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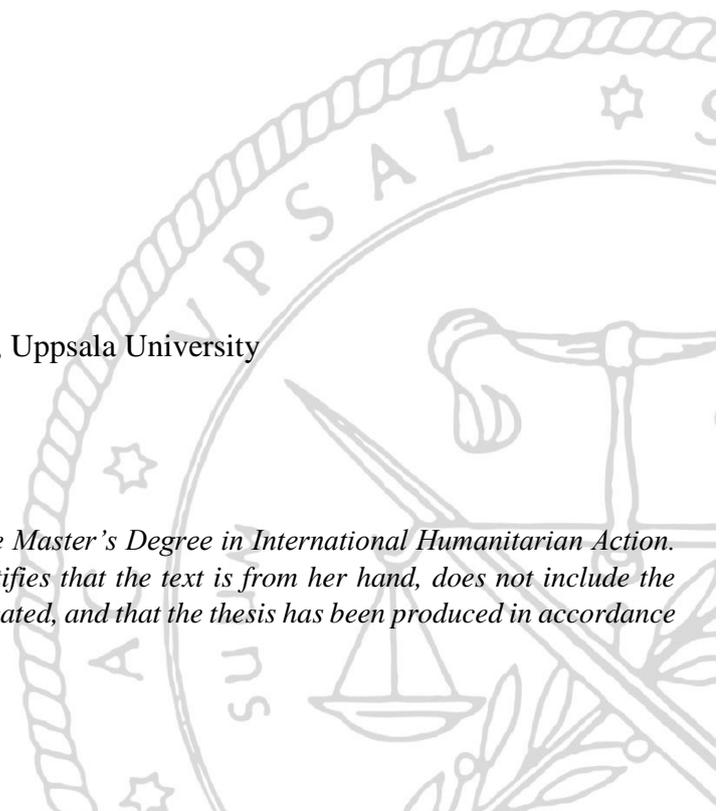
Behind Closed Doors: From an Open Celebration to a Secret Practice

-An Ethnographic Study of the Meaning and Function of Female Genital
Mutilation/Circumcision in Singida, Tanzania

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This thesis is submitted for obtaining the Master's Degree in International Humanitarian Action. By submitting the thesis, the author certifies that the text is from her hand, does not include the work of someone else unless clearly indicated, and that the thesis has been produced in accordance with proper academic practices.



Abstract

This research examines the practice of Female Genital Mutilation/Circumcision (FGM/C) as a social phenomenon in Singida Region, Tanzania. The aim is to contribute to a deepened cultural anthropological understanding of the function and meaning behind the practice in Singida, and how it reacts to external factors of change, such as human rights-based laws and projects aiming to eradicate FGM/C. This was done by conducting an ethnographic field study, with the help of staff members from the Christian Council of Tanzania (CCT). Through the theoretical framework, aiming to grasp the complexity of FGM/C, aspects such as visible and invisible violence, patriarchal structures, social schemes, anomalies, change and rites, were analyzed on the collected material consisting of semi-structured interviews and participatory observations. From the conducted analysis, it was shown that FGM/C was a deeply imbedded cultural practice which purpose is to (1) enable women to consolidate to womanhood and ensure a full membership in society and (2) cure girls from a disease known as lawalawa. This is because the clitoris is believed to be connected to diseases and to enhance the risk of abnormal behavior that does not belong to womanhood. The thesis shows how lawalawa was fabricated as a reaction towards the ban on FGM/C in Tanzania and how it was used to (unknowingly or knowingly) justify the continuance of the practice. It was also showed that members of societies who engage in FGM/C, are likely to avoid abandoning FGM/C if possible, however change is achievable if it is implemented in a sensitive way with knowledge on local reaction towards external factors of change.

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Acronyms

AU	African Union
CCT	The Christian Council of Tanzania
CS	The Church of Sweden
GBV	Gender Based Violence
FGM/C	Female Genital Mutilation/Circumcision
FBO	Faith Based Organization
HTP	Harmful Traditional Practice
NGO	Non-Governmental Organization
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
OHCHR	The Office of the United Nations High Commissioner for Human Rights
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNECA	United Nations Economic Commission for Africa
UNESCO	The United Nations Educational, Scientific and Cultural Organization
UNFPA	The United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	The United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
VICOBA	Village Community Bank
WHO	World Health Organization

1.0 Introduction

Female genital mutilation/circumcision (FGM/C) is a practice that involves “partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons” (WHO, 2018). Reports vary, but it is estimated that around 200 million girls in total have undergone the procedure. It is more commonly practiced in different parts of Africa, Asia and the Middle East, however not restricted to these areas. FGM/C is done for a variety of reasons, mainly based on cultural traditions and/or beliefs (ibid). The most prevalent of these are related to ensuring a woman’s marriageability, as well as the importance to decrease promiscuity (Allen, et al., 2013, p. 23). The practice is also commonly viewed as a rite or ceremony of a girl’s transitioning to womanhood (ibid, p. 13). In some areas, FGM/C is also done for ‘health reasons’, based on the belief that the clitoris is toxic and could cause harm (Llamas, 2017, p. 3). With that said, the reality of the phenomenon is far more complex and the practice and meaning of it differs widely (ibid, p. 13pp).

FGM/C is greatly discussed not only in academia and in human rights contexts, but also in the global public debate. It is commonly referred to as in need of prevention or change and many urge for total abandonment, mainly because of its negative health impacts (WHO, 2018). Not only can FGM/C lead to life-long vaginal and sexual complications, but also, it may have fatal outcome. Many also urge for abandonment because the practice goes against both human rights and international law (see chapter 2.2 in this thesis). This has emerged into various movements and laws created to stop the practice, supported by international law and human rights-based organizations. Not to mention, humanitarian organizations such as UNICEF and WHO are taking the lead in the work towards eradicating the practice by initiating several programs meant to be applied on both universal and local level (WHO, 2008). In Tanzania, the practice goes against national law as well, but is despite this practiced in many places. The complex and varying nature of FGM/C is poorly acknowledged, leading to misinterpretations and generalizations about why people engage in the practice (Nnaemeka, 2005, p. 10pp). It is often described as barbaric and irrational which demonizes culture, often leading to reinforced resistance amongst communities practicing FGM/C (Ngambouk, 2010, p. 1). Societies all over the world are pushed to change by abandoning a practice that has been a social tradition for centuries, yet there is still lack of contextual specific knowledge of what FGM/C means to societies, what function it serves and what the drivers are, “making generalization difficult” (Muteshi-Strachan, 2017). This thesis will not argue for whether a change is morally correct or not. However, because many institutions and organizations are insisting on change, the thesis

finds it essential to examine the drivers behind FGM/C and how the phenomenon reacts towards that change. This becomes crucial for both humanitarian and development organizations - especially since FGM/C occurs in these settings and both girls and women who have undergone the procedure often need special humanitarian aid (UN, 2014, p. 2). To understand context specific drivers behind FGM/C will also help humanitarian organizations adapt their programs to local needs in a proper manner.

1.1 Objectives and Research Questions

This research aims to contribute to a deepened cultural anthropological understanding of the practice of FGM/C, by conducting an ethnographic fieldwork on the subject in the Singida Region, Tanzania. By examining FGM/C as a social phenomenon in the context of the Christian Council of Tanzania (CCT) – an organization that initiates local programs to eradicate the practice, the purpose of this study is to understand the meaning and function of FGM/C in Singida. It will specifically examine what happens to the phenomenon in relation to external factors of change. In this thesis, external factors of change refer to national and/or international laws enforcing change to the practice of FGM/C, as well as initiatives provided by external organizations such as the CCT. The overall objective is to examine the meaning and function of FGM/C in Singida Region and how the practice reacts to external factors of change. The more specific objectives are to: (1) Identify the cultural purpose, meaning and function of FGM/C in Singida Region. (2) Identify the main external factors of change introduced by the state and the CCT, aiming to change the practice. (3) Examine possible consequences of (2) and possible connections between the functions and/or factors identified in (1) and (2).

This thesis thus aims to answer the following research question:

What is the meaning and function of FGM/C in Singida Region and how does FGM/C as a social phenomenon and practice, react to external factors of change? To help answer the research question, the following sub-questions were asked:

- (1) What is the cultural purpose, meaning and function of FGM/C in Singida?
- (2) What main external factors have been introduced by the state to evoke a change on the practice of FGM/C in Singida?
- (3) What main external factors have been introduced by CCT to evoke a change on the practice of FGM/C in Singida?
- (4) Are these external factors of change affecting the practice? If so, how, and are there any consequences?

1.2 Relevance to Humanitarian Action

Organizations such as UNHCR, UNICEF, UNESCO, OHCHR, UNAIDS, UNDP, UNECA, UNFPA, UNIFEM and WHO – many of which can be counted as leading humanitarian actors, have been making a joint effort to evoke change towards eradicating the practice (WHO, 2008, p. 1pp). These initiatives are meant to work on a universal level – such as legal initiatives banning the practice, as well as local – by changing social structures believed to be the cause of FGM/C (ibid). Previous research show (as presented in chapter 2.3 in this thesis) that FGM/C is a complex phenomenon which has been, and is, greatly debated. When powerful actors are condemning a complex practice such as FGM/C, it is arguably essential to understand what it means to the people practicing it and how external imposed change are affecting the communities that have been practicing it for countless of generations.

There are more reasons as to why research on FGM/C is relevant to humanitarian action. Due to structural gender inequalities, women and girls face increasingly risks of sexual abuse, rape, unwanted pregnancy, maternal mortality and other forms of GBV in emergency settings (UN, 2014, p. 2). Despite this, only 0,5 % of all humanitarian action-related funding in 2015 went to GBV support (UNOCHA, 2016, p. 40). FGM/C, along with other forms of gender specific practices, is specifically reported to increase during periods of drought and harshening environment (Opondo, et al., 2016, p. 11). Not to mention, women who undergo FGM/C need special care and assistance in humanitarian settings and are more likely to die from childbirth complications, than women who have not undergone the procedure (WHO, 2008, p. 11). According to WHO, “the practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death” (WHO, 2018).

As previously stated, FGM/C occurs around the world, meaning that it also takes place in both humanitarian and development settings. Despite this, there is still lack of contextual knowledge about the function of FGM/C and the drivers behind it (Muteshi-Strachan, 2017). This is where the cultural anthropological approach plays an important role: Different cultures, communities and groups all have unique ways of interpreting the world through rites, cultural practices and belief systems. Cultural anthropology recognizes that fact (Moore & Sanders, 2006, p. xii). By aiming to understand everything, from unexpected effects of humanitarian and development interventions, to communities and social phenomenon, “cultural and social anthropologists often contribute to the discussion and solution of practical problems in humanitarian action” (Roepstorff, 2016, p. 1). For example, WHO defines the

practice as a form of torture, but, as this research will further examine, communities who practice FGM/C might have a very different understanding of it (Lionnet, 2005, p. 98). Understanding of complex context-based phenomena is of great importance because it can help both humanitarians and development workers to adapt projects to local needs and approach the subject in a culturally appropriate manner (ibid). Considering the complexity of the phenomenon as well as its diverse nature, more anthropological research is arguably needed to fully understand the drivers behind FGM/C.

This thesis can be beneficial for both humanitarian and development researchers, as well as organizations working with FGM/C or other aspects concerning GBV or women's rights – especially for those trying to implement change. The research will be limited to the experiences of the phenomenon in Singida Region in relation to CCT and its partners work and will therefore not be able to generalize about FGM/C in Singida Region, nationally or globally. However, this research can be used as an example and possibly lead to a deeper understanding in the subject as well as lay ground for further research in the matter.

1.3 Previous Research

FGM/C is, as a subject, extensively researched and debated on a global scale. Sociologist Elisabeth Heger Boyle (2002) means that the debate over FGM/C is an example over how “cultural conflict is global”, because “activists and policymakers do not simply identify and correct problems in their own neighborhood, city or nation. They also address problems in other parts of the world” (Boyle, 2002, p. 10). Boyle means that certain principles are generally viewed as morally universal, such as the universal declaration of human rights. Activists, policymakers and organizations all over the world are thus taking action towards implementing these principles to make sure that they are followed. FGM/C is one of those things considered universally morally wrong, according to these principles. Even nations where the majority of all families engaged in FGM/C, “uniformly oppose it” (ibid). However, anthropologist Ellen Gruenbaum is one of many anthropologists that stress the importance of cultural relativism when dealing with FGM/C. This means to “[judge] each culture within its own context rather than by the values of others” (Gruenbaum, 2001, p. 26). She implies that because of this, FGM/C cannot be dismissed as a pure act of violence, but rather the phenomenon needs to be properly understood (ibid: p. 27p).

A different take on the subject comes from Françoise Lionnet, who in her article *Women's Rights, Bodies, and Identities* (2005), argues that both the cultural relativistic and

universalistic approach is problematic. This is because (1) FGM/C has existed in many European and Western contexts as a psychosocial phenomenon and thus is not something that is “unknown” to our own culture or “cannot be understood” from a western context – which many cultural relativists argue (Lionnet, 2005, p. 102). And (2) because universal humanitarianism is creating a legal dilemma in areas where FGM/C is a cultural collective practice (ibid). In the article, she explains this dilemma by quoting Sylvie Fanzing (1990):

“Excision is thus performed in order to obey a law; it results from the need to conform to a collective practice, and from the fact of being subjected to a social constraint. Individuals are thus caught as in a vise between two opposing laws; to obey the one ipso facto leads to breaking the other” (Lionnet, 2005, p. 106)

Lionnet means that imposing change on the practice by referring to the declaration of human rights or universal laws will not help. She goes on to mention the example of Article 5 in the Declaration of Human Rights, which states: “No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment” (ibid, p. 98). This article is seen as universally applicable – condemning FGM/C amongst other practices. The problem is, argues Lionnet, that most societies which practice FGM/C do not see it as cruel or inhumane – they see it as part of life – like giving birth. “They form part of a network of social values that are the scaffolding upon which the equilibrium of the culture rests” (ibid). This is not to say that the practice can be morally justified by this. One agreeing with this perspective is Obioma Nnaemeka (2005), a Nigerian-American academic, whose background lies in Women’s Studies and African Studies, amongst others. She strongly critiques western studies of FGM/C. Nnaemeka bases this opinion on the issue that many western feminists “are less concerned about the women at the center of the controversy as full-fledged human beings deserving of dignity and autonomy, and more interested in using the context and texture of their lives to assert power and dominance and justify colonial nostalgia” (Nnaemeka, 2005, p. 8). She strongly critiques both universal and cultural relativistic initiatives by saying that their flaws can be seen in their failure to acknowledge FGM/C’s global reach, too often dismissing the western’s historical psychosocial use of the practice, as also mentioned by Lionnet (ibid, p. 9). Nevertheless, these different approaches show very conflicting, yet strong, opinions regarding the practice.

Looking at previous studies in the field of FGM/C in Tanzania and Singida specifically, quite a lot of research has been done on the matter. Research has mainly been

focusing on the practice's relation to health (Toubia, 1994), law (Boyle, et al., 2001), education (Pesambili, 2013) as well as child marriage and GBV (Avalos, et al., 2015).

Ali & Strom (2012), present a different view: In the article "*It is important to know that before, there was no lawalawa*" *Working to stop female genital mutilation*, they write about how FGM/C in the Singida Region has changed in the last 50 years. They state that after the legislation against FGM/C in Tanzania was introduced in 1968, the way FGM/C was practiced transformed (Strom & Ali, 2012, p. 69). Instead of being a representation of a girl's transitioning into womanhood and openly celebrated, the practice began to be performed in secret on infant girls. At the same time, a disease known as lawalawa arose. The word can be translated to *candy* or *sweet* in English, but in Singida, lawalawa is believed to be a dangerous vaginal infection which can only be cured or prevented by the practice of FGM/C. However, lawalawa was not considered a serious health issue prior to the legislation and according to Ali & Strom, the disease was made up to justify the practice of FGM/C on young girls in Singida (Strom & Ali, 2012, p. 70). Ali & Strom's article shows how important it is to understand the underlying factors to the drivers of FGM/C.

A similar research on how forced change affects societies who perform FGM/C, was conducted on the Ejagham people in Cameroon, by Vitalis Pemunta Ngambouk (2010). The result showed that humanitarian NGO's "demonization of culture and failure to address the local context of these practices [tended] rather, to reify and re-inscribe the practice as central to Ejagham cultural identity, personhood and femininity" (Ngambouk, 2010, p. 1). Instead of creating change, the opposite happened. This clearly shows that there is reason to believe that a deepened knowledge of how FGM/C interrelates with cultural and structural aspects in relation to external imposed change (such as legislations) in Tanzania as well, is much needed, and that is where this research might play part.

1.4 Methodology

This research is an ethnographic case study with qualitative research methods consisting of semi-structured interviews and participant observations. Secondary data is used to ensure triangulation as well as provide the research with theories to help analyze the data collected in the field. The respondents for the semi-structured interviews were chosen using non-probability snowball sampling (as will be described in chapter 1.4.1) (Bryman, 2012, p. 202p).

The ethnographic case study was carried out under a time frame of 8 weeks in total, from the 26th of January to the 23rd of March 2018. The ethnographic approach was chosen

because of its great use when studying cultural or social phenomena from a cultural anthropological perspective (Kaijser & Ölander, 2011, p. 13). It allows one to look at a specific phenomenon and social processes in a specific area and is thus ideal for a research focusing on a complex and varying phenomenon such as FGM/C. (Bryman, p. 71).

Cultural anthropology refers to the study of humans as cultural beings (Moore & Sanders, 2006, p. xii). That means to study social systems, cultural phenomena, beliefs, traditions, norms, cultural values or world views. In short, cultural anthropology studies the different aspects of what it means for people to be part of a society. The discipline is used to understand why certain aspects of culture exists, what they signify to people and how they are used in various ways to make sense of the world (ibid). Bryman states that in social science, there should be an emphasis on context (Bryman, 2012, p. 402). Arguably, this goes for humanitarian and development fields as well. In the same paragraph, Bryman writes that “social anthropology, which often demonstrates how a particular practice, such as the magical ritual that accompany the sowing of seeds, made little sense unless we understand the belief system of society” (ibid). However, this is not only the case when regarding the ungraspable, the magical and unexplainable: “we cannot understand the behavior of members of a social group other than in terms of the specific environment in which they operate” (ibid).

Ideally, knowledge about cultural phenomena is to be obtained through an empirical approach (Moore & Sanders, 2006, p. 15). This means that the phenomenon is studied in its natural environment – in the everyday life. However, to study the practice of FGM/C in its so called natural setting is almost impossible (not to mention ethically questionable) for an outsider, because it would entail to partake in a rite that is secretly (an illegally) conducted. To gain access to that room would be very challenging. The fieldwork was therefore conducted in relation to the program “Reducing Prevalence of GBV in Tanzania”, carried out by the Christian Council Tanzania in Singida. Because of this approach, CCT is part of the studied field. This approach may limit the data (see chapter 1.4.5.), but at the same time makes it easier to study and gain access to the subject as an outsider. The CCT thus served as a framework for analysis and guided the data collection.

1.4.1 Sampling Procedure and Secondary Data

The sampling of the respondents in the qualitative interviews was done using non-probability snowball sampling. In short, this type of sampling method enables the researcher to make an initial contact with one or few people who are relevant to the subject of the study, and then let

them make further suggestions for other relevant informants. This means that the sample is not random and is not likely to represent the population (Bryman, 2012, p. 202). With that said, it would not be appropriate to draw a random sample in this case, because not all Tanzanians living in Singida practice FGM/C, let alone know anything about it. Also, FGM/C is illegal in Tanzania and it would therefore be very hard (and ethically questionable) to ask random people about their stands on FGM/C. Snowball sampling is therefore the best option when conducting qualitative research on sensitive issues like this (ibid, p. 203). It makes it possible to create a sample that is based on people who have knowledge and experience of the subject's complexity.

In total, 10 in-depth interviews were conducted. The interviewed individuals were selected on the criteria of being/having been involved with CCT and/or its partner the Church of Sweden's (CS) work on reducing prevalence of FGM/C and GBV in Tanzania, or having personal experience of FGM/C. All individuals have extensive experience with FGM/C as a social phenomenon and have worked with the issue of FGM/C and GBV in Tanzania, in different ways. 9 out of 10 informants have specific knowledge on FGM/C in Singida Region and all come from Tanzania. 3 out of 10 were born and raised in Singida and 9/10 were of Tanzanian origin. One respondent did not share the same knowledge on Singida region, but had an extensive knowledge on FGM/C's relation to rites and the effects of the law. For that reason, the interview will mainly be used for framing the topic. The interviewees all had varying experiences with FGM/C. One of the informants was a high-ranking official of the CCT who, thanks to his position, had a great overview on the issue of FGM/C in Singida. Another informant was a former cutter, who had circumcised over 200 girls. She lives in Singida Region, Itaja village, and is now trying to convince other community members to stop the practice. For a full list of participants, see appendix I.

Participatory observations were made with the purpose to get a deeper understanding of the attitudes and norms, as well as to observe the organizational approach to reducing prevalence of FGM/C and other forms of GBV. Some of the observations were done in areas in Singida. However, due to practical limitations, observations were not limited to Singida but took place in settings related to CCT's and the CS's work against FGM/C in Singida. The participatory observations mainly involved partaking in meetings or talking to people, and the notes from these talks serves as complimentary to the semi-structured interviews. In total, 15 informal interviews/talks were conducted about FGM/C in Tanzania, spread out over the 5 participatory observations. The observations also included attending group meetings with over 60 other people who participated in discussions about reducing the prevalence of FGM/C and

GBV in Tanzania, led by CS and CCT employees, amongst others. The information provided by these additional participants will be used as a complement to the in-depth interviews. For full list of all the participatory observations, see appendix II.

Secondary data has been chosen to complement the collected data in the field and to ensure triangulation. It will be part of the empirical findings and interpreted through an ethnographic content analysis, to complement the data collected in the field. Bryman describes this as a reflexive thematization of data, where the aim is to be “systematic and analytic but not rigid” (Bryman, 2012, p. 559). The researcher moves back and forth between conceptualization, analysis, and interpretation, revising themes and categories as the process goes. This ensures that both thematization and analysis can be done without getting stuck, hindered or simply not as precise as could be, when using predetermined analytic tools. Thus, in the process of writing this thesis, there was an initial thematization of the data, but as the process went along, the themes (and the understanding of the material) changed. And so did the secondary data. The only thing that remained the same was the empirical findings themselves (Bryman, 2012, p. 557pp).

The secondary data consists of the following material:

Jan Kratzer and Mushumbusi Paul Kato’s article *Empowering Women through Microfinance: Evidence from Tanzania* (2013), which includes a study on gender distribution of power and influence in the household and in the culture. They state that in Tanzania as a whole, women are considered inferior to men, and are less likely to be involved in decision-making and other power-related situations (Kato & Kratzer, 2013, p. 45pp).

Amnesty International’s Gladys Burini starts by stating that the Tanzanian president John Pombe Magufuli, on June 22 2017, banned pregnant schoolgirls to ever go back to school, as their presence would have a bad influence on other girls. This, she argues, has created a situation where girls are being punished for pregnancies, regardless of how they occurred, thus also including and punishing rape victims. Regardless, she considers this a large degradation in sexual education (which the girls will miss) and equality policy, thus turning the back on the problem and “refusing to deal with it properly” (Burini, 2017). Referring to the African Charter on the Rights and Welfare of the Child, she means that this is an arbitrary and discriminatory policy and urges policy-makers to take the child’s right to education into account – as well as to show understanding of those who have suffered sexual abuse (ibid).

In Tanzania, the most commonly performed type of FGM/C was type I and II (for types of FGM/C, see chapter 2.1). However, studies show that in rare cases (approximately 2% of women who have undergone FGM/C) type III was also seen (GIZ, 2011). The same source, a German humanitarian actor who works on behalf of the German government, claim that Singida has a 43% prevalence of FGM/C, the fourth highest in the country (ibid).

The Medical Dictionary defines *smegma* as “a sebaceous secretion, especially the cheesy secretion that collects under the prepuce around the clitoris” (Medical Dictionary, 2018). It is in itself harmless and natural, but might in some cases appear and get infected or irritating when a person neglects intimate hygiene procedures. At the same time, the natural purpose of the smegma is to act as an anti-viral and antibacterial lubricant in a sensitive part of the body – but without airing and washing, it can be both smelly and cause inflammation (ibid).

I.4.2 Interview Process

Semi-structured interviews allow qualitative data to be collected (Bryman, 2012. p. 233). Since this research will examine cultural and structural aspects of FGM/C, it is important to get an in-depth understanding of the phenomena that is being researched. That is why an ethnographic approach is needed (ibid). Before entering the field, CS and CCT offered an opportunity to study their program on Gender Based Violence. With their help, it was possible to establish a suitable first respondent. From there, by using the method of snowball sampling, a recommendation for another appropriate respondent was made, and so on. This made it easy to find relevant informants who wanted to take part in the study. However, this method can generally create limitations to the collected data (ibid, p. 203). Because respondents are likely to recommend people who are of the same opinion or share the same experiences as they are, which can affect the outcome of the thesis. To minimize this risk, it was made clear with the respondents who made recommendations on possible informants, that a broad perspective on the matter was wanted.

Prior to the interviews taking place, the informants were contacted through either e-mail or phone. They were informed about the intentions of the study as well as the purpose with the interview. They were also informed about their right to anonymity and withdrawal. All interviews were conducted face-to-face in the Tanzanian mainland or on Zanzibar, in settings such as offices or cafés, depending on the respondent’s preference. When at cafés, the informants were offered a free coffee as a thank you. Other than that, respondents were not given any money or gifts for their participation. When the meeting took place, they were once

again reminded of their rights and asked if it was alright to be recorded during the interview, to later be transcribed. All informants agreed to this. They were informed about how the interviews and transcriptions would be stored (on a computer) and it was made sure they understood that they could stop the interview at any time as well as skip answering questions that they did not feel comfortable answering. After that, the interview began.

All interviews were recorded with an iPhone and conducted with an interview guide consisting of 13 general questions (see Appendix III). The questions were not sent in beforehand, with the purpose of making the interview feel more like a conversation and not something forced. The semi-structured form of the interview also allowed the researcher to explain misunderstandings that arose during the interview. Additional follow up questions were asked during the interview but varied depending on the respondents answer or the conversational topic. The questions were purposely made flexible to enable the respondents to give their own point of views. This was done to try to get a deeper understanding of FGM/C as a phenomenon. All the respondents had different experiences which will add to the understanding. Given that all informants are in some way against the practice of FGM/C, it could be hard for them to give neutral answers. However, the researcher had this in mind when conducting the interview guide and when asking follow-up questions.

1.4.3 Thematization and Analysis

After the data was collected, the thematization of the material could begin. This meant a process of generating analytical ideas and finding common themes for general interpretations, to make sense of the content in the collected material. This was done by dividing the texts (the texts from the interviews, observations and the secondary data) into different sections depending on which common theme the material had. These different themes then in turn were divided into subthemes with suitable labeling. These “themes” are sometimes more commonly known as “codes”, but since the material was collected through a qualitative approach the material could be subjectively interpreted. It is therefore more accurate to describe it as themes (Bryman, 2012, p. 557pp).

Using Bryman’s chapter on Ethnographic Content Analysis, an initial thematization was made. As it is a reflexive method, the process of working with themes and the analysis can be seen as a back-and-forth method. Thus, after the initial thematization was done, the next step taken was to conduct an initial analysis. Thereafter, the themes were revised. As the understanding of the material deepened, so did the understanding of the most usable themes.

Thus, the themes were remade – which of course changed the ways of conducting, and the findings in, the analysis (ibid). In short, what followed was that the findings were analyzed from its new different themes and interpreted in the theoretical framework, after which conclusions were drawn. The theoretical framework was chosen to guide the examination of the collected data (the empirical findings). Thus, this study is limited to the perspective presented by these theories which impacts the outcome of this research. When conducting fieldwork with the purpose of studying complex social phenomena like FGM/C, unexpected empirical findings are likely to arise (ibid). This means that the research objective and question also often changes during both field work and thesis writing, which was the case for this thesis. The final framework was decided during and after going through a reflexive work with thematization of the empirical findings - and, of course, the field helped shape it. This meant that different ideas, theoretical approaches and comparable findings were able to be tested before deciding on a concluding theoretical framework (ibid) (see chapter 3.0 in this thesis).

1.4.4 Ethical Considerations and Positioning

Before entering the field of research, positioning is a key aspect – especially when approaching any sensitive subject (Bryman, 2012, p. 561). This requires the author to reflect over its own background and possible shortcomings as a researcher, since it will affect how the research is carried out. First and foremost, it is important to acknowledge the fact that the author is a western feminist conducting a study on FGM/C in Tanzania as an outsider. As a white western woman studying women's issues in Tanzania (Africa), it is important to acknowledge what white women in the system has historically represented, and - due to post-colonial structures - is still representing (Nnaemeka, 2005, p. 7). “Unequal power relations and privilege determine the nature and frequency of and reasons for border crossings” (ibid, p. 15), meaning, the researcher can go to Tanzania and study FGM/C as an outsider because of her privilege – which is derived in unequal power-structures. It is therefore of great importance to be circumspect, and aware of these issues when conducting this research. This does not mean that FGM/C cannot be studied by an outsider, on the contrary being from the outside allows one to see cultural phenomena from another perspective, which can be valuable. However, the study arguable needs to be based on mutual needs, respect and understanding, in order to be carried out in an ethical way. That is why it is crucial for the researcher to acknowledge the above mentioned ethical considerations and to reflect over her own shortcomings.

FGM/C is a sensitive subject that needs to be studied with caution. Because of this, the informants were informed about the goal and aim of the study as well as risks, to avoid deception. Their right to anonymity and confidentiality was also mentioned. The rights included anonymity, the right to refuse to answer and the right to stop the interview at any time. It also included withdrawal from the study, to ensure voluntary participation and to avoid invasion of privacy. Therefore, all informants who partake in the semi-structured interviews were contacted by the researcher after the interviews, to ensure that they still felt comfortable partaking in the study. No payment was given for their participation. The consent was recorded, as was all the interviews. While conducting the interviews, some fear of disclosure was noticed, due to the sensitivity of some topics. This research will therefore keep all informants anonymous, to ensure their personal safety. The informants that the researcher met during the participatory observations were provided with the same information about the study's purpose and their right to anonymity and confidentiality, however were not recorded. The gained information was transcribed and stored the same way as the recordings. The gathered information was treated with respect for the informants, and answers were cross checked to highlight similarities and differences of opinions. See chapter 1.4.3 to regarding the coding-process of the material.

1.4.5 Limitations

This research is not evaluating the program on FGM/C conducted by the CCT or any other organization for that matter. However, this research is based on the perspectives of former and current CCT workers, organizational partners, as well as people partaking/have been partaking, in their program against FGM/C. This thesis will therefore be limited to their perspective. One of the biggest limitation is the fact that the study is done with the help of CCT and CS, who are working towards an eradication of the practice of FGM/C. This makes it hard to create a neutral base, in terms of the gathered material collected from the informants. The opinions that are expressed in this thesis thus comes from Tanzanian's who are against this practice. This leaves out the opinions of people that want the practice to continue, which could create a cultural bias. As previously mentioned (see chapter 2.1 in this thesis) it is very hard to conduct a neutral study on FGM/C in a country where the practice is illegal. Regardless of that fact, this research includes people that previously have had a positive take on FGM/C and personally engaged in the practice. However, they want to be very clear on that they nowadays are against it. The best way to conduct this study is therefore to be aware of the opinions that the informants have and to understand that the collected material is limited to that perspective.

Further, all informants except one, did not have English as their first language, which could also cause limitations of the data (Laws, et al., 2003, p. 170). In some cases, an interpreter was used. Both when using an interpreter as well as when talking to someone albeit fluent in English, but speaking it as a second language, one needs to take on extra precaution. Laws et al. (2003) were used prior to the field work, as a help when constructing easily understandable or translatable questions. However, the same authors state that it is almost impossible to create a multi-language interview (especially surrounding sensitive subjects) without losing or distorting some of the information shared, which is why it is important to be aware of the possible limits in your data (Laws, et al., 2003, p. 256pp).

Furthermore, secondary data and previous studies will be used to ensure triangulation on some of the statements given. The thesis is impacted by the researcher's own subjective perspective as well as the chosen theories analyzing the empirical data. This can create a bias. To minimize this, it is of great importance for the researcher to act neutral, avoid leading questions when interviewing and try only to draw conclusions which are based on the findings in the empirical data. This thesis is not able to generalize about FGM/C, however it can create a deepened understanding for the complexity of the subject and lay ground for further research. The aim of the thesis is not to analyze the practice of FGM/C through a moral lens. However, it is important to acknowledge the researcher's own opinion of the matter. Finally, it is critical to underline that this thesis does not speak for any of the women who have undergone FGM/C.

1.5 Thesis Outline

This thesis consists of six chapters. In the first chapter; (1) Introduction, a brief introductory to the subject is followed by the objective and research question. Then comes a section on the relevance to humanitarian action as well as previous studies. Lastly, the chapter presents an extensive section on the research's methodology which includes the sampling procedure; where the informants and secondary data are briefly presented, the interview process, a description of the thematization and analysis of the data, as well as ethical considerations and limitations.

The second chapter is the (2) Background, where information related to the topic are presented to gain a deepened understanding on the subject. This chapter includes the description of FGM/C as a practice, information about laws and regulations affiliated to FGM/C, relevant background information and statistics about Tanzania and Singida, followed by information on the CCT.

The third chapter is the (3) Theoretical Framework, which will be used to guide to analysis of the material. Here, four main theories are described; Galtung's (1998; 1969) theory on violence, Walby's (1989) theory on patriarchal structures, Douglas (1966) theory on Dirt, Social schemas and change, Davis-Floyd's (2004) theory on rituals as well as their combined usage.

The fourth chapter presents the (4) Empirical Findings, consisting of the collected data divided into 6 themes; General information about FGM/C in Singida, FGM/C and GBV, FGM/C and sickness and impurity, rites and traditions, critique against the state as well as FGM/C and change.

The fifth chapter presents the (5) Analysis, where the theoretical framework is applied to the collected data. By analyzing and discussing the data in relation to the theories, this section aims to analyze the meaning and function of FGM/C, how it reacts to the identified factors of change and what the consequences are.

The sixth chapter is the (6) Conclusion, which aims to answer the research question, to summarize the main point of the analysis as well as conclude the research's contribution.

2.0. Background

Presented in this chapter is general information about the practice of FGM/C, statistics and context specific information about FGM/C in Singida and Tanzania, laws and regulations around it as well as general information about the CCT and its work with FGM/C.

2.1 The Practice of FGM/C

As previously mentioned, FGM/C is conducted for different purposes depending on both traditions and circumstances. Normally, it is done on girls between the ages of 0-15, but can also be performed on older women, such as before marriage or before and after giving birth (WHO, 2008, p. 4). There are several ways of conducting the mutilation or circumcision, varying from culture to culture. The practice is roughly classified as four different types, according to the World Health Organization (WHO):

1. Type I: Known as clitoridectomy, type I entails “partial or total removal of the clitoris and/or the prepuce” (ibid).
2. Type II: This type is referred to as excision and involves partial or total removal of the clitoris, as well as the labia minora (ibid).
3. Type III: The vaginal orifice is narrowed by “cutting and appositioning the labia minora and/or the labia majora” creating a covering seal, leaving just a small hole for urine and menstrual blood to come out of the vagina. This type often involves partial or total removal of the clitoris as well as the labia minora, however does not have to. This type is known as infibulation (ibid).
4. Type IV: All other types of harm done to the vagina for the purpose to cause injury, bleeding or reformation. Examples of this is “pricking, piercing, incising, scraping and cauterization” (ibid).

The cutting/circumcision of genitals is almost entirely done by women and often without any medical training (WHO, 2018). The methods used to carry out the practice differ, but the girls are usually cut with a razorblade, often without anesthesia. WHO, along with other organizations, argues that FGM/C has alarming health consequences. These are issues like: excessive bleeding, fever and infections, shock, death, wound healing problems, scar tissue and

keloid, increased risk of complications during childbirth as well as sexual problems such as pain when having sex and/or failure to enjoy sexual intercourse (WHO, 2008, p. 23).

According to WHO, UNHCR, UNICEF and UNIFEM amongst others, FGM/C can be counted as a form of GBV (WHO, 2008, p. 10). There are five different categories of GBV: sexual violence; physical violence; emotional and psychological violence; harmful traditional practices (HTP's); and socio-economic practices (UNHCR, 2003, p. 15). FGM/C falls under the category of HTP – meaning that FGM/C is a tradition that is done to either intentionally or unintentionally cause harm to women (ibid, p. 17). The practice is also believed to be linked to other types of HTP's such as child marriage and domestic violence (ibid). With that said, societies that conduct FGM/C might not agree to this description and this is an important remark to make. Communities who engage in the procedure are often doing it because it serves an important cultural and social value (WHO, 2018). Sometimes, it is also believed to cure genital diseases. According to WHO,

“[FGM/C] is often considered a necessary part of raising a girl, and a way to prepare her for adulthood. (...) Where it is believed that being cut increases marriageability, [FGM/C] is more likely to be carried out. (...) [FGM/C] is associated with cultural ideals of femininity and modesty, which include the notion that girls are clean and beautiful after removal of body parts that are considered unclean, unfeminine or male” (ibid).

This idea about FGM/C's association with uncleanness will be further discussed under chapter 3.3 and 4.3 in this thesis.

2.2 FGM/C, a Human Rights & Law Perspective

FGM/C goes against article 1, 3 and 5 in the Universal Declaration of the Human Rights (UN, 1949). These articles state everyone's equal right to freedom and personal security, as well as condemning all acts of torture and cruelty. In 2011, the African Union (AU) decided to forbid the practice of FGM/C (African Union, 2003), and in 2012, the practice was condemned by the United Nations (UN) (UN, 2013). Through a resolution aimed specifically at increasing efforts against FGM/C, the UN also urged all member states to try in spreading awareness as well as educating its population (including specialists) on the matter (ibid). Tanzania is a member of AU since 1963 and a member of UN since 1961 (UN, 2018) (AU, 2018). The country has

ratified UN conventions such as CRC (Convention of the Right of the child), CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women) and CAT (Convention Against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment) (UNHR, 2018). In 1968, the president of that time, Julius Nyerere, presented a new political program for Tanzania called the Arusha Declaration (Strom & Ali, 2012, p. 70). The program had strong Western and socialistic influences and stated everyone's equal rights, similar to the Human Rights Convention. The declaration also contained the Bill of Abolishment, which made it clear that all acts of female genital mutilation or circumcision was prohibited because of its violent nature (ibid). Since the implementation of Sexual Offences Special Provision Act of 1998 – penal code 169A, FGM/C is considered a criminal offence in Tanzania (TZA, 1998). However, the Tanzanian government has been critiqued for not making enough effort to enforce the law and resolutions against FGM/C (Equality Now, 2016). Due to globalization as well as forced migration, FGM/C is now considered a global concern (ActionAid, 2017, p. 5).

There are debates about whether the law is creating a positive change or not. Statistics on the prevalence in Tanzania show a decrease of from 1996 (17,6%) to 2015 (10%), in numbers of women and girls being circumcised, but it is difficult to know whether this is accurate or not (Allen, et al., 2013, p. 19). Official demographic reports show that at least 10 % of all Tanzanian girls and women between the ages of 15-49 have undergone FGM/C (Ministry of Health et. al., 2016, p. 16). Other reports do however show that 31% of all girls and women between the ages of 15-49 have undergone FGM/C. But previous report conducted by the same actor shows a prevalence of 41% in 2004 and an increase to 51% in 2010, which further indicates the uncertainty of statistics regarding FGM/C (NBS, 2005, p. 249); (NBS, 2011, p. 296).

However, possibly due to the law, FGM/C is in many places no longer celebrated in the open, but rather done secretly. This could cause unwillingness to disclose and hence affects statistics of FGM/C in the country (NBS, 2011, p. 295).

2.3 FGM/C in Tanzania and Singida Region

Tanzania, formally known as the United Republic of Tanzania, is a sovereign state located in East-Africa. Prior to Tanzania's independence in 1962, Tanzania was one of the poorest countries in the world and dependent on international aid (Arndt, et al., 2015, p. 1). However, since its independence the country has managed to have a rather good economic growth and can now count as a Major Economy in Easy Africa. Despite this progress, Tanzania has not

been able to translate the economic growth into a prosperous reduction of poverty (ibid). This is especially shown in rural areas, where Tanzania faces challenges against not just poverty, but also health, water sanitation and education. This can be shown in the spatial inequalities across the country. Urban areas such as Dar es Salaam was as of 2013 scoring the highest per capita income of TZS 1.9 million a year, while the rural Singida Region¹ only scored TZS 0.6 million – the lowest in the country (Matotay, 2014, p. 592). This becomes a relevant issue to mention here, since Singida is one of the poorest regions in Tanzania and poverty can be linked to others forms of unequal structures (ibid, p. 595). According to Motatay (2014) women in Tanzania, “remain pooled within the low-skilled and low-paid jobs. This eventually nurtures a gender-insensitive socialization process, shrinking female spaces and growing male-dominated alliances and coalescing” (ibid, p. 596). This means gender inequality. Because of this evident inequality between the sexes, Tanzania can be counted as a patriarchal society (Madaha, 2014, p. 18, 26; Mbilinyi, 2016, p. 122p; Pepinsky, 1992, p. 41pp). Patriarchy² refers to a social system of power where men are dominant, and women are subordinated (ibid). The impacts of this system will be further discussed later in this thesis. To conclude, it is important to mention that there is a known correlation between gender inequality structures and FGM/C. There is no proven correlation, but nevertheless, Singida is one of the regions in Tanzania where the prevalence is the highest (GIZ, 2011, p. 1).

In Tanzania and Singida region, type I and II is the most commonly way to perform FGM/C, but other forms of FGM/C such as type II and pricking (type III) are also occurring. (Allen, et al., 2013, p. 10). Until the end of the 1960’s, the circumcision of girls in Singida was done as an open celebration of a passing into womanhood, on girls at the age of 8-12. However, as already mentioned in the section Previous Research (see chapter 1.3 in this thesis), this changed after the Arusha Declaration was presented. With that said, FGM/C is still described as a rite by most Tanzanians and amongst the societies that engage in it. (Winterbottom, et al., 2009, p. 57).

¹ See Appendix III for the regions location in Tanzania

² For the full definition of patriarchy, see chapter 3.2 Patriarchal Structures

2.4 The Christian Council of Tanzania

The CCT is a faith-based organization (FBO) that was founded in 1964 and is a member of the World Council of Churches. It serves as an umbrella organization for most Christian denominations and is also the largest agent for interfaith relations in the country. It is one of the most prominent actors in Tanzania on sustainable development work, as well as humanitarian work (Bushell & Eagles, 2007, p. 259; CCT, 2018). Religion is very much central in the Tanzanian society and therefore faith-based institutions are greatly valued and respected all over the country – only 1,7 % does not identify strongly with a religion (Sawe, 2017). Being a FBO with great experience of working with other faiths towards a common goal, CCT has the advantage of knowing how to reach populations that are sometimes hard to reach; they have a strong support on the grassroot levels, thus able to draw upon a large group of volunteers or supporters and they are often able to achieve a fairly extensive and effective bottom-up approach (Hudson Institute, 2013) using already existing organizational infrastructure. Since 2011, CCT has been working in Singida and is currently running programs against GBV in several different villages across the region. The main purpose of the program against GBV in Singida is to focus on the issue of FGM/C in correlation to other forms of GBV. Its aim is to “[build] capacity of women in issues pertaining to social rights with an emphasis on bringing gender equality” (Christian Council Tanzania, 2017).

The vision of the CCT is to be “A responsible ecumenical instrument promoting the kingdom of God”, with the mission to “foster unity and enhance capacities of members to witness for Christ and build holistic development” (CCT, 2018). Thus, CCT are guided by Christian values. However, CCT claim they are not implementing any form of Christian conversion in their program, and that they are working with interfaith relations in their program as to aid as many as possible.

2.5 Religious Affiliation

Religion plays a great and highly visible part of Tanzanian society and life, deeply embedded in the lives of the people (Sundqvist, 2017, p. 67), where 93% of all Tanzanians described that religion played a “very important” role in their lives (Pew Forum on Religion and Public Life, 2010, p. 3). However, religious statistics are considered a sensitive subject, and the last time official data was collected on the subject was in the national census survey in 1967 (Sundqvist, 2017, p. 70p). Other organizations have since then conducted supplementary surveys. The latest more reliable survey, from 2009, showed that Tanzania consist of 60% Christians, 36%

Muslims and 4% African traditional believers and other religious minorities (Pew Forum on Religion and Public Life, 2010, p. 20). These numbers are approximately consistent with what other recent studies has showed (with a difference of a few percentage points) (Sundqvist, 2017, p. 72). There is, however, no reliable data on religious affiliation in each region in the country, why an exact number for Singida cannot be presented in this thesis.

Furthermore, research has shown that differences between religious groups in relation to FGM/C is statistically minimal, where 11% of Muslims, 14% of Catholic Christians and 20% of Protestants is said to be affected (no figures for African traditional religions) (GIZ, 2011). And as a final note, the Muslim majority archipelago Zanzibar (between 95-99% Muslims (Central Intelligence Agency, 2018; Sundqvist, 2017, p. 17; U.S. Department of State, 2013, p. 2)) shows only a 0.5% prevalence of FGM/C.

3.0 Theoretical Framework

To approach the research, four main theories will be applied to examine the data collected: Johan Galtung's theory on violence, Sylvia Walby's theory on patriarchal structures, Mary Douglas theory on dirt, social schemes and change, as well as Robbie E. Davis-Floyd's theory on rituals. The theories were selected to examine various parts of the practice, seeing the complexity of it. They are presented below, with the intention to give an understanding of the theoretical framework that will later guide the analysis. The theories purpose is to explore the complexity of FGM/C and were chosen based on being (1) written by well-known social researchers (2) their different approaches to explaining social, cultural and structural phenomena, (3) their complementing relevance to different aspects of FGM/C. Most of the theories were intentionally chosen because of their broad nature; they can be applied to many social aspects or phenomena and not just FGM/C.

Below, the theories as well as their respectively purpose of use are presented, followed by a short description of how they will be used to complement each other.

3.1 Visible and Invisible Violence

To understand the value of a theory that explores violence, one must first acknowledge the fact that FGM/C is considered a form of (gender based) violence by many actors, as previously mentioned in the Background (see chapter 2.1 in this thesis). A theory that examines this on a deeper level is thus important for this research, however, the theory will not be able to grasp the full concept of the drivers behind FGM/C and will not examine aspects of change. Galtung's theory allows the cultural and structural meaning behind the described violence to be analyzed and helps to understand possible contradictions – to give a more nuanced analysis of the topic. This is important, since many who engage in the practice do not consider FGM/C as a violent act that causes damage, rather the contrary. This theory can, combined with the other theories presented further below, help understand what behaviors, purposes and values that make up FGM/C as a social phenomenon and how these might be, or not be, related to violence.

According to peace and conflict-scholar Johan Galtung, who has been studying the concept of violence for decades, violence consists of more than what can be physically seen or felt. He describes violence as “anything that prevents an individual or group from realizing their full potential” (Galtung, 1969, p. 168). Galtung's theory of violence can further be examined through the conceptual framework of the ABC-triangle, “where A stand for

attitudes/assumptions, B for behavior and C for the contradiction underlying the conflict, the clash of goals held by the parties; the issues. C is the root conflict” (Galtung, 1998, p. 5). Below, the meaning of the letters in the ABC-triangle is further explained:

A stands for personal, direct and visible violence (ibid, p. 3). This can be seen as the classical form of violence and is the most notable one because it can be physically seen and felt. Examples of this form of violence are anything from domestic abuse, murder and bar brawls to police brutality, terrorist attacks and all other form of physical harm, pain and/or injury done to a person/group of people, by another person/group of people.

B represents the cultural violence, meaning that it is impersonal, indirect and invisible or less visible than A (ibid). Cultural violence can be described as values or behaviors that are sources to other types of violence, such as visible (physical) violence. Examples of sources of cultural violence are ideologies, religion, cultural beliefs, behaviors and/or values, etc. Note that this does not entail that ideologies, religions, cultural beliefs and so on, are violent in themselves. Rather, some aspects of them could be a source of violence. For example, ideologies do not necessary provoke violence, but different values in the ideology could be either violence-encouraging or consist of such views and/or attitudes that can bring divergence in a society, thus leading to direct violence. These views are thus what makes up the cultural violence, since they are sources to the direct violence (ibid, p. 4).

Finally, C represents structural violence, and just like B, this form of violence is impersonal, indirect and invisible (ibid, p. 3). It has its roots in unequal power dynamics which ultimately leads to unequal life chances. It is not related to any specific event, but is rather normalized, meaning that is on-going and part of everyday life. Examples of structural violence is racism, gender-inequality and class differences.

As shown, A stands for the direct/visible violence, whereas B and C is the indirect violence, embedded in the culture and/or structure of a society (ibid). These three forms of violence are linked and affect each other. Cultural violence is derived from values and justifies the structural violence. As an example, patriarchal societies are built on a societal structure of gender-inequality (C) which favors men over women. This inequality is justified by values or beliefs on men and women having different roles in society, where men are believed to have higher value and therefore deserving of more power and authority (as will be further explained in chapter 3.2). As one can see, B and C is strongly linked since the values of B, justifies the structure of C. Within the ABC-triangle, this can also be linked to inter-gender violence (A), where women are likely to be the main victims for domestic beatings or sexual violence and

men are more likely to be the perpetrators (as stated by Walby in chapter 3.2 in this thesis). In this example, it becomes clear how structure, culture and action go hand in hand. The action of physical violence does not just appear out of nowhere, but is rather rooted in a much bigger, complex system (ibid, p. 5pp). Galtung sums up the ABC-triangle in the following paragraph:

“The ABC-triangle is at the human level of human attitudes and assumptions, cognitions and emotions, human violent behavior physical or verbal, human perceptions of goals as incompatible, clashing. The violence triangle is a social reflection of this. The cultural violence is the sum total of all the myths, of glory and trauma, and so on that serve to justify direct violence. The structural violence is the sum total of all the clashes built into the social and world structures and cemented, solidified so that unjust, inequitable outcomes are almost unchangeable. The direct violence described above grows out of this, of some elements, or out of the total syndrome” (Galtung, 1998, p. 6).

The B and C of the triangle are not only the source of A, but the visible violence (=A) also reinforces the cultural (=B) and structural (=C) violence, which ultimately reinforces the visible violence as well (ibid). Therefore, Galtung means that no form of violence can exist solely by itself, because they co-exist and affect each other (ibid, p. 5).

A last important remark, is the fact that a person affected by any type of violence structure, is subjected to negative and positive reinforcement (Galtung, 1969, p. 170). For example, women who live in a patriarchal society will get punished for negative behavior (i. e. not aligning with the norms or structures) and rewarded for positive behavior that aligns with the current structure. This creates an environment where people are more likely to behave and think according to the norms and values of that societal structure, since it is what serves them best. By following the norm, one is likely to experience positive rewards. However not being thought of as violence per se, Galtung means that “the system is reward-oriented, based on promises of euphoria, but in so being also narrows down the ranges of action. It may be disputed whether this is better” (Galtung, 1969, p. 170). This means that people are likely to not feel oppressed - quite the opposite - when they are rewarded for their actions in the above described way. However, to not feel oppressed does not entail that one is not. Of course, if the majority in a society believes to benefit from the current system, it is probably quite hard to argue against it or to persuade its people that it is not beneficial.

3.2 Patriarchal Structures

This thesis will use Sylvia Walby's theory on patriarchal structures to examine possible indications of it in the collected data. As presented in the background chapter 2.3, studies show that the Tanzanian society has a patriarchal structure which affects power dynamics between men and women – ultimately affecting their lives. Walby's theory will be used to further explore these structures in Singida. It is crucial to theorize what aspects are included in a patriarchal society and how it impacts specific societies or communities, to understand its possible effects on cultural meanings, values, attitudes, relationships and behaviors in Singida, specifically.

Walby is a sociologist professor with expert knowledge in the fields of gender relations, patriarchy and more. In the book *Theorizing Patriarchy* (1989), she writes about the patriarchy as a complex socially constructed system. Walby particularly identifies the existence of patriarchal relations as being commonly present in both feudal and socialist societies (Walby, 1989, p. 214p), where Tanzania is described as (at least historically being) the latter (see chapter 2.3 in this thesis). The exact meaning of patriarchy varies through scholars, but Walby defines it “as a system of social structures, and practices in which men dominate, oppress and exploit women” (ibid, p. 214). This will be the definition used in this thesis. It is evident that this definition can be linked to Galtung's description of violent structures (C in the ABC-triangle) and thus, these two theories are likely to be very connected when analyzing the data. It is important to underline that this theory rejects the notion that men are biologically in a dominant position and women are naturally subordinated, as implied by biological determinism (ibid). Instead, Walby describes patriarchy as a system that defines social relations through unequal power dynamics that tends to favor men in general. She also says that there is no universal static form for patriarchal structures, rather, it can take on different forms depending on culture, history and interactions between people (ibid, p. 227). With that said, Walby identifies six different structures that most patriarchal societies are more or less composed of:

“(1) The patriarchal mode of production, (2) patriarchal relations in paid work, (3) patriarchal relations in the state, (4) male violence, (5) patriarchal relations in sexuality, and (6) patriarchal relations in cultural institutions, such as religion, the media and education. Within each of these structures it is possible to identify sets of patriarchal practices which are less deeply sedimented.” (ibid, p. 214).

Further, “they represent the most significant constellations of social relations which structure gender relations. Six is the smallest number of structures which can adequately grasp the varied forms of women's oppression (ibid, p. 227). She also mentions that “In different times and places some of the structures are more important than others” (ibid, 227). Meaning that their relevance varies, depending on the context. Further, the elimination of one structure does not entail elimination of the patriarchal structure as a whole (ibid). Finally, a complex variable in patriarchal systems, Walby means, is that its structures does not only create gender inequality, but also racism and other inequalities or marginalization (ibid). While it is essential to be aware of this, this thesis will focus on inequality between the sexes.

This thesis will mainly focus on (1) (3) (4) (5) and (6), because of their applicability to the material. Below, you will find extended explanations of (1), (3), (5), (6), as (4) is directly linked to Galtung's theories and will be discussed in 3.5.

1. The Patriarchal Mode of Production

The patriarchal mode of production is the patriarchal structure that describes how “women's labor is expropriated by their husbands within the marriage and household relationship” (ibid, p. 221). The woman performs various of tasks for the husband, such as cooking, cleaning and caring for the children. This can be viewed as unequal domestic division of labor, because the husband “has effective possession of the fruits of her [the wife's] labor” (ibid). The defining feature here is not the tasks itself, but rather the fact that the work is performed for the sake of her husband. She almost never gets salary for the labor conducted but gets maintenance that can be seen as part of the relationship agreement. The husband gets to expropriate her labor power, because he is the one who holds possession of it. Walby does not entail that women see this system as disadvantageous, rather the opposite; women often marry into these types of agreements because they believe they will benefit from it, and for many that is the actual case. The point here, is that this system is creating an environment where the woman is dependent on her husband for maintenance, further creating unequal power-structures (ibid).

3. Patriarchal State

Walby means that the state, such as the socialist or capitalist state, is a patriarchal structure in itself because it affects and shapes gender relations. Historically, women have been rather excluded from the state. More significantly, their lack of power within the political forces leads to women not being represented as well as men in the political sphere, making men the decision

makers over issues regarding women. This does not only show in the numbers of female and male workers in the government, police-force and legal system, but it can be seen as in who the system favors - men or women? For example, the state shapes rules on marriage, divorce, pregnancy abortion, reproduction, sexuality (such as banning homosexuality) and so on. These are things that affect both men and women but are controlled by the male-dominated state (ibid, p. 224).

5. Patriarchal relations in sexuality

Rules and norms regarding one's sexuality can be seen as crucial in the forming of patriarchal relations:

“The key set of patriarchal practices here is especially that of heterosexuality: both its compulsory nature and its internal structure such as the double standard. Thus it is a structure both in the sense of the primacy given to this form of sexual practice as distinct from lesbianism and homosexuality, and in the sense of the unequal relations within this sexual practice” (ibid, p. 225).

One of the most essential causal significance in the patriarchal structure of sexuality, is orienting women and girls towards thinking that marriage is one of the most desirable goals in life (ibid). Sexuality is a set of social practices that guides women's behavior more than men's. For example, promiscuity (sex with several people) is often avoided in this structure. Not for men, but for women. This correlates with the importance of female virginity before marriage and the desire to satisfy men's sexual needs.

6. Patriarchal Culture

Patriarchal culture consists of complex and diverse set of practices, which ultimately shapes patriarchal values, behaviors, attitudes and beliefs. It can thus be seen as justifying patriarchal structures. Here, one can see similarities to Galtung's theory on cultural violence (B in the ABC-triangle). Walby says that “patriarchal culture is best analyzed as a set of discourses which are institutionally-rooted, rather than as ideology which is either free-floating or economically-determined” (ibid, p. 227). However, expressions of femininity and masculinity are deeply established in all forms of social life, and not only in institutions such as education and religions, “which have cultural production as a central goal” (ibid). Culture guides men and women on

the appropriate behavior according to their respective gender role. Here, masculinity and femininity are constituted of more than one discourse and vary depending on class, ethnicity and age. It is important to mention that culture can shape gender roles and norms that are of disadvantage to both men and females. With that said, Walby considers men the overall winners when considering all aspects of social life. As an example, Walby mentions that “the educational system has been important in both differentiating men and women and providing men with more credentials” (ibid).

3.3 Anomalies, Social Schemas and Change

Mary Douglas is a well-known cultural anthropologist, who is most famous her work *Purity and Danger* (1964), in which she writes about the concept of dirt. Douglas means that one can learn a lot about a society’s culture and its values by studying its dirt. By understanding the reasons behind why certain things or certain phenomena are classified as dirt and others are classified as pure, one can obtain knowledge about the basic classification system, as well as understand the reasons behind it. According to Douglas, this is the very foundation for how social life is constructed in a society. Mary Douglas theory on dirt and impurity serves an important role in this thesis. It will help understand the symbolic (cultural) purpose and value of conducting FGM/C as well as help analyze the so-called disease lawalawa, and why it arose. It will also help to analyze different aspects of the meaning and belief of FGM/C in Singida and possibly explain communities’ reaction towards external factors of change in Singida.

To understand Douglas theory on dirt, one must first define what dirt, according to Douglas, entails. It can be seen as a symbol for disruption of the order, a phenomenon, thing or action that is abnormal, unwanted or wrong (Douglas, 1966, p. 6). Dirt is all things anomalous³. After the presentation of Douglas theory, this thesis will mainly refer to dirt as anomalies, to make a clear definition.

Douglas defines it as the following:

³ Anomaly refers to something strange, abnormal, misplaced or a deviation from the common behavior. In other words, anomalies are phenomena or behaviors that are not part of the cultural norm or common liking.

“[Dirt is] essentially disorder. There is no such thing as absolute dirt: it exists in the eye of the beholder. If we shun dirt, it is not because of craven fear, still less dread of holy terror. Nor do our ideas of disease account for the range of our behavior in cleaning or avoiding dirt. Dirt offends against order.” (ibid, p. 2).

Dirt, as an idea, is compounded of “care for hygiene and respect for conventions” (ibid, p. 8). It is a result of our history and “expresses symbolic systems” (ibid, p. 44), thus being neither absolute or universal. This means that our beliefs about dirt also can change because, as Douglas puts it, it changes with “our state of knowledge” (ibid, p. 8). What is dirty and anomalous is often not questioned, because the idea of dirt reasons with one’s habits and (cultural) norms (ibid, p. 5). This means that the classifications of what is dirt respectively purity, has to do with morals (ibid, p. 169pp). When something is classified into either of these categories, a moral judgement seems to have been made. It is important to note that if dirt equals a form of abnormality or misplacement, and we – as social beings – have different ways in interpreting our world through culture, norms, beliefs and so on – what is considered abnormal also differs widely (ibid, p. 5). In other words, dirt can be described as everything that is felt as misplaced. When it is removed; regardless if it is done by tidying, separating or cleansing, it is done to create or readjust the (social) order: “it is (...) an attempt to relate form to function, to make unity of experience” (ibid). Dirt can therefore be literally anything: Dust, soil, body hair, body fluids, body parts, food, geographical places, abnormal behavior and so on.

Further, Douglas mentions that it is important to know the power of cultural categorizations of values, when discussing her theory:

“Culture, in the sense of the public, standardized values of a community, mediates the experience of individuals. It provides in advance some basic categories, a positive pattern in which ideas and values are tidily ordered. (...). Above all, [cultural values] has authority, since each is induced to assent because of the assent of others. But its public character makes its categories more rigid. A private person may revise his pattern of assumption or not. It is a private matter. But cultural categories are public matters. They cannot so easily be subject to revision” (Douglas, 1966, p. 48).

Douglas implies that “the universe is divided between things and actions which are subject to restriction and others which are not” (ibid, p. 9). Anomalies are created and reinforced because they comply with the structures, values, norms and beliefs of a society. With that said, the way societies treat anomalies is much more complex than this: “The idiom of pollution lends itself to a complex algebra which takes into account the variables in each context“ (ibid, p. 10). A specific phenomenon or action can be categorized as unclean, abnormal or wrong in some contexts - and also depending on who is doing it - while in others not.

3.3.1 Change

“It is generally agreed that all our impressions are schematically determined from the start. As perceivers, we select from all the stimuli falling on our senses only those which interest us, and our interests are governed by a pattern-making tendency, sometimes called schema” (ibid, p. 45).

In order to grasp the reaction to change, it is essential to understand how humans as cultural beings, make sense of the world through categorization. From the day we are born, humans have a tendency of categorizing things into patterns, referred to as schemas (ibid, 44pp). These schemas determine both the categorization as well as the classification of phenomena. They are functioning as cultures or/and societies logical reference point. The schemas are not only built from cultural norms and structures, but it also reinforces them. People belonging to a certain community or culture learns not only how to make sense of the world through these schemas, but also learn (so called) appropriate behavior and thinking (ibid). Different cultures and/or societies have unique schemas, which ultimately determines (through the categorization and labeling of phenomena) what type of social order is needed to have a stable society. The categorizations are then labeled, which means that social phenomena, behavior and attitudes, are not just neutral ‘things’, but rather they entail meaning (ibid, p. 45pp). The labels create unity and guides community members towards the accepted type of behavior and moral values (ibid, p. 3p).

“In perceiving we are building, taking some cues and rejecting others. The most acceptable cues are those which fit most easily into the pattern that is being built up. Ambiguous ones tend to be treated as if they harmonized with the rest of the pattern. Discordant ones tend to be rejected. If they are accepted, the structure of assumptions has to be modified. As learning proceeds objects are named. Their names then affect the way they are perceived next time” (ibid, p. 45)

Forced change such as new laws are therefore easily rejected if it does not fit into the current pattern. This becomes especially true in cases where communities or societies have never experienced for example, external change before. Douglas argues that the more consistent an experience is, the more confident we tend to be in our assumptions regarding these experiences – and as experiences pile up, a conservative bias gets evermore present. Thus, “uncomfortable facts which refuse to be fitted in [the current pattern], we find ourselves ignoring or distorting so that they do not disturb these established assumptions” (ibid, p. 46).

It is surely understandable why societies or cultures tend to resist change – especially change imposed by other cultures or societies. According to Douglas, sensitivity to abnormality can be linked to the sensitivity to change. If the anomaly cannot be, or is not, removed as usual, this will disturb or disrupt the pattern of order (ibid, p. 6). Essentially – norms create order which bring structure and meaning to a society. If the order is disrupted, a form of societal disorder (chaos) will appear, because it goes against the social schemas. This does not entail that the change is bad in itself (although anomalies are sometimes classified as dangerous) – but the change represents symbolic pollution and hence will initially be met with resistance (ibid 46p). The reason for disruption is not important (at this point, at least), rather it is the behavior towards change that is of value here. As Douglas puts it: “Ideas about contagion can certainly be traced to reaction to anomaly. (...) The initial recognition of anomaly leads to anxiety and from there to suppression or avoidance.” (ibid, p. 6). Norms, behaviors, structures and habits are not easily changed. If there is a, so called, bump in the road, it is likely that the alternative road taken, will be the one which best conforms with the already existing order. In other words – alternative ways of removing dirt can be invented to maintain order, to avoid changing it. In those cases, removal of dirt can be viewed as the most logical way of dealing with change, since it allows societies to readjust the order in a way that aligns with their schemas. This is a very important remark. It is also important to mention that status matters, when it comes to the view on anomalies (ibid, p. 4). For example, this could entail that authority

figures that are trying to change the societal structures are more likely to be well received, than an outsider.

3.4 The Value of Rituals

American anthropologist Robbie E. Davis-Floyd states that a ritual is "a patterned, repetitive, and symbolic enactment of a cultural belief or value" (Davis-Floyd, 2004, p. 44) and is an integral part of every known human culture (ibid). Rituals might be more or less explicitly expressed. It can be stated in both public or private events where both the method and the goal of the ritual is stated, in other cases it is an unexpressed matter - sometimes the people affected might not see it as a ritual but just an event that feels important or in some cases simply *fun*. Sometimes it goes by more or less undetected as a ritual that is part of everyday life. What unites them is, as stated, its function as a consolidating or transformative phase or happening, that is culturally significant as well as culturally important for the individual and/or the group (ibid, p. 45pp). Davis-Floyd states that "rituals are not arbitrary; they come from within the belief system of a group" (ibid, p. 46). By repeatedly performing these rituals, the collective belief is entrenched within both those involved in the ritual (both those who are the "objects" of the ritual and those who perform/help to perform it) and the group as a whole.

Not every member of a group takes part in every ritual. Rituals are often used to confirm or manifest the individual's role or status in the group or culture. Therefore, depending on your role or status, members of the group partake in/perform different rituals. Some are more important than others. Arguably, those with greater value to the cultural belief are more important; if the aim or reason of the ritual is to manifest or confirm an aspect of the culture that is fundamental of the cultural identity and the individual's role in the culture, it is likely to be of greater importance - thus, also harder to deviate from. This goes for events such as those connected to birth, coming of age, marriage, pregnancy and death or identity-bearing features such as gender, sexuality and social class - and not least anything that has to do with religion and faith. Anything that is crucial to our understanding and categorization of the individuals in our group and the values and belief of our culture (ibid, p. 45pp; Van Gennep, 1977: 67; Bell, 1997: 121p).

Dutch-French-German ethnographer Arnold Van Gennep coined the term rite of passage in his seminal book *Les rites de passage*, first published in 1909. Davis-Floyd sums up his work as per this definition:

“A rite of passage is a series of rituals designed to conduct an individual (or group) from one social state or status to another, thereby affecting transformations both in society’s perceptions of the individual and in the individual’s perception of her- or himself” (Davis-Floyd, 2004: 51).

A rite of passage marks a person's transition from one stage of life to another, or a change in status in the culture; it is an event that changes both your and society’s view on yourself; there is a clear before and after. And when a rite of passage is completed, the individuals change tend to be evident to the society as a whole – there is generally a consensus regarding the role of the rite as well as the change it entails. It is often something that all members of society will do under their lifetime, or that all in a certain position or role have done or will do. (ibid, p. 51p). A rite of passage consists of three phases: pre-liminal, liminal and post-liminal (Van Gennep, 1977, p. 21) In the pre-liminal phase, the individuals separate from their preceding social state. In the liminal phase, the individuals are in transition: being neither in their new state nor in the preceding one. And it is within the post-liminal phase you perform the rituals that reintegrate you in your new state (Davis-Floyd, 2004, p. 52).

3.5 Combined use of theories

Combined, these theories allow one to examine aspects of FGM/C that are linked to violence, gender, anomalies, change and rituals. In this essay, they will be used individually and combined in the analysis of the data, but also part of a holistic understanding of the phenomena and how the informants view it.

It is important to know that patriarchal structures affect both violence structures as well as social schemas, roles and behavior. Thus, Walby’s theory affects both the notion of violence, anomalies, change and rites. Given the nature of her theory, it is arguable that it is connected to all aspects of the other theories – after all, the notion of a patriarchy directly implies that everything is affected by it. Galtung’s view on violence correlates with Walby’s view on Male Violence, with the exception, or addition, that Walby sees the notion of an existing patriarchy as present in, what Galtung would describe as both A, B and C in his triangle. Furthermore, Galtung describes what is seen as violence from different perspective’s whereas Douglas’ - and Davis-Floyd as well as Walby’s - theories explain how and why people construct

social roles, norms and categories in a certain kind of way. They are all interconnected because they affect each other and sometimes are supported or reinforced by each other.

4.0 Empirical Findings

This section describes the empirical data collected through the interviews and observations. It consists of five parts, each part, or theme, constructed using the thematization presented in 1.4.3 Thematization and Analysis. As described, these themes were constructed using Ethnographic Content Analysis, why some are thus tightly linked with the choice of theories. In order to qualify as a theme, a subject must be mentioned by several (and in many cases, all) informants. However, certain quotes and statements will be highlighted. Unless contradictory, they are excerpts chosen if they strongly correlate with statements of which there is inter-interviewee consensus or linked to previous research or theory.

As most interviewees gave overall information on the prevalence of FGM/C in Singida and their description of the phenomena, 4.1 plays part as showing their understanding of FGM/C. 4.2 connects FGM/C with GBV, in the understanding of violence as per Galtung's description in 3.1. The theme showed in 4.3 addresses FGM/C's relation to sickness and impurity, while 4.4 deals with rite and tradition and 4.5. consists of the interviewees collected critique against the State and Government, in relation to FGM/C. And in 4.6, the interviewees view on FGM/C in relation to change is treated.

4.1 FGM/C in Singida Region

The practice of FGM/C in Singida, Tanzania, seems to have gone through a lot of changes the last 50 years. The informants described how FGM/C in Singida is nowadays mostly practiced on young children, often infants (I1; I2; I3; I4; 16; 18; I10, 2018). During participatory observation 4, many people said that FGM/C was conducted in Singida based on three reasons: (1) To control a woman's sex-drive so to help her not to become promiscuous. (2) For health reasons; specific diseases are believed to only affect uncircumcised women. (3) For economic reasons; the women who perform FGM/C get a small income from it, which they depend on.

The informants gave various reports on exactly how young the children are when going through FGM/C. Informants 3 and 4 mentioned zero and one as the lowest age, and 10 to 18 as the highest age. However, they both mentioned that it is most common to conduct FGM/C on very small children, often below the age of one. Many informants mentioned the prior age for circumcision as being 8 to 18, before the ban on FGM/C (I1; I5; PO2; PO3, 2018). When the former cutters were asked about the most common way of conducting the circumcision in Singida during participatory observation 3, the answer was type I, removal of the clitoris. Sometimes type II, the removal of the inner labia and/or outer labia, was conducted as well.

This was also mentioned by informant 3 and is backed up with studies conducted in Tanzania (GIZ, 2011) (Allen, et al., 2013). The practice was often described as taking place in secret, without almost anybody knowing about it (I1; I4; I6; I8; I10; O2; O3, 2018). Informant 2, 6, 8 and 10 mentioned that the cutting is often conducted immediately after birth or within a month after the girl is born, to maximize the chance of keeping it a secret. Because the practice is often done at such a young age, many girls grow up without even knowing that they are circumcised. For instance, informant 2, who has worked in Singida for many years, states that it became clear when she visited a school in Singida. With her, she had a model of a vagina and asked the children about what parts they had and what they didn't have. 98% of the girls said that they did not have a clitoris. If she would have just asked them whether or not they had undergone FGM/C, they would not know, because they undergo it as such a young age (I2, 2018).

It was mentioned during participatory observation 1 that sexual education in school is non-existing, not just in Singida but in the whole country. This means that not only do people not get any education on how their genital organ's work, but they do not get any information about pregnancies or how to protect oneself during sex. The non-existing sexual education was said to be linked to FGM/C by several people, but it was not mentioned in what way (I7; PO1, 2018). Secondary data shows that the current lack of it in Tanzania becomes an issue, especially since the current president forces all pregnant girls (without any exceptions) to drop out of school, at the same time as providing them with no information on how to avoid it (not to mention that in cases of rape, it is not avoidable) (Burini, 2017), which informant 7 agrees on (I7, 2018). This can of course be an issue, not only in Singida, but in the whole of Tanzania.

In Singida, the reason for performing FGM/C was described in several ways. Sometimes it was mentioned as a source of income. However, most cutters do not get that much money from doing the circumcisions (I1; I2; I3; I6, 2018). Informant 6 mentioned that she got 200-500 TZS per girl, but that it was not enough to support her family. Often, the cutters are given a small amount like the above-mentioned sum or a gift, such as a piece of clothing or a few chickens, which can have approximately equal value. By three informants it was also described as giving the cutters social status (I1; I2; I5, 2018). It was also mentioned that the practice was done to keep the girls safe and out of prostitution or to keep them from becoming promiscuous (I1; I2; I3, 2018). However, it was said to create an opposite effect. Because the clitoris has been removed, many women do not enjoy sex and therefore have sex with different men in search of sexual satisfaction (I2; I3, 2018). It was also mentioned that many believe that

an uncircumcised girl cannot become a woman and will not get married (I10; I5; PO1; PO3; PO4, 2018).

4.2 FGM/C and Gender Based Violence

9 out of 10 interviewed informants described FGM/C as strongly linked to GBV and 10/10 wished for the practice to be eradicated. Informant 1 said that CCT believe that if they address both FGM/C and poverty, they might also indirectly address other forms of GBV because they are so linked. With that said, the informants also spoke about some aspects that makes FGM/C distinct from other forms of violence against women. The most common aspect mentioned, was the fact that women themselves often are supporters of the practice as well as being the ones who perform FGM/C (I2; I4; I7; I10, 2018). Informant 4 and 7 said that this was due to the cultural belief system that makes it a women's task, and that women do not believe it more than men – rather it is a shared opinion. Informant 7 means that this makes it extra hard to implement change on the practice, because in some of the other forms of violence women clearly feel violated and that their rights are not being respected. Whereas there is actually a different kind of feel towards FGM/C (I7, 2018). This is not necessarily linked to human rights, but rather the feeling of what is morally right or wrong. It seems to not be considered a violent act. With that said, during participatory observation 1, the lack of awareness of the human rights were mentioned as being linked to FGM/C. Informant 10 said that the fact that both women and men support the practice, makes it more structurally imbedded in society than other forms of GBV. She however wanted to underline that it is highly valued traditional leaders who are preserving the practice in the name of tradition. Even though women are the one's conducting FGM/C, the traditional leaders are almost always men. The women find it very important to please them and are therefore affected by their will (I10, 2018).

FGM/C's correlation with health issues commonly came up as an issue, when discussing FGM/C and GBV (I1; I3; I7; PO1; PO3, 2018). For example, women who are circumcised do not only get short term complications such as excess bleeding and infections, but FGM/C also has long term health consequences. Some informants mentioned complications during childbirth, because of scar and tissue damage on the vagina, making it hard for the woman's genital to stretch properly (I1; I3; I7, 2018). FGM/C was also mentioned as a cause of death, either immediately after the circumcision or in correlation to childbirth complications (I1; I2; PO3, 2018). Also, informant 3 mentioned that lack of proper tools was the cause of both

serious infections and infliction of severe pain. This became evident during participant observation 3, where the former cutters showed the tools they used to use to perform FGM/C. If they did not have proper tools, some grass would be used to rub of the clitoris. All this was said to often be done without amnesia (I3, PO3, 2018). Informant 7 strongly believes that FGM/C affects the women's whole life in a very negative way. Not only in terms of health issues, but also in other aspects. Some informants mentioned one of the negative aspects being that women could not enjoy their sex-life (I1; I2; I3, 2018).

Another described issue connected to FGM/C, was the fact that women and men traditionally and culturally are not seen as equal (I1; I2; I3; I8; I9; I10, 2018). Informant 10, living in a community that practice FGM/C in Singida, stated that an uncut girl can never become a real woman. If a woman grows up without undergoing circumcision, community members often mistreat or socially exclude the person (I2; PO2, 2018). Both informant 1 and 9 mentioned that according to cultural and traditional values, men are seen as far more superior than women (see chapter 2.3 in this thesis). Culture and tradition were described as essential in Singida, and because of this, men's superiority respectively women's inferiority, becomes a very strong belief which guides community's behavior (ibid). This was further mentioned as linked to patriarchal norms such as masculinity norms, where men tend to exercise power over women (PO1, 2018). Women therefore often have no voice in the family and need to obey their husbands (I9, 2018). Informant 8 said that this issue can be linked to men having to pay bride price in Singida and other parts of Tanzania:

“By paying her bride price that means it cost me to get you [(the bride)], so because it has costed me to get you, so you become under me. Because without paying I couldn't get you. (...). And simply because men are like buying their wives, wives become also properties. (...) Men is just misusing whatever properties [they have in their] (...) families with reasons that everything in this house including you [(the wife)], belong to me so I have the right to use them [(the wives)] the way I want [to]” (I8, 2018, p. 4).

Informant 1 also brought up this as an issue and mentioned the fact that children under the age of 10 sometimes are forced to get married to much older men and that sometimes the bride price is paid before the child is born. With that said, informant 8 also mentioned attending a conference where he talked to different women about the tradition of paying bride price. Many

women said it was essential for their daughters to be given money and told informant 8 that because she loved her daughter, she would never let her go without it (I8, 2018). This shows conflicting feelings towards the meaning of paying bride price.

Informant 9 mentioned the fact that women are often seen as properties in a marriage and that men often beat his wife if he is not satisfied with her. She also mentions that this is not only happening in marriages, but that teachers rape the girls as a punishment for not behaving accordingly in School. It was mentioned as an occurring issue in Singida and other parts of Tanzania. Many of these girls become pregnant and are forced to drop out of school, because of the government's new legislation forbidding pregnant girls or mothers to go to school (as stated in chapter 4.1). Informant 1, 2 and 3 all believe that FGM/C is part of the same culture which brings women in a lower position, one reason being that it disables women to enjoy sex while men still can. FGM, just as any form of GBV, manifests inequalities between the sexes (ibid). Therefore, it can be viewed as strongly linked.

With that said, it was mentioned by a majority of informants that communities that practice FGM/C in Singida often do not consider FGM/C an act of violence. For example, many practice FGM/C to keep women safe and out of prostitution, to ensure that they are part of the community, to ensure marriageability and to maintain women's innocence and respect (I1; I3; I4; I7; I9; I10, 2018). Because an un mutilated woman will be either rejected or discriminated against by the community, the mothers want to protect their children by circumcising them (I3; I4; I10, 2018). A circumcised woman is often considered beautiful and able to satisfy her man and will therefore be married – something that is highly valued in Singida and other parts of Tanzania (I9, 2018).

4.3 FGM/C, Sickness and Impurity

Five of the interviewed informants, as well as at least 10 informants during participatory observation 2 and 3, mentioned the fact that FGM/C was conducted for medical reasons in Singida (I3; I5; I6; I9; I10; 2018). A type of gynecological disease called lawalawa (previously described in chapter 1.3 in this thesis) was described as one of the things that made FGM/C spread during the 1970's. Informant 6 and 9 describes lawalawa as something white that comes out of the vagina of young girls and it is believed that the only way to cure it is by having the clitoris removed through the performance of FGM/C (I5, 2018). Outside of Singida, this is commonly known as smegma (Medical Dictionary, 2018). In fact, smegma is harmless and both girls and boys can get it. Smegma is a white looking, thick secretion that appears under either

the penis foreskin or around the vagina's clitoral hood. Usually, it has to do with bad hygiene and is removed by frequent washing (ibid). However, this is not too known in Singida, and instead they refer to it as lawalawa. Unlike smegma, it is believed to be a dangerous disease that only affects girls (smegma on boys are not believed to be lawalawa). Lawalawa was also described as being believed to be related to many other medical issues such as diarrhea and vomiting and could lead to death (I3; I5; I6; PO3; 2018). Whenever a child would show symptoms of any other issue it was believed to be connected to lawalawa (ibid). Informant 6 described how she used to perform circumcisions based on her will to relieve girls from lawalawa and its consequences and that many mothers came to her because they were worried about their daughters' health. The parents had heard that she helped other families and that their daughters got cured by performing FGM/C. When asked about if this disease could affect boys who showed similar symptoms, the answer was no (ibid). Informant 4, 9 and 10 mentioned that girls who grew up without having their clitoris removed, was sometimes believed to not being able to bear children and according to informant 10 it had to do with lawalawa. Informant 9 mentioned that a lot of parents decide to conduct FGM/C immediately after a girl is born to ensure that the child is completely free from lawalawa. Many conducting FGM/C knows that it is illegal, but it is considered far more important to minimize the risk of their girls not having the disease (PO3, 2018).

Both informant 9 and 10 mentioned that many people who perform FGM/C thinks of an uncircumcised woman as dirty. An unclean girl or woman is believed to easier get gynecological infections (such as lawalawa) and therefore removing the clitoris by performing FGM/C can be considered a preventive measure against different diseases, not just lawalawa. It was also mentioned that because of that belief, a man would not marry an uncircumcised girl because she could carry all sorts of transmittable illnesses (I3, 2018). An uncircumcised girl was not considered beautiful enough and thus not desirable enough for a man to want to marry her. (I9; PO3, 2018).

4.4 Rite and Tradition

All informants described FGM/C in Singida as a tradition and/or a rite or ritual. Most described the tradition of genital cutting of girls as an important part of their culture, or cultural heritage. (I1; I3; I5; I7; I8; I9; I10, 2018). The tradition of FGM/C was also described as part of a deeply rooted cultural system of belief. For example, it is considered a norm amongst many tribes and

is commonly defended by mentioning the fact that their ancestors engaged in FGM/C (I4; I5; I7; I8; I9; I10, 2018). During participatory observation 1, it was mentioned by several people that it is useless to just address FGM/C as a practice, since it is a rite and thus deeply rooted. Informant 7 said that the reason for why many people do not want any change implemented on the practice of FGM/C is because:

“People are very much afraid of losing their culture. They see what is happening in other tribes and other groups of people in the country and they interpret behavior in a certain way and so there is a fear that they will lose who they are and the meaning of who they are, what they attribute meaning to and so uhm just themselves as a culture. So there is fear in terms of letting go of things like this. Which has been very deeply imbedded in their culture” (I7, 2018, p. 4).

Informant 4 said that many believe that they will destroy for their children if they do not make them undergo the circumcision. In fact, Informant 8 mentioned that many girls who live in communities where undergoing FGM/C is a norm, do necessarily not need to be forced to undergo it because many of them want to be circumcised, since this will allow them to become women. FGM/C used to be performed as a rite of passage to womanhood and adulthood in Singida, prior to the ban (I1; I6; I3; I9; I8, 2018). And even though informants say that it is not used as a rite of passage anymore, its traditional value is often described in relation to womanhood (I8; I1; I6; I9; I3, 2018). Informant 6 and other former cutters who were present during observation 3 in Itaja village, mentioned that when FGM/C was practiced as a rite of passage in Singida, the girls took pride of being circumcised because it meant that everyone knew that they were now real women and could get married. Undergoing circumcision nowadays still means that it is possible to act on the role of how a woman should be, even though not being performed as a rite of passage (I9, 2018).

Informant 8 and 9 both mentioned the fact that prior to the legislation (when it was conducted as a rite of passage in Singida) they used to put the girls who were going to undergo the procedure in camps, so that they could learn how to become a woman before being cut. Informant 8 had asked communities in Singida why they still performed FGM/C but removed the training. They would say that it was done to ensure that the girls became fully woman, because without it they are not. It seems like even though the training served an important role, FGM/C was more important to the creation of womanhood. Also, informant 3 mentioned the fact that alternative ways of conducting the circumcision has started to appear recently in

Singida, however not being too common. She described it as pricking the clitoris, so to not create as much of a damage. It was not mentioned why, however could be viewed as being influenced by new values. This was supposedly meant to be a symbolic way of conducting FGM/C, without inflicting as much harm. Never the less, it seems as FGM/C is an important ritual, which holds cultural meaning on how to be or become a woman.

4.5 Critique Against the State and the Law Enforcement

Many informants critiqued the state, government officials, local leaders and the police for how they have failed to implement the law against FGM/C (I2; I3; I10; I7; I8; PO1; PO2, 2018). Some informants meant that the law against FGM/C is not serving its purpose because it is not enforced properly or in a respectful way (I2; I3; I7; I10, 2018). Informant 2 meant that a lot of people are still not aware of the law, and if they are, the law is hard to interpret. She also said that even if people are punished, the punishment in itself does not entail that FGM/C will automatically disappear. This was also mentioned by informant 8 and 3, as well as and during observation 1 by several people. Another issue, according to informant 3, was that the people who are supposed to enforce the law (such as government officials, politicians or the police) are sometimes also community members of societies who engage in FGM/C and therefore do not wish to punish the people who practice it. Often, they themselves have wives and daughters who are circumcised. Informant 3 brought up another factor by mentioning that a lot of people do not want to turn in their family member or members from their own societies. This was also mentioned in participatory observation 1 as a form of corruption, because some state officials value their own beliefs higher than the law. If FGM/C is conducted by people in the community, there is a fear of social exclusion if telling the police about what happens there. Also, it is often the mother and father who are responsible for the child undergoing FGM/C. This means that if someone would report this to the police, the child will be left without parents to take care of her. Informant 1 said that she understood the value of the law but that if societies are not ready for it, another gender-based issue might be created.

Informant 8 and 10 both mentioned the fact that people often run away when they hear the police is coming and that their way of dealing with FGM/C and trying to enforce the law is not working. Informant 7 said:

“I know that there has been some positioning of the government towards decreasing criminal behavior and addressing things that are considered outside the law, but ah, the way it has been enforced has then changed the way things happen, and whether or not it's addressed the issue or whether it just changed how people approach it and get around it is another question”. (I7, p. 3)

This was also mentioned by informant 7, who said that even though some individuals might get punished, other people will continue with the practice. Also, people who get sent to jail are likely to continue with the practice afterwards, because they have not changed their opinions. This was also mentioned during observation 3, where it was said that the reason for why FGM/C is conducted in secrecy is because of the ban against it.

4.6 FGM/C and Change

When informants were asked about if the law against FGM/C in Tanzania has had any effect, the majority answered that community members have changed from doing the practice out in the open, to doing it in secret (I1; I4; I5; I6; I8; I9; I10; PO3, 2018). The same informants also mentioned that FGM/C at the same time begun being performed on much younger girls, often infants and that it was done to avoid the consequences of the legal system. It was also mentioned that the ban on FGM/C made it hard for people to celebrate the girls passage into womanhood, since FGM/C previously was performed as a rite of passage. Because of the ban, this changed as well. Informant 1 and 6 said that the reason why communities in Singida are performing FGM/C secretly to infant girls, is to minimize the risk of people knowing about it: “[babies] don't understand anything, so when they have done circumcision there's pain so when she's crying (...) they use this to like (makes a clinging noise with an instrument) [so that people won't hear the crying]”. (I6, 2018, p. 6p). Other changes in the practice were described by Informant 5, who said that some people have started to come up with ways of conducting FGM/C that minimizes the bleeding. For example, some people put ashes or a kind of flu-medicine on the clitoris and rub it until it is of, instead of cutting it off. A similar style was also mentioned in chapter 4.2. FGM/C is still practiced, but to the way of conducting it has changed because of the law (I1; PO1, 2018).

Informant 4 said that even though the practice of FGM/C has lowered in numbers, this does not count for all areas, especially the rural areas. Informant 4, stating he is living in a rather

rural area himself, says that people living in rural areas generally do not like fast change, they need slow change to conform to it. Therefore, the ban is not well received nor well-implemented. Informant 3 and 4 mentioned that when community members hear about that CCT or another NGO are coming to their village to implement programs against FGM/C, many move to other villages (I3; PO2, 2018). Informant 3 said that even though the communities they implement the programs in has been really empowered, others run to places where they do not work, to be safe. They know they will be monitored and that they will be followed up by the CCT, so they run (I3, 2018).

With that said, informant 1 mentioned that some people do stop when they get the information about that it is illegal to perform FGM/C in Tanzania. However, she said that it did not necessarily change how they felt about the practice, and that this was an issue because other gender-based issues can be created if not going to the bottom. Therefore, the root cause must be addressed. With that said, it was mentioned during participatory observation 4, when talking to children who are ambassadors for spreading knowledge about health-impacts from FGM/C, that the information was received well by the children's parents and most community members. Informant 6, being a former cutter, said that she stopped practicing FGM/C when she saw kids heavy bleeding and hurting during the circumcisions, in combination of being given information about negative health effects on the girls. With that said, it can be hard to know if people have truly changed or not. Informant 1 says that this is because of the secrecy around the practice; almost everyone says they are against the practice and that they have stopped it because they know it is the right thing to say, but many have been proven to do it in secrecy instead. Similar was mentioned by informant 10, who said that some people who are taking part of the CCT's program against FGM/C, say they have changed their beliefs about FGM/C, but really have not. This is especially true for political leaders, who are looking for votes in communities where FGM/C is performed and do not want these communities against them.

Some informants mentioned that change cannot be pushed or forced upon the people who are conducting FGM/C, but that communities listen to their leaders and if there is a chance for change to be implemented, it is through them (I4; I7; I10, 2018). For example, people during observation 5 said that CCT's implementation of VICOBA programs have not only helped with the empowerment of women, but the program's meetings included information about FGM/C and GBV, which make people aware of their rights and local support system. When the members of the VICOBA group were asked if partaking in the program has changed anything, they answered that they feel more empowered and that many have been able to establish

themselves on the labor market for the very first time. They also said that economically wise, it had become more equal between the sexes. However, challenges mentioned were inclusion of all women: Some women drop out because their husband tell them to or because they cannot combine it with the domestic work they have at home. Also, women who are in the agricultural business, tend to get a very low income during rain seasons, which means that they cannot contribute with money each month – meaning they are not able to be part of the group (PO5, 2018).

Lastly, informant 7 mentioned the importance of knowing what different types of belief system different communities have and what specific factors that drives them towards conducting FGM/C. She also mentioned that to eradicate the practice, the people themselves have to want to change:

“If it's just the law, the people, if they still from their belief system disagree [with the law], they will then maneuver around the law and do things to hide from the law... But those practices still happen and sometimes even more abusively if you'd like” (I7, 2018, p. 2).

5.0 Analysis

With the help of the theoretical framework presented in chapter 3.0, this chapter will offer an analysis of the collected data described in chapter 4.0. All statements made in the analysis are built on the information, views or theoretical standpoints presented in the mentioned chapters.

5.1 The Categorization of Womanhood

In Singida, values, norms, beliefs and function of womanhood and femininity shapes the female behavior. This means that the people belonging to the female sex in Singida automatically belong to the social category of girls or women, which means that they have to assert to certain norms, values and bodily expressions linked to that role/category. According to Walby's description of patriarchal culture, men and women are categorized differently in society and learn to behave according to their respectively gender role or category (as stated in chapter 3.2 in this thesis). As Douglas puts it "cultural categories are public matters" (Douglas, 1966, p. 5). Thus, social categorizations are never neutral, but rather, the categories contain culturally and structurally embedded moral values and beliefs (see chapter 3.3). The fact that femininity and masculinity roles are deeply rooted in cultural practices and that this affects values and behaviors, was not only mentioned by Walby but also by many informants. For example, it was mentioned by informants that women in Singida should (1) be a virgin before marriage, (2) be married to a man, and (3) bear children. (1), (2) and (3) was also mentioned as necessary for a woman to be respected and be part of the community (see chapters 4.1 and 4.2 in this thesis, p. 40pp; 44p).

The above-mentioned necessities for womanhood entails that there are certain things that do not fit in the female role in Singida: Promiscuity, pre-marital sex, not having children or not getting married. According to Douglas, abnormal or unfitting behavior, such as behaviors that goes against the norm for how a person should or should not behave, are classified as anomalous behavior (Douglas, 1966, p. 5). Here it becomes interesting: It was mentioned by informants that to reduce promiscuous behavior as well as ensure marriageability and childbearing, women need to be circumcised (see chapters 4.1 and 4.2 in this thesis, p. 40p; 44p). This entails that a woman who is circumcised can fulfill her role in society whereas an uncircumcised cannot. According to Douglas, cultural categories maintain social order and thus contains moral values and codes (Douglas, 1966, p. 5). Because womanhood is a cultural category, any female who goes against its contained values, would disrupt the order. Douglas states that societies restore order by removing dirt (ibid). Thus, when considering FGM/C as a

necessary step to avoid the above mentioned “atrocities”, the clitoris must be removed by the performance of FGM/C, for the women to maintain in her social category and fit in her female role. This means that girls are circumcised to maintain the social order and thus are able to fulfill their attributed role. This can be seen as typical for culturally important rituals (Davis-Floyd, 2004, p. 45), whose function here seems to be to consolidate the female role. The clitoris needs to be removed for the order to be maintained, meaning the clitoris is an anomaly on the female body - it does not belong.

As Douglas explains it, anomalies are created and reinforced because they do not comply to the structure and culture of a society. The culture and structure manifests values, beliefs and ideas about the female body, which can be traced back to both patriarchal structures and violence. As Walby puts it, patriarchal structures of sexuality do not allow females to engage in any type of promiscuous behavior (Walby, p. 225). In this case, promiscuous behavior seems to entail things as pre-marital sex or sexual engagement with several men. This can be viewed as a way of controlling a woman’s sexuality. By removing the clitoris, women are less likely to enjoy sex (see chapter 4.1 and 4.2). Thus, by reducing a woman’s chance to enjoy sex, she is believed more likely not to be interested in sexual relations. This is not done to men in Singida, only to the women. Since patriarchy entails men’s oppression of women (Walby, p. 214), patriarchal structures can be viewed as structured violence, because the oppressed group will not be able to reach its full potential (Galtung, 1969, p. 168). Thus, the removal of the clitoris, in this sense, is also a form of structural violence because its purpose is not only to make sexual intercourse less enjoyable for women, but also to make women conform to categorical values that are patriarchal - thus oppressing in themselves.

This creates a full circle: The cultural and structural meaning, purpose and function of womanhood is therefore connected to the practice of FGM/C. Removal of the clitoris ensures the ability to be a full member of society. With that said, this only offers a partial explanation to FGM/C. Many patriarchal societies with similar values about womanhood do not engage in FGM/C, so why do communities in Singida?

5.1.1 The Value of FGM/C as a Ritual

FGM/C has ritual status in Singida, which was particularly expressed as serving a crucial cultural role in Singida (see chapter 4.4 in this thesis). According to Davis-Floyd, rituals come from the belief system of a group and thus consists of cultural values and beliefs (Davis-Floyd, 2004, p. 45). She means that rituals that serve important functions are the ones that aim to

manifest or confirm important aspects of a culture, such as roles or categories that are crucial to the understanding of that specific culture or society. In the above chapter (5.1) FGM/C is shown to be strongly related to womanhood, where its function is to consolidate the belonging to womanhood, further allowing them to partake in activities that are associated to this social category. As mentioned in chapter 4.4 (p. 46p) FGM/C was, prior to the ban, a rite of passage to womanhood. It was a mutual understanding that all girls were to be cut and that the cutting marked the transition. It was an open celebration and thus the change of social status was noticed and confirmed by the whole society. Building on the arguments of Davis-Floyd (2018, p. 51p), it is arguably the openness and the public as well as cultural-mutual agreement on the purpose and implementation of the change of status, that characterizes the rite of passage. The ban on FGM/C and the secrecy that now surrounds the practice, hinders FGM/C from serving as a rite of passage. As mentioned by many informants, FGM/C is no longer practiced as a rite of passage but was however viewed as an important ritual (see chapter 4.4 p. 45pp). FGM/C confirms women's belonging to womanhood by ensuring marriageability, child bearing and full membership to their communities. Also, as will be later described in chapter 5.3, FGM/C allows a girl to transform from being viewed as sick and deviant to healthy and pure. This means that even though FGM/C does not serve as a passage to womanhood, it confirms belonging to it – thus ensuring the ability to act on the role of a female when the time is right. The ban on FGM/C has therefore not changed the meaning, values and purpose regarding FGM/C as a ritual, rather it has slightly modified its expressions and way of conducting it (however an additional purpose seems to have been added as described in chapter 5.4). The important connection to womanhood is still very much intact. This does however not mean that the ban in itself is altogether without effect in regards to prevalence, rather that it is evident that FGM/C prevails in some matter, and that the ban has not had such an effect on the meaning of the ritual as one could have imagined.

Because of the ritual's ability to consolidate roles, the ritual also serves an important part in restoring the social order by the removal of anomalies, as presented by Douglas to be a manifestation of the values behind social schemas. Because of FGM/C's long served function as a type of ritual that is closely affiliated with manifesting of consolidating womanhood, and because of its cultural importance of gender roles thanks to its patriarchal structures, it might be hard to deviate from a ritual that serves such an important role in society. People make sense of the world through categorizations, so if the main ritual (read: FGM/C) both creates and consolidates categorizations (read: gender categorizations) is not allowed, then what? This is of course not a plausible argument as to why FGM/C should continue, but it is a plausible reason

for why it is continuing and why it does not exist in other patriarchal societies who have never engaged in FGM/C as a ritual.

5.2 Violence According to Whom?

This chapter will further explore drivers behind FGM/C. As previously mentioned, many people who are engaging in FGM/C in Singida do not consider it a violent practice, but rather believes it serves and important cultural value. This chapter will highlight these opinions to get a deepened understanding of the reasoning behind the practice.

Many informants mentioned that women are not only the ones who circumcise girls, but they also support the practice just as much as men do (chapter 4.2, p. 42). It was also mentioned that men are often passive and unaware about the circumcision taking place. With that said, this does not mean that they have a smaller role than women in preserving the practice. As previously mentioned, not only are traditional male leaders very much engaged in the perseverance of the practice, but it is also a belief amongst women that an uncircumcised woman is not a desirable woman and thus will not get married. Walby means that patriarchal structures orients females into believing that marriage is the most desirable thing in life (Walby, p 225). She also states that marriage tends to favor men, which was also mentioned by some informants (see chapter 4.2, p. 43). Examples brought up by Informants 1, 8 and 9, such as the fact that young girls are sometimes forced to marry older men or that most women are bought by being paid bride price, could be viewed as negative. Informant 8 for example, said that by paying bride price the woman becomes her man's property; since he paid to get her, he owns her. This disadvantage can be backed up by Walby, who says that relationships such as marriage, are shaped according to its patriarchal structures, meaning that the structure forms rules that permeates the marriage. Since patriarchal structures equals men's oppression of women, marriage arguably entails some form of oppression. The fact that women are bought or do not get to choose when or whom to marry, can through Galtung's view on violence (Galtung, 1998, p. 4) be viewed as structural violence because its unequal structures are normalized; even though this type of marriage arrangement may not work in favor of the woman, it is often defended by both men and women. As described by both Galtung (1998, p. 4) and Walby (1989, p. 227), culture is often used to justify actions, which mean that values are often shaped in a way that enables structural justification. If one accepts the above premise as true, one must also consider the fact that this oppression may not be felt by the women themselves. As Galtung (1969) describes it, people who live in societies with violent structures, such as patriarchal

structures, are subjected to positive reinforcement (p. 170). Behavior that aligns with the societal structure, is therefore rewarded. This means that women in Singida, who conform to patriarchal norms of what womanhood entail, experience positive reinforcement. This can create a different view or experience of the same phenomenon. For example, it was mentioned by informant 8 that many people in Singida would never marry away their daughter without being given money. This can be interpreted as the money being representative for the woman's value - thus sending her off without money would be disrespectful towards the female. The bride price then entails that the woman has a high value to the husband. Obviously, there are different ways of interpreting the moral value of the same action, where a person outside the community might interpret it differently than a member of that community. This is important, since marriage and womanhood are highly connected to circumcision, as stated in chapter 5.1. For a person of the female sex to be categorized as a woman and treated accordingly, she must be circumcised. Because of this, women who are circumcised and behave according to her attributed female role, are treated better. This could serve as an explanation as to why many women who live in patriarchal societies may not feel oppressed, but rather the opposite, since they are rewarded for their good behavior. If a mother knows that her child will get a much better life if she is circumcised - to circumcise her child could be viewed as the sanest one. It seems like the purpose of FGM/C is to fulfill one's purpose in life as a woman or to live one's best possible life. Of course, in this way of looking at it, FGM/C must be seen as the opposite of violence to communities who perform it in Singida. It is not intentionally done to cause harm to the child - but rather it is done to ensure that the child is given the best opportunities in life, which means the ability to fulfill her purpose as a woman. A mother that is deciding to circumcise her daughter is doing it so that she can be a full member of society and opt her changes of a rich life consisting of marriage and kids - clearly stated as not only highly valued in Singida society, but essential.

5.3 The Role of the State

The State, the Government, the legal system as well as the Police Force, got critiqued by the informants for their lack of handling the ban on FGM/C in a respectful and proper manner (see chapter 4.5 p. 47p). To their belief, it led people to go around the law and continue with the practice. As stated, FGM/C serves an important cultural role in communities where it is practiced and its consolidating of the female role – as well as its believed health treatments towards lawalawa and other diseases (as will be further discussed below in chapter 5.3),

arguably makes it more rigid than other less important traditions. With that said, no societies are absolute rigid (Douglas, 1966, p. 45). Surely, when president Nyerere released the Bill of Abolishment, he and other government officials must have known about FGM/C's important cultural value and function, in societies where it was performed. From the above mentioned empirical data (as presented in chapter 4.0), it seems like such an old and complex cultural tradition must be handled with the proper tools for the ban to be implemented efficiently and correctly. Especially if one looks at forced external change from the eyes of Douglas; change that does not comply with the current social scheme is more likely to be rejected than change that somewhat complies with the social order, because it is easier to grasp and make sense of (Douglas, 1966, p. 45). Douglas also mentions the fact that suggestions of change coming from authority figures are more likely to be accepted than if it is coming from external sources. This means that change that is supported by highly valued community members such as traditional leaders are more likely to create change. Thus, a law whose purpose (eradicating of a highly valued practice) does not comply with the social order, is likely to be rejected if possible. One could of course question why FGM/C is the only reliable option for a woman to ensure a recognized and respected position in her community. It seems like the State is not only lacking to implement the law in a way that enables its success, but it also seems to lack in providing a safety net and shelter for families who do not wish to circumcise their daughters, or for girls who do not wish to undergo the procedure. Of course, the law can be viewed as worsening the situation; since the ban on FGM/C the practice is now conducted on infant girls who are so young that they are not able to avoid it. Even if there were an existing safety-net, this would not matter to most of the girls in Singida because the practice has changed in a way that makes it impossible for them to have a say. Arguably, the State needs to reach out with its policy and create awareness in a way that enables communities to receive the information in a graspable way. If the State, by its ban on FGM/C, was looking out to protect its citizens from a practice that it argues goes against basic humanitarian rights (amongst many), then should not the State do its best to guarantee that the law is implemented in a successful way? Because as it is now, it does not seem to be the case.

5.4 The Fabrication of Lawalawa

As previously mentioned in this thesis, the reason for the change of the practice since the ban, is said to be the legal system: It is less likely that someone finds out about FGM/C taking place, if it is done secretly to an infant, than openly to an older girl. Further, it was mentioned during

participatory observation 4 that FGM/C nowadays are performed in Singida based on (1) reducing promiscuity (2) health reasons (3) economic reasons. Both (1) and (3) were mentioned as being reasons prior to the legislation as well, and appear to not have changed because of the ban against FGM/C. Therefore, this chapter will focus on (2), since this is a supposedly new reason for performing the practice in Singida.

It appears as lawalawa - the illness that only uncircumcised girls are believed to get, were non-existing prior to the release of the Bill of Abolishment. Even if lawalawa refers to a real phenomenon - smegma (as described in chapter 4.3, p. 44p) - it is in fact harmless and not an actual disease, as stated by both informants and scholars (Strom & Ali, 2012, p. 70; Medical Dictionary, 2018). But why did lawalawa appear in the first place and how come people believe it is a real illness, even though there is no proof of its existence? First of all, one has to acknowledge the fact that when the bill of abolishment was released in 1969, banning a practice that had been a tradition for countless generations, was arguably hard to handle for a lot of communities who no longer were allowed to, legally, perform it. If we take the previous mentioned premises as true; that the clitoris is an anomaly and the removal of it through the ritual of FGM/C establishes the female role, a role that is essential to the Singida culture - then FGM/C serves a crucial role in what Douglas calls the categorization of reality through schemas. As mentioned by Douglas (1966, p. 45) humans are cultural beings that use schemas to understand and interpret the world around them. The schemas are public and reinforces cultural norms, ideas and values, thus guides people towards appropriate behavior according to their cultural standard. Thus, the social order is established through social categorizations and it is through these that different people can take on social roles, for example gender roles. If the schemas are interrupted, chaos emerges (ibid, p. 46). Women in Singida has, for countless of generations, been able to take on the female role through the ritual of FGM/C. When the rite of passage suddenly forbids, chaos naturally emerges, because their impression of how they categorize the world is forced to shift.

Davis-Floyd means that rituals that aims to manifest or confirm aspects of a culture that are of great importance to the society, such as roles, are harder to deviate from (Davis-Floyd, 2004, p. 45). Thus, culturally important rituals can be seen as more rigid then others. Douglas has a similar view: She means that when the impressions force to shift, societies are forced to change and because of certain roles public nature (such as gender roles), they tend to be rather rigid (however not being absolute) (Douglas, 1966, p. 46). Meaning that forced change is unlikely to be meet with understanding and acceptance if its cultural pattern does not match

their current schematic pattern - which they make sense of the world through. This means that forced laws banning FGM/C, will be rejected. Or as some informants said, they might find a way to go around the law. The bill of abolishment was filled with messages proclaiming that FGM/C is a violent and inhumane act. These claims would not be recognized by the people that actually engage in FGM/C, because to them it is neither of the two. As stated in chapter 3.3.1 “uncomfortable facts which refuse to be fitted in [the current pattern], we find ourselves ignoring or distorting so that they do not disturb these established assumptions” (Douglas, 1966, p. 46). The word distorting in this sentence is essential. This means that if it does not fit the current pattern, societies are likely to find a way to distort reality so that their current order is not disrupted. Meaning: When communities in Singida found out about the law, a form of chaos emerged, forcing them to change. However, since the message that the bill contained did not fit in to their current pattern, communities in Singida (unknowingly or on purpose) distorted the current established assumptions in a way that did not disturb their current schema too much. This made it possible for them to continue with FGM/C, however with the sacrifice of distorting the practice a bit. Of course, it is unsure how lawalawa, purely practical, came to be. Nevertheless, lawalawa worked as a socially logical excuse for why people needed to stop practicing FGM/C as a rite of passage and begin practicing it on infant girls. Yes, it is illegal, but if their children might die from a disease if the clitoris is not removed, FGM/C becomes morally justifiable. Informants did describe lawalawa as something visible on girl’s clitorises and described it as something white (see chapter 4.3, p. 43p). When in reality this is something quite natural called smegma, it still was thought of as to be something dangerous. The clitoris still needed to be removed - just not for the same purpose of passage. Interestingly enough, as shown above, the view on circumcised women has not changed and females are still not seen as belonging to womanhood if they have not undergone FGM/C (in Singida communities where FGM/C commonly occurs). This shows how complex the drivers behind FGM/C in Singida are.

Douglas argues that when chaos emerges, the mind wanders according to the pattern one has learned to categorize phenomena through. The clitoris was already categorized as an anomaly - something dirty. However, it seems that the ritual value had to be modified which argues for a strengthening of the clitoris position as an anomaly. Prior to the ban, the clitoris was viewed as not belonging to the female body, however belonging to the body of the girlchild. Now, it seems like the clitoris is considered an anomaly from the moment girls are born. Never the less, it is arguably not a coincidence that lawalawa emerged at the same time as the ban on

FGM/C appeared. If one applies Douglas theory about dirt to the practice's change (as presented in chapter 3.3.1 p. 35), the fabrication of lawalawa was able to emerge into an actual belief because it aligned with the current schema at the time by serving the same role (that is, removing the clitoris). In this explanation, lawalawa is not necessarily something people in Singida consciously use to justify FGM/C, but rather it emerged as a subconscious thought that then was made to justify the continuance of circumcision. Of course, it is hard to know if it first appeared as a subconscious or conscious choice and this thesis offers no answer to this. With that said, the previous cutters from Singida mentioned that this was now an actual belief and that they felt bad for the kids and this was the reason for circumcising them (chapter 3.3.1). They wanted them to grow up to become healthy women and removal of the clitoris was believed to allow that. For communities in Singida it seems like it was more logical to fabricate the threat of lawalawa, then to stop the practice.

5.4.1 Other Reactions Towards External Factors of Change

Examples of when communities have been able to - not only distort forces of change implemented to them - but also ignore them, were mentioned by the informants. For example, it was mentioned that when people hear that CCT will come and implement their programs in certain villages, some people move away, thus avoiding change. It was also mentioned that women who are part of CCT's VICOBA-groups drop out because their husband tells them to (see chapter 4.6 p. 46). According to the informants, this does not only have to do with the fact that CCT and other organizations are trying to eradicate FGM/C, but also with the fact that they try to empower women - something that does not fit into their current schematic pattern, being based on a patriarchal structure. The husbands therefore think it is a waste of time, because they do not see the VICOBA-group as bettering their income. Also, it was mentioned that women who partook in VICOBA-meetings and had started their own business, were doing twice the workload as their husbands - being that the women took care of the domestic work at home. Walby means that this labor division is typical of the patriarchal mode of production, where the patriarchal structure allows unequal domestic labor division (Walby, 1989, p. 221). The women are overwhelmed with work but instead of the male counterpart taking on some of the domestic labor for relief, the women's workload is doubled. According to Galtung, this could be qualified as cultural and structural violence, because the men are given far more freedom than women. The issue can be easily fixed, but the unequal structures are so normalized that domestic labor

seems to only be appropriate labor for a woman, even though it does not necessarily have to be that way. These types of values make it harder for women to get empowered.

Similar attitudes as towards the CCT, could be seen towards the police. When the police came to specific villages, many ran away, thus avoiding having to deal with changing their behavior (see chapter 4.6 p. 45). This can be analyzed as avoidance of change that does not fit into their current pattern. Unlike the creation of lawalawa, the move allows full avoidance. Also, the state got a lot of critique from the informants for not implementing the law correctly, thus not being able to create sustainable change. Many mentioned the fact that if the ban against FGM/C is not implemented correctly people will find ways to go around it - as proven true in the above-mentioned examples.

Further, it was mentioned as an issue that State Officials or people with a lot of influence such as traditional leaders, were promoting FGM/C (as seen in chapter 4.5 p. 43). Two things were stated as the main reasons for this. First of all, many State or Government Officials are community members and therefore might not agree with the ban of FGM/C. Second of all, they might or might not agree with the law, but regardless they do not want to anger community members who support the practice. This was said to be especially true for politicians, who need their votes. As previously stated, it was mentioned that the traditional leaders and politicians were often men - thus - if the men still require women to be circumcised, FGM/C is likely to continue (as stated in chapter 4.6, p 45). Here, Walby's definition of the patriarchal state becomes clear: Men, being powerful decisionmakers are the ones promoting how a woman should or should not be. The women have far less say in this and have to conform to what the men decide is most desirable, regardless if it means that they ought to be circumcised or not. This opinion became evident when some of the informants mentioned what type of information seemed to affect pro-circumcision communities the most (see chapter 4.3, p.40p). One story that CCT workers often told the people in these communities, were the story about a circumcised woman in Singida, who married a man from another part of Tanzania where circumcision was not as common. When he discovered that she was circumcised, he annulled the marriage and said that he did not want a circumcised woman. They said that this story made many women question FGM/C, because if it could not reassure marriageability, then it was useless. This further shows how much patriarchal norms about the importance of marriage affects the communities. Here, one can tell how embedded the practice of FGM/C in Singida is in marriageability. Also, notice how CCT reaches local communities with information that matches their pattern of schemas. If CCT, for example, would have said that marriage is not the

most important thing in life and therefore they should not have to undergo FGM/C, the community members would probably be much less inclined to listen. Of course, this also means that the patriarchal structures that allows women to be oppressed in the first place, are still intact, which might be considered problematic. However, if it is just the practice in itself that is viewed as the issue, this could be seen as a proper approach to change the practice.

Another interesting thing was that it became evident during participatory observation 3 when talking to the former cutters, that they did not only change their opinions based on information given by the CCT, but also because they thought it was unpleasant to see how much the children bled during FGM/C (see chapter 4.6 p. 45). They mentioned that they started to question it prior to gaining the information, but that the information made it clear that it was a form of violence towards the girls. Arguably, the former cutters were able to change their opinions about FGM/C because they were easier to reach. At some level, they already did not like how FGM/C seemed to affect the girls. This means that the information given by the CCT did not completely go against their individual pattern of schemas and therefore it was easier to provoke a change of opinion. Also, taking Galtung's argument about visible violence (Galtung, 1998, p. 3p), the former cutters did not see the cutting as physical damage to begin with – because they believed that they helped the girls by removing the clitoris, thus ensuring their full potential to become full healthy members of society. However, after witnessing over-bleedings in relation to gaining information that describing the physical damage that FGM/C caused, they changed their perception. Visible violence seems to be, not an objective matter, but rather a matter of whether the act of physical damage is seen as positive or negative.

Another important thing that was mentioned as successful in reducing the continuing of FGM/C, was that CCT worked with local powerful figures, such as religious and community leaders. As previously stated, community members listen to their local leaders in Singida. Like Douglas puts it, societies are more likely to change their collective schemas if powerful and influential role models tell them that it is the right thing to do. Authority matters. Authority figures are seen as part of the pattern and are categorized as such; thus, the change is not seen as forced, but rather a recommendation. Therefore, if they say that change needs to be implemented, people are more likely to listen and take it under consideration, than if a person from outside of the community forces change on them. It might still disrupt a part of the pattern and be met with resistance, but not as much as if it would have come from an outsider.

6.0 Conclusion

This thesis aimed to answer the following research question:

What is the meaning and function of FGM/C in Singida Region and how does FGM/C as a social phenomenon and practice, react to external factors of change? To help answer the research question, the following sub-questions were asked:

- (1) What is the cultural purpose, meaning and function of FGM/C in Singida?
- (2) What main external factors have been introduced by the state to evoke a change on the practice of FGM/C in Singida?
- (3) What main external factors have been introduced by CCT to evoke a change on the practice of FGM/C in Singida?
- (4) Are these external factors of change affecting the practice? Is so, how, and are there any consequences?

The thesis has reached the following conclusion:

- (1) In regards to sub-question one, it was found that the cultural purpose, meaning and function of FGM/C were deeply embedded in important cultural values. The purpose and function of FGM/C in Singida can be described as two main purposes; enabling girls and women to take on the female role in society and freeing girls from illnesses believed to be dangerous, mainly being lawalawa. With that said, the clitoris newly believed connection to diseases seems to have been a way for people in Singida to (likely unconsciously) justify the continuance of the performance of FGM/C despite its illegal status. However, seeing that lawalawa seems to be an actual belief amongst many people who perform FGM/C in Singida, it still qualifies as a main purpose for FGM/C. The cultural meaning of the performance of FGM/C seems to be the removal of an anomaly on the female body – seeing that the clitoris is connected to diseases and is believed to enhance the risk of abnormal behavior that does not belong to womanhood. Thus, the meaning, function and purpose of FGM/C in Singida can be said to consolidate and enable girls' roles as healthy women and allow them to be fully accepted members of their respectively communities.
- (2) The main external factors introduced by the state to evoke change on the practice was identified as the Bill of Abolishment released in 1968 by Julius Nyerere which

prohibited the practice, as well as the Sexual Offences Special Provision Act of 1998 – penal code 169A, which made the practice a criminal offence.

- (3) The main factors introduced by the CCT to evoke change on the practice was identified as their program against eradicating GBV and FGM/C in Singida, which includes VICOBA and their different awareness initiatives that intends to spread awareness about the law and negative consequences of FGM/C.
- (4) In regards to question four, it was found that the external factors did affect the practice in various ways. The factors of change introduced by the state, was found to change the way the practice was conducted as well as modifying the purpose of it. From being practiced openly as a rite of passage on girls age 8-18, it is now performed in secrecy on infant girls, to avoid the law. The identified external factors seem to have created an additional reason for the justification of the practice continuance - to cure girls from lawalawa. Consequences of the external factors of change imposed by the state can therefore be described as; change of how the practice is performed, change of ritual status, as well as the fabrication of a disease called lawalawa - which have made girls' clitorises believed to be sole carriers of the disease. CCT's introduced external factors of change affected the practice in other ways. Often CCT was trying to eradicate the practice by spreading awareness or by empowering women – thus creating a slower change. When complying to societies own belief system, some people stopped performing the practice. However, some people either dropped out of their program's or were reported to move when hearing about that the CCT or state officials such as the police, would come to their village to spread awareness, failing to reach some of the people. Here, the consequence of both initiatives can be seen as both avoidance to conform to the change (thus, avoidance to stop performing FGM/C), but also empowering of (some) women, thus creating a slow change in the eradication of FGM/C. Overall, the reaction towards the introduced external factors of change seems to be more negative, than positive, however it is evident that CCT's approach has been working better than the State's.

The meaning and function of FGM/C in Singida Region can thus be briefly summed up as consolidation of the female role; meaning to ensure a full membership of society, as well as curing girls from lawalawa. Being a deeply imbedded cultural and traditional ritual because of its function, purpose and meaning, FGM/C as a social phenomenon seems to be rather rigid,

however not being absolute. Therefore, people who engage in the practice of FGM/C in Singida will do their best to continue with the practice, unless their patterns of belief on the importance and value of the ritual is changed.

As shown in this thesis, FGM/C is a complex phenomenon that serves an important role in many communities in Singida Region. This thesis would like to suggest further studies on how social phenomena such as FGM/C are affected by external factors of change. Humanitarian Action is a field that is ever-growing and to understand the societies that one is affecting through implementations of external (humanitarian or development) initiatives, is crucial. As shown in this thesis, initiatives such as laws and empowerment programs can have the purpose to create a positive change, but if it is not implemented in the right way, it could backlash or leave out many of the people that the initiatives were originally constructed for. It is of utterly great importance to understand that to mean well and to do well are two completely different things. This thesis shows how FGM/C can serve as an example on how culturally specific phenomenon must be properly understood, to be addressed properly (if needed). It is not possible to universally generalize the research findings, because of the limited field of research, however, it can serve as an example and lay ground for further research.

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Appendix I – List of Informants

Informant number	Affiliation with CCT	Place of interview	Date of interview
Informant 1	Director of relevant department at CCT member denomination	Café in Stone Town, Zanzibar	February 3 rd , 2018
Informant 2	Previous director of relevant CCT program	Café in Dar es-Salaam	February 8 th , 2018
Informant 3	Employed by CCT	Café in Dar es-Salaam	February 10 th , 2018
Informant 4	Employed by CCT, within FGM/C program	Hotel in Singida City	February 14 th , 20018
Informant 5	Village official in Itaje village (a CCT project village)	Village town hall, Itaje	February 15 th , 2018
Informant 6	Former cutter (ngariba) in Itaje, beneficiary of CCT program	Village town hall, Itaje	February 15 th , 2018
Informant 7	Program manager at CCT member denomination	CCT member denomination's office, Arusha	February 20 th , 2018
Informant 8	High-ranking official, CCT	CCT Headquarters, Dodoma	February 27 th , 2018
Informant 9	Director of relevant CCT program	CCT Headquarters, Dodoma	February 27 th , 2018
Informant 10	Employed by CCT	CCT Headquarters, Dodoma	February 27 th , 2018

Appendix II – List of Participatory Observations

Observation number and description	Participants	Note on (1) layout of observation and (2) the researchers role in the observation	Place of observation	Time and date of observation
PO1 - FGM/C workshop	Female locals, locals involved with the interfaith project at Upendo Zanzibar, Church and Mosque officials, CCT affiliated personnel, CS representatives, local politicians	(1) Public event, Christians and Muslims, group discussion on FGM/C, how to prevent it, reasons behind, sexual education, GBV. (2) Observation, partaking in discussions, informal conversations with participant	Classroom, modified for the occasion at Upendo, a religiously independent interfaith venue in Stone Town, Zanzibar.	February 6 th , 2018. 10.00 to 13.00.
PO2 - Village town hall discussion	Village officials, CCT program manager, CCT-trained village paralegal, teacher at village school	(1) Meeting and discussion due to the CCT program manager's presence. On CCT's present and upcoming work in the village. (2) Observation, informal conversation with all participants.	Village leaders office in Village town hall, Itaje, Singida Region	February 15 th , 2018. 10.15 – 11.00
PO3 - Illustration of FGM/C procedure	Village officials, CCT program manager, CCT-trained village paralegal, three former female cutters (ngaribas)	(1) As an education point for those involved in the program, three former ngaribas, all partakers on the CCT program, illustrated and discussed how the procedure is done.	Unnamed room, Village town hall, Itaje, Singida Region	February 15 th , 2018. 11.00 – 11.45

		(2) Observation and conversation including specific questions about the procedure with ngaribas		
PO4 - CCT school group meeting	Students between ages 9 and 19, 4 teachers, school principal, CCT program employee, village leader	(1) Students presenting for the CCT program manager what they had learnt. Singing song about FGM/C, discussions, presentations. (2) Observation, presentation of my presence, asking questions to students	Classroom in Itaje Public Primary School, Itaje, Singida Region	February 15 th , 2018. 12.00 – 13.00
PO5 – CCT VICOBA meeting	VICOBA members in Itaje village. CCT program manager, village leader	(1) Standard VICOBA meeting, vote on our presence, interpreted by village leader. (2) Observation, interaction with the entire group, asking questions regarding the project	Private, closed-off garden of the house belonging to the VICOBA group's leader	February 15 th , 2018 13.00 – 14.30

Appendix III - Interview Guide

- Begin with telling me about yourself (Profession, possible connection to CCT and its program, connection to Singida).
- What do you think are the reasons for people performing FGM/C in Singida?
- What are your experience with FGM/C? (Professional or Personal).
- Why do you think it is important to work on reducing FGM/C?
- FGM/C is often described as a form of gender based violence, but are there some things that sets FGM/C apart?
- What methods does CCT use in order to implement change? Please give examples of pros and cons with these methods.
- How would you describe CCT's work with FGM/C (if they have had done work or are currently working for CCT)?
- Who can take part of the program?
- How would you describe government's role in working on reducing FGM/C?
- How would you describe government and community leaders' role in working on reducing FGM/C?
- How would you describe the effects of the ban on FGM/C?
- What does the government do to implement change?
- In your opinion, what parts of the implementations are working well and what parts are not working as well?

These questions were used as outlines in conversations in which the researcher aimed to get the informant to talk freely about their experiences and opinions.

Appendix III – Map Showing Singida Region



Singida Region, almost at the heart of the country-

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