

Female Genital Mutilation: Why it is Difficult to Stop it in Tanzania?

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Abstract: *Female genital mutilation or female circumcision is a global public health problem. It is recognized as a gender based violence which affects millions of girls and women's health. It is estimated to be the longest female violence practice in the World. Tanzania is among thirty African countries which practicing female circumcision. This study aimed to investigate factors that hindering the initiatives of ending female genital mutilation practice in Tanzania. The study used literature sources, document analysis and observation method to collect relevant information which used to generate the results and conclusion of this study. Results revealed that, social-cultural factors, economic factors, patriarchal factors, religious factors and lack of education and knowledge on the negative effects of the female circumcision, have a strong link with the long persistence of the practice, hence hindering the initiatives of ending female genital mutilation in the society. The study disclosed the current challenges facing female circumcision fighters, thus, the study suggested the sustainable intervention which will assist to close the female genital mutilation chapter globally.*

Keywords: female genital mutilation, violence against women, Social influence theory, male dominated system, Tanzania.

1. INTRODUCTION

Female genital mutilation (FGM) is a gender based violence practice which performed for children, girls and women. The practice is estimated to be the longest female violence act in the world (Mackie, 2008). WHO (World Health organization) defines the practice as a procedure that alter and cause damage to female genital organs without any medical reason (WHO, 2007). Normally the procedure done by traditional circumcisers though in some cases it appeared to be practiced by medical specialists like nurses, midwives and medical doctors (Serour, 2013). According to the International Human Rights law, FGM practice recognized as a violation of women and children's rights since it violates the rights to health, the freedom from violence, the freedom from torture and cruel, and the freedom from discrimination. February 6th of each year named as an International day of zero tolerance of Female genital mutilation.

Historically, the background of FGM is not clearly stated. Some literatures tresses it 2000 years back to Ancient Egypt, while others claim it to be practiced since the 5th century BC as a "Pharaonic circumcision" in Egypt (Ahmady, 2015). Some researchers' tresses it back in the African Stone Age, whereby the practice was used as a protective means for young girls to be raped. It is estimated that, Female genital mutilation is a very ancient practice, it is estimated to be the globe's longest practice of patriarchy (Mackie, 2008). It is persisting for a long time compared to other harmful female practices in the World like foot binding in China, which estimated to be persisted for 1000 years and ended around 1912 after burned officially by the Nationalist Revolution (Mackie, 1996).

The female genital mutilation is experienced in about 30 countries of Africa, in the Middle East countries (Yemen, Oman, Iran), in some Asian countries (like India, Indonesia and Malaysia) and due to migration reasons the practice found in some parts of countries like France, Canada, Australia, England, and the United States of America (Biglu, Farnam, Abotalebi, Biglu, & Ghavami, 2016). Data shows that, more than 200 million of female worldwide have been experiencing the practice, and about 3 million are estimated to undergo FGM every year, and it is estimated that, 15 million are at risk of experiencing it by 2020 (United Nations Children's Fund, 2016).

Literatures showed that, the fight against female circumcision started early 1920s in Egypt (Berer, 2015), when the Egyptian society discovered the severe effects of female circumcision. Egyptian religious scholars initiated the fight against FGM among their believers and gained the support from their government via the Ministry of Health, religious leaders, and the media. The trend of eliminating FGM followed by other countries like Kenya, stated since 1929 when the church of Scotland initiated the campaign against FGM for the first time (Berer, 2015). Tanzania has joined the war against FGM since 1970s, followed by Somalia since 1977 when the Government announced the first public declaration on ending FGM (Lunde & Sagbakken, 2014).

Different mechanisms from International to local level have been made to stop FGM and to ensure the practice is abolished completely among the societies. According to the FGM prevalence data taken by UNICEF 2013 concurrently with the data taken by 28 Too Many Organization in 2018, Some countries show a slight change in the FGM prevalence. A remarkable drop of the

prevalence of FGM in percentage is seen, in countries like Kenya, whereby, in 2013 it was 27%, dropped to 21% in 2018, Tanzania was 15% dropped to 10%, Eritrea was 89% fallen 83%, and Egypt was 91% dropped to 87.2%. Countries like Niger, the FGM prevalence remained the same (2%) from 2013 to 2018. However, the data show a rise of FGM prevalence in a number of countries from the year 2013 to 2018. Countries like Mali, in 2013 it was 89%, but, in 2018 it counted 91.4%, Sierra Leone was a 88% rise up to 89.6%, Guinea was a 96% rise up to 96.9% Togo was a 4% rise up to 4.7%, and Uganda was a 1% rise up to 1.4% (UNICEF, 2013). This data indicates that, FGM practice is still roaming in the societies.

In Tanzania, the campaign for the elimination of FGM started in the 1970s, when the country experienced FGM outbreak in its Central and Northern part of the country among Nyaturu and Gogo ethnic groups. For the period of the outbreak, the government sent the military and the police force to stop the practice immediately because the situation was awful. From that time up to date, government and different gender based violence stakeholders have been taking different initiatives to eliminate FGM in society. Example, the Tanzania government has implemented a number of National gender policies, National gender strategies, National plan for elimination of all forms of gender based violence, and currently it is implementing the National Plan of Action to end violence against women and children 2017/2018-2021/2022. This National Plan of Action specifically addresses FGM as a traditional practice that damages women and children's life (URT, 2016).

The government at present implementing the Sexual Offenses Special Provision Act (SOSPA) of 1998, which criminalized various forms of gender based violence, including Female genital mutilation and supplement the penal code makes female circumcision punishable by law (TAWLA, 2014). Other stakeholders like NGOs and CSOs contributing several efforts in the abolition of FGM in Tanzania. Organizations like Tanzania Gender Networking Program, Anti Female genital mutilation Network, Tanzania Media Women Association, Tanzania women Lawyers Association and Legal and Human Rights Center (LHRC) implemented a number of programs and activities which increased awareness steered to the eradication of FGM.

Apart from all these efforts, the Tanzania Demographic Health Survey data of 2015-2016 showed that, FGM is still practiced among some ethnic groups in Tanzania at the prevalence of 10% (TDHS, 2016). This means that, one woman out of ten in Tanzania, has been experienced female circumcision. Data continue to elaborate that, out of these circumcised women, 35% experienced FGM before the celebration of their first birthday (before age one) (UNFPA, 2018). According to the data, the uppermost prevalence of FGM found in the following regions; Manyara 58%, Dodoma 47%, Arusha 41%, Mara 32% and Singida 31%. The rest regions they perform the practice under 15% (TDHS, 2016).

Scholars in the FGM subject investigated greatly on the causes of FGM, effects of FGM, and how to provide service to the victims (Siddig, 2016) (Abdulcadir, Say, & Pallitto, 2017)(Balfour, Abdulcadir, Say, & Hindin, 2016). Not only that, literatures also presented a number of initiatives and mechanisms taken to eliminate FGM for centuries (Ruiz et al., 2016), but the practice is still persistent as shown in the data above. This study takes a step ahead to search for factors that hindering the initiatives of ending female genital mutilation practice in Tanzania. Specific objectives of this study were;

- i. To examine factors associated with the persistence of FGM in Tanzania,
- ii. Challenges faced FGM fighters, and lastly was
- iii. To suggest sustainable intervention for ending FGM in societies.

2. CONTRIBUTION OF THE CURRENT STUDY

The findings of this study not only provide more knowledge about the female genital mutilation, but also supplement the existing knowledge, the factors that hindering the initiatives of ending female genital mutilation in the society, challenges faced FGM fighters in fighting against the practice and also the study suggests a number of the sustainable intervention for ending FGM.

3. LITERATURE REVIEW

Types of FGM

In 2007, World Health Organization (WHO) categorized female genital mutilation into four types; Type one or **clitoridectomy** includes partial or entire removal of the clitoris and or prepuce. Type or **excision** includes partial or entire removal of the clitoris and the labia minora with or without labia majora. Type three or **infibulation** includes, tightening the genital orifice with the creation of a covering seal, by cutting and positioning of the labia minora and or labia majora with or without the excision of the clitoris (This is the most severe type of FGM). Type four includes **all other harmful procedures to the female genital organs** for non-medical purpose (WHO, 2007).

Effects of FGM

Studies revealed that, Female genital mutilation led to a number of negative consequences, not only for the girl's and women's health (Like severe pain, excess bleeding, psychological trauma, sexual dysfunction, disability), but also for the society development (poor production, poor contribution, poverty) (Dun, Ackerman, Cutler, & Lakhi, 2016). As the World bank confirms, the female circumcision has a direct effect on the economic and social development of a given community, since it affects women's health, which in turn hinders the contribution of women in their society (Rogo, Subayi, & Toubia, 2007). (Rouzi et al., 2017) disclosed that, FGM effects occurred immediately after the practice, and the severe ones occurred later, can be years after the practice.

4. THEORETICAL FRAMEWORK

The current study adopted the Social Influence theory to explain why the study problem exists. The theory developed by Deutsch and Gerald in 1955. The theory defined as the influence to conform to the expectations of others (Deutsch & Gerard, 1955). The theory maintains that; people tend to conform with a particular thing or behavior in expectations of receiving a positive reaction from others. It can be acceptance, approval, or to be liked by another group or it can be conformity because of the fear of receiving negative reaction from others like criticism, stigmatization or punishment.

From the theoretical point of view, it is argued that, Female genital mutilation is a social norm, since it has entrenched in social spheres which affects people's daily life. People continue to perform FGM because they believe that, it is required by their society, needed by the majority of the society as a key of acceptance. Failure to conform would result in to unacceptance or other punishment. Families could stop to practicing FGM if they will see and believe that, the society is no longer need to practice it. Thus, the Social Influence theory helped to elaborate well why it is difficult to stop female genital mutilation in the society.

Other related Studies

The study done in Kenya by Nam revealed that, persistence of FGM is linked with the social-cultural processes of inclusion and exclusion of women in the society. The study found that, uncircumcised women are strictly discriminated in the society. The level of discrimination goes further to the extent that male rejects to eat the food which prepared by the uncircumcised woman. Uncircumcised woman taken as an immature girl who cannot even allow to participate in women's networks like meetings of socialization (Nam, 2018). Adinew and Makete observed the similar results in their study done in Ethiopia. They study discovered that, the persistence of FGM is strongly associated with the social pressure and stigmatization of uncircumcised women in the society. They found that, the practice is linked with womanhood and that, uncut woman is not counted as a full woman (Adinew & Mekete, 2017). This argument also supported by (Gajaa, Kebede, Derseh, & Wakgari, 2017) who found that, uncut women have no room in a community to participate in any community activities.

The study done in Tanzania revealed that, the persistence of FGM in the society is associated with lack of knowledge of female genital mutilation relate health risks. The study discovered that, both men and women, they do not have knowledge of the negative health consequences of FGM (Galukande et al., 2015). This observed by Beal, who discovered that, some parents expose their daughters in the FGM practice just because the practice was done for them, so they must do it to their daughters too. They do not have an idea of the severe health negative impact which might follow after the practice. Thus the circle is perpetuated over and over (Beal, 2016).

Other studies discovered that, the practice is well linked with the male dominance system which entrenched in the society. The study by Monagan argued that, in the male dominance system women are merely depend on men. In that sense, males used that opportunity to set standards which describe precisely what a kind of women is suitable for them to marry. Thus, their role in FGM seems to be like indirect, but in actual sense it is difficult to separate their power and the perpetrating of the practice (Monagan, 2010) in the community. This argument supported by Serour who discovered that, FGM is a male prerequisite practice, since it is believed to control women's sexual desire. Therefore, men can control easily the circumcised women, compared to the uncircumcised one (Serour, 2013). In supporting this, Mitchum added that, the suffering of women is often regarded as a consequence of various systems of patriarchy which roaming in the society (Mitchum, 2013).

Gajaa and colleagues exposed that, the persistence of FGM in the society is associated with the sources of revenue to a certain group of people in the society. Their study showed that, FGM is a source of income for the practitioners, and traditional leaders who offer the permit for the practitioners to perform the procedure and for the families to celebrate FGM ceremonies (Gajaa et al., 2017). The same results found by UNFPA in their Fact sheet report of 2014. The report discovered that, traditional leaders they have their share in every fee, which is charged by practitioners in every cut. They demand the share because they are the one who authorized the procedure to be practiced in the society (UNFPA, 2014). Not only that, Nam also observed the same in another way that, FGM is a good source of income for the parents. This is due to the fact that, the mutilated girl is expected to get married easily, and the parents earn a high bride price from the bride's broom's family, compared to the uncut ones (Nam, 2018).

Also literature displayed that, the practice is related to the religious requirement. This argument supported by the study done by Asmani which revealed that, the practice is believed to be linked with some religious "hadith" (sayings), and some religious terms (Sunna and tohara). In that sense, the practice assumes to be accepted by the religions as among the religious requirement (Asmani, 2008). Mitchum did not go far away with Asmani by discovering that, although religious scholars confirmed that FGM does not mention in religious books, religion is still said to be a major justification for the continuation of the FGM practice among religious groups (Mitchum, 2013). Likewise, Ahmady noticed that, some religious leaders encouraged the practice due to the belief that FGM control female to engage in pre-marital sexual intercourse and extramarital sexual intercourse which are prohibited by the religions (Ahmady, 2015).

Method

This paper is a mixed based study. It employed the literature review, and the document analysis technique as a

qualitative research method. The document analysis technique defined a systematic procedure for reviewing or evaluating documents both hard copy, electronic computer-based and internet transmitted material (Bowen, 2009). This study used relevant literatures, theoretical justification, National and International reports to collect the facts and current information about the study, which in turn helped to generate the findings and the conclusion of the study.

Author used the data and information provided by The Tanzania Demographic Health Survey (TDHS) report of 2015-2016, Tanzania gender policies, Tanzania National plans of actions to end Violence against women and children, and the Sexual Offense Special Provision Act (SOSPA) document of 1998, to examine the current situation of FGM in Tanzania. The reviewed studies and analyzed documents, consolidates the findings of the current study.

Due to the fact that, the rationale for document analysis comes when it will be used in combination with other qualitative research method as suggested by (Yin, 2003), this study also applied observation method as a means of triangulation in order to seek convergence and corroboration of the study through the different data sources and methods. Author used the observation method as a matter of fact that, she is working in a Social and Human sciences department whereby, FGM is among the issues which the sector dealing with. The Author did not use her personal understanding in generating study's findings, instead she used her field works and office gained experience on matters related to the study topic, to build the study's concepts and basic arguments.

Findings

The findings of this study were presented basing on the specific objectives of the study. The specific objectives were to examine factors associated with the persistence of FGM in Tanzania, challenges facing FGM fighters, and suggestion for the sustainable intervention for ending FGM among the societies.

Factors associated with the persistence of FGM

The current study discovered a number of factors that are associated with the persistence of the female circumcision practice. The factors are directly affects the initiatives to stop the FGM practice in Tanzania. The findings identified major five factors linked with the persistence of FGM in Tanzania as elaborated below.

Social-cultural factors

The study findings discovered that, the female genital mutilation constructed in an integral part of the society culture. The practice is deeply rooted in the society tradition, and it is socially constructed as a virtual step to be reached by every woman in the society. It is considered as a necessary stage of raising a girl properly. Society, which practicing FGM like Maasai, Kurya, Rangi, and Gogo linked the practice with society identification, honor, womanhood, a step from premature woman to matured one, marriageability, and the practice is also said to protect the girl's virginity which maintains family and society's integrity. These findings supported by the study done in Kenya by (Nam,

2018), in Ethiopia by (Adinew & Mekete, 2017), (Ismail, 2011), (Tzeghai, Azuka, & Ledger, 2015) and the WHO fact sheet report of 2018.

Lack of general knowledge on the negative effects of FGM

The study findings found that, the persistence of FGM among the societies linked with the lack of knowledge of the negative effects caused by the practice. The fact of this is that, most of the severe effects of FGM occur years later, after the practice, this led the practitioners and the supporters of the practice to delink the effects of the procedure and the course of the problem. This fact supported by the study done by (Aimen, Monneins, Majed, & Amine, 2016) reported a case of a Malian woman of 36 years-old who mutilated at 5 years-old, and get the vulva tumor along her genital scar 31 years later after her genital circumcision. This was likewise in the case reported by (Dun et al., 2016) of the woman who experienced FGM type II at the age of 5 years old, 25 years later her encounters with the spontaneous abortion problems which was associated with the procedure she gets many years ago. Similar results reported by (Sharfi, Elmegboul, & Abdella, 2013) following the two cases of Sudanese old women who encounter the urinary bladder problems at the age of 55 and 56 years old, after the FGM type III which they experienced at their younger age. In the line with this, lack of health education was discovered as another contributor to the persistence of FGM. This fact supported by the report of an International organization (28 Too Many, 2013) which informed that, FGM is believed to cure lawalawa (bacterial infection), which in a reality the bacterial infection in genital organs most likely caused by lack of using clean water; and the disease need the hospital medication to be cured (Waritay & Wilson, 2012). Thus, the lack of knowledge act as a catalyst to the persistence of the practice, hence hindering the initiatives to end FGM in the society.

Economic factors

The long persistence of FGM in the society discovered to have an economic impact among society groups. Results from this study exposed that, it seems difficult to end FGM due to the fact that, the practice is among the major source of income for the practitioners and the traditional leaders. The practitioners demand payments (cut fee) for performing the operation. The payment can be in cash, or in kind with a bowl of grains (sorghum/millet) and animals like goat or chicken. This finding supported by (Odukogbe, Afolabi, Bello, & Adeyanju, 2017) and (Gajaa et al., 2017) who disclosed that, practitioners demand payments for their service, and in a case of Tanzania, practitioners demand around 5,000 – 10,000/= (US\$ 2 - 5) Tanzania Shillings per each cut (Waritay & Wilson, 2012). Traditional leaders also demand payment in every fee charged by practitioners in each cut, so that they can plan and authorize the FGM ceremony to take place, as reported by (UNFPA, 2014). Families also expecting to earn high bride price for a mutilated girl from the bride groom's family.

Religious factors

Study results discovered that, there is a strong bond between religious beliefs and FGM practice. FGM said to be one of the religious requirements which need to be practiced by the religious followers in order to fulfill religious law. Two opposing thoughts from religious leaders upraised. Some of the religious leaders support the practice, and another group of religious leaders opposes the practice. Supporters arguments based on religious “hadith” (Sayings) and some religious terms (Sunna and tohara). They believe that, FGM not only required by their religion, but also it preserves the societal culture. Opposers arguments based on the major religious books (Quran and Bible) that, the practice has no reference in religious scriptures. Hence, to practice it, is not only to go against religious commandments, but also to correct God’s creation. These findings supported by (Andarge, 2014), (Ahmady, 2015), (Asmani, 2008) and (Gajaa et al., 2017).

Patriarchal Factor

Study results revealed that, the persistence of FGM has a strong connection with a male dominance system which entrenched in the society. Literatures and the observation discovered that, there is an invisible patriarchy’s hand, which upholding the FGM practice. In many societies which FGM is practiced, there is a deep rooted of the male dominated system. Men have controlled every system in the society. Due to that supremacy, they dictate what is considered the moral and standard of female. They do not have the direct role in FGM practice, but they used to set the standards and female image which they prefer. In that sense, mothers forcing their daughters to undergo FGM in a good hope that they prepare a better future of their daughters. They believe that by doing so, they prepare the future wellbeing marriage of their daughters and also they avoid daughters from stigmatization, criticism, exclusion and discrimination from the society. These findings supported by (Nam, 2018), (Mitchum, 2013), (Mpofu, Odimegwu, De Wet, Adedini, & Akinyemi, 2016) (Monagan, 2010) and (Andarge, 2014). The findings in this objective, indicate that, the roots of FGM are deeply embedded in main social spheres. Hence, act as an obstacle in the initiatives of ending FGM in the society. Strong mechanisms are needed so as to jerk out the roots.

Challenges facing FGM fighters

The findings of this study discovered that, FGM fighters encountered with a number of challenges in performing their job. Due to the enactment and implementation of the FGM law (Sexual Offenses Special Provision Act (SOSPA) of 1998), and various government and non-government statements, to condemn the practice; Nowadays the practice is deeply hidden and done in a very secret place beyond out of reach. The practice discovered to be done on curves, on high mountains, and sometimes in thick forests. The practice remains to be a secret between the practitioners and the parents of the victim. Currently, the procedure is mostly done to a very young girls and infants (aged 0 -5 years old) compared to years ago. Practitioners prefer to cut the

younger ones in order to avoid government interference, and also resistance from the kids as they get older and form their opinions. The fighters also faced the challenge of the practice to be strongly connected with the preservation of culture, religious beliefs, invisible patriarchal pull, and the lack of knowledge and education to the society concerning the negative side of the procedure. These findings supported by (Reymond, Mohamud, & Ali, 1997), (Ashimi, Amole, & Iliyasu, 2015), (Mukadi, 2017), and (Andarge, 2014).

Sustainable intervention for ending FGM

Study findings discovered that, female genital mutilation is a very complex practice, since it’s survival contributed by a number of factors which associated directly with people’s daily life. Thus, the current study suggests the following ways to be applied as an intervention to stop FGM practice in the societies. Due to the complexity of the problem, the study suggests the multifaceted intervention to be used. Education approach to the society; this includes the provision of formal education, health risk education and general knowledge on the negative consequences of FGM. This will increase literacy levels and awareness about the FGM practice and its consequences. The involvement of religious leaders and men in FGM programs is another suggested intervention. This will work effectively because religious leaders are the key agency for behavioral change and men are the one who drives society systems. Involvement of these key figures seems to be of crucial.

The study also suggests the empowerment of women economically, this will delink women from men’s oppression and dependent. Moreover, study encouraging society to use alternative rites of passage (ARP) which will take the position of FGM to transits girls from the premature stage into adulthood, instead of mutilating their genitalia. Government and its branches should increase law enforcement, the jail sentence and fine for those who commit FGM should be strong to create fear to the practitioners and supporters of the practice. The government also should maintain the effective use of media campaigns to increase FGM awareness to the society. Lastly, the study suggests the use of the inclusive approach (society-centered) in dealing with FGM matters instead of using top-down approach which showed a little contribution for many years, in dealing with matters of a similar look. This finding supported by (28 Too Many, 2013), (Jaff, 2017) (Nam, 2018), (Galukande et al., 2015), (Ruiz, Martínez, & Giménez, 2017), (Andarge, 2014) and (Beal, 2016). These findings indicate that, to end FGM is possible, but it needs serious commitment of government, society and FGM stakeholders work on it.

5. DISCUSSION

This study aimed at investigating factors that hindering the initiatives towards ending female genital mutilation practice in Tanzania. The investigation, based on three specific objectives; To examine factors associated with the persistence of FGM, Challenges faced FGM fighters, and suggestion for the sustainable intervention for controlling

FGM among societies. Study results revealed that, there are a number of factors which are strongly associated with a long persistence of FGM practice in the society, which in turn, cause the difficulties in ending the practice. Social-cultural factors, lack of knowledge on the negative effects of FGM, economic factors, religious factors and patriarchal factors found to have a strong link with the long persistence of FGM in the society.

These factors supported by the study done in Sudan, which exposed that, the FGM practice has deep rooted in social-cultural beliefs and has associations with religious practice (Johnson et al., 2018). The community often connected the practice to the notions of proper sexual behavior, controlling women's sexual desire, and preserving girl's virginity for marriage. The study done by (Christou & Fowles, 2015) discovered that, FGM practice strongly linked with traditional ideas of cleanliness and femininity. It is considered as a necessary way of raising a girl properly. (Mukadi, 2017) observed that, the practice claimed to be an identity mark of indigenous culture. Despite the fact that no religious scriptures require FGM, some ethnic groups consider the practice to be a religious requirement that makes a girl spiritually 'clean'. Religion is often mentioned, particularly by Christians and Muslims, as a reason for carrying out female circumcision (TDHS, 2016), although the practice antedates Christianity and Islam (UNICEF, 2010). The study done Ethiopia observed the same thought and bold that, religious requirement has a strong link with the long persistence of FGM (Abeya, 2017).

Beyond the social-cultural and religious factors, the study's findings discovered that, lack of general knowledge about the negative consequences of FGM is another key obstacle in initiatives to stop FGM. Most communities which practice FGM they perform it basing on mythical curse from ancestors. The community believes that, the practice not only preserve culture and raise properly the girls, it also protects women from getting lawalawa and bad luck during delivering of child (28 Too Many, 2013). And due to the fact that, most of the severe effects of FGM occurred later, after a long time since the cut, supporters of the practice failed to connect the practice and its severe effects. This fact supported by the study (Aimen et al., 2016) and (Sharfi et al., 2013). The study done in Tanzania found that, the Gogo, Maasai and Nyaturu communities are regularly victims of drought. Most of the time they faced poor access of water, so to maintain hygiene is really difficult, which led them to be easily affected by genital bacterial infections. Therefore, females in the community suffered frequently urinal tract infections. Due to the ancestors' beliefs and lack of health knowledge, community circumcise their baby girls to avoid them from getting lawalawa (urinal tract infections) instead of taking them to the hospital for formal medicalization (Ali & Strøm, 2012).

On the other hand, this study discovered that, the male dominated system contributes much to the long persistence of FGM. Literatures showed that, in many societies, men are

the one who control every aspect of a woman's life (Nam, 2018), (Mitchum, 2013), (Mpofu et al., 2016) and (Andarge, 2014). Same results presented by Wilson, who disclosed that, the FGM practice is a part and parcel of male domination and female subordination structured by patriarchal system and neopatriarchal practice (Wilson, 2002). Men used to set the standards and qualities of a good woman who they want for marriage. Unfortunately, standards which they set tend to favor their masculinity desires without looking at the other side. In the societies which FGM is practiced, men insisting the continuation of the practice because it said to make woman obedient to her husband and also it enhance men's sexual pleasure (infibulation). These findings are perfect accord with the study done in Kenya by Mwaura (2015) and the study of (Monagan, 2010).

Economic factors mentioned as another reason for the long persistence of the FGM practice in Tanzania. The current study findings discovered that, the female circumcision process is among of the sources of income for the practitioners and the traditional leaders. Practitioners charge a circumcision fee to every cut. Sometimes the fee is not in cash, it can be in kind accompanied with a bowl of grains (millet, maize, sorghum) and or chicken or a piece of meat. Traditional leaders also demand payment for each cut fee so that they can plan the ceremony and authorize the practice. (UNFPA, 2014) observed the similar findings in their report of 2014. Odukogbe and colleagues support the findings by discovering that, FGM is a financial angle for practitioners, it serves as a source of income (Odukogbe et al., 2017). According to this trend, it is difficult to stop FGM since it has a financial benefit to some essential people in the society.

On another side, lack of financial resources to the women is a prominent factor for the persistence of FGM. These findings are in line with the study conducted by Abdisa and colleagues which observed that, in FGM prevalence areas, women with low income are in a high risk to suffer from FGM compared to those with middle and high income (Abdisa, Desalegn, & Tesew, 2017). Due to the minimum job opportunities to women, they found themselves to be economically dependent on men. Therefore, to earn their economic welfare, they need to adhere to men's sated standards. These findings are asymmetrical with (Nam, 2018) who found out that, financial independence for the women has a great power to release them away from gender based violence practices.

Deutsch and Gerald in the Social Influence theory, concurred with the study findings by insisting that, people tend to conform with a particular thing or behavior in expectations of receiving a positive reaction from others. It can be acceptance, approval, or to be liked by another group or conformity because of the fear of receiving negative reaction from others like criticism, stigmatization or punishment (Deutsch & Gerard, 1955). Thus, the long persistence of the FGM practice has a reciprocal relationship

with society and people's personal desires (needs). The continuation of the practice has the positive benefits to some people or groups of people in the society.

Study findings also identified some challenges which facing FGM fighter. These include; The highly secrecy in practicing the procedure. Due to the fact that, government laws forbid the practice, the practitioners do the operation in a very secrecy way which involve very few people like excisors and parents only, thus, it is very difficult for the activists to discover the continuation of the practice. Available evidence shows, in many communities, girls are circumcised at a very young age (0-5 years) and the practice is conducted in private and without fanfare. Parents and practitioners done this to avoid government interference and resistance from the girls as they grow up and made their own decision (UNICEF, 2010). On top of that, the genital operation discovered to be done in a very hidden place like in caves, on mountains or in thick forest whereby it is not possible for a normal person to discover it. Not only that, the study also found out that, the biggest challenge which faced FGM fighters is the fact that, the practice has deep rooted in main social life domains like society culture, religion beliefs, financial effects, male dominated system and lack of education and knowledge of the negative impact of the practice. Similar findings observed and discussed by (Ruiz et al., 2016) and (28 Too Many, 2017). All these contribute to the stickiness of the female circumcision in the society.

Thus, the study findings go further by proposing sustainable interventions which can be applied to stop the perpetuation of FGM. Proposed interventions include; provision of formal education, health risk education and general knowledge of negative consequences of FGM. This will increase awareness of the practice to the society. Ruiz and colleagues observed that, awareness raising, endorses the recognition of the operation complications and the pathologies linked with the practice (Ruiz et al., 2016). In the same line with this, Rahman and Toubia in their study, emphasized the introduction of some programs like films, music and theater arts which will change peoples' thinking over the practice (Rahman & Toubia, 2002). Evidence offered by (Abreu & Abreu, 2015) suggests the importance of education programs in the reduction of FGM prevalence.

The involvement of religious leaders and men in FGM programs is another suggested intervention. This fact is due to the significant role placed by religious leaders and men in the society as the as the agent of behavior change (Maigemu & Hassan, 2015). The Study also suggests the empowerment of women financially, as the way to capacitate them economically. This showed the great success as discussed in the study done in Kenya (Nam, 2018). Moreover, study encouraging society to use alternative rites of passage which will take the position of FGM to transits girls from the premature stage into adulthood, instead of mutilating their genitalia. This study concurs with the study done by (Abreu & Abreu, 2015) and (Puppo, 2016) who reported the greater success of ARP in some Kenya and

Tanzanian Maasai community. More than 8000 Maasai girls graduated on the ARP program which was organized by the Amref Health Africa in 2009, hence the girls served from FGM. Government and its branches should increase law enforcement, the jail sentence and fine for those who commit FGM practice. The punishment should be strong to create fear to the practitioners. Due to the important media in conveying information, government suggested maintaining the effective use of the media campaign in order to increase awareness of FGM to the society, as suggested by the report offered by (28 Too Many, 2013).

Implication of the study

The study shows that, there are various factors that hindering the initiatives of ending female genital mutilation practice. The hindering factors associated with the long persistence of FGM in the society. Factors like, lack of knowledge on the negative impact of FGM, Social-cultural factors, economic factors, religious factors, and patriarchy factors discovered to have a strong bond with the stickiness of the practice in the society which in turn, hinders the initiatives of ending the practice. Besides, the study identified challenges facing FGM fighters which also impede the initiatives of ending FGM in the society. The identified challenges include; the practice to be done to the very young children and in the highest secrecy place, whereby it is difficult for a normal person to discover. Thus, the study suggested a number of sustainable interventions for solving the problem. Government and FGM stakeholders should incorporate and apply the suggested interventions in their FGM programs in order to close the FGM chapter in Tanzania and globally in general.

Conclusion, Limitation and Future research

Limitations and future research

Despite of the contribution of this study to the existing knowledge, the current study is not without the limitations. This study faced two limitations; the first one was the limited number of literatures incorporated into the study, and the second limitation was the missing of some important information like date, in the some National and International reports which were to be used as the source of data. Further study should be conducted in a wide range of literatures in order to collect a larger amount of information which will help to contribute more ways forward towards ending the practice.

Generally, female circumcision still practiced in Tanzanian community. The practice affects the daily life of more than 7.9 million of girls and women in the country, and about 200 million of women all over the World. The number of victims continues to increase in the line fact that, in every year more than 3 million of women and girls globally, expected to experience the FGM operation. This study disclosed the factors that hindering the initiatives of ending female genital mutilation practice in Tanzania. The study discovered social-cultural factors, economic factors, lack of education and knowledge about the negative impact of the practice, patriarchal factors, and religious factors, to have a

strong bond with the long persistence of FGM, hence, they act as an obstacle in initiatives to end FGM in the society. The study went further by disclosing current challenges facing FGM fighters in fighting against the practice. Thus, the study suggested a number of sustainable interventions like, involvement of religious leaders and men in FGM programs, in order to increase their knowledge about the practice and also effective use of the media campaign in order to increase awareness of FGM to the society. This will increase literacy levels and general knowledge about the practice. The application of these suggested interventions will succor to wind up the FGM page not only in Tanzanian community, but also globally in general.

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Note

URT means United Republic of Tanzania.

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