

Consequences of Female Genital Mutilation on Girls' Schooling in Tarime, Tanzania: Voices of the Uncircumcised Girls on the Experiences, Problems and Coping Strategies

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Abstract

This qualitative research investigated the consequences of FGM on girls' schooling in Tarime District, Tanzania. The study used focus group discussions as a research method and data collection instrument. The sample consisted of 20 participants in which four focus group discussions with five members each were conducted. The results unfolded various experiences and problems of the uncircumcised girls due to FGM, including isolation, stigmatisation, lack of support in education, forced circumcision and forced marriages. The results also revealed various coping strategies used by school girls to overcome the FGM-based problems. These included seeking support from the relatives, religious institutions, schools and the government as well as the use of confrontational and avoidance coping strategies against stigmatisation. Generally, the results of this study indicated that uncircumcised schools girls were confronted with numerous FGM-based problems that affected their studies in different contexts and varied degrees of intensity. However, it was revealed that there were no reliable and realistic mechanisms in place to resolve the problems and support uncircumcised girls in their studies. However, it was revealed that there were no reliable and realistic mechanisms in place to resolve the problems and support uncircumcised girls in their studies. In view of the findings of this study, it is thereby recommended that educational planners and policy makers in the government should formulate viable educational policies that will protect uncircumcised girls in schools. Also, the government has to ensure that realistic and reliable financing initiatives such as bursaries and scholarships are provided to support the uncircumcised girls confronted with FGM-based problems so that they can continue with schooling without any obstacles.

Key Words: FGM, stigmatisation, uncircumcised girls, forced circumcision, forced marriages, focus group discussions, qualitative research, Tarime

1. Introduction

Female genital mutilation (FGM) sometimes known as female circumcision (FC) is one of the socio-cultural practices that have been and continue to be practised in various parts of the world. FGM is primarily practised in 28 African countries, in some Asian countries and the Middle East, and also as a result of migration in Western countries such as Britain, Germany and France (United Nations Children's Fund [UNICEF] 2009). The World Health Organisation (2010) estimates that between 100 and 140 million women, girls and babies throughout the world have been genitally mutilated and another three million girls are at risk of such mutilation each year. In African countries, national rates for FGM practice range from 0.6 percent for Uganda to 97.9 percent for Somalia. It is estimated that about 91.5 million girls aged 10 years and above have undergone FGM in the African continent by 2009 (WHO 2010). The WHO further shows that FGM practice is still a major problem in many African countries in the North, West and the horn of Africa. Similarly, in Tanzania, FGM is widely practised in almost all regions of Tanzania mainland (Tanzania Demographic and Health Survey [TDHS] 2010). A total of 1,214,769 women between the ages of 15 and 49 years in Tanzania have been genitally mutilated and about 15 percent of women in the country undergo FGM every year (TDHS 2010).

Various studies have documented the health and physical consequences of FGM and its major complications to women (Smith 1995; Rahma & Toubia 2000; Mitike & Deresa 2009; Kinuthia 2010; Ondiek 2010; WHO 2010). Nevertheless, few studies conducted in sub-Saharan Africa demonstrate that FGM has often been causing several problems to girls' schooling (Hungu 2006; Save the Children Denmark [SCD] 2008). Also, other studies have presented FGM as one of the leading factors affecting girls' education (Forum for African Women Educationists [FAWE] 2001; Hungu 2006; Ondiek 2010). Studies done in Kenya and Ethiopia, for example, identified major problems associated with FGM such as physical pain and permanent damage, psychological disruption, distortion of social relationship, and vulnerability to HIV/AIDS (Hungu 2006; Aklilu & Taffese 2001; Hiruti 2001; NCTPE 1997) as cited in SCD (2008).

However, most studies conducted on FGM have focused much on health, medical and legal consequences of FGM on women, with little attention to educational consequences. In particular, there has been a paucity of studies that have been conducted to explore the FGM consequences on girls' schooling in Tanzania and only

limited documentation exists (Deutsche Gesellschaft für Technische Zusammenarbeit [GTZ] 2009). Most studies conducted in Tanzania for instance, concentrated much on sociological, medical and legal aspects of FGM (Ndimba 1995; Mshana 1996; Kitambi 2001; Mukama 2002; Bingi 2007). Moreover, despite the presence of some studies in countries like Kenya and Ethiopia which have shown the consequences of FGM on girls' schooling; such consequences have focused much on the side of the circumcised girls with little attention to uncircumcised girls. The focus of FGM consequences on the circumcised girls distracts from the often neglected consequences of FGM on the uncircumcised girls in the society.

Therefore, the study described in this paper investigated the consequences of FGM on girls' schooling in Tarime District, Tanzania. Specifically, the study explored: (1) the schooling experiences and problems of the uncircumcised girls resulting from FGM practice and (2) the coping strategies used by the uncircumcised girls to overcome their FGM-based schooling problems. Identifying girls' experiences and problems resulting from FGM practice is of paramount importance in awakening various stakeholders like the government, religious institutions, NGOs, schools, society and parents towards finding out the viable educational policies and solutions to one of the greatest challenges constraining girls' education in sub-Saharan Africa and Tanzania in particular.

1.1 Guiding Questions

For the present study, the guiding questions were:

1. What are the views, opinions and beliefs of the uncircumcised school girls on the experiences and problems they encounter due to FGM practice?
2. What are the coping strategies used by the uncircumcised school girls to overcome the problems they experience due to FGM practice?

2. Methods

2.1 Study Design

This study was rooted within the framework of *qualitative approach* in which a *case study design* informed the research procedures. The choice of the case study design was guided by the need to conduct in-depth investigation of FGM-based experiences and problems of the uncircumcised school girls as well as the coping strategies used to overcome the problems. Hence, the study was reflected in which research theorists call a *bounded system* (Hatch 2002; Creswell 2012). The notion of *bounded system* has to do with boundaries aimed to achieve a detailed exploration of phenomena. In this study, the system was defined in terms of geographical setting and four sampled schools in Tarime District. Similarly, focus group discussion (FGDs) was chosen as both a research method and tool for generating qualitative data. The study employed FGDs so as to gauge the range of opinions, beliefs and experiences on FGM practice from the uncircumcised school girls' who were affected by the practice. Focus groups are particularly well suited to collecting in-depth, qualitative data about individuals' definitions of problems, opinions, feelings and meanings associated with various phenomena (Darlington & Scott 2002). In this study, four focus groups consisting of five students each were conducted. The sample size of five or six people is desirable with certain types of research participants or certain types of topics which are complex and sensitive as it was the case for this study (Bloor *et al.* 2001). Two groups consisted of ten primary school students and two groups consisted of ten secondary school students. In addition, FGDs were conducted in classroom venues of St. Laboure School located within the Masanga Mission premises. The duration for each discussion ranged from 60 minutes to 90 minutes.

2.2 Study Site, Participants and Sampling Procedures

This study was conducted between November and December, 2011 in Tarime District located in the north-eastern part of Tanzania in the Mara region. The dominant tribe in the Tarime District is the Kurya. Tarime District was selected as a case of study among many districts in Tanzania due to the recent research reports which show that Tarime District has the highest prevalence rate (85%) of FGM practice as compared to other districts in Tanzania (Equality Now 2011). In particular, Ingwe Division in Tarime District was purposely selected to participate in the study because it is located in rural areas and it is one of the areas where FGM is more deeply rooted than other areas in the district. In the Ingwe Division, four schools were randomly selected to participate in the study. These included one primary school and three secondary schools. In these four sampled schools all girls totalled 845. From this sample, 20 participants were purposely selected with 10 girls from primary schools and 10 girls from secondary schools. Inclusion and exclusion criteria were also used to select participants. Only girls who were potentially affected by FGM practice were included, but those who were not affected were excluded from the study. FGDs participants were recruited by the assistance of the local staff or organisers from Masanga Mission Camp. The camp was a suitable place for recruitment of FGDs participants for it comprised students from various places in the Ingwe Division. There were about 179 primary and secondary school students at the Masanga Camp.

2.3 Data Analysis

Data generated from focus group discussion were recorded verbatim using the digital tape recorder. The data

were then transcribed in Kiswahili and translated into English. A *thematic data analysis* technique was employed in analysing and interpreting the raw data in which themes were identified and illustrated using participants' excerpts. Generally, data analysis involved six stages as outlined by Brawn and Clarke (2006). These stages are: familiarisation with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and finally producing the report. In addition, peer examination of data was used in thematic data analysis so as to establish validity and minimise bias. Also, rigour and validity of data were established through cross-checking and corroborating evidence from different focus groups of students which participated in the study. By so doing, the information obtained from different focus groups increased the validity and credibility of the findings.

2.4 Ethical Issues

The researcher obtained the research clearance from the University of Dar es Salaam, the Regional Administrative Secretary (RAS) in the Mara Region and the District Administrative Secretary (DAS) in the Tarime District to conduct research in schools. Second, in both the interviews and FGDs no parents' permission was sought from the school girls for most of them were under the care of local staff/organisers at Masanga Mission Camp. Likewise, the study did not involve any medical or invasive procedures. Hence, the researcher only sought the permission from the caregivers who were in charge of the girls' students. However, participants were asked by the caregivers to volunteer in the FGDs and no force was used. Third, prior to the start of the FGDs, the researcher briefed the participants of what the research was all about and its objectives. Then the researcher requested the participants if they wished to participate in the FGDs or not. Thirdly, the researcher assured the participants that their information was strictly private and confidential. As a result, their names were neither asked nor noted down by the researcher during the conduct of FGDs to avoid suspicion and mistrust. Furthermore, in order to protect the participants from any harm that could occur, participants were informed that their participation in the interviews and FGDs were voluntary and they could withdraw from the FGDs any time if they either wished to do so or thought that their participation in the FGDs posed threats and could endanger their life. Also, FGDs were conducted within the Masanga Mission premises that were free from any access by local people and there were enough privacy and security for FGDs participants. Finally, photos (pictures) used in this study were included upon participants' consent following the researcher's request to them. However, photos used in the study did not involve study participants. Photos (pictures) were requested to other people who did not participate in the FGDs for study purposes.

3. Results

The presentation of results is organised in two main parts. The first part presents the results on girls' schooling experiences and problems due to FGM and the second part presents the coping strategies used by girls to overcome their FGM-based problems.

3.1 Girls' Schooling Experiences and Problems Due to FGM Practice

From the focus group discussions with the uncircumcised girls the following major schooling experiences and problems were identified:-

3.1.1 Isolation

Participants reported that isolation was one of the major problems that confronted many school girls who were not willing to undergo FGM in the society. The first form of isolation that was identified in Tarime was *social isolation*. Isolation at societal level occurs when an uncircumcised girl is distanced from taking part in wider social affairs. In certifying how girls were obliged to undergo FGM due to fear of social isolation, one of the participants remarked:-

However, due to Kuryan traditions and isolation, girls are directly or indirectly forced to be circumcised. Since a long time ago, girls who refused to be circumcised were isolated, a practice that continues till today. Most girls who refuse to be circumcised are being isolated by the society because they are not circumcised (FGDs Participant, Masanga Mission Camp, December 21, 2011).

The above testimonial indicates that *social isolation* in Tarime tended to be psychological in nature. It did not necessarily involve physical distancing of an individual but rather one was unlikely to be allowed to take part in social affairs or activities such as production activities, ceremonies, social rituals and burials.

The second level of isolation that was identified was *family isolation*. Family isolation occurs when an uncircumcised girl is distanced and alienated from her family. Sometimes family isolation can be accompanied by physical expulsion whereby one is forced to leave her home involuntarily. For example, in the Kuryan society it was revealed that if an uncircumcised girl gets pregnancy before circumcision, one was likely to be expelled from home. One of the FGDs participants stated that:-

In our society, if a girl is not circumcised traditional elders say that they cannot receive her bride-price. Also, if unfortunately the girl conceives before undergoing FGM, one is chased

away from home. Last year, one girl whom we were studying together in form three was expelled by her parents due to this problem. I even do not know where she is now (FGDs Participants, Masanga Mission Camp, December 21, 2011).

Also, participants reported that many school girls who were rejecting to be circumcised experienced many family sanctions such as expulsion from homes, something that made some girls to involve themselves in unhealthy sexual behaviours as a means of earning their living. One of the participants in the focus groups remarked that:-

For girls who reject to be circumcised, parents chase them away from homes. I am a good example. Before I came here at Masanga, my parents told me that "This period you have to be circumcised". I told them that I do not want to be circumcised. They said "If you do not want to undergo circumcision, we do not want you here. Find your parents where you will go to stay". Then I decided to come here at Masanga Mission (FGD Participant, Masanga Mission Camp, December 21, 2011).

As shown in the above assertion, in family isolation, the uncircumcised girls were likely to be expelled from homes by their parents as a punishment for their rejection to go through circumcision.

The last form of isolation that was reported by participants was *peers' isolation (ostracism)*. Girls who were not circumcised were being isolated by their fellow circumcised peers in the village or schools. In regard to this view, one of the FGDs participants remarked that:-

When we (uncircumcised girls) go to join the circumcised girls, they tell us that we do not want to be with you. When you go to school or in the classroom they isolate you... As a result, you find that the uncircumcised girl feels unhappy, lacks peace and in turn one decides to leave them (FGDs Participant, Masanga Mission Camp, December 21, 2011).

In addition, peers' isolation in the Kuryan society tended to occur at groups' level among school age-mates and it involved distancing the uncircumcised girls from taking part in peers' activities. Unlike social isolation, peers' isolation is likely to have profound effects on both psychological and physical dimensions with far reaching repercussions on girls' learning process and interactions with others in schools.

3.1.2 Stigmatisation

Stigmatisation was one of the major problems confronting the uncircumcised girls in Tarime District. Participants reported that due to stigmatisation, the uncircumcised girls were being devalued and seemed to be undesirable in their society. One form of stigmatisation experienced by school girls was *name-labeling*. The uncircumcised school girls were being labeled different names in the community, as remarked by some FGDs participants:-

Our fellow girls who are circumcised do insult us, uncircumcised girls by saying, "See these uncircumcised girls (wasaghane), we hate you". (FGDs Participant, Masanga Mission Camp, December 21, 2011).

When we are in school, even circumcised boys insult we (uncircumcised girls) by telling us that "You are 'wasaghane'. We cannot marry you", (FGDs Participant, Masanga Camp, December 21, 2011).

As we have seen in the above testimonials, all uncircumcised girls were being labeled different names in the Kuryan language such as "*Msaghane*" (sing.), "*Wasaghane*" (pl.), which mean "*uncircumcised girl(s)*". Also, if it happens that a girl conceives before circumcision, she was labeled "*Linyinya*", meaning "*uncircumcised pregnant girl*".

Another form of stigmatisation reported by participants was *discrimination*. Uncircumcised girls in the Kuryan society were being discriminated and segregated by their fellow circumcised girls through being not allowed to participate in social activities. The uncircumcised girls were also not required to mix or be friends with circumcised girls at homes or school settings, as some FGDs participants stated:-

When we (uncircumcised girls) go to join the circumcised girls, they tell us that we do not want to be with you. Also, in our society uncircumcised girls "wasaghane" are not allowed to eat food with their fellows and to participate with others in any activity (FGDs Participant, Masanga Mission Camp, December 21, 2011).

Likewise, the discrimination form of stigma involved the uncircumcised pregnant school girls who are not required to be seen in the Kuryan society as they are considered as *outcasts*. For example, if the uncircumcised girl conceives, she has to vacate the home or leave the society and go to live in other places.

Furthermore, the use of *offensive and vulgar language* was one of the major forms of stigmatisation that was confronting uncircumcised girls in schools. The uncircumcised girls were being stigmatised by other peers through the use of provoking words and verbal insults or vulgar words. Participants succinctly remarked that:-

In the village girls insult each other saying that those who are not circumcised are stinking. When you go to school or in the classroom they call you "msaghane". As a result, you find

that an uncircumcised girl feels unhappy, lacks peace and in turn one decides to leave them (FGDs Participant, Masanga Mission Camp, December 21, 2011).

As we have seen in the above remarks, name-calling was one of the ways of verbal insults used against the uncircumcised school girls. This is because words like *Msaghane* (uncircumcised girl) or *Linyinya* (uncircumcised pregnant girl) carry negative connotations in the Kuryan society.

Lastly, *signal labeling* was also used in stigmatising the uncircumcised girls. In signal labeling, peers tended to show some signs which imply that someone is not circumcised as asserted by participants in the quoted remark below:-

Sometimes circumcised girls use signs to mock or affront uncircumcised girls. For example, some of them usually stretch and point their fingers at you. Others bend their mouths or point their fingers to their mouths to show that someone is not circumcised (FGDs Participant, Masanga Mission Camp, December 21, 2011).

Participants argued further that those signs were inconspicuously used and could not be easily noticed by teachers or school management, but had psychological and humiliating effects to the uncircumcised girls in schools or classroom settings.

3.1.3 Lack of support in education

Participants reported that many girls who were rejecting to be circumcised were not financed by parents in their studies as a means of compelling them to undergo circumcision. One participant in the FGDs remarked as follows:-

Some girls who reject to be circumcised there at our school are denied school fees by their parents. If those girls do not get somebody to help them, some of them drop out of school. Others run away and go to live in other places in difficult conditions (FGDs Participant, Masanga Mission Camp, December 21, 2011).

One of the participants at Nyanungu village was able to explain her experience when the parents rejected to support her in education. She remarked that:-

Parents' refusal to educate me in 2007 when I rejected to be circumcised made me to study in difficult environments. Several times I was depressed with many thoughts in my mind due to this problem. Sometimes I lacked money, especially when they expelled us to go back homes to look for school fees. I was failing to go to school to study for several months. I had to stay at my uncle's home, until he finds money and give me so that I can go to pay for school fees (FGDs Participant, Masanga Mission Camp, December 21, 2011).

The above results demonstrate that Kuryan girls who were rejecting to be circumcised were more unlikely to be financed their educational costs by their parents. This mechanism was used as a means to compel uncircumcised school girls to undergo FGM in the society.

3.1.4 Forced circumcision

One of the serious problems that confronted many school girls in Tarime was forced circumcision. Various mechanisms such as expulsion from homes, use of force, peer pressure through stigma and use of bribery through token gifts to girls were likely to be employed by the society to ensure that all girls undergo FGM practice. One of the FGDs participants reported how she narrowly escaped to be cheated by one of the Professional Doctor to undergo circumcision. This participant remarked that:-

There is one Doctor from hospital who came at home and told me that, "If you go to be circumcised, I will be making clothes for you". He added, "You just go, I will prepare you a special dress used to be worn by girls during circumcision practice", (FGDs Participant, Masanga Mission Camp, December 21, 2011).

As the above assertion shows, some girls were undergoing FGM practice to benefit from traditional ceremonies and gifts given by their communities following the practice. Participants in the focus groups also reported that forced circumcision to school girls was being accompanied by the use of brutal force and severe torture. Girls who tended to run away were being chased and caught by armed special force of boys. Sometimes girls were being beaten during the time of sending them to the circumcision place (known as "*Komsali*" in Kuryan Language). In response to this observation, participants in the FGDs remarked:-

For girls who reject to be circumcised, traditional elders usually use special force of boys armed with traditional weapons that chase and catch those girls who run away from circumcision practice. In the way to circumcision place, they use to beat girls and also send them to be circumcised by force (FGDs Participant, Masanga Mission Camp, December 21, 2011).

Figure 1 below present the photo which shows the group of armed men and boys who are used to force girls to undergo FGM practice in Tarime District.



Figure 1. Group of armed men and boys celebrating FGM ceremonies during the circumcision season of December, 2011 at Masanga Village (Tarime, Tanzania)

3.1.5 Forced marriages

Forced marriage entails mental and psychological coercion, bribery, and harassment used to force a girl to enter into marriage (SCD, 2008). In societies like the Kuryan society where FGM practice is rampant, forced and early marriages are common phenomena. The participants reported that school girls were forced to get married after FGM practice because they were expected to bring wealth to their families. Some of the FGDs participants remarked that:-

By knowing that a girl is circumcised, any man can go to one's parents and offer the bride-price. Even if the girl is still schooling they tell her that drop out of school and get married (FGDs Participant, Masanga Mission Camp, December 21, 2011).

Most parents think that if the girl is circumcised they will get cows. Sometimes parents drop out their daughter of school so that one gets married earlier and provide wealth to their families (FGDs Participant, Masanga Mission Camp, December 21, 2011).

Other participants in the FGDs remarked further that:-

We do not like FGM because it affects girls. In 2009 circumcision year, there were not less than five school girls in our village who got married soon after circumcision. At the same time, these girls got married while still young without knowing even how to take care of themselves, their children and husbands (FGDs Participants, Masanga Mission Camp, December 21, 2011).

The above testimonials from participants indicate that most Kuryan girls are being forced to be married against their consent. Sometimes circumcised school girls may be forced to get married to older men or elders who are wealthy provided they are able to pay the bride-price to one's parents. Figures 2 and 3 present school girls waiting to undergo FGM performed by the Kuryan circumciser. FGM practice in Tarime is considered as one of the important rites of passage of girls into womanhood.



Figure 2. Kuryan girls waiting to undergo FGM practice in Nyanungu Ward, Tarime Rural areas in December 2011



Figure 3. Kuryan circumciser being surrounded by women during the circumcision practice of December 2011 in Nyanungu Ward, Tarime District

3.2 Coping Strategies Used by Uncircumcised Girls to Overcome Their Problems

The strategies reported by the participants to be commonly used by many school girls to overcome their FGM-based problems included the following:-

3.2.1 Seeking support from relatives

The participants reported that most school girls who experienced major schooling problems were seeking supports to their relatives and significant others in the society such as aunts, uncles and friends. One of the FGDs participants remarked that:-

My parents chased me away from home in 2009 when I was in Form One because I rejected to be circumcised. I fled to my aunt who is a member of Seventh Day Adventist church [SDA] in Tarime town. She continued to pay school fees and all other school contributions since then up to now. Fortunately, next year I am going to complete my form four studies (FGDs Participant, Masanga Mission Camp, December 21, 2011).

However, the relatives and significant others in the society who tended to support FGM victims were reported to have been falling into conflicts with victim's parents so that they can stop supporting the uncircumcised girls. One of the FGDs participants remarked that:-

I have one friend whose parents chased her away in 2007 because she rejected to undergo FGM. Fortunately, her uncle took her and continued to educate her until she completed secondary education last year. The major problem I saw there is that, her parents were very angry with her uncle and threatened not to see him going to their home (FGD Participant, Masanga Mission Camp, December 21, 2011).

3.2.2 Seeking support from schools

Participants reported that school girls who were faced with FGM-related school problems used to seek support from the school management and teachers who used various initiatives to assist them to continue with schooling. Students reported that sometimes individual teachers aspired to educate some girls who were being faced with FGM-based problems. One of the participants stated that:-

There are many girls there in our school whose parents said that they could not educate them for they refused to undergo FGM. They went to tell the headmaster who promised to support them. They are still studying, though their parents do not support them. Also, some teachers, for example there in our school, are very willing to support students who face problems, but they fear parents or traditional elders (FGDs Participants, Masanga Mission Camp, December 21, 2011).

Generally, management's initiatives to support school girls who face many problems and obstacles in their studies were seen to be very instrumental in ensuring that many school girls or FGM victims complete their secondary education.

3.2.3 Seeking support from religious institutions

Religious institutions and other based-religious organisations were playing the greatest role in supporting children who faced different obstacles and problems due to FGM practice. It was observed that the Catholic Church under Sisters' Based-Organisation at the Masanga Mission was providing services like shelter and food for FGM victims during a circumcision period and also after the circumcision period. FGD participants reported that:-

If the parents refuse to educate their daughters, when girls come at this station (Masanga Mission), Sisters usually take and send them to school. Most of us whom you see here, we continue with schooling because Catholic Sisters finance our studies. Our parents told us that because you run away and you do not want to be circumcised, we will see who will be paying school fees for you. We came here and asked for help from the Sisters, they accepted to finance our studies (FGDs Participants, Masanga Mission Camp, December 21, 2011).

Moreover, participants reported that most relatives who were supporting FGM victims were members of Seventh Day Adventist (SDA) church or members of Pentecostal affiliated churches. Due to their religious beliefs and standings, members of those denominations seemed to be very strict and did not accept to circumcise their daughters. One of the participants remarked that:-

However, in our society, most girls I see rejecting to be circumcised are those of SDA church. But if the girl is not an SDA, then circumcision is necessary. One has to be circumcised whether she is fearful or not, forced or not. Apart from the SDA church, other denominations which do not practice FGM are members of Pentecostal churches (FGDs Participants, Masanga Mission Camp, December 21, 2011).

In fact, members of SDA and Pentecostal churches supported FGM victims because they were free from society's sanctions than other people due to their strict standing against FGM which was well recognised by the whole society.

3.2.4 Seeking support from the government

The government has a great role of ensuring that all people, including girls have equal opportunities and access to basic social services such as education. The statistics from Tarime District Education Office indicate that Tarime District Council has been allocating the part of 154,798.76 USD (=250 million TZS)- it gets from North-Mara Gold Mine every year to pay school fees for students from poor families and those confronted with FGM-based problems. It is estimated that by 2011 more than 200 students have been assisted. However, participants asserted that though the government supported some needy students and those confronted with FGM-based school related problems, the fund was still low and insufficient. Highlighting this view, the FGDs participants reported that:-

When parents reject to educate uncircumcised girls, some girls do ask support from the government. The Ward Councilor and the Ward Executive Officer assist many girls whose parents have refused to educate them. For example, this year the government has helped us by

providing food at this station. But the support is not enough. Hence, the government has to continue assisting us by providing food and accommodation here at Masanga Camp (FGDs Participants, Masanga Mission Camp, December 21, 2011).

Therefore, the government's support to uncircumcised girls and children from poverty stricken families seemed to be constrained with many challenges.

3.2.5 Use of confrontational and avoidance coping strategies against stigmatisation

Participants asserted that the uncircumcised girls who were experiencing stigma from the community, parents or peers due to FGM used both confrontational and avoidance coping strategies against stigmatisation. One of the forms of coping strategy used by uncircumcised girls was confrontational strategy. This strategy involves physical reaction or fighting with the stigmatisers. This form of strategy contributed greatly to the occurrence of conflicts and unfriendly relationships among peer groups in the society. FGDs participants remarked that:-

Other uncircumcised girls when called bad names they fight with circumcised girls. The uncircumcised girls do not like to be called bad names because are also human beings like others. The uncircumcised girls see that, it's better to fight with the circumcised girls so that they can stop insulting them. Though, fighting cannot occur in school because students fear teachers. The circumcised and uncircumcised girls usually fight when they return back to their homes or in the village (FGDs Participants, Masanga Mission Camp, December 21, 2011).

The above remark indicates that confrontational coping strategy was a source of both physical and psychological conflicts to school girls characterised by physical fighting or the use of abusive language against each other. The uncircumcised girls also used confrontational strategy against circumcised boys who offended them. One of the participants remarked that:-

To boys who insult uncircumcised girls, some uncircumcised girls use abusive words against them. If the boy dares to beat the uncircumcised girls, one runs away. But if it is in school, the uncircumcised girl can go to accuse him to the teacher (FGDs Participant, Masanga Mission Camp, December 21, 2011).

On the contrary, it was found that some uncircumcised girls used avoidance coping strategy against peers' stigma or stigmatisation. Avoidance form of coping strategy involves physical and or social withdrawal from stigma-related stressors (Miller & Kaiser, 2001). Some uncircumcised girls avoided to interact with the circumcised girls who were stigmatising them as one of the participants remarked that:-

When circumcised girls call uncircumcised girls "wasagane", [meaning uncircumcised girl] or insult them, some uncircumcised girls become unhappy. But, others decide to leave the uncircumcised girls and do not like to mix with them. Some uncircumcised girls keep quiet and decide not to form friendship with them (FGDs Participant, Masanga Mission Camp, December 21, 2011).

4. Discussion

In the first part of this paper, the results revealed a wide range of schooling experiences and problems that confronted uncircumcised girls due to FGM practice in Tarime District. First, the results indicated that girls who refused to be circumcised were more likely to experience different forms of isolation such as social isolation, family isolation and peers' isolation. These results suggest that isolation due to FGM negatively impacted students' ability to attend school on a regular basis and also contributed to the lack of supportive network of peer relationships among students in schools. Second, the study identified four principal forms of stigmatisation that confronted school girls such as *name-labeling*, *discrimination*, use of *offensive language* and *signal labeling* against uncircumcised girls. The results agree with other previous studies which presented that uncircumcised girls were being laughed at and called different sorts of names by other peers as a way of stigmatising them (Ondiek 2010; Urrio *et al.* 2010; Oloo, Wanjiru & Newell-Jones 2011). Third, the results showed that Kuryan girls who rejected to be circumcised were unlikely to be financed their educational costs by their parents as a means of forcing them to undergo FGM. However, parents' denial to finance their daughters in studies made most girls to study in difficult conditions, perform poorly in examinations due to irregular school attendance and eventual withdrawal from schools.

The results also demonstrated that most girls in the Kuryan society were likely to be forced to undergo FGM by the use of both direct mechanisms like brutal force, threats and torture as well as the use of indirect mechanisms such as peer pressure and gift bribery. The results show consistency with other previous studies such as Oloo, Wanjiru and Newell-Jones (2011) study in Kenya which revealed that various mechanisms like the use of the ridicule and insults from peer pressure made most of girls succumb to pressure and opted to go for the cut even at an early age. Moreover, the results showed that the circumcised girls were likely to be vulnerable to either early or forced marriages against their consent so as to provide wealth to their families. Similar findings were also reported by Urrio *et al.* (2010) study in Tarime which found that some girls were forced to get married to

bring in a dowry income which their brothers could use to secure their wives. Finally, the results demonstrated that FGM fostered conflicts and unfriendly relationships to students in either home or school settings due to reactions done by the uncircumcised girls against peers' stigmatisation. The results are in consonant with Oloo, Wanjiru and Newell-Jones (2011) study in Kenya which revealed that factions and tension developed as girls tended to hang out with those of their own circumcision status, thereby making learning and social integration a challenge.

The second part of this paper has identified a wide range of strategies used by girls to overcome the problems resulting from FGM practice. The results indicated that FGM victims who experienced FGM-based school problems were more likely to get support from their relatives like uncles, aunts, brothers or sisters as well through school management. Equally important were the religious institutions and the government which supported school girls who had either been chased away by their parents or had fled their homes in fear of being caught by force for circumcision especially during the circumcision seasons. Furthermore, the results revealed that the circumcised girls used both confrontational and avoidance strategies to overcome the problem of stigmatisation from peers. Generally speaking, the coping strategies used by the circumcised girls to overcome their problems suggest that there were still no reliable and realistic strategies in place to support uncircumcised girls to continue with schooling.

5. Conclusion and Recommendations

In this paper, it has been observed that many uncircumcised school girls in Tarime District confronted many FGM-based problems ranging from physical to psychological problems with far reaching implications on their studies. However, absence of clear educational policies on FGM and lack of awareness among various educational stakeholders like the government, NGOs, teachers and parents on FGM-based problems were likely to have contributed greatly to the absence of formal and reliable ways of resolving them. In view of the findings, it is thereby recommended that educational planners and policy makers in the Ministry of Education and Vocational Training (MOEVT) should formulate clear and viable educational policies that will protect and safeguard the interests of girls who are confronted with FGM-based problems so that they can continue with schooling without any obstacles. This policy should include girls' students who experience FGM-based problems under the vulnerable and disadvantaged groups which require special attention and care in the society. Currently, there are no viable policies and regulations in place to support school girls confronted with FGM-based problems. Most importantly, formulation of such policies would ensure that realistic and reliable financing initiatives such as bursaries and scholarships are provided by the government and other educational stakeholders to support school girls confronted with FGM-based problems so that they can continue with schooling. Secondly, various educational stakeholders like the government, NGOs, schools, teachers and parents should be aware of the FGM-based problems so that they can provide reliable support to girls who are confronted with those problems. Finally, since this study was limited only to Tarime District, it is recommended that another study should be conducted in other parts of the country where FGM is also highly prevalent such as Manyara, Arusha, Dodoma, Singida and Kilimanjaro so as to cover many areas. This will make the results to be generalised in larger parts of the country. Also, it is recommended that comparative study should be conducted to investigate the differences in performance between the circumcised and uncircumcised girls in school examinations. There were many controversial issues raised by participants relating to FGM and girls' academic achievements in schools. However, this study could not cover this area.

Despite the important results discussed, this study was constrained by some limitations. First, this study used the local staff and organisers at Masanga Mission Camp to recruit participants for focus groups. There is a possibility that selection of participants might have been biased to include only those school girls who were already against FGM practice. Hence, involvement of circumcised school girls in the study could help to balance the information and minimise the might be biased information. Second, the findings of this study cannot be generalised to a larger area as they only reflect the views and experiences of the FGDs participants in the studied areas. Lastly, the study was limited by employing only one instrument, namely the focus group discussions in generating data. Use of other data collection tools such as interviews would also increase the credibility of the findings.

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