzania want FGC to stop. When asked whether FGC should continue or not, about 90.8% of the women were certain to respond in the negative, whiles about 4.2% were still uncertain (1.8% for it depends and 2.4% for don't know).

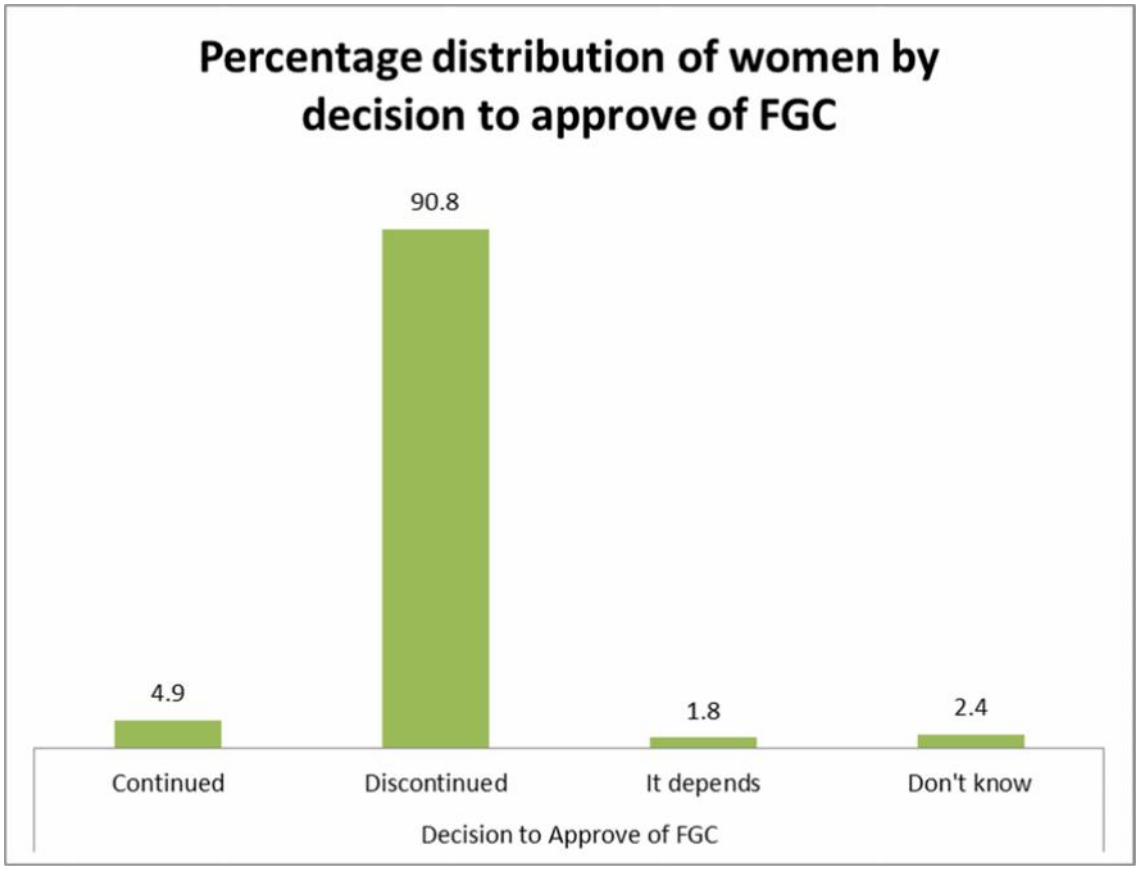

Figure 1.1: Percentage distribution of women by decision to approve of FGC.

However, comparing women by their circumcision status, amongst the circumcised women whilst almost a fifth (18%) wants FGC continued, less than 2% of the uncircumcised do likewise. On the other hand, almost 9 out of every 10 uncircumcised women want the discontinuation of FGC as regards 7 out of 10 for circumcised women, as seen in Figure 1.2. For uncertainty about the decision to approve the practice, almost the same proportion (4.2% and 4.3% for circumcised and uncircumcised respectively) of the women either attributed their decision the some other factors which were not mentioned or they may not be sure of their decision.

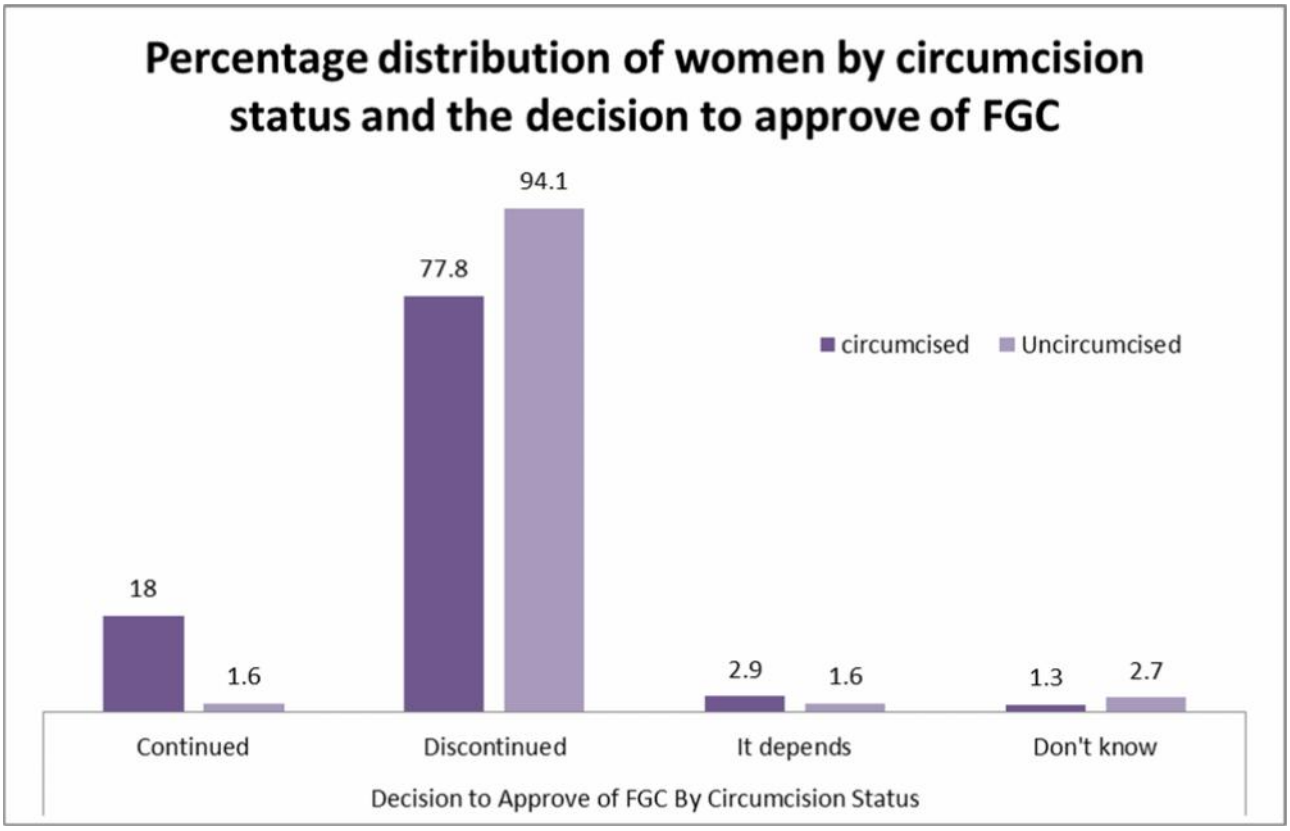

Figure 1.2: Women Status and their decision on the approval of FGC.

The age of the women was found to influence the decision to approve of FGC amongst circumcised women ($\chi 2$ = 11.782, p-value =0.067). Younger circumcised women were about one-fifth (20.3%) in the decision to approve of the continuation of FGC's category, as against 1.8% of uncircumcised women. However, age did not have any influence on the decision to approve of FGC for uncircumcised women. Decision to approval of FGC was also dependent on religion, despite the circumcision status. There were about half (50%) of circumcised women with no religion who decide to approve of FGC's continuation: a smaller proportion of the uncircumcised (2.9%) women approve of the practice. Rural resident women are likely to decide to approve of FGC (19.8% and 2.5% for circumcised and uncircumcised respectively) other than urban residents. It was also observed that, husband's education also influenced the decision to approve of FGC; as the husband's education rises the decision level to approve of FGC reduces. There is no difference between the women by circumcision status. Zonal differences were also identified. Whiles about a third (29.4% and 34.0% respectively) of circumcised women in the

Lake and Southern zones decide to approve of FGC's continuation, only 3.3% and 1.0% of the uncircumcised women approve of FGC's continuation.

Table 2.0: Relationship between Demographic characteristics of women and their decision to approve of FGC

Characteristic	Decision to Approve of FGC (%)									
	Circumcised				Total (%)	Uncircumcised				Total (%)
	Continued	Discontinued	It depends	Don't know		Continued	Discontinued	It depends	Don't know	
Age of woman										
15 – 24	20.3	75.2	2.3	2.3		1.8	93.4	1.6	1.3	
25 – 34	17.5	78.8	2.4	1.3		1.6	94.4	1.3	2.7	
35 +	16.5	79.3	3.8	0.4		1.2	94.6	2.1	2.1	
	$\chi 2 = 11.782$		**p-value =0.067**			**$\chi 2 = 9.798$**		**p-value = 0.133**		
Religion										
Muslim	14.4	80.2	4.3	1.1		0.9	97.0	1.1	1.0	
Catholic	18.4	77.8	2.6	1.2		2.2	93.6	1.6	2.6	
Protestants	11.1	86.0	1.4	1.5		1.6	94.0	1.5	2.8	
None/Other	50.0	42.4	6.3	1.3		2.9	81.5	4.5	11.1	
	$\chi 2 = 152.53$		**p-value =0.000**			**$\chi 2 = 193.26$**		**p-value = 0.000**		
Place of residence										
Rural	19.8	75.9	2.9	1.4		2.5	91.6	2.1	3.8	
Urban	6.7	89.5	2.9	1.0		0.4	97.6	0.9	1.1	
	$\chi 2 = 21.628$		**p-value =0.000**			**$\chi 2 = 96.419$**		**p-value = 0.000**		
Husband's Education										
No Education	27.3	68.0	4.1	0.6		3.5	90.8	3.1	2.6	
Primary	15.9	80.2	2.5	1.4		1.7	93.5	1.8	3.1	
Secondary	15.6	81.3	3.1	0		0.5	97.3	1.2	1.0	
Higher	7.4	92.6	0	0		0	98.1	1.1	07	
Don't know	14.6	79.8	3.0	2.5		1.4	95.0	0.9	2.7	
	$\chi 2 = 33.185$		**p-value =0.001**			**$\chi 2 = 47.392$**		**p-value = 0.000**		
Region										
Coastal	19.7	76.1	2.3	1.8		0.4	98.3	0.7	0.6	
Northern	18.8	77.5	2.9	0.7		1.2	98.2	0.2	0.4	
Lake	29.4	62.1	5.6	2.8		3.3	88.1	3.1	5.4	
Central	8.3	88.3	2.2	1.3		0.7	94.7	1.4	3.2	
Southern	34.0	63.2	1.9	0.9		1.0	95.7	1.0	2.2	
	$\chi 2 = 78.663$		**p-value =0.000**			**$\chi 2 = 223.18$**		**p-value = 0.000**		
Total	**18.0**	**77.8**	**2.9**	**1.3**	**100**	**1.6**	**94.1**	**1.6**	**2.7**	**100**

Source: 2004/05 TDHS.

Further analysis using cross tabulations and Chi-Square test indicated that amongst all women, their economic characteristics has a strong influence ($p<0.000$) on their decision to approve of the practice. For instance, as the level of education rises, there is the likelihood of a woman to decide to discontinue FGC. For circumcised women ($\chi 2 = 49.735$ p-value $=0.000$), whiles a little above a quarter (27%) of women with no education, decided to approve the continuation of the practice, only 14% of women with primary education, approves of FGC's continuation. But all women with secondary or higher (100% respectively) education were certain to approve of the discontinuation of FGC. Similarly for uncircumcised women, educational level influences the decision to approve of the discontinuation of FGC ($\chi 2 = 88.440$ p-value = 0.000).

Women's wealth status also influences decision to approve of female genital cutting. The richest category had about more than four-fifth (90.6% and 98.3% respectively for the circumcised and uncircumcised) women to decide on the discontinuation of FGC. On the other hand, women in the poorest category had a greater proportion in the decision to approve of FGC's continuation.

Table 3.0 Relationship between Woman's economic characteristics and Decision to approve of FGC

Characteristic	Decision to Approve of FGC									
	Circumcised				Total (%)	Uncircumcised				Total (%)
	Continued	Discontinued	It depends	Don't know		Continued	Discontinued	It depends	Don't know	
Education of woman										
No Education	27.8	67.9	2.8	1.5		3.1	88.8	2.8	5.3	
Primary	14.0	81.7	3.0	1.3		1.6	94.3	1.5	2.6	
Secondary	0	100	0	0		0.2	99.2	0.5	0.2	
Higher	0	100	0	0		0	97.8	2.2	0	
	$\chi 2 = 49.735$ p-value =0.000					**$\chi 2 = 88.440$ p-value = 0.000**				
Wealth Status										
Poorest	27.1	68.4	2.9	1.6		3.4	91.5	2.1	3.0	
Poorer	19.4	76.3	2.8	1.4		2.4	89.4	3.6	4.5	
Middle	18.3	77.3	3.2	1.3		3.1	89.3	2.0	5.6	
Richer	11.7	84.4	2.3	1.6		1.6	94.8	1.1	2.5	
Richest	5.9	90.6	3.0	0.5		0.2	98.3	0.8	0.8	
	$\chi 2 = 51.743$ p-value =0.001					**$\chi 2 = 174.16$ p-value = 0.000**				
Total	**18.0**	**77.8**	**2.9**	**1.3**	**100**	**1.6**	**94.1**	**1.6**	**2.7**	**100**

Source: 2004/05 TDHS.

Discussion

Key findings

Generally, a Nagelkerke R-square of 0.262 indicated that about 26% of the variation in decision to approve of female genital cutting is explained by the demographic and economic characteristics of the woman. In addition, an R-square of 0.223 and 0.168 for the showed variation decision to approve of FGC for the circumcised and uncircumcised respectively. It is implied from this that the characteristics of the circumcised influenced the decision on the approval of FGC more than the uncircumcised. But whiles uncircumcised women were more likely to approve of the discontinuation of FGC, circumcised women were more likely to approve of the continuation of FGC. Again, education was also found to influence the decision to

approve of the discontinuation of FGC, and thus whether a woman had undergone the practice or not her educational level is likely to influence her decision to approve of FGC.

Discussion, Conclusion and Recommendation

The findings of the study showed that, the mean age of the respondent is 28.5 years. FGC was less common among younger women in the study population and thus younger women were less likely to report being circumcised. This is reflected in the decline in the prevalence level from 18% in 1996 to 15% in 2004. This can be explained as the increase in the knowledge level and the awareness creation of the consequences of the practice. However, due to a strong attachment to cultural values the prevalence rate was still 15% at the 2009/10 TDHS. In other words, older women hold onto cultural/traditional practice more than younger women, younger women were more likely to be uncertain (indicated don't know and it depends). This may be due to the changing trend in the attitudes towards the practice, which may be attributed to increase in knowledge of the practice and modernization (Dandash & Refaat, 2001; Msuya et al.; 2002).

FGC is deeply entrenched in culture. Women with no religion, adhere more to culture; religion that may be indigenous to the society. In addition studies have also documented that the practice predates the appearance of both Islamic and Christian religions and so they may be influenced to perform the practice since the society such women reside may be practicing it. Even though religion has been found not to be a main cause of the existence of the practice, this study shows the contrary and it may not be attributed to the fact that these religion teach on the continuation of the practice, but the fact that it is a societal norm and religion has a little or no influence on the attitude to FGC (Dandash & Refaat, 2001; Gruenbaum, 2005).

Women in rural areas are more likely to have undergone the practice than their counterparts in urban areas. This can also be explained by greater adherence of rural communities to traditional

practices. Uncircumcised women suffer social stigma no matter their residential status, but since rural settings have strong attachment to culture, circumcised women are more likely to decide on the continuation of FGC (Dandash & Refaat, 2001, Khattab, 1996). Therefore, rural women were more likely to decide to approve of the continuation of FGC than to approve of its discontinuation. Thus place of residence is strongly associated with the decision of a woman's approval of FGC.

Again, the regional differences are due to the different prevalence rates by region. The National Bureau of Statistics in Tanzania reported that Dodoma, Arusha, Manyara in the 2004/05 TDHS to have high prevalence. This is basically attributed to the Maasai and Chagga tribes located in the Central zone who adhere more to the practice of FGC than other ethnic groups.

Husbands were mostly of primary education and thus may have a lower likelihood of choosing a wife who has been circumcised compared to those of no education. The belief that FGC has been sustained in the male-dominated countries in order to suppress women's sexuality was not observed in the study population. This is because the practice is almost always controlled, performed, and strongly upheld by women (Abusharaf, 2001; Shweder, 2000). It is that mostly women who take their daughters to be cut and thus the male dominance in a society does not predict the institution of the practice. On the contrary, Dandash and Refaat (2001) found in Nigeria that fathers' education was a significant factor which influences the practice. This is because uneducated fathers often fear community reaction and may not comment of issues that pertain to customs, if they had any.

There is a low level of female education in Tanzania and can further be due to the high rate of school drop-out as a result of early marriage and pregnancy, especially among circumcised females. This is because women who have undergone the practice are considered to be an adult.

They thus, marry earlier than their counterparts who are more educated and consequently drop out of school. Studies have also supported that women with high education are better informed with the effects of the practice such as haemorrhage, stillbirth, infection and sometimes infertility on the woman and thus will be guided by that in order to decide on the approval of FGC (Rossem & Gage, 2009; Refaat and Dandash, 2001; Simister, 2010; Kolawole et. al, 2010).

Finally, women in Tanzania are likely to be rich, and this may be due to the fact that they are mostly involved in farming and trading, since the country's occupation is mostly agriculture. However, women's current wealth status did not have significant influence on FGC status when she was cut in the past, according to the multinomial analysis of the data. Some intervening variables such as the place of residence and the level of education can be the plausible explanation for that. Although some studies have shown a significant relationship between economic status and FGC, others show the otherwise (Yount, 2002).

This study has revealed that female genital cutting exists in Tanzania and the practice has an association with some background characteristics of women. For instance education, region and place of residence as well as husband's educational level, were related to the practice of female genital cutting. However, irrespective of circumcision status, women with high economic status disapproved of the continuation of FGC. But women who have undergone the practice approved of FGC's continuation.

Continued education on the risks of FGC has to be upheld by Tanzania and advocacy groups as a means of reducing the prevalence of the practice. Government can also give incentives for those who decide not to do it. For example, a waiver of school fees in high school can be given to women who decide to prevent their daughters from undergoing FGC.

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