

FGM IN TANZANIA



COUNTRY PROFILE UPDATE

July 2020



Registered Charity: No. 1150379

Limited Company: No: 08122211

E-mail: info@28toomany.org

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Contents

Use of This Country Profile Update	3
General National Statistics	4
Political Conditions	6
The Role of Women in Society	7
FGM: National and Regional Statistics and Trends.....	8
Laws Relating to FGM	15
Understanding & Attitudes.....	20
Media.....	23
Development Goals	26

Please note that, throughout the citations and references in this report, the following abbreviations apply.

'DHS 1996' refers to:

Bureau of Statistics [Tanzania] and Macro International Inc. (1997) *Tanzania Demographic and Health Survey 1996*. Calverton, Maryland: Bureau of Statistics and Macro International. Available at <https://dhsprogram.com/pubs/pdf/FR83/FR83.pdf>.

'DHS 2004–05' refers to:

National Bureau of Statistics (NBS) [Tanzania] and ORC Macro (2005) *Tanzania Demographic and Health Survey 2004–05*. Dar es Salaam, Tanzania: National Bureau of Statistics and ORC Macro. Available at <https://dhsprogram.com/pubs/pdf/FR173/FR173-TZ04-05.pdf>.

'DHS 2010' refers to:

National Bureau of Statistics (NBS) [Tanzania] and ICF Macro (2011) *Tanzania Demographic and Health Survey 2010*. Dar es Salaam, Tanzania: NBS and ICF Macro. Available at [https://dhsprogram.com/pubs/pdf/FR243/FR243\[24June2011\].pdf](https://dhsprogram.com/pubs/pdf/FR243/FR243[24June2011].pdf).

'DHS 2015–16' refers to:

Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) [Tanzania Mainland], Ministry of Health (MoH) [Zanzibar], National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and ICF (2016) *Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015–16*. Dar es Salaam, Tanzania, and Rockville, Maryland, USA: MoHCDGEC, MoH, NBS, OCGS, and ICF. Available at <https://dhsprogram.com/pubs/pdf/FR321/FR321.pdf>.

GDP gross domestic product

FGM female genital mutilation

All cited texts in this Country Profile Update were accessed in July 2018 and July 2020, unless otherwise noted.

Cover: Maasai women in line, ©www.lafforgue.com.

Please note the use of a photograph of any girl or woman in this Country Profile does not imply that she has, nor has not, undergone FGM.

In memory of Gill Mullen

Use of This Country Profile Update

This Update is intended to be used in conjunction with and as a supplement to the **Country Profile: FGM in Tanzania** published by 28 Too Many in 2013, which may be downloaded at <https://www.28toomany.org/tanzania/>.

Extracts from this publication may be freely reproduced, provided that due acknowledgement is given to the source and 28 Too Many. We seek updates on the data and invite comments on the content and suggestions on how our reports can be improved.

For more information, please contact us on info@28toomany.org.

A Note on Data

Statistics on the prevalence of FGM are regularly compiled through large-scale household surveys in developing countries, predominantly the Demographic and Health Survey (*DHS*) and the Multiple Indicator Cluster Survey (*MICS*). For Tanzania, DHS reports were published in 1996, 2004–2005, 2010, and 2015–2016.

In DHS surveys FGM data is self-reported, meaning that it is not based on physical examination. In general, UNICEF emphasises that self-reported data on FGM ‘needs to be treated with caution’ since women may be unwilling to disclose having undergone the procedure because of the sensitivity of the topic or the illegal status of the practice. They may also be unaware that they have been cut, or the extent to which they have been cut, especially if FGM was carried out at a young age.

Measuring the FGM status of girls, who have most recently undergone FGM or are at most imminent risk of undergoing it, may give an indication of the impact of current efforts to end FGM. Alternatively, the responses to this question may indicate the effect of laws criminalising the practice, or a shift in societal attitudes towards the continuation of the practice, which may make it harder for mothers to report that FGM was carried out as they may fear incriminating themselves. Additionally, unless they are adjusted, these figures do not take into account the fact that girls may still be vulnerable to FGM after the age of 14.

As for any data set, it is also important to note that some results of these surveys may be based on relatively small numbers of women, particularly when the data is further broken down by, for example, region or age. Therefore, in some cases the trends observed should be treated with caution. It should be made clear that any limitations of the data sources used in this report do not mean that the data is not useful; they simply mean that one should be careful about drawing ‘hard and fast’ conclusions, and 28 Too Many has accordingly taken that approach when researching and writing this country profile update.

General National Statistics

This section highlights a number of indicators of Tanzania's context and development status.

Population

62,349,454 (9 June 2020)¹

Growth rate: 2.71% (2020 est.)

Median age: 18.2 years

Human Development Index Rank: 159 out of 189 in 2019²

Age of Suffrage, Consent and Marriage

Age of Suffrage: 18

Age of Consent: 18 for women; unstipulated for men

Age of Marriage: According to The Law of Marriage Act (1971), boys – 18; girls – 15 with parental consent. The Constitutional Court ruled in July 2016 that marriage under the age of 18 is illegal and that the relevant sections of the Marriage Act were unconstitutional; an appeal was filed, but the Supreme Court upheld the 2016 ruling in October 2019.³

Health

Life expectancy at birth (years): 63.9

Infant mortality rate (per 1,000 live births): 37.6 (est.) deaths⁴

Maternal mortality rate: 524 deaths/100,000 live births (2017)⁵

Fertility rate, total (births per woman): 4.59 (2020 est.)

HIV/AIDS – adult prevalence: 4.6% (2018 est.)

– people living with HIV/AIDS: 1.6 million (2018 est.)

(country comparison to the world: 6)

– deaths: 24,000 (2018 est.)

GDP (in US dollars)

GDP (official exchange rate): \$51.76 billion (2017 est.)

GDP per capita (PPP): \$3,200 (2017 est.)

GDP (real growth rate): 6% (2017 est.)

Literacy (percentage who can read and write Kiswahili (Swahili), English, or Arabic)

Adult (age 15 and over): 77.9%

Female: 73.1%; Male: 83.2% (2015 est.)

Youth (ages 15–24):

Female – 84.6%; Male – 87%⁶

Urbanisation

Urban population: 35.2% (2020)

Rate of urbanisation: 5.22% annually (2015–2020 est.)

Religions

Christian – 61.4%, Muslim – 35.2%, folk religion – 1.8%, other – 0.2%, unaffiliated – 1.4%.

Zanzibar is almost entirely Muslim.

Ethnic Groups

Mainland: African – 99% (of which 95% are Bantu, consisting of more than 130 tribes), other – 1% (consisting of Asian, European, and Arab); Zanzibar: Arab, African, mixed Arab and African.

Languages

Kiswahili or Swahili (official)/Kiunguja (name for Swahili in Zanzibar)

English (official, primary language of commerce, administration, and higher education), Arabic (widely spoken in Zanzibar)

Many local languages

Unless otherwise stated, all statistics are taken from Central Intelligence Agency (2020) *The World Factbook: Tanzania*, 2 June. Available at <https://www.cia.gov/library/publications/the-world-factbook/geos/tz.html>.

1 Country Meters (2020) *Tanzania*, 9 June. Available at <http://countrymeters.info/en/Tanzania>.

2 United Nations Development Programme (2019) 'Table 1: Human Development Index and its components', *Human Development Reports*. Available at <http://hdr.undp.org/en/content/table-1-human-development-index-and-its-components-1>.

3 - Girls Not Brides (2018) *Tanzania*. Available at <https://www.girlsnotbrides.org/child-marriage/tanzania/>.
- Agnes Odhiambo (2019) 'Victory Against Child Marriage in Tanzania', *Human Rights Watch*, 25 October. Available at <https://www.hrw.org/news/2019/10/25/victory-against-child-marriage-tanzania>.

4 UN Inter-agency Group for Child Mortality Estimation (2019) *Tanzania*. Available at <https://childmortality.org/data/United%20Republic%20of%20Tanzania>.

5 The World Health Organization (2017) 'Maternal mortality ratio (per 100 000 live births)', *World Health Data Platform*. Available at [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-\(per-100-000-live-births\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/maternal-mortality-ratio-(per-100-000-live-births)).

6 The World Bank (2020) *Literacy Rate, Youth Total (% of People Ages 15–24)*. Available at <https://data.worldbank.org/indicator/SE.ADT.1524.LT.ZS?view=chart>.

Political Conditions

Former Minister of Works John Magufuli was sworn in as Tanzania's new president in November of 2015. Since then, he has placed restrictions on the media and the expression of political opposition, but has worked to reduce government spending and corruption and improve infrastructure and public health. The BBC notes that the president 'faces rising political discontent on the island of Zanzibar, where local elections had to be scrapped over vote-rigging allegations shortly before he took office.'¹

The Government is implementing various programmes in an effort to eliminate gender-based violence in Tanzania, which includes FGM. For example, in October 2018 a National Forum was held to mark the International Day of the Girl Child to discuss how to stop the violence.²

However, the Federal Government's commitment does not appear to have filtered down to regional governments. Ms Robi Samuel, the director of Safe House Tanzania, has blamed local politicians for the continuation of FGM in the Mara region. She reports that certain politicians have been procuring traditional leaders to give their support in elections by promising to protect them if they practise FGM. She also notes that many cutters who had abandoned the practice have returned to it out of economic necessity, and has called for economic support and alternative training for cutters who wish to leave FGM behind.³

Politicians are to blame for continued FGM in the region. They use the traditional leaders as their champions in attracting voters.

~ Ms Robi Samuel, Safe Houses Tanzania⁴

The Government has announced that, despite the COVID-19 crisis, general elections will proceed in October 2020.⁵

Dr Mayrose Mazinge, a human-development specialist, recently announced her intention to run for the presidency in the October elections. She has stated that she believes Tanzanians must vote on the strength of candidates' leadership qualities, as opposed to their genders, education levels or tribal identities.⁶

1 BBC News (2018) *Tanzania Country Profile*, 10 May. Available at <https://www.bbc.com/news/world-africa-14095776>.

2 Anne Robi (2018) 'Tanzania: Politicians Foment FGM in Mara Region', *Tanzania Daily News*, 18 July. Available at <https://allafrica.com/stories/201807180486.html>.

3 *Ibid.*

4 Ms Robi Samuel cited in Anne Robi, *ibid.*

5 Nyawira Mwangi (2020) 'Tanzania to hold general elections as planned despite COVID-19 outbreak: president', *CGTN*, 27 March. Available at <https://africa.cgtn.com/2020/03/27/tanzania-to-hold-general-elections-as-planned-despite-covid-19-outbreak-president/>.

6 Peter Saramba (2020) 'Why Chadema's Mayrose Mazinge wants to bid for presidency', *The Citizen*, 1 June. Available at <https://www.thecitizen.co.tz/news/Chadema-s-Mayrose-Mazinge-wants-to-bid-for-presidency/1840340-5568764-864h5iz/index.html>.

The Role of Women in Society

In 2014, Tanzania was classified as having ‘high levels of discrimination’ in the **Social Institutions & Gender Index**, because of highly restricted physical integrity and access to resources and assets, and a very highly discriminatory family code.¹

In 2015–16, 18% of women aged 15–49 in Tanzania had co-wives (i.e. were in polygamous marriages). The majority of currently married women state that they make **decisions** jointly with their husbands in relation to their (the wife’s) healthcare (56.4%) and whether or not to visit her family (45.9%), while 27.5% and 40.8% state that their husbands make those decisions, respectively, for them. However, more than half of husbands (52.4%) are solely responsible for making decisions in relation to major household purchases.²

83.6% of currently married women were **employed** in the 12 months prior to the survey, 48% of whom were employed for cash only and 42.4% of whom were not paid at all for their work. 36.1% decide how their own earnings are spent, while 55.3% make decisions jointly with their husbands.³

The use of modern contraceptive methods is on the rise (by 32% of currently married women in 2015–16); however, 22.1% of currently married women have an unmet need for **family planning**; in other words, ‘they want to space or limit births but are not currently using contraception’.⁴

Of great concern is that the percentage of women in Tanzania who believe that a husband/partner is justified in **beating** his wife in certain given circumstances has increased by 4.5 percentage points since 2010 (Table 1).

Circumstance	2010	2015–2016
Burning the food	17.8%	20.2%
Arguing with him	38.7%	42.0%
Going out without telling him	36.8%	40.9%
Neglecting the children	39.8%	47.9%
Refuses to have sexual relations with him	30.0%	30.5%
Percentage who agree that beating in at least one of the circumstances is justified	53.5%	58.0%

Table 1: Percentage of Tanzanian women aged 15–49 who think it is justified that, in certain circumstances, a husband/partner beats his wife, by particular circumstance⁵

1 OECD Development Centre (2014) *Social Institutions & Gender Index: 2014 Synthesis Report*, p.63. Available at <https://www.oecd.org/dev/development-gender/BrochureSIGI2015-web.pdf>.

2 DHS 2015–16, pp.92 and 345.

3 DHS 2015–16, pp.332 and 334.

4 DHS 2015–16, pp.132 and 136.

5 - DHS 2010, p.252.

- DHS 2015–16, p.351.

FGM: National and Regional Statistics and Trends

Prevalence of FGM in Tanzania

Figure 1 shows that there is a downward trend in the **prevalence of FGM in Tanzania among women aged 15–49**, as recorded in the DHS survey reports from 1996 to 2015/2016.¹ Currently, the prevalence is 10%, whereas it was 17.9% in 1996. This suggests a greater-than-40% drop in that period. Although it is likely that, in part, this reflects a true decrease in the practice, in part it may also be due to under-reporting of FGM by the women surveyed, especially since the practice became illegal in 1998.

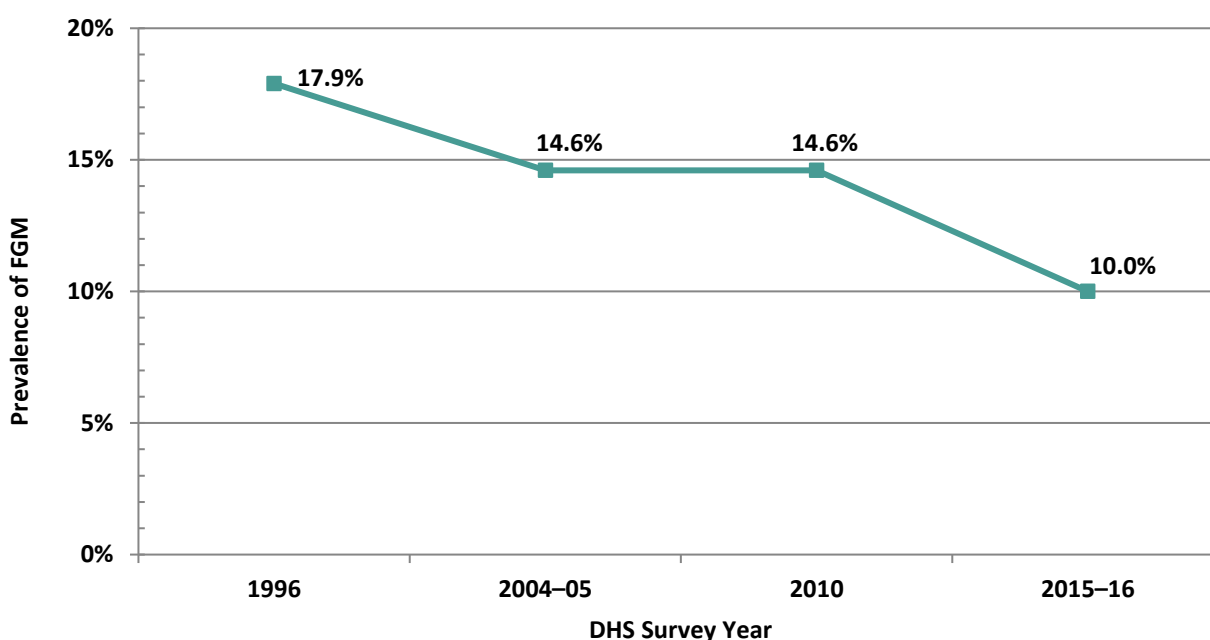


Figure 1: Comparison of prevalence of FGM in Tanzanian women aged 15–49, 1996–2015/2016²

While the prevalence of FGM in women aged 15–49 is a useful measure of the practice, the data includes women who may have been cut several decades ago. The **prevalence of FGM in girls aged 0–14** (as reported by their mothers) offers an insight into the extent of the practice in more recent years. This measure has its own weaknesses, however: since girls may still be at risk of being cut after the age of 14, it cannot be compared directly to the prevalence among women aged 15–49.

In 2015–16, 0.4% of daughters aged 0–14 were reported by their mothers to have been cut.³ This figure is, encouragingly, lower than the prevalence in women aged 15–49 (10%), but it should be interpreted with caution. The low figure could be in part due to under-reporting of FGM by the mothers due to the criminalisation of the practice, or a reflection of the fact that girls in Tanzania over the age of 14 are still at risk of being cut (see the Age of Cutting section below).

It is not possible to compare the prevalence among daughters in 2015–16 with that in 2010, as the DHS 2010 used different parameters, measuring instead the percentage of women with at least one daughter who had undergone FGM.

Figure 2 compares the **prevalence of FGM among women of different age-groups** in 2010 and 2015/2016. In both datasets, the prevalence is much lower in younger age-groups; for example, in 2015–16, 4.7% of women aged 15–19 had been cut compared to 18.7% of women aged 45–49. This supports the argument that the prevalence of FGM is lowering over time; however, the issue of possible under-reporting should also be kept in mind when considering this data.

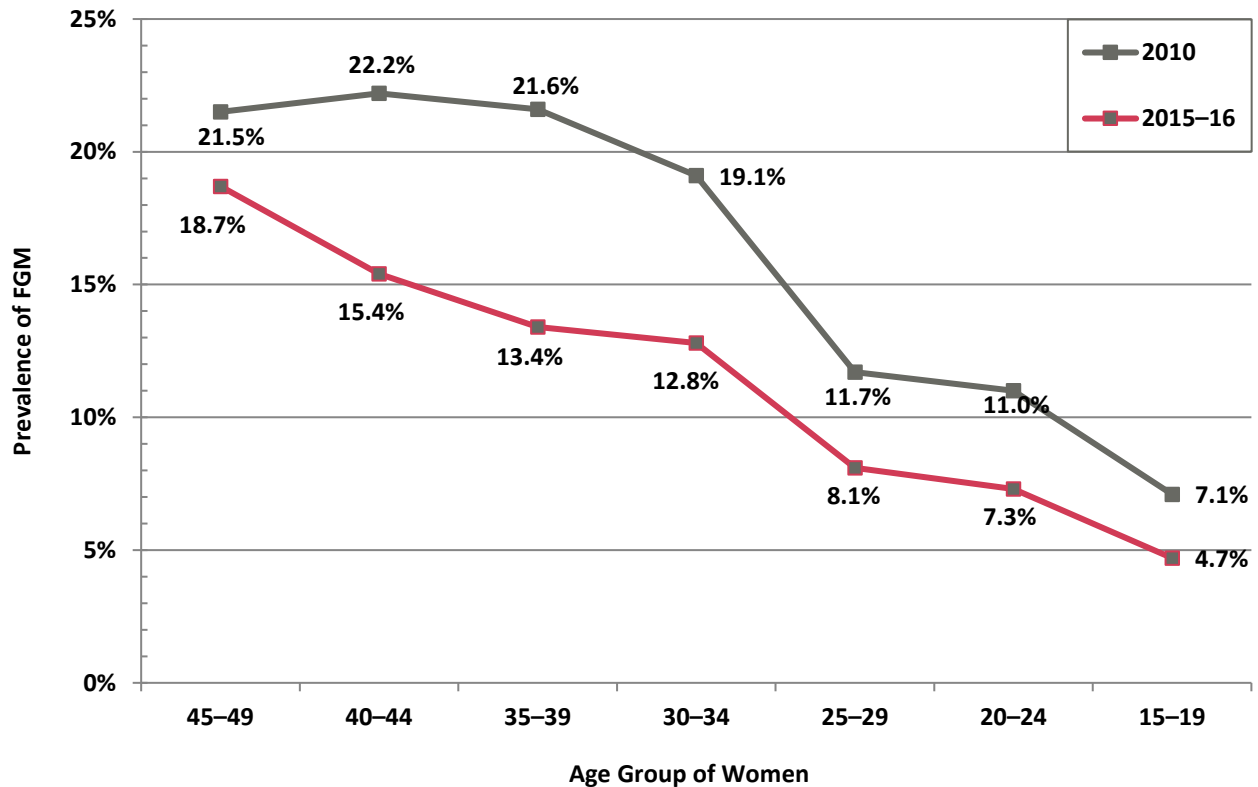


Figure 2: Prevalence of FGM in Tanzanian women aged 15–49, comparison 2010–2015/2016⁴

Place of Residence

Figure 3 shows that FGM is most prevalent in the rural areas of the mainland, followed by the urban areas of the mainland. The practice is uncommon in Zanzibar. The prevalence appears to have become less common on the mainland since 1996, the biggest drop in prevalence being in rural areas, from 20.8% in 1996 to 13.1% in 2015. It should be noted that migration to urban areas may have influenced these statistics.⁵

There is a desperate need in Tanzania for more **safehouses**. Existing houses, such as Mugumu in Mara, are being filled beyond capacity as more and more girls flee their homes to avoid FGM, especially in periods leading up to the December cutting seasons.

‘Sometimes we put 2–3 girls together on one bed, or use the floor,’ said Apaisaria Kiwori, head matron at Mugumu. ‘During the high season, we have sheltered over 300 girls. Many girls flee their homes with nothing more than the clothes they were wearing.’⁶

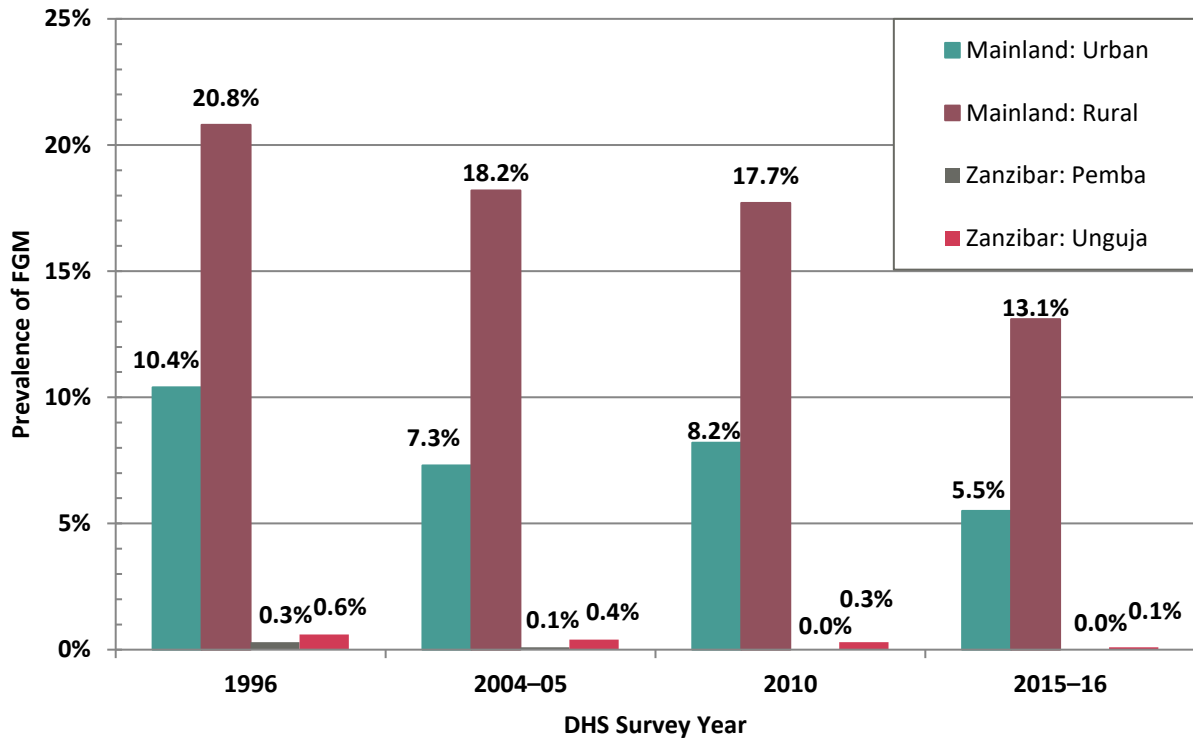


Figure 3: Prevalence of FGM in Tanzanian women aged 15–49, according to area of residence, comparison 1996–2015/2016⁷

Figure 4 shows the prevalence of FGM according to women’s zones of residence in 2015–16. The Central and Northern zones continue to have the highest prevalence of FGM.

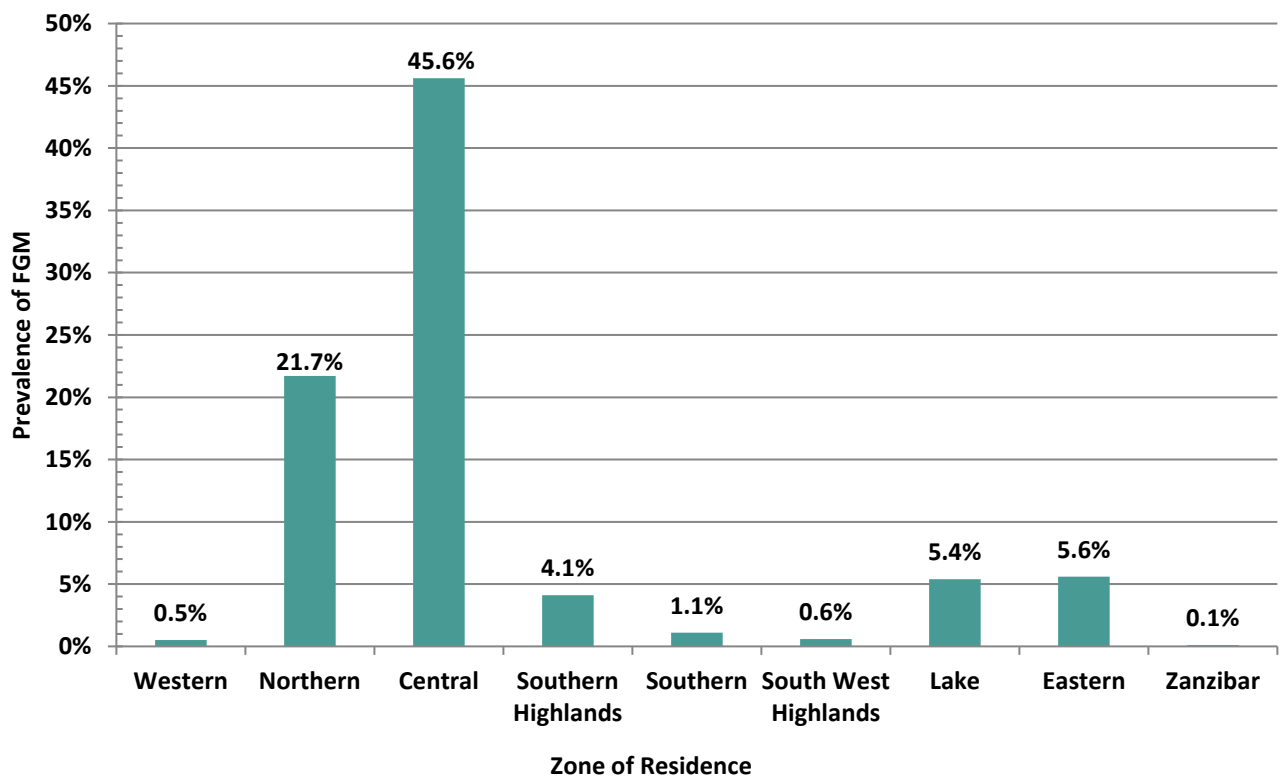


Figure 4: Prevalence of FGM in Tanzanian women aged 15–49, according to zone of residence, 2015/2016⁸

Age of Cutting

Figure 5 shows the age at cutting of women aged 15–49.

Across all datasets, there are clear age-groups within which girls are at a higher risk of being cut, namely below the age of one year and above the age of 13.

The data shows a rise in the percentage of women who were cut before the age of one year (from 28.4% in 2004–05 to 35.4% in 2015–16), while the percentage of women who were cut at aged 13 and above appears to have stayed roughly the same over that period. More data would be useful in order to confirm this important observation.

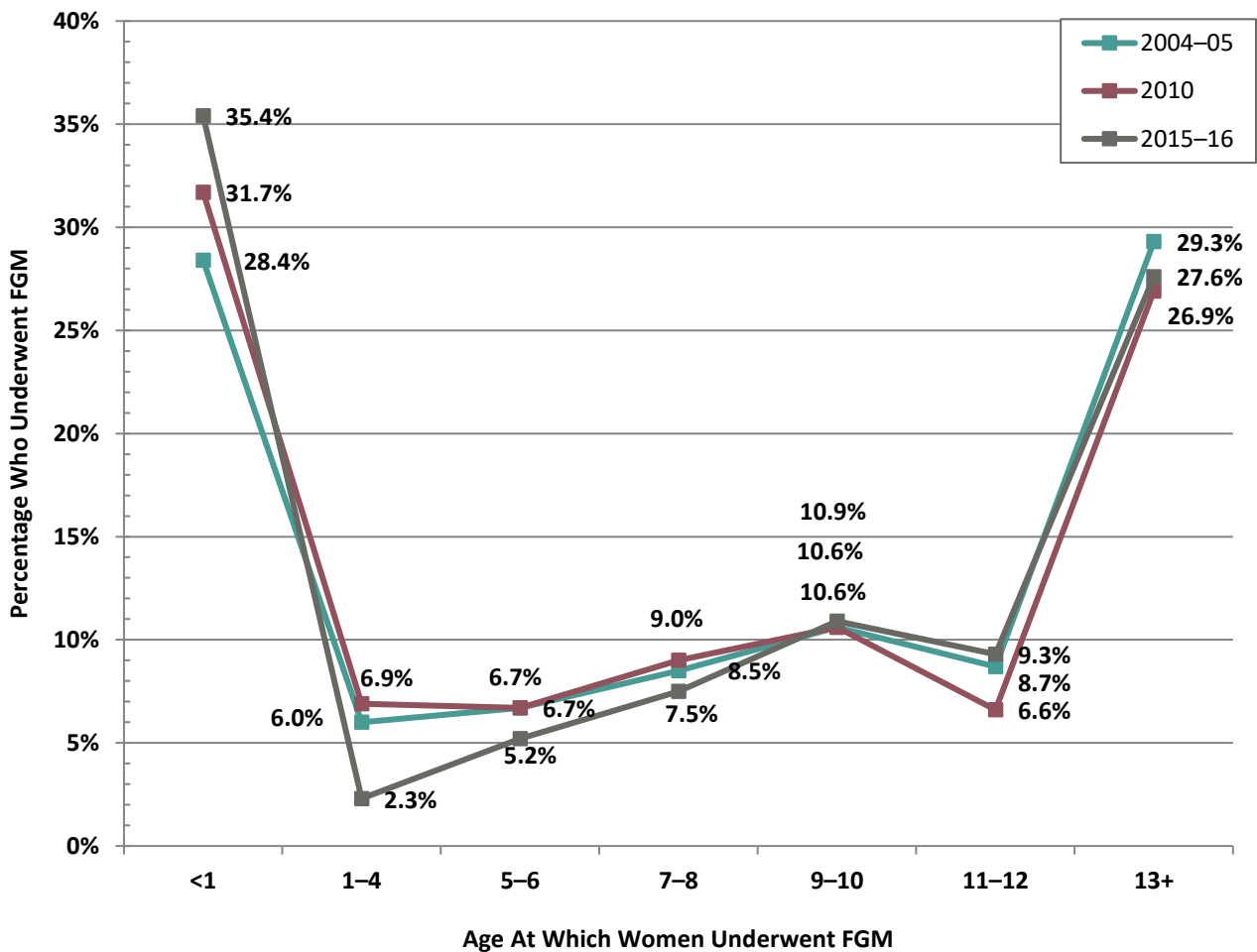


Figure 5: Percentage distribution of cut Tanzanian women (aged 15–49) by the age at which they underwent FGM – comparison 2004–05 to 2015–16

(NB: the percentages of women who do not know have been omitted from this graph)⁹

The new-born baby of a 16-year-old girl died at the end of 2017 after her great-grandmother subjected her to FGM. The baby died in hospital, and the mother and great-grandmother were subsequently arrested. Executive Coordinator of NAFGEM Francis Selasini explained to Thomson Reuters Foundation, ‘Girls used to be mutilated around the age of 10 years old and it was a traditional practice to prepare them for marriage. Those who are still cutting are performing it on girls who are younger to avoid prosecution.’ Selasini also believes that uneducated, younger mothers are more likely to be pressured into cutting their daughters.¹⁰

THE ECONOMICS OF FGM

A special report by Gayle Tzemach Lemmon¹¹, author and senior fellow at the Council on Foreign Relations, highlights that there are economic difficulties, not just cultural ones, associated with abolishing FGM in Tanzania.

Although the DHS reports do not record the prevalence of FGM according to wealth quintile, activists say that it is especially prevalent in poorer communities, and Lemmon notes that UNICEF data from 2016 supports this – a quarter of women aged 15–49 have undergone FGM in poorer communities and 6% in wealthier ones.

Firstly, and most obviously, cutters make their livelihood by performing FGM, earning about 30,000 Tanzanian shillings (approx. US\$14) for each girl. The threat of prosecution isn't enough to deter them. Lemmon interviewed anti-FGM activist Seleiman Bishagazi, who has begun to point cutters towards agriculture, which provides a steadier income than cutting, and working with them to begin small-scale farming. One community leader noted, upon observing the results of this programme, 'When you do agriculture, you can earn [roughly \$10 a day]. And you can do it throughout the year. And it is clean and legal money.' When the community begins to see the results of their work, Bishagazi begins to educate them on the problems with FGM.

Secondly, families receive gifts of money when their daughters or siblings undergo FGM. Bishagazi noted, 'People would say, "I will build a house after my daughter goes through this." They were using girls as capital.'

Bishagazi concluded, 'We have realized when women don't have economic power it is very easy to conduct gender-based violence. My dream is to end FGM once and for all.'

Types of FGM

The data shown in Figure 6 reveals a decrease since 2010 in the percentage of women aged 15–49 who have undergone FGM and have been 'cut, no flesh removed', and increases in the percentages who have been 'cut, no flesh removed' and 'sewn closed' (Type III/infibulation). In particular, the prevalence of Type III FGM shows a potentially concerning increase from 0.7% in 2010 to 6.6% in 2015–16. However, due to the known issues with self-reporting of FGM types and the small numbers of women involved, more data would ideally be required to form firm conclusions.

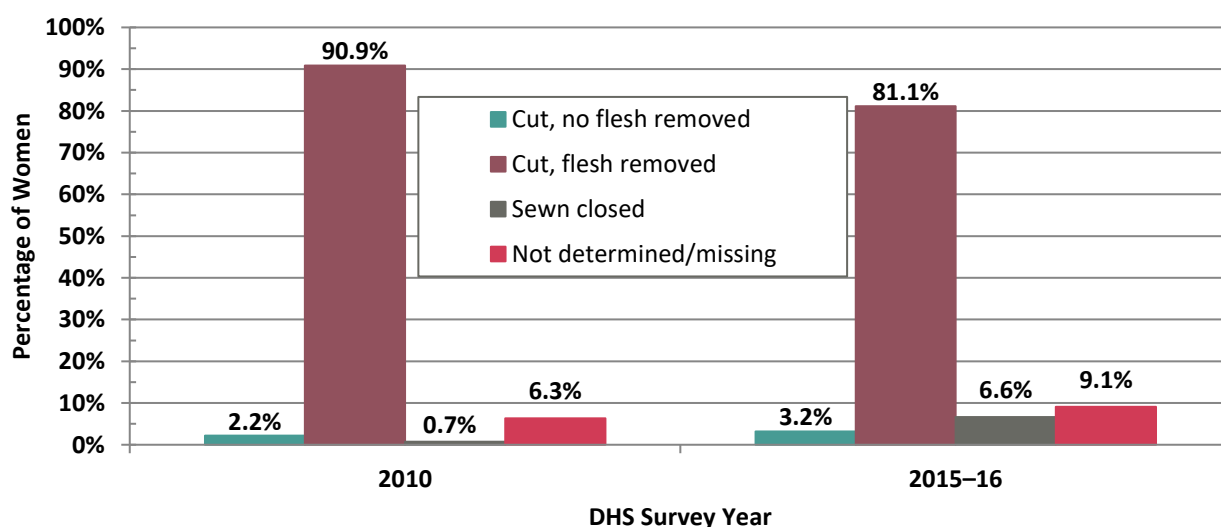


Figure 6: Percentage distribution of types of FGM in Tanzanian women aged 15–49 who have undergone FGM, comparison 2010 and 2015–16¹²

TRENDS IN FGM PRACTICE

The report by Gayle Tzemach Lemmon¹³ (see page 12) notes the following FGM trends in Tanzania:

- **Medicalisation**, mostly in the Kissii and Somali communities.
- **Infant cutting**, to avoid the risk of the girls themselves reporting their parents/cutters.
- **'Vacation cutting'** – traveling across borders for FGM, to avoid prosecution.
- **'Camouflaging'** – cutting girls during male circumcision ceremonies.

The Economics of FGM

In Tanzania, both the practice and the abandonment of FGM are intrinsically linked with economics.

Money is believed to be one of the driving factors behind FGM in Tanzania.¹⁴ In other countries in Africa where FGM is practised, it has been found that a necessary part of any movement towards the abolition of FGM is the provision of alternative income means for cutters. Seleiman Bishagazi, Chairman of Kipunguni Knowledge Center, a community group in Dar es Salaam, has found success in convincing cutters to abandon FGM by firstly providing several of them with a plot of land, seeds and the fertilizer with which to begin agricultural endeavours. Once the women began making regular money from this work, he began to talk to them about the dangers of FGM, to the girls and women they were cutting and to themselves, convincing many to abandon cutting.

However, it is not just the cutters who profit financially from cutting ceremonies. The girls' families also benefit from the (usually monetary) gifts they receive when their daughters are cut. Additionally, in certain ethnic groups, the parents of a girl who has been cut will also receive a higher bride price, although often this is used to pay for the cutting ceremony.

'I knew right away they were using FGM as a source of income because people would say, "I will build a house after my daughter goes through this." They were using girls as capital.'

~ Seleiman Bishagazi, Chairman of Kipunguni Knowledge Center¹⁵

Like Bishagazi, FGM survivor and activist Upendo Jackson believes that FGM continues because of poverty, and that her own mother was able to buy property when Upendo underwent FGM. She says, 'We think we could end it if people could get some capital.'¹⁶

One programme begun in the Arusha District by NGO DSW helps girls and women at risk of FGM by supporting their economic emancipations from their families or guardians, thus helping them to escape being cut. The NGO gathers the girls together to begin enterprises individually or in groups as they wish, teaching them business skills and providing them with capital to begin their businesses, which include a salon, a chair-rental business and a sheep farm.¹⁷

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- 1 - DHS 1996, p.168.
- DHS 2004–05, p.250.
- DHS 2010, p.296.
- DHS2015–16, p.363.
 - 2 - DHS 1996, p.168.
- DHS 2004–05, p.250.
- DHS 2010, p.296.
- DHS2015–16, p.363.
 - 3 DHS 2015–16, p.364.
 - 4 - DHS 2010, p.296.
- DHS2015–16, p.363.
 - 5 - DHS 1996, p.168.
- DHS 2004–05, p.250.
- DHS 2010, p.296.
- DHS2015–16, p.363.
 - 6 Alloyce Kimbunga (2017) *Tanzania: Girls Fleeing Deadly Genital Mutilation*, 16 November. Available at <https://allafrica.com/stories/201711160566.html>.
 - 7 - DHS 1996, p.168.
- DHS 2004–05, p.250.
- DHS 2010, p.296.
- DHS2015–16, p.363.
 - 8 DHS 2015–06, p.363.
 - 9 - DHS 2004–05, p.252.
- DHS 2010, p.298.
- DHS 2015–16, p.364.
 - 10 Kizito Makoye (2017) *Baby girl dies in Tanzania after FGM by great-grandmother*, 1 February. Available at <https://www.reuters.com/article/us-tanzania-fgm-idUSKBN15F2DB>.
 - 11 Gayle Tzemach Lemmon (2017) *How to fight female genital mutilation with economics*, 4 December. Available at <https://edition.cnn.com/2017/12/04/opinions/stopping-female-genital-mutilation-opinion-lemmon/index.html>.
 - 12 - DHS 2010, p.296.
- DHS 2015–16, p.363.
 - 13 Gayle Tzemach Lemmon, *op. cit.*
 - 14 Gayle Tzemach Lemmon (2017) 'How to Fight Female Genital Mutilation with Economics', *CNN*, 4 December. Available at <https://edition.cnn.com/2017/12/04/opinions/stopping-female-genital-mutilation-opinion-lemmon/index.html>.
 - 15 Seleiman Bishagazi in Gayle Tzemach Lemmon, *op. cit.*
 - 16 Gayle Tzemach Lemmon, *op. cit.*
 - 17 Deus Ngowi (2020) 'Tanzania: NGO Registers Success in Anti-FGM Campaign', *Tanzania Daily News*, 8 June. Available at <https://allafrica.com/stories/202006080820.html>.

Laws Relating to FGM

Although the **Constitution of Tanzania (1977)**¹ does not directly reference harmful practices or FGM, Article 9 imposes an obligation on the State to respect and preserve human dignity and rights, to accord men and women equal rights and to eradicate all forms of discrimination. Article 13 addresses equality further and states that ‘all persons are equal before the law and are entitled, without any discrimination, to protection and equality before the law’ and charges the State to implement procedures that take into account that ‘no person shall be subjected to torture or inhuman or degrading punishment or treatment.’ Article 16 also states, ‘Every person is entitled to respect and protection of his person’ and ‘privacy of his own person’.

The main law criminalising FGM in Tanzania is the Sexual Offences Special Provisions Act 1998 (SOSPA), which amended Section 169 of the Penal Code and prohibits FGM on girls under the age of 18 years.²

The SOSPA prohibits the performance and procurement of FGM on children under the age of 18 years and sets out associated fines and/or prison sentences, but failure to report FGM that has taken place or is planned is not directly addressed under this law.

In addition, the Law of the Child Act 2009³ protects persons under the age of 18. Article 13(1) makes it a criminal offence to ‘subject a child to torture, or other cruel, inhuman punishment or degrading treatment including any cultural practice which dehumanizes or is injurious to the physical and mental well-being of a child’ and sets out associated fines and/or prison sentences. As a child protection law, Article 18 also allows the court to issue a care order or an interim care order to remove the child from any harmful situation.

Medicalised FGM

At present, the **prevalence of medicalised FGM** appears to be low in Tanzania: approximately 1–2% of women and girls are thought to be cut by a health professional.

The SOSPA, under Section 169A, does not refer to FGM carried out by health professionals or in a medical setting. However, the Medical, Dental and Allied Health Professionals Act of 2016⁴ defines professional misconduct under Section 3 as where ‘the practitioner has fallen short of standard of conduct expected among members of the profession, and such falling short is considered to be unacceptable or dishonourable to the profession.’

In 1995 The Medical Association of Tanzania published *Guiding Principles on Medical Ethics and Human Rights in Tanzania (1995)*⁵. This document notes under Principle 7 (on ‘Medical Care for Vulnerable and Disadvantaged Groups’) that ‘hazards to the health of the girl child include adverse traditional practices such as genital mutilation’ and requires doctors to ‘expose the dangers of such practices with the aim of changing such beliefs and attitudes which support them.’ Further to this, a reference to physicians’ responsibilities to prevent FGM is made at Principle 11 (on ‘Health Promotion and Preventive Medicine’), which states that they should ‘seek, through community

participation, to modify adverse social behaviour such as early marriage, female genital mutilation, that have a deleterious effect on women's health.'

Cross-Border FGM

Tanzania shares borders with other countries where the enforcement of anti-FGM laws varies, including Kenya and Uganda. The **movement of families across borders to perform FGM** remains a complex challenge, and women and girls living in border communities can be particularly vulnerable.

Tanzania has become a safe haven for circumcisers living along the Kuria-Tanzanian border. This shows that our anti-FGM campaign is strong and our neighbouring brothers should do the same to avoid this cross-border problem.

~ Kenyan Public Service Chief Administrative Secretary Rachael Shebesh⁶

While the police are working with their Kenyan counterparts to tackle this movement (for instance, in the Tarima/Rorya Special Zone)⁷, the current national legislation in Tanzania fails to support these efforts. The SOSPA neither explicitly criminalises nor punishes FGM carried out on or by Tanzanian citizens in other countries. However, Article 6(b) of the Tanzanian Penal Code does state that the jurisdiction of the Courts of Tanganyika for the purposes of the Code extends to 'any offence committed by a citizen of Tanganyika, in any place outside Tanganyika.'⁸

Regional FGM Law

In 2016 the East Africa Community (which includes Kenya, South Sudan, Tanzania and Uganda) enacted the **East African Community Prohibition of Female Genital Mutilation Act (EAC Act)**⁹ to promote cooperation in the prosecution of perpetrators of FGM through the harmonisation of laws, policies and strategies to end FGM across the region. The content of the regional law sets out the following penalties in **Part II (Female Genital Mutilation and Related Offences)**:

- **Article 4(1)** – performance of FGM carries a punishment of a minimum of three years' imprisonment;
- **Articles 4(2) & (3)** – 'aggravated' FGM carries a punishment of imprisonment for life. 'Aggravated' FGM occurs if the procedure results in the death or disability of the victim, or if she is infected with HIV, or if the perpetrator is a parent, guardian or health worker;
- **Article 10** – anyone using derogatory or abusive language or ridiculing a woman (or her male partner) for undergoing or not undergoing FGM will be imprisoned for a minimum of six months;
- **Article 11** – imprisonment for a minimum of three years or a fine of not less than US\$1,000, or both, applies to anyone procuring, aiding or abetting the practice of FGM (under **Article 5**), participating in cross-border FGM (under **Article 6**), using premises for FGM (under **Article 7**), possessing cutting tools or equipment (under **Article 8**) or failing to report FGM that has taken place, is taking place or is planned (under **Article 9**).

The EAC Act also provides for compensation for victims and the issuing of protection orders, and requires member states to adopt comprehensive FGM laws and include in their national budgets

resources to protect women and girls from FGM, provide support services to victims, and undertake public-education and sensitisation programmes on the dangers of FGM.

Finally, and of note for Tanzania, the law states at Article 16, 'This Act shall take precedence over other Partner State laws to which its provisions relate' (i.e. the penalties may be higher than those that currently exist in member states).

In December of 2013, northern Tanzanian police broke up an FGM ceremony in Same District, arresting 38 people. They were alerted by neighbours who became suspicious about a 'dance ritual'. Four girls were taken to hospital, and examinations showed that several other girls had been cut a few days earlier.

This case reveals how FGM rituals are often disguised by practising communities as baptisms, naming ceremonies or other types of rituals.¹⁰

Law Enforcement

Enforcement of the anti-FGM law in Tanzania has been variable, and there is an absence of comprehensive information on the number of cases brought to court and the outcome of any prosecutions. It has been reported that most police stations do not have sufficient documented records on FGM cases, and this undermines efforts to eradicate the practice.¹¹ A lack of evidence and social pressures on victims often mean cases are withdrawn before reaching court or witnesses fail to appear. However, in 2020 there have been FGM-related arrests in the Mara region of Tanzania.¹² For example, in January, several suspects were arrested in relation to the murder of a secondary-school teacher who was killed with arrows after taking a public stand against FGM.¹³

Government Strategies

The Ministry of Health, Community Development, Gender, Elderly and Children is responsible for issues relating to violence against women and girls in Tanzania. The strategy to tackle harmful practices, such as FGM and child marriage, is set out in The National Plan of Action to End Violence against Women and Children 2017–2022.¹⁴ It sets out the measures to be taken to end FGM, including the development of a communication strategy and advocacy campaigns involving religious and influential leaders and policy-makers 'to promote positive norms and values and address gender inequalities' through community dialogue, data collection and training across ten regions. Regarding the law, the Plan aims to engage police forces and local government authorities to respond sensitively and appropriately to cases of FGM.

The Government also works in partnership with a range of international and national non-governmental organisations, carrying out various interventions including awareness campaigns and training workshops in practising communities, providing safe shelters for girls escaping FGM and training local police and magistrates.¹⁵

Other strategies to combat FGM have included the introduction of courses on the prevention of FGM for medicine, health and social-science students across three universities.¹⁶

FGM Laws: Conclusions and Suggestions for Moving Forward

There are concerns on the limited effectiveness and implementation of the anti-FGM law, including:

- insufficient knowledge of the law;
- inadequate police resources and poor investigation methods;
- reluctance of victims to testify against family and community members;
- bribery of local leaders and members of the judiciary to drop cases;
- threats of violence from the community against police intervention; and
- new techniques being adopted to avoid prosecution, including cutting infant girls.¹⁷

As a member of the East African Community, Tanzania should fully implement the EAC Act (which takes precedence over national law) to tackle FGM. The national law could be strengthened by reflecting the detailed content of the EAC Act and ensuring protection for women and girls of all ages (not just those under 18) and punishment for all perpetrators, including medical professionals. Those victims who are pressured by society into agreeing to FGM should not be subject to further punishment. The national law also needs to clearly address cross-border FGM, criminalise the failure to report FGM that has taken place or is planned, and protect uncut women and girls (and their families) from both abusive language and actions that exclude them from society, including from family events and community activities.

The law is structured in a manner that attributes criminal liability to only those who are parents, guardians or have custody over the girl and, as such, means that those closest to the victim are the ones most likely to face criminal charges.¹⁸ This brings a number of challenges in itself and does not address the fact that all perpetrators of FGM should be subject to punishment, including traditional practitioners and anyone who assists them.

Laws need to be made accessible to all members of society and easy to understand in all local languages. Where literacy rates are low, information around the law needs to be made available through different media channels and resources, particularly in remote rural areas, where girls are at greatest risk.

There needs to be a focus on further strengthening partnerships across borders where illegal activity takes place.

Judges and local police need adequate support and training around the law and enforcement procedures. They should be encouraged to fully apply the sentences provided for by the legislation. Additionally, tribunals could be encouraged to make sure any prosecutions relating to FGM are clearly reported, including through local media such as community radio, and made available in local languages.

Where they are currently unavailable and a need is identified, protection measures (for example, emergency telephone helplines or safehouses) and support should be put in place for girls at risk of FGM or who have run away from FGM and sought refuge, as well as victims and witnesses in FGM cases.

Increased involvement of local and religious leaders in education around the law should be encouraged, including education on their responsibilities and the importance of the law in protecting women and girls in their communities.

Adequate monitoring and reporting of FGM, including by medical staff in hospitals and health centres, would improve efficiency and inform policy makers, authorities, and anti-FGM advocates.

For a complete summary of FGM laws in Tanzania, see our report **Tanzania: The Law and FGM**.

- 1 The United Republic of Tanzania (1977) *The Constitution of the United Republic of Tanzania of 1977*. Available at <http://zlsc.or.tz/documents/tanzania%20constitution-%202009.pdf>.
- 2 The United Republic of Tanzania (1998) *The Sexual Offence Special Provisions Act 1998*. Available at http://tanzania.go.tz/egov_uploads/documents/The_Sexual_Offence_Special_Provisions_Act_4-1998_en.pdf.
- 3 *The Law of the Child Act* (2009). Available at http://mcdgc.go.tz/data/Law_of_the_Child_Act_2009.pdf.
- 4 The United Republic of Tanzania (2016) *The Medical, Dental and Allied Health Professionals Act, 2016*. Available at http://parliament.go.tz/polis/uploads/bills/1478781466-A%20BILL-THE%20MEDICAL,%20DENTAL%20AND%20ALLIED%20HEALTH%20PROFESSIONALS%20ACT,%202016%20_FOR%20PRINTING_%20PRINT.pdf.
- 5 Medical Association of Tanzania (1995) *Guiding Principles on Medical Ethics and Human Rights in Tanzania*. Available at <http://www.mat-tz.org/component/content/article/1-latest-news/87-mat-documents.html>.
- 6 Rachael Shebesh cited in Martin Rwamba (2018) 'Tanzania urged to strengthen anti-FGM laws to discourage Kenyan circumcisers', *The Star*, 24 April. Available at https://www.the-star.co.ke/news/2018/04/24/tanzania-urged-to-strengthen-anti-fgm-laws-to-discourage-kenyan_c1748045.
- 7 Beldina Nyakeke (2016) 'Kenya, Tanzania police team up against FGM', *The Citizen*, 4 December. Available at <http://www.thecitizen.co.tz/News/Kenya-Tanzania-police-team-up-against-FGM/1840340-3474198-pv76jz/index.html>.
- 8 **Tanganyika: the former sovereign state (1961–1964), comprising the mainland part of present-day Tanzania.**
- 9 The East African Community (2016) *The East African Community Prohibition of Female Genital Mutilation Bill, 2016*. Available at <http://www.eala.org/documents/view/the-eac-prohibition-of-female-genital-mutilation-bill2016>.
- 10 BBC News (2013) *Tanzania police raid FGM ceremony in Same district*, 17 December. Available at <https://www.bbc.com/news/world-africa-25422612>.
- 11 Camilla Yusuf and Yonatan Fessha (2013) 'Female genital mutilation as a human rights issue: Examining the effectiveness of the law against female genital mutilation in Tanzania', *African Human Rights Law Journal*, (2013) 13 pp.356–382. Available at http://www.ahrlj.up.ac.za/images/ahrlj/2013/ahrlj_vol13_no2_2013_Fessha.pdf.
- 12 - Mugini Jacob (2020) 'Tanzania: Man Held Over Forcing Two Daughters to Undergo FGM', *Tanzania Daily News*, 29 May. Available at <https://allafrica.com/stories/202005290699.html>.
- Huaxia (ed.) (2020) 'Tanzanian police arrest suspect over conducting genital mutilation to 10 girls', *Xinhua Net*, 15 June. Available at http://www.xinhuanet.com/english/2020-06/15/c_139138640.htm.
- 13 Ambrose Wantaigwa (2020) 'Tanzania: Missing School Teacher Found Dead in Sirari Border', *Tanzania Daily News*, 3 February. Available at <https://allafrica.com/stories/202002030637.html>.
- 14 The United Republic of Tanzania (2016) *National Plan of Action to End Violence Against Women and Children in Tanzania 2017/18 – 2021/22*. Available at http://www.mcdgc.go.tz/data/NPA_VAWC.pdf.
- 15 The Network against Female Genital Mutilation (2017) *Law Enforcers Ending FGM & Abuse*. Available at <http://www.nafgemtanzania.or.tz/index.php/what-we-do/law-enforcement>.
- 16 Chris Havergal (2015) 'Tanzanian universities combat female genital mutilation', *Times Higher Education World University Rankings*, 7 December. Available at <https://www.timeshighereducation.com>.
- 17 Legal and Human Rights Centre (2017) *Anti-FGM Coalition Vows to End the Practice in Tanzania*, 2 November. Available at <http://www.humanrights.or.tz/posts/b/News/anti-fgm-coalition-vows-to-end-the-practice-in-tanzania>.
- 18 Camilla Yusuf and Yonatan Fessha, *op. cit.*, p.378.

Understanding and Attitudes

There has been a general upward trend in the **percentage of women in Tanzania who have heard of FGM**, suggesting that awareness campaigns are working, albeit slowly.

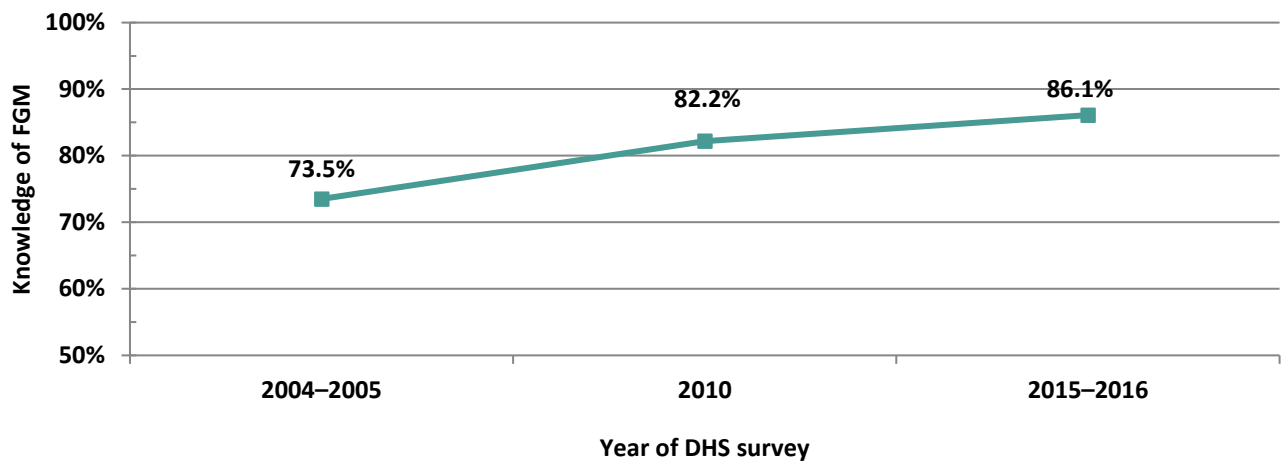


Figure 7: Comparison over time of percentages of women aged 15–49 in Tanzania who have heard of FGM¹

Knowledge of FGM is more common among women living in urban areas (95.1%) than among women in rural areas (80.9%) and increases with their levels of education and wealth. In the Western and Southwest Highlands regions, only around two-thirds of women have heard of FGM. This is considerably lower than in other regions, where knowledge of the practice is around 80% or higher.²

The percentage of women who have heard of FGM and **believe that it should not be continued** increased from 91.9% in 2010 to 95% in 2016.³

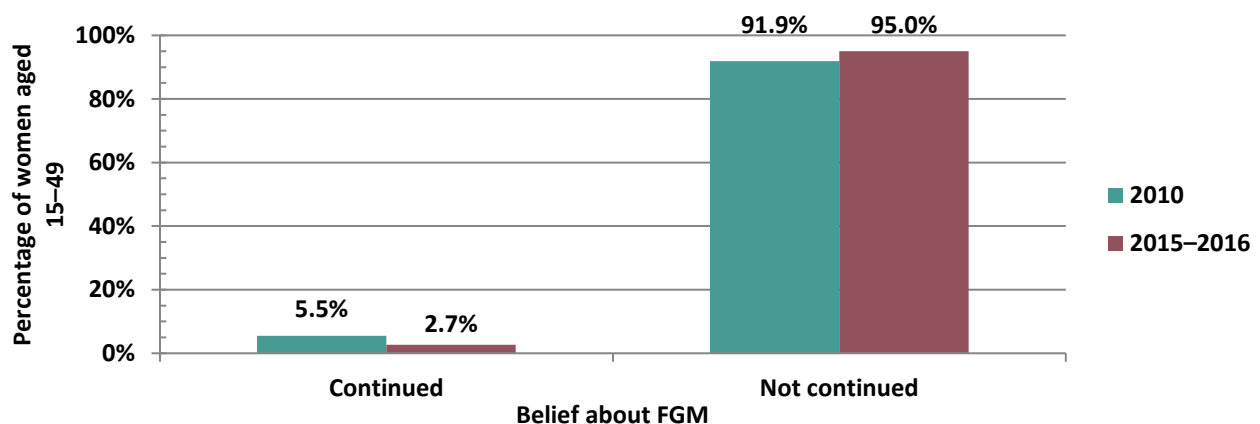


Figure 8: Comparison of percentages of Tanzanian women (aged 15–49) in 2010 and 2015–2016 who have heard of FGM and believe it should be continued/abandoned⁴

Women with less education and those who are in the lower wealth quintiles are more likely to believe that FGM should be continued. Women who have themselves undergone FGM are far more likely (13.2%) than those who have not (1.3%) to believe that FGM should be continued. The attitudes of women who live on the mainland seem to have changed in favour of the abandonment of FGM, while the number of women in Zanzibar who support FGM has consistently been low.

FGM and Religion

The percentage of women aged 15–49 who have heard of FGM and who believe that **FGM is required by their religion** is 3.1%, and the percentage who believe that it is not required is 95.1%.

Many Tanzanians living in rural areas reportedly believe that FGM is crucial in deterring prostitution by girls and women.⁵

However, there is a substantial difference between the understanding of women who have undergone FGM and those who have not: 15.3% of women who have been cut believe that it is a requirement of their religion, as opposed to 1.5% of those who have not been cut.

Women who are less wealthy and/or have received less education are more likely to believe that it is a requirement of their religion, as are women who reside in the Northern and Central Zones (see Figure 9).⁶

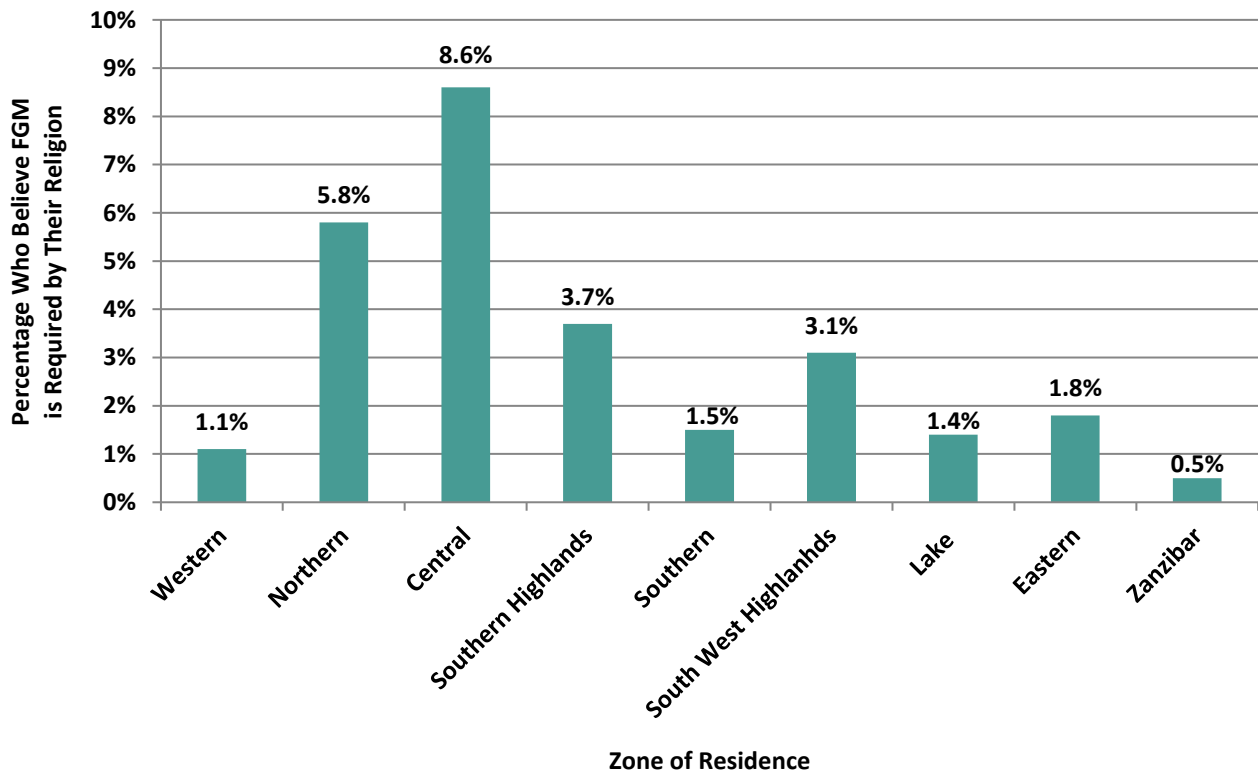


Figure 9: Percentage of Women aged 15–49 who have heard of FGM and who believe that FGM is required by their religion⁷

In Tanzania, churches working in partnership with Fida International have had success in breaking taboos, opening discussions and teaching about menstrual health. These churches have trained ‘menstrual health ambassadors’ to ‘discuss menstrual health in a culturally appropriate way.’ 93% of Tanzanians reportedly state that religion is ‘a very important part of their lives’, greatly influencing their beliefs and decision-making. It is therefore vitally important for churches and religious leaders to understand women’s issues and address them. 28 Too Many suggests that a similar approach to changing attitudes about FGM would be effective.⁸

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- 1 - DHS 2004–05, p.248.
- DHS 2010, p.294.
- DHS 2015–16, p.362.
 - 2 *ibid.*
 - 3 - DHS 2010, p.301.
- DHS 2015–16, p.295.
 - 4 - DHS 2010, p.301.
- DHS 2015–16, p.295.
 - 5 Tanzania Daily News (2020) *Tanzania: NGO Wages Anti FGM Campaign in Dodoma*, 28 May. Available at <https://allafrica.com/stories/202005280049.html>.
 - 6 DHS 2015–16, p.365.
 - 7 DHS 2015–16, p.365.
 - 8 The Citizen (2020) *Tanzania: Tackling Menstrual Shame in Tanzania*, 20 May. Available at <https://allafrica.com/stories/202005280387.html>.

Media

Tanzania ranked 93rd in the **2018 World Press Freedom Index**, a decline from 70th in 2013.¹

In 2015 Tanzania passed the **Media Services Bill**, which removed oversight of the media from independent organisations and gave it to a state-run body. Freedom House has called the bill 'restrictive'.² According to Reporters Without Borders, several **privately-owned media outlets** have been suspended because they criticised President Magufuli's policies, and the president has defended the actions of a governor who, in March of 2017, entered one radio station escorted by police and forced the station to broadcast a recording 'incriminating one of his opponents.'

To date no **journalists** have been killed; however, one is missing and another is being prosecuted for refusing to name contributors to his website who 'exposed cases of alleged corruption involving companies close to the government'.³

Radio is frequently the only way to get information about FGM to women and girls in rural areas. One radio station in Tanzania's Ngorongoro District, **Loliondo FM**, has been campaigning to end FGM and has reportedly had a tremendous response from young girls in particular. Following training as part of UNESCO's Empowering Local Radio with ICTs project, Loliondo broadcasted information on FGM and the contact details of a local activist who could help girls running from FGM and forced marriage.⁴

Radio campaigns can reach the women and girls at risk. It can change the perceptions of women and men and inform women on their basic human rights.

~ Mirta Lourenço, Chief of Media Development at UNESCO⁵

In 2018, a film directed by Giselle Portenier, ***In the Name of Your Daughter***, was released. It is a documentary following girls from Tanzania who decided to run away from home to escape FGM and child marriage.⁶ Activist Rhobi Samwelly, who protected the girls in her safehouse, Hope Center, said:

This film is very, very important because it will help raise awareness not just in our community, but in the district and even in other countries . . . It may help make our people change. It will also give our girls a voice. People will be able to hear the children, because they've never been heard before.⁷

Portenier writes:

I hope that hearing the voices and stories of these girls will empower and inspire audiences of every color, every religion, every ethnicity, to stand up and speak up and defend girls' rights to a life free from mutilation and child marriage. The fight against FGM is not the purview of one particular group – it is the responsibility of each and every person who believes that human rights are girls' rights, and that girls' rights are human rights.⁸

Plan International and the European Union have been together funding anti-FGM and anti-child-marriage campaigns in 15 rural villages in the Tarime District. The campaign includes **football tournaments** and other events targeted at young men and boys. 'Sports events are very powerful

tools that bring youths together... so we use football tournaments to tell them to focus on educating girls and do away with child marriages and FGM,' said Plan International Project Coordinator Mr Shaban Shaban.⁹

Access to Media

Radio remains the medium most frequently accessed by both men and women. Television has slightly increased in popularity with women. It is interesting to note that a third of men and nearly half of women are not exposed to any of these three traditional media on a regular basis, and men's exposure has dropped across all three since 2010.

In rural areas, radio and television are the most frequently accessed media and would therefore be most useful for getting anti-FGM messages across to people in remote areas.

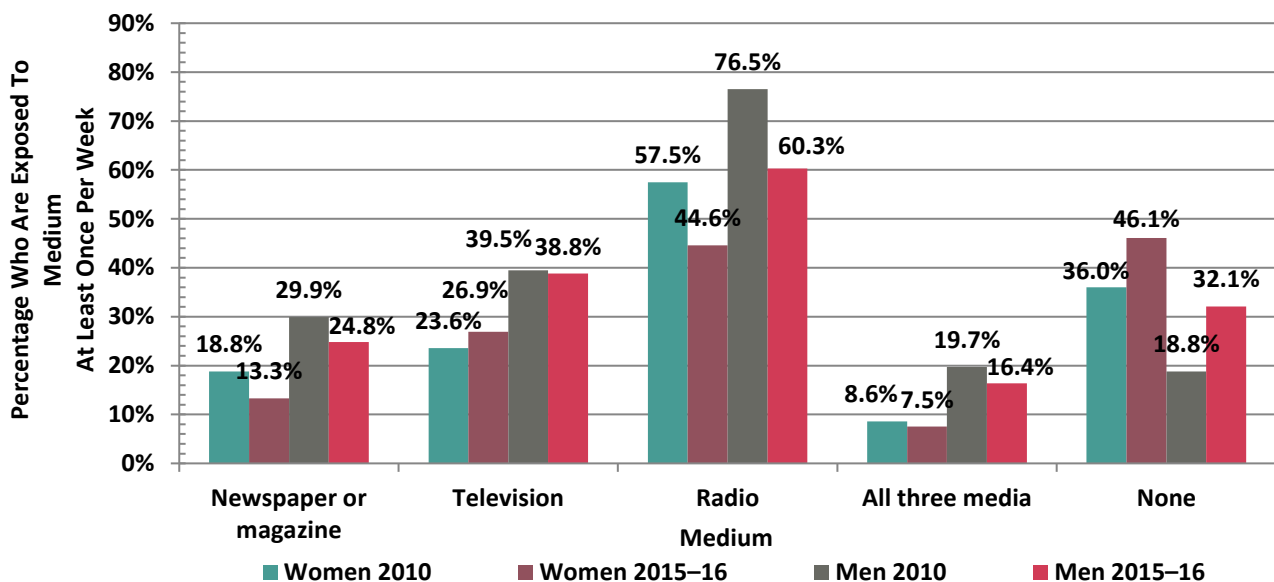


Figure 10: Percentages of Tanzanian women and men (aged 15-49) who are exposed to certain media at least once per week, comparison 2010 and 2015-16¹⁰

There were 40.08 million **mobile phone** users in Tanzania in 2017, and 45% of the population were **internet** users, a ten-percentage-point increase from the year before.¹¹ There were 6,100,000 **Facebook subscribers** in Tanzania as at December 2017 (10.3% penetration).¹²

Tanzanian activists are making use of the internet and **crowdsourcing** to help girls at risk of FGM. When they receive a call for help, it is often difficult to find the girl when she lives in a remote area, as many such areas are unmapped. Crowd2Map Tanzania is 'building a global network to unite people from across the world', coordinating the work of volunteers to map Tanzania's rural areas using OpenStreetMap – adding landmarks such as schools, clinics and streets. The initiative has helped over 3,000 girls in previous years.

Equality Now notes that media campaigns, such as those broadcast on Moshi FGM Radio and Loliondo FM, have been effective in raising awareness about FGM across Tanzania, but especially in communities where FGM is not practised. People calling in to radio programmes have been surprised to find out that FGM continues.¹³

- 1 Reporters Without Borders (2018) *Tanzania*. Available at <https://rsf.org/en/tanzania>.
- 2 BBC News (2017) *Tanzania Profile – Media*, 8 August. Available at <https://www.bbc.com/news/world-africa-14095831>.
- 3 Reporters Without Borders (2018) *Tanzania*. Available at <https://rsf.org/en/tanzania>.
- 4 UNESCO (2018) *Confronting dogmas: Local radio in the campaign against FGM and forced marriage in Tanzania*, 10 July. Available at <https://en.unesco.org/news/confronting-dogmas-local-radio-campaign-against-fgm-and-forced-marriage-tanzania>.
- 5 Mirta Lourenço cited in UNESCO, *ibid*.
- 6 *In the Name of Your Daughter* (2016) [website]. Available at <http://www.inthenameofyourdaughterfilm.com/>.
- 7 Rhobi Samwelly cited in *ibid*.
- 8 Giselle Portenier cited in *ibid*.
- 9 Mugini Jacob (2017) *Tanzania: New Mara RC Malima Vows to Stamp Out FGM*, 15 December. Available at <https://allafrica.com/stories/201712150195.html>.
- 10 - DHS 2010, p.39–40.
- DHS 2015–16, pp.65–66.
- 11 Reuters (2018) *Tanzania internet users hit 23 million; 82 percent go online via phones: regulator*, 23 February. Available at <https://www.reuters.com/article/us-tanzania-telecoms/tanzania-internet-users-hit-23-million-82-percent-go-online-via-phones-regulator-idUSKCN1G715F>.
- 12 Internet World Stats: Usage and Population Statistics (2018) *Internet usage and population statistics for Africa*. Available at <https://www.internetworldstats.com/africa.htm#tz>.
- 13 Equality Now (2011) *Protecting girls from undergoing Female Genital Mutilation: The experience of working with the Maasai communities in Kenya and Tanzania*. Nairobi. Available at https://d3n8a8pro7vhm.cloudfront.net/equalitynow/pages/315/attachments/original/1527599796/Protecting_Girls_FGM_Kenya_Tanzania.pdf?1527599796.

Development Goals

The eradication of FGM was pertinent to six of the UN's eight **Millennium Development Goals (MDGs)**, which reached their deadline in 2015:

- Goal 1: Eradicate extreme poverty and hunger*
- Goal 2: Achieve universal primary education*
- Goal 3: Promote gender equality and empower women*
- Goal 4: Reduce child mortality*
- Goal 5: Improve maternal health*
- Goal 8: Develop a global partnership for development*

Tanzania achieved the MDG targets for **100% enrolment and gender parity in primary education**, the **under-five mortality rate**, the **proportion of births skilled by health personnel**, the **proportion of female MPs**, **improved urban drinking water** and **HIV/AIDS**.¹

In September 2015 the UN adopted the **Sustainable Development Goals (SDGs)**, which replaced the MDGs and have a deadline for achievement of 2030. Tanzania has signed up to them. The 17 SDGs focus on five 'areas of critical importance for humanity and the planet' – **people, planet, prosperity, peace and partnership**.²



Figure 11: The Sustainable Development Goals

A document entitled Transforming our World: the 2030 Agenda for Sustainable Development³, details the SDGs and states that they

seek to build on the Millennium Development Goals and complete what these did not achieve. **They seek to realise the human rights of all and to achieve gender equality and the empowerment of all women and girls.**

The SDGs go further than the MDGs and **make explicit reference to the elimination of FGM**. This will strengthen the hands of governments, NGOs and multi-lateral organisations when implementing anti-FGM policies and legislation.



Sustainable Development Goal 5: Achieve gender equality and empower all women and girls

Goal 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.

Other SDGs have relevance for women and girls who have experienced or are likely to experience FGM, particularly those related to education, health and gender equality, such as **Goals 3 (Ensure healthy lives and promote well-being for all at all ages) and 4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all).**

The targets for Goal 4 make specific reference to ensuring girls and other vulnerable people receive equitable early-childhood development, inclusive and effective schooling at all levels, and vocational training and university education; they also include aspirations for adult women and men to receive equal skills training to achieve literacy and numeracy and enable them to take up decent jobs and start businesses.

The Tanzanian Government and the UNFPA have both been working to improve health facilities, the UNFPA renovating 40 facilities between 2017 and 2019 and the Government providing maternal health training to nearly 1.5 million women on the mainland during the 2019/2020 financial year. The Government aims to be able to train every woman in maternal health matters once they reach a certain age.⁴

Of particular importance in relation to the elimination of FGM is Target 4.7:

By 2030 ensure all learners acquire knowledge and skills needed to promote sustainable development, including among others through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship, and appreciation of cultural diversity and of culture's contribution to sustainable development.

For a summary of all 17 SDGs, please see our **Global Goals** document.

Good News Among the Maasai

There is a Maasai legend that a girl named Napei once had sexual relations with her family's enemy. FGM was both her punishment and a preventative measure against any further such crimes.

The practice has traditionally been a matter of dignity and honour for the Maasai. It raises a girl's bride price and, in the eyes of many elders, makes her 'complete' (see page 43 of 28 Too Many's *Country Profile: FGM in Tanzania* dated December 2013).

However, Equality Now reports that the Maasai are open to change and notes the following points of progress:

- less and less frequently is the same knife used on all the girls during a cutting ceremony;
- an increasing number of Maasai children are attending formal education;
- alternative rites of passage, which do not include cutting, are becoming more common; and
- Tasaru Ntomonok Initiative, working with district authorities and the police, is running safe houses for Maasai girls escaping FGM, as well as successfully campaigning for girls' education and against FGM.⁵

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- 1 Gemma Todd and Masuma Mamdani (2017) *Tanzania and the Sustainable Development Goals: Has Tanzania prepared to roll-out and domesticate the health SDGs?*, p.6. Ifakara Health Institute. Available at <http://ghptt.graduateinstitute.ch/sites/default/files/Tanzania%20SDG%20Health%20Report.pdf>.
 - 2 UN Department of Economic and Social Affairs (2015) *Transforming our world: the 2030 Agenda for Sustainable Development*. Available at <https://sustainabledevelopment.un.org/post2015/transformingourworld>.
 - 3 *Ibid.*
 - 4 - Equality Now (2011) *Protecting girls from undergoing Female Genital Mutilation: The experience of working with the Maasai communities in Kenya and Tanzania*. Nairobi. Available at https://d3n8a8pro7vhmx.cloudfront.net/equalitynow/pages/315/attachments/original/1527599796/Protecting_Girls_FGM_Kenya_Tanzania.pdf?1527599796.
- Katare Mbashiru (2020) 'Tanzania: Maternal Health Skills Spread to 1.5m Women', *Tanzania Daily News*, 27 May. Available at <https://allafrica.com/stories/202005280109.html>.
 - 5 Equality Now, *op. cit.*, pp.12, 14 and 17–18.

