UNITED REPUBLIC OF TANZANIA





STATISTICAL PROFILE ON FEMALE GENITAL MUTILATION/CUTTING

Female genital mutilation/cutting (FGM/C) refers to "all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons." More than 125 million girls and women alive today have been cut in the 29 countries in Africa and the Middle East where FGM/C is concentrated. As many as 30 million girls are at risk of being cut before their 15th birthday if current trends continue. FGM/C is a violation of girls' and women's human rights and is condemned by many international treaties and conventions, as well as by national legislation in many countries. Yet, where it is practised FGM/C is performed in line with tradition and social norms to ensure that girls are socially accepted and marriageable, and to uphold their status and honour and that of the entire family. UNICEF works with government and civil society partners towards the elimination of FGM/C in countries where it is still practised.

1. World Health Organization, Eliminating Female Genital Mutilation: An interagency statement, WHO, UNFPA, UNICEF, UNIFEM, OHCHR, UNHCR, UNECA, UNESCO, UNDP, UNAIDS, WHO, Geneva, 2008, p. 4

1998

National decree/legislation banning FGM/C passed

KEY STATISTICS ON WOMEN'S STATUS

of women aged 20 to 24 years were married or in union before age 15

of women aged 20 to 24 years were married or in union before age 18

of women aged 20 to 24 years have given birth before age 18

of women aged 15 to 49 years think that a husband/partner is justified in hitting or beating his wife under certain circumstances

of women aged 15 to 49 years make use of at least one type of information media at least once a week (newspaper, magazine, television or radio)

Source: DHS 2010

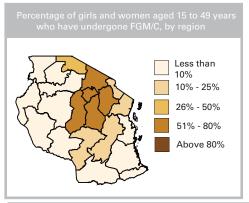


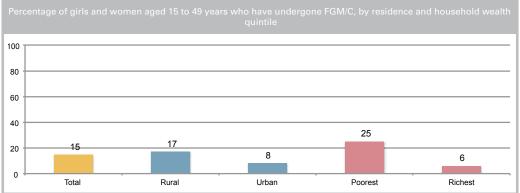


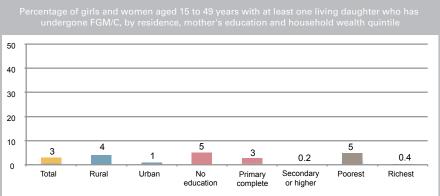


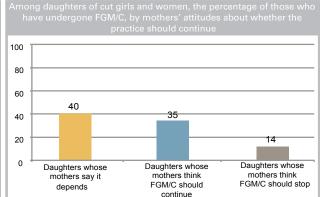
HOW WIDESPREAD IS THE PRACTICE?

In Tanzania, the prevalence of FGM/C varies significantly by region



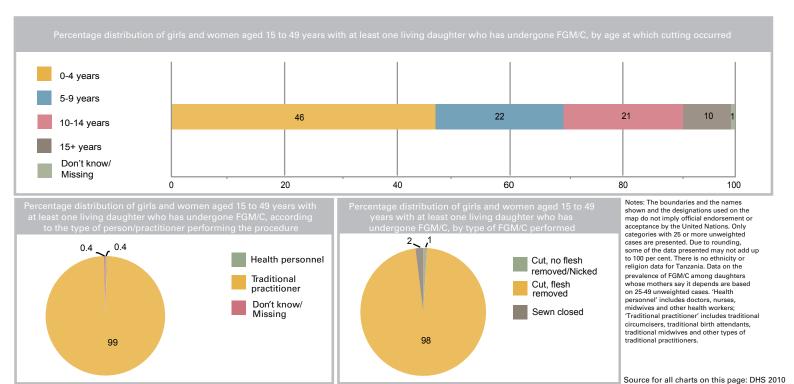






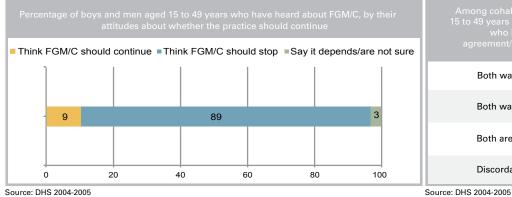
WHEN AND HOW IS FGM/C PERFORMED?

Almost half of girls experience the practice before age 5



WHAT ARE THE PREVAILING ATTITUDES TOWARDS FGM/C?

Most couples in Tanzania agree that FGM/C should stop

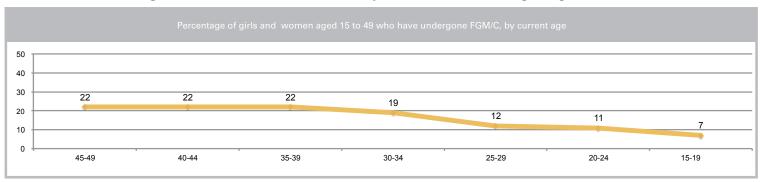


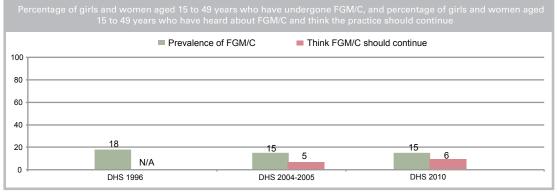
1 Both want FGM/C to continue 81 Both want FGM/C to stop Both are undecided 0 Discordant 18

50 40 30 20 12 10 10 6 6 5 3 2 Secondary or Total Richest Urban 45-49 years Primary complete Rural 15-19 years Poorest No education higher

IS THE PRACTICE OF FGM/C CHANGING?

There is evidence of significant generational change in the prevalence of FGM/C in Tanzania as women aged 45-49 are three times more likely to have been cut than girls aged 15-19





Notes: N/A = not available. There are no ethnicity data for Tanzania. Data on women's attitudes cannot be directly compared with men's attitudes since the data source for girls and women is more recent than that for boys and men. Data on attitudes towards FGM/C were not collected in the DHS 1996.

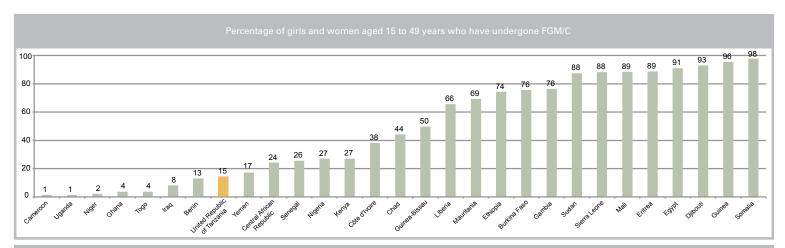
Source for all of the above charts: DHS 2010, unless

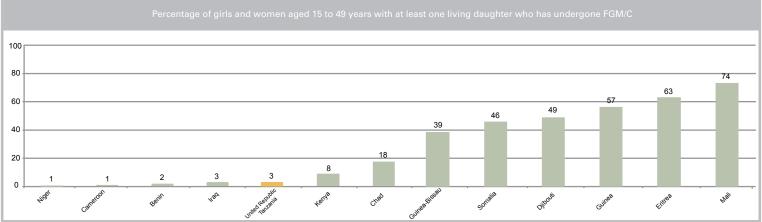
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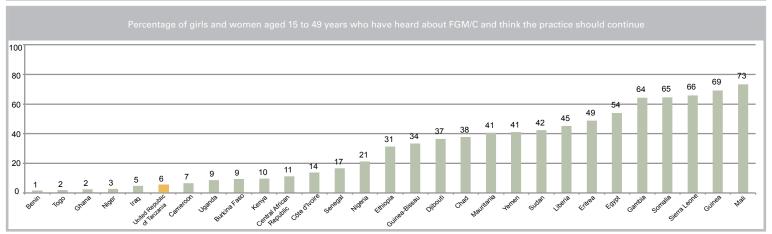
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INTER-COUNTRY STATISTICAL OVERVIEW







Notes: Data on attitudes for Yemen refer to ever-married girls and women. In Liberia, girls and women who have heard of the Sande society were asked whether they were members; this provides indirect information on FGM/C since it is performed during initiation into the society. Data on daughters for Iraq refer to ever-married girls and women with at least one daughter who has undergone FGM/C. Data on attitudes for Ghana are from MICS 2006, for Nigeria from DHS 2008, and for Sierra Leone from DHS 2008 as data from the most recently available MICS surveys are not comparable. In Liberia, only cut girls and women were asked about their attitudes towards FGM/C; since girls and women from practising communities are more likely to support the practice, the level of support in this country as captured by the DHS 2007 is higher than would be anticipated had all girls and women been asked their opinion.

Sources: DHS, MICS, National Social Protection Monitoring Survey and SHHS, 1997-2012

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FOR MORE INFORMATION

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