

Child Marriage

- Worldwide, it is estimated that 51 million girls younger than 18 are child brides. The majority of early marriages occur in West and East Africa and South Asia. Over the next decade, another 100 million girls will face early marriages.
- Tanzania has one of the highest child marriage prevalence rates in the world. On average, almost two out of five girls will be married before their 18th birthday. In 2010, about 37% of the women aged 20-24 were married/in union before age 18. Data shows a 10% decline since 2004 (41%).
- While child marriage is common in Tanzania, prevalence is highest in Shinyanga (59%), followed by Tabora (58%), Mara (55%), Dodoma (51%), Lindi (48%), Mbeya (45%), Morogoro (42%) Singida (42%), Rukwa (40%), Ruvuma (39%), Mwanza (37%), Kagera (36%), Mtwara (35%), Manyara (34%), Coast (33%), Tanga (29%), Arusha (27%), Kilimanjaro (27%), Kigoma (26%), Dar es Salaam (19%), and Iringa (8%).
- Families of offenders of sexual violence and their victims sometimes resolve the dispute by resorting to marriages, hence a victim ending up being married to their rapist. It should be noted that forced marriage is illegal in Tanzania.
- In every ten school girls in Pemba, five drop out.
- The 1971 Marriage Act does not protect girls from marriage. This law has been under review for a long time. Law of marriage act allows for girls as young as 14 (with special permission), and allows 15 year old girls to marry. This fact has impact on a nation's development.
- Early marriage is a health issue as well as a human rights violation, as child mothers are more likely to suffer from complications such as fistula and even maternal death, as their bodies are simply not ready for child bearing.

EFFECTS OF CHILD MARRIAGES

- Early marriages increase maternal and infant mortality rates.
- Sexual disparity in child marriages increases risk of AIDS.
- Limited social support to child brides due to social isolation
- Limited educational attainment and no schooling options
- Once girls in Tanzania are married, only a few of them (9.6%) are using contraception in spite of their need to space their childbearing time. Of them, 34.0% have their demand for contraception satisfied.
- Child marriage occurs more frequently among girls who are the least educated, poorest and living in rural areas. In 2010, women aged 20-24 and living in rural areas were almost twice as likely to be married/ in union before age 18 than their urban counterparts. This urban-rural divide has remained at roughly the same level since 2004. Education is associated with the prevalence of child marriage in Tanzania. 61% of women aged 20-24 with no education and 39% with primary education were married or in

union at age 18, compared to only 5% of women with secondary education or higher.

WHERE IS IT PRACTICED?

Child marriages remain a threat common in rural areas and among the poorest of the poor where impoverished parents sometimes believe it protects girls, and sometimes parents use their daughters to help the rest of the family to make an income through bride price, i.e. sometimes girls are still used as a commodity. In addition to Tanzania, it is practiced in some countries in Africa, Asia and the Middle East.

- In Ethiopia and some areas of West Africa, some girls get married as early as age 7.
- In Bangladesh, 45 per cent of young women between 25 and 29 were married by age 15.
- Girls with higher levels of schooling are less likely to marry as children. In Mozambique, some 60 percent of girls with no education are married by 18, compared to 10 percent of girls with secondary schooling and less than one percent of girls with higher education.
- Educating adolescent girls has been a critical factor in increasing the age of marriage in a number of developing countries, including Indonesia, Sri Lanka, Taiwan and Thailand.

WHY IS IT PRACTICED?

- It almost exclusively within the context of poverty and gender inequality
- It also has social, cultural and economic dimensions.
- High poverty rates, birth rates and death rates
- Greater incidence of conflict and civil strife
- Lower levels of overall development, including schooling, employment and health care

WHAT HAS BEEN DONE ABOUT CHILD MARRIAGE?

- Much advocacy has been done to speed up the revision of the Law of Marriage Act.
- Continuous education using media, research, law changing attitude and community meetings.
- Creating awareness among community leaders about negative consequences of child marriage and of existing laws.
- Health sector to Sensitize and educate communities on the negative health consequences of Child marriage.
- Involvement of religious leaders in educating the communities.
- Currently, girls are aware and have better knowledge about their rights.
- Parents to work with the government in combating the practice.

Source: International Center for Research on Women – ICRW (2010).



Female Genital Mutilation

- FGM, also known as female genital cutting is defined by the World Health Organization (WHO) as “all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.”
- The 1998 Sexual Offences Special Provisions Act (1998) first criminalized FGM in Tanzania: SOSPA Part II, Section 21 amended Section 169A of the Penal Code to safeguard against cruelty to children. This provision means that if a person having custody or care of a girl under eighteen causes FGM to be performed, they are guilty of cruelty to children (In other words, the protection doesn't extend to women over eighteen).
- In Singida Rural District, 95 percent of women delivering in hospitals have been cut (TAMWA 2012). They believe FGM treats a disease called 'lawalawa' to children. TAMWA investigation also reveals that acid is being used for FGM on babies in Singida (ibid.).
- In Mara, Civil Society reports indicate 8 deaths of otherwise healthy young girls from FGM related bleeding during the last mass mutilations event over a period of two months. Same

reports indicate the use of child sacrifices in the beginning of FGM season, to appease traditional Gods.

WHERE IS IT PRACTICED GLOBALLY?

- The practice of FGM is performed across central Africa, in sub-Saharan, and in parts of the Middle East. Most women who have experienced FGM live in 28 countries in Africa and the Middle East. Almost one-half of women who have experienced FGM live in Egypt or Ethiopia. (In Egypt, 2008 Demographic and Health Survey (DHS) information shows that female genital cutting rates are declining.)
- To a lesser degree, FGM is practiced in Indonesia, Malaysia, Pakistan, and India. Some immigrants practice various forms of FGM in other parts of the world, including Australia, Canada, New Zealand, the United States, and in European nations.

WHY IS IT PRACTICED?

There are many reasons why FGM is practiced. They include social, economic, political and religious justifications, although it is not demanded by any of the scriptures of major religions. There are also many superstitions and myths about FGM, such as:

- The clitoris will continue to grow as a girl gets older and so it must be removed.
- To control women's sexuality and to ensure virginity until marriage and fidelity in marriage.
- To make a girl more acceptable in the community and increases her eligibility for marriage.
- As a traditional rite of passage into adulthood.
- FGM is associated with notions of being “feminine,” “modest,” “clean” and/or “beautiful.”
- The clitoris will grow into a penis if not cut
- The baby will die if its head touches the clitoris during birth

WHAT HAS BEEN DONE ABOUT FGM?

- Educating the society through community meetings and awareness and human rights trainings;
- Engaging stakeholders for a change of attitude
- Find a substitute ritual for the rite of passage, such as alternative rites of passage at Masanga Village, Tarime and the work done by NAFGEM.

Prevalence of FGM IN TANZANIA BY REGIONS

S/N	Region	Percentage
1	Manyara	70.8
2	Dodoma	63.8
3	Arusha	58.6
4	Singida	51.0
5	Mara	39.0
6	Morogoro	21.0
7	Kilimanjaro	21.0
8	Tanga	19.0

Source: Network Against Female Genital Mutilation (NAFGEM) and Tanzania Demographic and Health Survey

	TDHS 2004	TDHS 2010	Change?
Dodoma	67.8	63.8	-4
Arusha	54.5	58.6	+4.1
Kilimanjaro	25.4	21.7	-3.7
Tanga	23	19.9	-3.1
Morogoro	18.1	21.1	+3
Coast	2.4	5.7	+3.3
Dar es Salaam	3.2	3.5	+0.3
Lindi	0.6	0.4	-0.2
Mtwara	0.3	0.0	-0.3
Ruvuma	1.4	2.1	+0.7
Iringa	22.7	13.3	-9.4
Mbeya	0.5	0.9	+0.4
Singida	43.2	51	+7.8
Tabora	2.8	5.6	+2.8
Rukwa	0.7	0.5	-0.2
Kigoma	0.7	0.5	-0.2
Shinyanga	0.6	0.3	-0.3
Kagera	0.0	0.8	+0.8
Mwanza	1.0	0.9	-0.1
Mara	38.1	39.9	+1.8
Manyara	81	70.8	-10.2
Unguja North	0.4	0.3	-0.1
Unguja South	0.2	0.0	-0.2
Urban West	0.4	0.3	-0.1
Pemba North	0.2	0.0	-0.2
Pemba South	0.0	0.0	0