



Attitudes of Community towards Female Genital Mutilation in Manyoni District, Singida Region, Tanzania

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Authors' contributions

This work was carried out in collaboration between both authors. Author EEC designed the study, collected data and wrote the first draft of the manuscript. Author FSS performed the statistical analysis, managed the literature searches and wrote the final draft of the manuscript. Both authors read and approved the final manuscript.

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ABSTRACT

The female genital mutilation (FGM) has a series of consequences which most of them lead to discomfort, maternity complications and finally deaths of girls and women. In Tanzania as well as other countries, a number of campaigns have been waged against FGM, but to date the practice still persists. This problem requires critical researches to look for the factors leading to the FGM not to end. Therefore, this study intended to assess the attitudes of people towards the FGM and its social value in order to generate information, which would be useful in conducting more successful campaigns against the practice. The study was conducted in Manyoni District in Singida Region-Tanzania from September to October, 2015. A cross-sectional research design was employed. A total of 120 respondents were selected in the three villages namely Aghondi, Kamenyanga and Mkwese. In each village 40 respondents were randomly selected and subjected to a structured questionnaire. Data collected were analyzed using SPSS computer software programme. From the results it was revealed that the overall attitudes of the respondents were as 66.7% accounted for

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negative, 20.8% neutral and 12.5% of the respondents had positive attitude towards the FGM. Results further show that majority (79.2%) of respondents mentioned increasing chances for marriage as one of the reasons for undergoing FGM practice, (77.5%) mentioned Lawalawa and (76.7%) mentioned signs for sexual maturity. Generally, many people in the District seemed to have negative attitudes towards the FGM. This therefore, entails that FGM could be eradicated as majority of the people have negative attitude towards the practice.

Keywords: Attitudes; FGM; community; Lawalawa; Manyoni district; Singida region.

1. INTRODUCTION

1.1 Background Information

"If there is no reduction in the practice between now and 2050, the number of girls cut each year will grow from 3.6 million in 2013 to 6.6 million in 2050. But if the rate of progress achieved over the last 30 years is maintained, the number of girls affected annually will go from 3.6 million today to 4.1 million in 2050". A quotation from UNICEF [1]. This shows that a good number of women accounting millions have undergone female genital mutilation (FGM) and will continue practicing, world over. There has been a great concern on the subject of FGM in the world today. This is following the practice does not favour women, but it is brutal to them. Various stakeholders of women health and rights have been acting against the practice, yet there has been less significant reduction of the rate of FGM in the World. This calls for wider thinking as on the other hand the practice has greatly be looked at to be brutal and fatal, but disappointingly the rate of the practice remains continuing persistently.

There is a view that the FGM was intended by men in order to be able to rule over the sexual function of the women [2]. Others say it stems from the patriarchal family system, in which the woman may have only one husband and the husband has a number of wives. The practice was also carried out in the cases of widows and divorced women and the wives of men who were away on long journeys in order to reduce their sexual desire. Another possible influence is that of Egyptian belief in the bisexuality of the gods, which is also present in humans that in women the masculinity is the clitoris while in men the femininity is the prepuces of the penis [3,4,5]. Therefore, they believe that these parts must be cut off in order to allow the individual sexuality to develop fully. However, all remarks about the origin remain speculative. For this reason, all sorts of different versions of the origin of the practice are given by the population groups still practising genital mutilation [5].

Those who denounce FGM say that it is a violent human rights abuse against women [6], while proponents say that it is an important cultural tradition that must be preserved [7]. Typical arguments supporting FGM are that it will reduce promiscuity, increase cleanliness, and enhance femininity [8]. In cultures where FGM is common, marriage prospects are higher for a woman who has undergone the procedure [9].

Despite the culture and tradition support the FGM, it is abusing female child rights. Many governmental and nongovernmental organizations conduct campaigns against the practice [8]. However, there is frequent opposition to outside intervention in communities where FGM is practised [10]. Those communities believe that all the campaigns against the practice have been originated by the Western interference, which they regard them as cultural imperialism, and some ask the rhetorical question, "What right do others have to criticize our way of life?" [4]. Another barrier to foreign involvement is that family members, friends, and relatives apply pressure on young women to undergo FGM and view the issue as an entirely private family matter [4].

The FGM is usually been subjected to girls between the ages of four and twelve, and there are some two million girls at risk each year [4,11]. More than 30 countries in Africa where for countless years, one or another form of female genital mutilation has been practised. In Tanzania, the FGM has for long been practised by different ethnic groups such as Maasai, Kurya, Jita, Gogo, Nyaturu, Kerewe and Pare to mention a few [12]. Different explanations are put forward as to the origin of the practice. It is possible that it is seen as a method of birth control, and reducing deaths to babies and threats to the survival of the existing group [5].

For years both the national and international levels have been campaigning against FGM targeted at having it abolished. In July 1998, a new legislation was enacted in Tanzania under the sexual offences special provision to outlaw

female circumcision of children under 18 years [13]. However, the practice is still going on. This again calls for more ways towards reducing the practice. Considering the practice is built on culture, beliefs, social and economic perspective, much attention has to be made in the fight against the practice.

However, the social, political, philosophical, and religious ramifications of FGM are significant in the practice [14]. These factors create a complex web of issues to be understood before FGM can be dealt with effectively. Given the negative side effect and the lack of the circumcised autonomy, FGM is a practice worth studying and eliminating. However, in order to change this practice, it is necessary to increase education and change social attitudes towards members of the particular community towards the practice. The interventions for changing the attitudes of the people towards the FGM should, therefore, be preceded by a wide range of researches on these attitudes. The aim of the study was to assess the attitudes of people towards the practice as well as its social, cultural and economic value in their own communities. Studying attitudes of individuals is important for predicting behaviour change of the objects.

1.2 Description of Attitudes in Theoretical Aspects

The study thought of having a section, which highlights how attitudes may lead to changes or rigidity of a person towards a description of something. Some scholars consider attitude and behaviour to something, but they are not. However, attitude, sometimes, influences behaviour changes on something. Hogg and Vaughan [15] look at attitude as "a relatively enduring organization of beliefs, feelings, and behavioural tendencies towards socially significant objects, groups, events or symbols". From various scholars, attitudes structure can be described in terms of three components namely [16]: (i) affective component; this tells a person's feelings/emotions about the attitude object; (ii) conative component; this shows how attitude influences, acts or behaves; and (iii) cognitive component: this involves a person's belief/knowledge about an attitude object.

It can be said that the three components are usually linked, but they do not. There is evidence that the cognitive and affective components of the behaviour do not always match with behaviour. However, many scholars such as

Turner [17] and Kraus and Keltner [18] point out that behaviour is formed by attitude. If all the three components are positive then the individual's action, belief and feeling towards ending the FGM practice should be positive. The belief component of attitude affects the action component. If a person perceives something favourable then his/her action must be favourable. In this situation, if the belief towards FGM is favourable then it affects their action component, and it must be positive and favourable.

Further, there is a functional approach in describing the attitude of an individual towards something [19,15]. Basically, there are three main components which together describe attitude. These are knowledge, adaptive and ego-defensive. For knowledge, attitudes provide meaning (knowledge) for life. The knowledge function refers to needs which are consistent and relatively stable. This allows one to predict what is likely to happen, and so gives a sense of control. From this basis, attitudes can help one to organize and structure the experience, therefore, knowing a person's attitude helps to predict behaviour. Adaptive is explained as when a person holds and/or expresses socially acceptable attitudes, other people will reward them with approval and social acceptance. This further explains that attitudes are part of a social group and the adaptive functions help an individual to fit in a social group [19]. Socially, it is translated that people seek out others who share their attitudes and develop similar attitudes to those they like. The ego-defensive function refers to holding attitudes that protect individual's self-esteem or that justify actions that make one feels guilty. Positive attitudes towards something have a protective function. The basic idea behind the functional approach is that attitudes help a person to mediate between their own inner needs (expression, defence) and the outside world (adaptive and knowledge). From the above discussion, it is evident that the positive attitude towards ending FGM is important in determining the survival of the practice.

2. MATERIALS AND METHODS

2.1 Study Area

The research was conducted in Manyoni District, Singida Region. The Manyoni District is in the central part of Tanzania. The district is among the districts in Tanzania where the FGM practice prevails. Manyoni District lies at 5° South and

33° East. It is administratively divided into five divisions, 76 villages, 314 hamlets and 2 electoral constituencies. The population size of the district is 205,423, of which 100,185 are males and the rest are females [20].

2.2 People and Culture

The inhabitants of the district have different cultural practices. The main ethnic groups found include Gogo, Nyaturu, Taturu, Nyakyusa, Barbaig and Sandawe. Various cultural practices in these ethnic groups among others include (i) female genital mutilation; (ii) male dominance with respect to material wealth ownership; (iii) early marriages to young girls, partly for families to get material wealth in terms of dowry price; (iv) cultural taboos whereby women and children are forbidden from eating certain varieties of foods; and (v) women's workload is heavy compared to men.

2.3 Research and Sampling Design

A cross-sectional research design was adopted for this study. A simple random sampling design was used for selecting divisions, villages and respondents. Manyoni division was selected in the district. Three villages namely Aghondi, Kamenyanga and Mkwese were selected randomly. In each selected village, 40 respondents were randomly selected. A total sample size of 120 respondents was drawn for the study.

2.4 Data Collection

The data were collected by using three methods namely focus group discussion (FGD), administration of a questionnaire and a key informant interview. The focus group discussion was held before setting the questionnaire. In each village, the focus group discussion was carried out by conducting the discussion in small groups formulated by different actors. Five groups of girls, boys, older women, older men and mixture of the representative category were formed and subjected to the discussion. Each group was formed by not more than 10 members and not less than 7 members. The questionnaire was formed of different types of closed and open-ended questions. The questionnaire was formed after obtaining information from the focus group discussion to allow quantification of some of the information. The information of the attitudes, social values, advantages, disadvantages, suitability of the existing

intervention strategies, and suggestions on the subject of female genital mutilation was collected.

A Likert scale was a major component of the questionnaire for assessing attitudes of the respondents towards FGM. The Likert scale consisted of 20 statements, 10 of which implicitly showed negative attitudes, while the other 10 implicitly denoting positive attitudes towards the FGM. In the Likert scale, there were two alternative levels of agreement or disagreement with the statements and one neutral alternative answer. The alternative answers to the Likert scale statements strongly disagreed (1), disagree (2), undecided (3), agree (4), and strongly agree (5). Adding up the scores of one respondent, the least score was 20 that is one time 20, and the highest score was 100 that is 5 times 20. Twenty to 59 was meant negative attitude, 60 neutral, and 61 to 100 positive attitudes. In order to obtain information with respect of social values of the FGM, every answer in the Likert scale statements was followed by respondent's arguments/reasons to support the selected alternative answers in the attitude assessment.

Key informant interview was held to cross-check the answers given by the respondents. Village health workers, community leaders, schoolteachers and others formed this part of data collection method. The key informant interview followed immediately after the administration of the questionnaire. Before the actual data collection, the data collection tools and methods were tested in one randomly selected village from Dodoma Rural district, where the FGM is being practised. Three people who have attained at least form four education level from the entire district were recruited in order to facilitate the data collection activities to explore information that probably was to be hidden by the respondents.

2.5 Data Analysis

The SPSS computer software programme was used for data analysis. Descriptive statistics were used in the data analysis. In the descriptive statistics, frequencies and percentages were computed. For Likert scale analytical approach, the analysis was done as follows: In the assumption that every respondent scored 5 in each statement, from the score, the respondents would have a total score of 100, which is $5 \times 20 = 100$. In case, a respondent scored 3 for each statement, the computation would have been $3 \times$

20 = 60, which is to be regarded as a neutral/undecided category of the score. Lastly, when a respondent scored 1 for each statement, the calculation would have been 1 x 20 = 20, which is the minimum score. There was also an assumption that half of the maximum score 100, which is 50 had to be a starting point for a neutral category. Then the attitudes assessment among the respondents was done as between 20 and 49 cores category was regarded to be assessed as negative, while between 50 and 60 scores category was considered to be under neutral, and between 61 and 100 scores category was meant to be having a positive attitude.

3. RESULTS AND DISCUSSION

3.1 Respondents' Views on Female Genital Mutilation (FGM)

3.1.1 Reasons for female circumcision

During the survey, the respondents were asked on if they understood as to why women are circumcised and the results are summarized in Table 1. In the study, among other reasons that had been pointed out by the respondents were increasing chances for marriage (79.2%), Lawalawa (77.5%) and signs for sexual maturity (76.7%). Other reasons for FGM were rescuing the girls from fornication (72.5%), helping to the cleanliness of genitalia (44.2%), fulfilling traditional rituals (34.2%) and family celebration after the girl's FGM (30.0%). All these reasons are due to traditional customs of the ethnic groups to the FGM. It is in such a way that some do not even understand why the FGM was adopted.

On the other way, traditionally, to mention just a few, the FGM prepares girls for marriage and signs of maturity from childhood. There must be

a powerful reason for this procedure to continue having the adverse consequences of the practice that affect women due to the practice. The answer lies in culture. A person's culture and background affect the beliefs, which they are willing to accept.

Controlling Lawalawa as pointed out by the respondents, was also supported by health officials in the district, Manyoni. The health officials explain that the "disease" is due to dirtiness and lack of proper cleanliness to women and girls. This is very true that the region is in semi-arid and faces a serious water shortage even for normal household uses. However, lawalawa can easily be prevented and cured if the infection has occurred. Therefore, women and female children should be advised on the importance of general body and clothes cleanliness. It has to be more clear that lawalawa are not prevented by undergoing FGM instead people have to be encouraged to consult health centres for diagnosis and treatment of lawalawa.

Alternatively, there are a number of traditional customs done to signify maturity to females apart from the FGM and such can be adopted, because they have no detrimental effects on individuals. Moreover, some traditions are time-barred and unnecessary and they can be discouraged simply because of their bad consequences.

3.1.2 Social values of female genital mutilation

Social values of FGM were sought through asking questions to respondents on advantages (Table 2) and disadvantages (Table 2) of it in the society.

Table 1. Reasons for female genital mutilation at Manyoni district in Singida region

| Reasons | Aghondi | Kamenyanga | Mkwese | Overall |
|---|--------------------------------------|------------|-----------|-----------|
| It increases chances for marriage | 31 ¹ (77.5 ²) | 38 (95.0) | 26 (65.0) | 95 (79.2) |
| It is a sign of sexual maturity | 30 (75.0) | 32 (80.0) | 30 (75.0) | 92 (76.7) |
| It rescues girls from fornication | 25 (62.5) | 27 (67.5) | 35 (87.5) | 87 (72.5) |
| Controlling/avoiding Lawalawa | 23 (57.5) | 34 (85.0) | 36 (90.0) | 93 (77.5) |
| Family celebration after the FGM | 15(37.5) | 12(30.0) | 9(22.5) | 36(30.0) |
| Fulfilling traditional rituals | 14(35.0) | 12(30.0) | 15(37.5) | 41(34.2) |
| It facilitates cleanliness of genitalia | 12 (30.0) | 16 (40.0) | 25 (62.5) | 53 (44.2) |
| Does not know | 12 (30.0) | 2 (5.0) | 5 (12.5) | 19 (15.8) |

¹Frequency; ²Percentage

Table 2. Advantages of female genital mutilation in societies in Manyoni district in Singida Region

| Advantages | Aghondi | Kamenyanga | Mkwese | Overall |
|--|-------------------------------------|------------|-----------|-----------|
| Women who has undergone FGM are highly respected | 23 ¹ (57.5) ² | 27 (67.5) | 13 (32.5) | 63 (52.5) |
| Women who has undergone FGM are not despised | 10 (25.0) | 8 (20.0) | 12 (30.0) | 30 (25.0) |
| FGM prevents Lawalawa | 7 (17.5) | 3 (7.5) | 6 (15.0) | 16 (13.3) |
| No advantage | - | - | 3 (7.5) | 3 (2.5) |
| Does not know | - | 2 (5.0) | 6 (15.0) | 8 (6.7) |
| Total | 40 (100) | 40 (100) | 40 (100) | 120 (100) |

¹Frequency; ²Percentage

When the respondents were restricted to select only one alternative choice among the lists indicated in Table 2, the following was the response: Women who have undergone FGM are being highly respected in some societies. This was accounted for 63 respondents (52.5%). Another advantage, which had a high score, was a woman who has undergone FGM is not despised. This was accounted for 25%. The last advantage that was pointed out by 13.3% of respondents was the prevention of lawalawa through FGM practice. The findings reported in this study are quite different from the ones reported by [21], who pointed out that over 50% and 31% of the people in the area respectively, do not know the advantages of the FGM and no any advantage of the FGM. However, the author declares that did they not involve men's views, which is quite contrary to this study.

Most of the respondents in the study were aware of the disadvantages associated with the FGM as shown in Table 3. Majority of the consequences of FGM are inhuman and not friendly to well being of any individual. Another potential source health problem during the circumcision is the individual who conducts an operation. Majority of the circumcisers are elderly women sometimes over 70 years and

most likely some have poor vision and operating tools.

3.1.3 Likelihood of FGM to end

The study further wanted to determine on the likelihood of the FGM on to continue or end. The majority (90%) showed that there could be possibilities of ending the FGM, while only 10% were not of that opinion. Those who saw the possibility of ending the FGM gave the reasons, which have been summarized in Table 4.

Over 77% of respondents who showed that the FGM practice was likely to get to an end pointed to the major reason for that was bad effects of FGM are observable to many people. Other reasons pointed out were many campaigns and laws against the FGM. Additionally, many girls and women nowadays refuse to undergo the FGM and dislike the FGM.

In order for the FGM to be eradicated people should be educated seriously about its causes and adverse consequences. However, generally, the responses encourage and open doors for movements and campaigns to eradicate the practice of FGM. The fact that the few (10%) did not see the possibility of FGM ending is another indicator that FGM is likely to end.

Table 3. Disadvantages of female genital mutilation in societies in Manyoni District in Singida Region

| Disadvantages | Aghondi | Kamenyanga | Mkwese | Overall |
|-----------------------------------|-------------------------------------|------------|-----------|-----------|
| FGM causes delivery complications | 18 ¹ (45.0) ² | 32 (80.0) | 4 (10.0) | 54 (45.0) |
| FGM causes pains during coitus | 12 (30.0) | 6 (15.0) | 24 (60.0) | 42 (35.0) |
| FGM reduces sexual desire | 9 (22.5) | 12 (30.0) | 9 (22.5) | 30 (25.0) |
| FGM causes death | 2 (5.0) | 1 (2.25) | 3 (7.5) | 6 (5.0) |
| FGM causes severe hermorhage | 7 (17.5) | 29 (72.5) | 4 (10.0) | 40 (33.3) |
| FGM reduces respect to women | 1 (2.25) | 1 (2.25) | - | 2 (1.7) |
| Does not know | 5 (12.5) | 4 (10.0) | - | 9 (7.5) |

¹Frequency; ²Percentage

Table 4. Reasons for FGM being likely to get to an end based on views of respondents in Manyoni District, Singida Region

| Reasons | Aghondi | Kamenyanga | Mkwese | Overall |
|--|-------------------------------------|------------|-----------|-----------|
| People are aware of bad effects of FGM | 31 ¹ (77.5) ² | 26 (65.0) | 27 (67.5) | 84 (77.8) |
| There are many campaigns against the FGM | 2 (5.0) | 12 (30.0) | 23 (57.5) | 37 (34.2) |
| Women of today dislike FGM | 12 (30.0) | 16 (40.0) | 13 (32.5) | 41 (37.9) |
| Many girls nowadays refuse undergoing FGM | 15 (37.5) | 12 (30.0) | 17 (42.5) | 44 (40.7) |
| FGM is outdated practice | 7 (17.5) | 14 (35.0) | 16 (40.0) | 37 (34.3) |
| Mass media campaigns against FGM have helped | 5 (12.5) | 5 (12.5) | 10 (25.0) | 20 (18.5) |
| There are laws against the FGM | 14 (35.0) | 12 (30.0) | 20 (50.0) | 46 (42.6) |

¹Frequency; ²Percentage**Table 5. Respondents' attitudes towards female genital mutilation in Manyoni District, Siginda Region**

| Attitudinal statement | Responses | | |
|---|-------------------------------------|-----------|------------|
| | Disagreement | Undecided | Agreement |
| It is good to circumcised women | 68 ¹ (56.7) ² | 15 (12.5) | 37 (30.8) |
| Women feel proud when circumcised | 79 (65.8) | 17 (14.2) | 24 (20.0) |
| Women are not feeling proud without being circumcised | 89 (74.2) | 4 (3.3) | 27 (22.5) |
| FGM is an intimidation to women | 12 (10.0) | 6 (5.0) | 102 (85.0) |
| FGM is due to pressures from men to suppress women's rights | 29 (24.2) | 8 (6.7) | 83 (69.2) |
| Cultural beliefs hinder the eradication of FGM | 78 (65.0) | 11 (9.2) | 31 (25.8) |
| Cultural beliefs enforcing FGM can be changed because are outdated | 18 (15.0) | 6 (5.0) | 96 (80.0) |
| Circumcision is like labor pains, can be forgotten and enjoyed after healing | 58 (48.3) | 14 (11.7) | 48 (40.0) |
| Outsiders want to destroy our culture by emphasizing on FGM abolition | 81 (67.5) | 3 (2.5) | 36 (30.0) |
| Poor understanding of side effects of FGM hinders the abolition of FGM | 26 (21.7) | 8 (6.7) | 86 (71.7) |
| Circumcised genitalia are more attractive than uncircumcised ones | 76 (63.3) | 9 (7.5) | 35 (29.2) |
| Circumcised genitalia can be cleaned easily | 69 (57.5) | 17 (14.2) | 34 (28.3) |
| Circumcised woman accepts religious rituals | 88 (73.3) | 6 (5.0) | 26 (21.7) |
| FGM causes delivery complications and increases maternal mortality | 23 (19.2) | 15 (12.5) | 82 (68.3) |
| Circumcised women are likely needed by men for marriage | 76 (63.3) | 6 (5.0) | 38 (31.7) |
| Uncircumcised women are not highly needed by men for marriage | 87 (72.5) | 7 (5.8) | 26 (21.7) |
| Circumcisers should be acted upon | 18 (15.0) | 8 (6.7) | 94 (78.3) |
| Girls who reject circumcision should be isolated by their families | 96 (80.0) | 4 (3.3) | 20 (16.7) |
| Women circumcision must be stopped because the practice is done by old women who have lost their sights | 31 (25.8) | 6 (5.0) | 83 (69.2) |
| Women circumcision increases divorce cases because of missed genitalia | 43 (35.8) | 12 (10.0) | 65 (54.2) |
| FGM cannot be stopped easily because women like it | 97 (80.8) | 4 (3.3) | 19 (15.8) |

¹Frequency; ²Percentage

3.1.4 Attitudes towards female genital mutilation

The findings for the attitudes of the respondents towards FGM are presented in Table 5. The results have been summarized in three categories namely disagreement, undecided and agreement. Strongly agree and agree have been regrouped into agreeing, while strongly disagree and disagree have been regrouped into disagreeing as detailed in the methodology section.

More than 50% of respondents declared that FGM was not a good thing implying that to them accepting FGM to their children would be difficult. Over 60% of respondents pointed out that, women did not feel proud of undergoing FGM. This provides an impression that if efforts had been put on campaigns against the FGM, the practice might come to the end. Thus, even those who seem to prefer circumcision and undecided ones may automatically change. Over 100 respondents (85%) agreed that FGM was an intimidation to women. This is a good sign that many individuals in the societies that practice the FGM have realized its disadvantages. Therefore, campaigns against FGM can highly be accepted in the societies.

Almost three-quarters (69.2%) of the respondents agreed that circumcision suppresses women's rights. Women seem to have no power on how to do away with it. Most cases as noted during discussions with the respondents that parents are the ones forcing their female children to go for the FGM. It is, therefore, possible to get support for the campaigns against the FGM from the women themselves and other men in the studied societies.

The degree of disagreement to cultural beliefs hinders eradication of FGM was high at 65% compared to the degree of agreement, which accounted for 25.8%. This shows that some consider the FGM as what they are supposed to do, but some realize that cultural beliefs have influenced the existence of the practice. The argument here is correct since, cultural beliefs are the faith in built to an individual that gives directions, determinations and influences a lot of the individual. More emphasis to discourage cultural beliefs and sensitization for changes can be of great importance to eradicate the practice. However, failure of respondents to express their attitudes towards the cultural influence of FGM

was made clear in the following statement. Ninety-six (80.0%) of respondents agreed with the statement that cultural beliefs reinforcing FGM practices are outdated, and hence need to be left to change the situation.

Relating circumcision to labour pains, which are relieved by the joy of having a child, was half disagreed and accepted by 48.3% and 40.0% respectively. This shows female circumcision gives pains to the women as well as during child delivery. The respondents were also asked to point out if the outsiders would like to destroy their culture. The majority (67.5%) did not agree with the statement, but on the other side, 30% of the respondents agreed that the outsiders are in need of destroying their culture. The study also found out that poor understanding of the health implications of FGM to people in the area was high (71.7%). This indicates that persistence of the FGM is due to low knowledge about side effects of the female circumcision. Thus, mass education to the whole community is highly important. The outsiders' campaigns against the FGM seem to open up levels of understanding among individuals in their societies.

Seventy-six respondents (63.3%) declared that circumcised genitalia are not more attractive than uncircumcised ones. This implies that individuals do feel good have genital organs missing. Definitely, they would not like the same to happen to the coming generations. Further, 57.5% of the respondents disagreed with the statement that circumcised genitalia could be easily cleaned, although about 28% supported the statement. Cleanliness, if it were the problem then it would have been the global issue to all women. This means that cleanliness has to a personal habit, hence need to be advised and encouraged, but not to cut off some organs.

In the study area, the majority (73.3%) of the respondents indicated that the FGM was not related to religious influences. This being the case, to eradicate FGM can easily be dealt with unlike if there were some religious implications. About 63% of respondents did not accept the statement that women who had undergone FGM were highly needed by men for marriage. However, there were few respondents (31.7%) pointed out that women who had undergone FGM were being highly needed by men for marriages. This gives points of support to campaigns against FGM since the majority of individuals in the societies studied did not prefer women who had undergone FGM. For the case

Table 6. Summary of attitudes of respondents towards FGM in Manyoni District, Singida region

| Attitudinal scale mean scores | Aghondi | Kamenyanga | Mkwese | Overall |
|-------------------------------|-----------|------------|-----------|-----------|
| 20 – 49 (Negative) | 25 (62.5) | 29 (72.5) | 26 (65.0) | 80 (66.7) |
| 50 – 60 (Neutral/undecided) | 9 (22.5) | 7 (17.5) | 9 (22.5) | 25 (20.8) |
| 61 – 100 (Positive) | 6 (15.0) | 4 (10.0) | 5 (12.5) | 15 (12.5) |
| Total | 40 (100) | 40 (100) | 40 (100) | 120 (100) |

¹Frequency; ²Percentage

of circumcisers to be acted upon, the majority (78.3%) of respondents supported the statement. Very few ones (15%) disagreed with the statement. Likewise, 82 (68.3%) respondents agreed that women who had gone FGM had complications during child delivery. This was also supported by health officials who said that they had several cases of delivery complications especially to women who had the FGM.

About 80% of the respondents disagreed with isolating girls who would refuse to be circumcised. This is a good indication for the coming generations to do away with FGM practices. Furthermore, 83 (69.2%) respondents agreed that circumcisers are old women who sometimes have lost their sight hence cannot do the cutting properly. This advocates eradication of the practice. More than more than half respondents (54.2%) agreed that missing genitalia leads to increased divorce cases and sometimes lead to polygamy, because of lack of attraction to men. This is more obvious with industrialization where men move from one place to another. In doing so they meet other women uncircumcised, as a result, they are forced to marry more than one wife. Such incidences, apart from reducing strong family affections, lead to other problems such as AIDS and the like to mention just a few. However, most women disliked female circumcision. This was pointed out by 97 (80.8%) respondents.

An overall attitude towards FGM among the 120 respondents was negative. About 67% of the respondents had scored between 20 and 49, which lies on negative attitude based on the Likert scale of attitudinal assessment (Table 6). This was followed by 20.8% of the respondents whose attitudes toward FGM were at the neutral score (50-60) and very few respondents (12.5%) had positive attitudes towards FGM. The findings presented in Table 6 can be interpreted that many people in the studied district have changed their attitudes towards FGM from positive to negative. The implication of the findings towards the existing theories of attitudes [19,22], the possibility of the communities in the study area shows that people are likely to accept campaigns

against the FGM as the majority have negative attitudes towards the FGM. For example, Turner [17] in the theory of rigidity explains that positive attitude towards the object is a stronger sign of making behaviour change positively. Functional theories of the attitudes of individuals support the prediction that so long as the people in the communities studied has a negative attitude towards the FGM, can, therefore, change the behaviour of having the practice [20,18].

4. CONCLUSION AND RECOMMENDATIONS

The study findings show that the FGM still prevails in the district. The persistence of the practice in the district is mainly due to abiding cultural beliefs since it has been there for many years hence the present generation cannot deny the same. However, a number of disadvantages outweighed advantages as far as the FGM is a case in point. The majority of the people understood those disadvantages. The findings show that the FGM persistence is due to social values constructed and being inherited generation over a generation in the communities. The findings show that women have been undergoing FGM in order to have respected and not to be despised. One of the important leading factors that fuel the FGM to continue was observed to be existence lawalawa (Fungal) diseases. The lawalawa is a result of dirt and poor cleanliness of an individual, particularly among female children. Poor understanding of causes and prevention methods of lawalawa makes women to rely on accepting circumcision as the only solution to that problem. In one way or another in this study men particularly old ones support the FGM since they have the beliefs that the female children who undergo FGM have more chances of marriage, hence the higher chances for receiving dowries

It is interestingly, if one concludes that the people in the communities mentioned the advantages of FGM, but at the same time they have pointed out disadvantages of the practice of FGM. Among the disadvantages they mentioned were delivery

complications, pains during coitus and severe haemorrhage especially during the circumcision time. Likewise, people in the communities were giving reasons for ending the FGM practice among women as they are aware of bad effect of the practice, there are many campaigns against the FGM practice, women of today do not want the practice, girls of today do not want to practice FGM, and there is existence of laws against the FGM practice.

Generally, the attitudes of people in the study had been negative towards the FGM. Therefore, the possibility of eradicating the FGM is obvious, especially for the coming generation. Researchers recommend that campaigns to eradicate FGM should actively involve younger women who many of them do not prefer the practice. The campaigns should also major in doing away with cultural beliefs and how to treat lawalawa, since Lawalawa is not actually a disease, but a result of dirt and poor cleanliness of genitalia. Therefore emphasis on campaigns for eradicating the practice should strongly be to encourage women to keep themselves and their female children clean. In case of infections, the victims should be taken to health centres for treatment. Stereotypic notions bonded in the culture and beliefs of the communities on favour of FGM should also be removed through healthy, psychological and human rights approaches.

CONSENT

As per international standard or university standard, patient's written consent has been collected and preserved by the authors.

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the authors.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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