



Protecting girls from undergoing Female Genital Mutilation

*The experience of working with the
Maasai communities in Kenya and Tanzania*

This booklet was developed by



In partnership with



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ACRONYMS

ARP	Alternative Rite of Passage
AU	African Union
FGM	Female Genital Mutilation
GBV	Gender-based violence
IEC	Information, education and communication
KDHS	Kenya Demographic Health Survey
MYWO	Maendeleo Ya Wanawake Organization
NAFGEM	Network Against Female Genital Mutilation
NGO	Non-governmental organization
TDHS	Tanzania Demographic Health Survey
TNI	Tasaru Ntomonok Initiative
UN	United Nations
USA	United States of America
WHO	World Health Organization of the United Nations

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INTRODUCTION

Female genital mutilation (FGM) is a human rights violation that globally affects approximately 100-140 million women and girls. Three million girls in Africa are estimated to be at risk of undergoing the procedure every year. The damage it does to female sexual organs and their functions is both extensive and irreversible. Aside from such health risks, FGM is also recognized as discrimination based on sex, as it is rooted in gender inequalities and power imbalances between men and women, inhibiting women's full and equal enjoyment of their human rights.

Equality Now defends and promotes the human rights of women and girls around the world by addressing gender-based violence and discrimination. Partnering with strategically chosen local, national, and international groups is integral to Equality Now's international advocacy work.

In 2000, Equality Now created the Fund for Grassroots Activism to End Female Genital Mutilation to support the efforts of grassroots activists to end FGM, providing financial, technical and advocacy support for grassroots groups promoting awareness on the health and human rights implications of FGM, and working towards the legal protection of girls and women from the practice. To date Equality Now has provided grants of over one million and half US dollars (US\$ 1,500,000) to 36 grassroots organizations in 18 African countries.

Through engaging in dialogue with community members to end FGM and pressing policy makers

and local authorities on the legal enforcement on FGM, the Fund has enabled local activists to innovate and implement local interventions on eliminating FGM that are appropriate to their socio-cultural context.



Sixth Annual Meeting of the Fund for Grassroots Activism to End Female Genital Mutilation, held in June 2009, Bamako, Mali

Grassroots movements to end FGM grow stronger by the day. Their resilience and determination to end FGM against all odds are vividly portrayed in the award-winning documentary film 'Africa Rising'.¹

This booklet describes the experiences of two Equality Now FGM Fund partners: Tasaru Ntomonok Initiative (TNI) in Kenya and the Network Against Female Genital Mutilation (NAFGEM) in Tanzania. Both organisations take a gender and rights based approach to the prevention of FGM, mostly in the Maasai communities in these two countries. The booklet highlights the challenges and the accomplishments of the two organisations.

¹For more information on Africa Rising see www.africarisingthefilm.com. Further information on the film can also be obtained by writing to Equality Now at equalitynownairobi@equalitynow.org, ukinfo@equalitynow.org or info@equalitynow.org

What is Female Genital Mutilation?

Female Genital Mutilation (also euphemistically referred to as “female circumcision” or “female genital cutting”) is a collective term used for different degrees of mutilation of the female external genitals (or other injuries to the female genital organs) for non-medical reasons.

The age at which the FGM procedure is performed varies from one community to another. It can be carried out during infancy, on girls under ten years old (or adolescent girls) and occasionally on adult women,

including pregnant women. Most experts agree that the age at which such acts are performed is decreasing.

Prevalence

FGM is currently practised in 28 countries in Africa across Central, East, the Horn, North East and West Africa. FGM is also practised in some parts of the Middle East and South Asia.

Affected girls and women are also increasingly found in Australia, Canada, Europe, New Zealand and the USA, primarily among immigrant communities who originate from societies where FGM is a traditional practice.

Table I: Types of Female Genital Mutilation as defined by the World Health Organization (WHO)

Type I	Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).
Type II	Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).
Type III	Narrowing of the vaginal orifice with creation of a covering seal by cutting and restitching the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).
Type IV	Unclassified – all other harmful procedures to the female genitalia for non-medical purposes, for example, pricking, piercing, incising, scraping and cauterization.

The Origins of FGM

The precise origin of female genital mutilation is not known. It predates Islam, Christianity and other major religions. It is practiced by Muslims, Christians (Catholics, Protestants, and Copts), animists and non-believers in a range of communities.

Why is FGM performed?

The practice of FGM derives from varied and complex belief systems and rituals surrounding women's fertility and control of their sexuality in traditional male dominated societies.

The reasons given by communities that practise FGM vary widely but a common reason given for the practice is that it reduces the sexual desire of girls and women, promotes virginity and chastity, maintains fidelity among married women, as well as for hygienic and aesthetic reasons.

Some people practice FGM with the belief that it is a religious requirement for Muslims. However, most Muslims in the world do not practise FGM. In fact, the practice is not mentioned in the Koran.

In some practicing groups, FGM is central to girls' rites of passage into adulthood and it is an integral part of society's definition of womanhood.

What are the factors that sustain FGM?

There are push factors that act as great incentives for families to continue the practice. In communities where it is a tradition, girls and women who do not undergo FGM are stigmatized and discriminated against for non-compliance with traditional norms.

Stigma and discrimination may take the form of not being marriageable, as FGM is considered a prerequisite for marriage in some societies that practice it. The 'bride price' (paid either in cash or in kind) is part of the marriage transaction in African societies and is generally paid by the groom's family to the family of the bride. This may not be paid if the bride has not undergone FGM. Moreover, family 'honour' is considered besmirched in such societies if the bride has not undergone FGM.

In communities that believe in ancestral worship, women are instilled with a fear of the unknown through curses and the evocation of ancestral wrath. Unexcised women are considered physically dirty and may be barred from such daily activities as cooking. They are considered religiously 'impure' and may not be allowed to undertake certain religious functions. In some communities, unexcised women are viewed as children - even though adult - and are banned from key social functions and deprived access to resources.

Another reason FGM is sustained is because it provides economic incentives for the practitioners who perform the mutilations, both in the traditional and modern sectors. In some FGM-practising communities, traditional practitioners are given an elevated status, wield considerable power and may resist FGM being stopped.

Girls who undergo FGM are also provided with rewards, including public recognition and celebrations, gifts, the potential for marriage, respect and the ability to participate in social functions as adult women. The rewards may motivate some girls to look forward to undergoing FGM.

What are the health risks associated with FGM?

Generally, the risks and complications associated with Types I, II and III FGM are similar, but they tend to be significantly more severe and prevalent the more extensive the procedure is.

Immediate consequences include severe pain and psychological trauma, bleeding, shock, infections, and in some instances death. Long-term consequences can include chronic pain, infections, keloid scarring, cyst formation, clitoral neuroma, decreased sexual enjoyment, and psychological consequences like post-traumatic stress disorder.

Findings from a WHO multi-country study involving over 28,000 women confirm that women who have undergone genital mutilation face significantly increased risks of adverse effects during childbirth.²

Higher incidences of caesarean sections and post-partum bleeding were found in women with Type I, II and III genital mutilation, as compared to women who had not undergone genital mutilation. The risk increases with the severity of the procedure.³

What are the implications of FGM for the development of the girl child?

FGM is often a precursor of early and forced marriage in many FGM practising societies. In these traditional societies, adulthood is not only determined by biological age but by the rites of passage from childhood to

adulthood, which from a community perspective automatically translate into marriage, irrespective of the biological age of the girl.

Increasingly girls as young as the age of nine are withdrawn from school to undergo FGM and to subsequently be married off. Their lack of a complete education exacerbates their economic dependency on their husbands. Coupled with a lack of negotiation skills, this leaves these girls more vulnerable to abuse. Similarly, difficulties in negotiating sexual relations can also increase their vulnerability to HIV transmission.

Human rights and cultural self determination

FGM is almost always carried out on minors who do not have sufficient knowledge to understand its implications. It is a human rights violation in the absence of any perceived medical necessity.

Among the rights it violates are the right to the integrity of the person and the highest attainable level of physical and mental health; the right to be free from torture and cruel, inhuman or degrading treatment; and - when the procedure results in death - the right to life.

While the right to participate in cultural life and freedom of religion are protected by international law, the latter also stipulates that freedom to manifest one's religion or beliefs might be subject to limitations necessary to protect the fundamental rights and freedoms of others.⁴ Therefore, social and cultural claims cannot be evoked to justify Female Genital Mutilation.

² More information on the WHO study on FGM and obstetric outcome can be retrieved from the WHO website www.int/reproductivehealth/publication/fgm/fgm-obstetric-outcome-study/en/index.html

³ Ibid

⁴ See UNESCO Convention on the Protection and Promotion of the Diversity of Cultural Expressions (2005) can be downloaded from UNESCO website. <https://unesdoc.unesco.org>

Most governments in countries where FGM is practised have ratified several United Nations Conventions that make provision for the promotion and protection of the human rights of girls and women, including the elimination of FGM. These include:

- The United Nations Convention on the Elimination of All Forms of Discrimination against Women (1979)
- The United Nations Convention on the Rights of the Child (which protects the rights of girl children) (1989).
- The International Covenant on Civil and Political Rights (1966)

These Conventions, which form part of binding international law, oblige member states that are signatories to protect their nationals from harmful practices such as FGM.

Commitments toward ending harmful practices are also included in plans of action emanating from the International Conference on Population and Development, the Fourth World Conference on Women and the UN Special Session on Children,

as well as a number of UN General Assembly Resolutions.

At the regional level, African States have also made commitments to take all appropriate measures to eliminate harmful social and cultural practices, as outlined in the African Charter on the Rights and Welfare of the Child (1999).⁵

Article 5 of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (2003)⁶ has the only provision among all the above mentioned instruments that explicitly requires the state parties to take all necessary legislative and other measures to eliminate harmful traditional practices, specifically prohibiting FGM. The African Union (AU) has also declared the years from 2010 to 2020 as the Decade for African Women. During this period, member states (including Kenya and Tanzania) are expected to implement the commitments they have agreed upon to promote and to protect the rights of women in Africa, including the elimination of FGM.

These developments represent a golden opportunity to encourage member states where FGM is practiced to take practical actions to ensure girls are protected from it.

⁵ OAU Doc. CAB/LEG/24.9/49 (1990), entered into force Nov. 29, 1999. Can be downloaded from www.au.int/en/treaties/status

⁶ AU Doc. (2003), entered into force Nov. 25, 2005. Can be downloaded from www.au.int/en/treaties/status

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CHAPTER ONE

FGM AMONGST THE MAASAI OF KENYA & TANZANIA⁷

The Maasai

The Maasai are a semi-nomadic community located in several districts of central Kenya and northern Tanzania, where they move around in search of pasture and water for their animals.

The Maasai population has been estimated between 377,089 (according to a 1989 census) and 900,000 (i.e. 453,000 language speakers in Kenya in 1994 and 430,000 in Tanzania in 1993).

Lifestyle & Tradition

Both Kenya and Tanzania have tried to encourage the Maasai to abandon their semi-nomadic lifestyle but they remain a proud people who have famously retained many of their distinctive customs, culture and dress in spite of any pressure to conform to modernisation and Western culture.

Traditionally, the Maasai diet consists mainly of cow's milk, maize meal and meat (although the last of these is no longer consumed as regularly by the Maasai). All of these foods are grown or reared by the Maasai, reducing their need to rely on other communities, which has in

turn reduced their exposure to and influence from other cultures.

With such an ingrained sense of culture and tradition, it can be very difficult to persuade Maasai people to let go of traditional practices like FGM.

The Origin of FGM amongst the Maasai

According to Maasai myth, a girl called Napei once had intercourse with an enemy of her family. To punish her and suppress the desires that lead her to commit such a crime in the first place, Napei was subjected to female genital mutilation.

Since then, every Maasai girl reaching adolescence has undergone FGM, which has been used to curb sexual desire and promiscuity amongst girls. By undergoing FGM, girls bring honour to both themselves and their families.

As a result, the Maasai have held on to the custom in spite of massive criticism by wider Kenyan society and the international community and in spite of the criminalisation of FGM in Kenyan law in 2001.

⁷This chapter is adapted with permission from the article "In-depth: Razor's Edge - The Controversy of Female Genital Mutilation. FGM among the Maasai Community in Kenya," IRIN News, the humanitarian news and analysis service of the UN Office for the Coordination of Humanitarian Affairs, Nairobi, 1 March 2005 (IRIN INDEPTH). Available from www.irinnews.org

Even educated Maasai men and women who are aware of the risks FGM poses practice it for fear of rejection by wider Maasai society.

Regardless of how educated she may be or her high social status, an 'uncircumcised' Maasai woman is considered a girl child and risks isolation from the community, as well as zero-to-nil prospects of finding a spouse within the community.

The FGM ceremony

The Maasai FGM ceremony is a large annual community celebration for all girls who have reached adolescence during the year.

During the course of the celebration, groups of girls mostly between the ages of 12 and 14 undergo FGM on the same day by traditional 'circumcisers' (usually experienced elderly women).

Until recently, all these girls undergo FGM procedure with the same sharp instrument (often a sharpened knife known as an "ormurunya"), after which a paste made from cow dung and milk fat is applied to stop bleeding.

The type of FGM commonly practised amongst the Maasai falls under Type-I FGM (clitoridectomy), which involves the removal of all or part of the clitoris. Its physical effects include:

- severe pain (performed without anaesthetics)
- bleeding (often severe enough to cause death)
- infection (especially due to poor sanitary conditions)
- complications during childbirth (often leading to stillbirths)
- keloid scarring and cysts formation
- reduced sexual sensation

After undergoing FGM, the girls go into seclusion during which they are taught their rights and duties as women. They return to society, where they are considered fully grown women, capable of being married. FGM is as such tied into the community's sense of honour.

Changing the Maasai Position on FGM

In spite of their ingrained sense of culture and tradition, the Maasai have shown a degree of openness to change.

...Alternative rites-of-passage ceremonies are also being used as tools to discourage the practice of FGM. In such ceremonies, girls do not have their genitalia cut but they still receive education on their roles as women in society, as well as lessons on sexual and reproductive health, and the importance of formal education...

For example, the use of the same knife to perform the FGM procedure on several girls during the Maasai FGM ceremony has dropped in popularity to only 14% (according to studies by the NGO, Maendeleo Ya Wanawake (MYWO) in Kenya). This drop has been attributed to an increased awareness in the community of the role of shared knives and the potential of the transmission of diseases like HIV/AIDS.

Alternative rites-of-passage ceremonies are also being used as tools to discourage the practice of FGM. In such ceremonies, girls do not have their genitalia cut but they still receive education on their roles as women in society, as well as lessons on sexual and reproductive health, and the importance of formal education. It is not clear to the extent to which they will be prepared to pay the brideprice for girls who have not undergone the alternative rites of passage without the FGM.

Although the practice of FGM is against Kenyan law, practitioners of FGM amongst the Maasai or parents

who make their children undergo it rarely face prosecution or other repercussions.

In the face of the forces of globalisation, the Maasai remain singularly proud of their history, practices, and culture. Anyone seeking to change those norms – including FGM – faces an uphill task.

Nevertheless, there are glimmers of hope. The Maasai community is open to change on its own terms.

Increasing numbers of Maasai children are being enrolled in formal education institutions. There, they are likely to learn about the risks associated with FGM.

Over time, it is hoped that this process will help to smooth the way towards ending harmful practices like FGM, in a natural manner that will not take away from the Maasai but which will rather add to their culture, as well as the well-being of their community.

CHAPTER TWO

2

FGM CASE STUDY FROM THE MAASAI COMMUNITY IN THE NAROK DISTRICT, KENYA

Introduction

According to the 2008/9 Kenya Demographic and Health Surveys (KDHS) the national prevalence of FGM amongst women between the ages of 15-49 is 27%.⁸ However this aggregate data hides the differences between ethnic groups. Female genital mutilation is far more prevalent among the Somali (98%), Kisii (96%), and the Maasai (73%) than among other groups. It is relatively low among the Kikuyu, Kamba and Turkana, and rarely practiced among the Luo and Luhya (less than 1%).⁹

FGM varies tremendously by province. The proportion of women who have undergone FGM ranges from 1% in Western province to 98% in North Eastern province. Roughly one-third of women in Eastern, Nyanza, and Rift Valley provinces have undergone FGM compared with over a quarter of those in the Central province. 14% of those are in Nairobi, and 10% in Coast province. The most severe form of FGM predominates in North Eastern province.

Overall the national prevalence of FGM has been decreasing over the last decade. In 2008/9, 27% of women had undergone FGM, a decline from 32%

in 2003 and 38% in 1998. Older women are more likely to have undergone FGM than younger women.

The Tasaru Ntomonok Initiative (TNI)

The TNI is a Kenyan community-based organization that was established in 1999 to promote awareness on women's rights issues and to fight for the elimination of all social and cultural practices that are harmful to girls and women.

The TNI works among the Maasai community, and is based in Narok District in the rift valley of Kenya.

Agnes Pareyio, founder and coordinator of TNI (and Maasai herself) recounts her own experience of FGM

“It went all around the village that I was a coward so to prove I’m not a coward I agreed to be cut.”



⁸ Kenya Demographic and Health Survey, 2008-09, Kenya National Bureau of Statistics, Nairobi Kenya/MEASURE DHS, ICF Macro, Calverton, Maryland, USA

⁹ Ibid

Ms Agnes Pareyio was born in an ordinary Maasai village in the Enaiborr/Ajjik sub-location of the district of Narok North. She attended Olesankale Primary School with a friend, Josephine, who came from a community that did not practice FGM.

After Josephine asked Agnes why so many Maasai girls came back from school holidays with their hair shaved, Agnes told her that they had been subjected to a ritual called FGM. Josephine subsequently convinced Agnes that FGM was wrong and advised her friend not to succumb to the practice.

In December 1965 however, Agnes went home for holidays, where she met several people feasting. When she asked the reason for the celebration, her mother informed her that she was going to undergo FGM.

Agnes tried to resist, and sought support from her father. Although he tried to help her, pressure from her mother, grandmother and the community was overwhelming. It felt as though everybody in the community was against her.

"It... spread in my community that I was a coward. So to prove I'm not a coward, I agreed to be cut," she stated.

Agnes woke up on the morning of the cutting in terrible pain and confusion. It took her three weeks to heal. Afterwards, she was afraid and felt that she could not trust anyone besides her father, with whom she became closer as he had been the only one who tried to protect her.

After living through this horrible experience, she resolved to ensure that none of her daughters or any girls from the Maasai community would undergo what she went through.

Her involvement in FGM activism started in 1984 when she began working with Maendeleo Ya Wanawake (a national women's organisation) as a district coordinator campaigning against harmful traditional practices, including FGM.

In 1998, she encountered girls running away from FGM and realized that the girls had urgent need of somewhere to temporarily stay while they awaited reconciliation with their families.

In 2000, a group of women from V-Day in the United States provided funding to build a safe house for the girls. She immediately set up a safe house capable of accommodating 48 girls in 2000 run by Tasaru Ntomonok Initiative (TNI).



Ms Agnes Pareyio displaying TNI educational materials during FGM Fund meeting

TNI's Campaign against FGM

The TNI applies a multiple strategy campaign to ensure various stakeholders are reached and influenced to reject the practice. These approaches include:

(a) Community mobilisation and education

Educating the Maasai community against FGM is a key feature of TNI's intervention. TNI raises community awareness about FGM through workshops and seminars that target specific groups, including community leaders (religious leaders, village chiefs, elders), 'circumcisers', teachers, women's groups, peer educators, women, men, boys and girls.

The Maasai community is male-dominated. Maasai women hold inferior positions with respect to power, decision-making and ownership of resources. As such, discussions between the sexes on FGM are rarely productive. Recognizing this, TNI holds separate seminars for women and men. This allows all participants to contribute and speak freely.



TNI Workshop with Maasai men

Both the male and female groups are educated about the origin and dangers of FGM. Information is provided on the practice of FGM using IEC materials, models and films to demonstrate the consequences of FGM.

Groups are taught about the Children's Act of 2001, which prohibits and punishes anyone who carries out the practice of FGM on a minor. They are also taught about other crimes - including rape, defilement, drug and substance abuse - and about sexually transmitted diseases, including HIV/AIDS.

Women and girls in particular are encouraged to share their experiences with each other to promote true understanding of the dangers associated with this practice. They are empowered to say 'No' to FGM

TNI stresses to both the male and female groups the importance of female education because in the Maasai community FGM plays a role in the negotiation of bride prices. One challenge that TNI encounters is men who want to hold on to FGM. FGM provides them with additional wealth through the bride price, as the groom's family will pay a higher bride price for a girl who has been cut.

A girl child is viewed as a source of income as soon as she is born. Fathers are becoming increasingly motivated to obtain the bride price early and this is resulting in a reduction in the age at which girls undergo FGM. Girls as young as nine years old are being taken out of school to undergo the practice in order to facilitate marrying them off quickly in exchange for cattle.

TNI has established community monitors to campaign against FGM, advise affected girls, and protect those at risk of FGM and early marriage.

This strategy of involving members of the community in campaign activities has given the community a sense of ownership and promoted long-term sustainability and faster elimination of the practice.

Community monitors are able to rescue and support girls who have been sensitised and who have run away from their families to escape FGM.

(b) Protection for girls fleeing from FGM

TNI provides temporary shelter to young girls who run away from FGM and early marriages in the Narok South and North districts of the Rift Valley province in Kenya. Its main objective is to ensure that girls who have been thrown out of their homes or run away as a result of saying 'No' to FGM and/or early marriage are sheltered and supported morally, socially and educationally, and are eventually returned to their families through a reconciliatory process.



Rescued girls at the Tasaru Rescue Centre in Narok South

“

Rose Takaya (aged 13) shared her story of escaping FGM. “One day at the Full Gospel Church, I heard the pastor talk about the effect of FGM and the work of TNI. In December 2006, my father wanted to circumcise me but I did not want to undergo the cut but he refused and said that I must be circumcised. I decided to run away to my uncle when I knew he was going to help me since he had refused to cut his daughters. As it was dangerous for him if my father knew he was helping me to escape, he asked his neighbour from the same church to help me. The neighbour took me to Tasaru, which is located approximately 1h 30 from my village. After I ran away, I came to learn that my younger sister was circumcised in my place and immediately she was married off”.

TNI works in partnership with the district authorities to protect girls fleeing FGM. Ms. Pareyio organises workshops and seminars for local administrative authorities, police, and teachers and has been successful in gaining their cooperation.

Once a girl runs to the Centre or is rescued, the children's officer and police are notified. First, the children's officer ensures that the girl is safe and protected from any form of abuse. Secondly, the children's officer applies to award legal guardianship to TNI.

At the Centre, the girls receive counselling and information on the dangers of FGM.

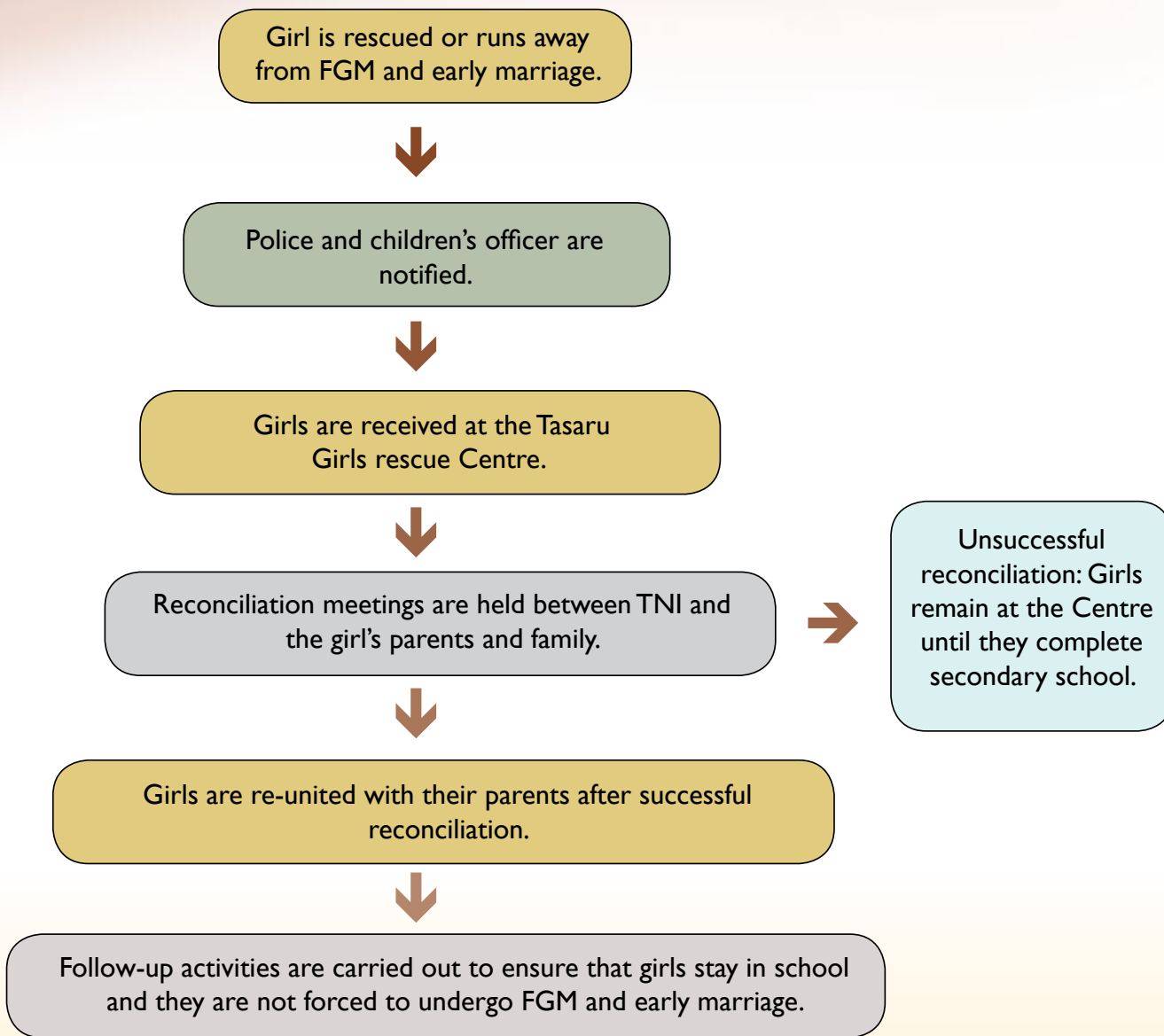
TNI Girls Protection Pathway

TNI's collaborations with the district children's officer and the administrative police have resulted in an informal early warning and protection mechanism that has prevented many girls from facing FGM and early forced marriage.

This mechanism has not only successfully helped to protect girls from undergoing FGM, but has also led to the arrest and prosecution of parents and 'circumcisers' who would otherwise have gone unpunished for having their daughters mutilated.



Ms Pareyio informing the Narok Police station about a girl rescued from FGM.



Reconciliation meetings

TNI organises reconciliation meetings between the girls and their parents with the aim of reuniting girls with their parents.



Girls being reconciled with their families



The reconciliation meetings are initially carried out between TNI, the parents and/or relatives, and the community with the help of elders and provincial administrators. In Maasai society girls are forced to undergo FGM not just by their parents, but also by other members of their family and community. TNI seeks to involve all three in the meetings.

The need for involvement of the extended family in reconciliation can be seen in the example of Dorcas, who came to the Centre when her parents wanted to subject her to FGM. TNI held a successful reconciliation meeting with them, and they promised not to cut her. However, Dorcas and her younger sister were later forced to undergo FGM by their elder brother when their parents travelled. An inclusive approach where all members of the family and community participate in reconciliation helps to avoid such situations.

During the reconciliation process, parents and relatives are educated on the health complications of FGM and on anti-FGM law. They are also requested to accept their daughters' decisions, to agree not to subject them to FGM or early marriage, and to permit them to continue their education.

When the first meeting is successful a second is held where the girls return home accompanied by elders and area chiefs. However, the girls continue to be monitored by area chiefs and TNI pays regular visits to assess their progress both at home and in school.

The girls are also expected to write letters to TNI to keep the organisation updated and inform TNI if they feel threatened with FGM or early marriage. Community monitors also live in close proximity and girls are encouraged to reach out to them when in need.

Unfortunately, some reconciliations are unsuccessful; some parents will only accept their daughters if they agree to undergo FGM. In those cases the girls remain at the Centre for the duration of their secondary school education.

Once the girls finish secondary school, they can choose to go back home since - as grown up women in their

community - they cannot be forced to undergo FGM or remain at the Centre.

Jane (aged 15) highlighted that she misses her mother and would like to visit her, but her father does not want her to come back home unless she undergoes FGM.

(c) Alternative rite of passage

In the Maasai community, FGM is considered a rite of passage; a sign that a girl has graduated from childhood to adulthood. During the FGM ceremony, girls are taught the role of the woman in family and community in preparation for marriage. For example, girls are taught how to behave as women, wives, mothers, and how to take care of the family.

Girls at the Centre who have not undergone the practice are not recognised as women by the community and face being treated as children all their lives.

TNI has therefore introduced an Alternative Rite of Passage (ARP), which allows the girls to undergo training and graduate into womanhood without the cut. This ceremony has been adopted to substitute the traditional process of FGM. It allows the girls to graduate from childhood to adulthood.

During the training, girls are educated on various topics, including Maasai culture, girl-child education, physical and sexual abuse against children, and children's human rights. Also, the girls continue to be encouraged to say no to FGM and early forced marriage. The training takes five days and at the end of the training the girls are given certificates to mark their graduation.

This ARP training is not only available for the girls at the Centre, but also for girls in the community whose parents have abandoned FGM and vowed not to mutilate their daughters.

Community Monitors often identify these girls, who are normally between the ages of 10-17 years. Before the girls can participate in the ARP, parents are made aware of the objectives of the workshop and must agree that their daughters will not be mutilated.



Girls undergoing alternative rite of passage in Narok

At the beginning, parents were against the ARP workshops. However, following varied and vigorous community sensitisation outreach and mobilization programs, this is changing and communities are allowing girls to undergo ARP training and graduate into adulthood without the cut. This strategy has reduced instances of early marriage and FGM, while promoting female education.

The success of this training has also caused boys in the areas to call for similar workshops, so that they can be sensitised on the same issues. This helps them to grow to make informed, independent decisions to engage in the campaign.

(d) Promoting girls' education

TNI emphasises the importance of girls' education, and works to ensure that all the girls at the Centre attend and stay in school. Girls at the Centre who had not been in school before are given basic education, which helps them to adapt once they start school.

“I am very happy now I can read and write, as before I came to Tasaru I was not in school” – Grace aged 15

The Tasaru Centre in Narok is currently hosting seventy-four runaway girls, forty of whom are in primary school and thirty-four of whom are in secondary education. Additionally, seven girls have left the Centre to pursue professional training courses and three other girls are now working.

Access to education and job training enables the girls to contribute to sustainable economic and social benefits for their families and communities, and to become role models to other young girls.

A second Tasaru Girls Rescue Centre was opened in August 2009, in Narok North district. It is currently hosting fifty girls who are all in primary school.

Challenges

TNI's campaigns have not been smooth. Several challenges are regularly confronted, with some forming obstacles to achieving total elimination of FGM:

- The Maasai value their culture and it is therefore difficult to discuss FGM, a deep-rooted cultural tradition, which most people find hard to abandon.
- Some girls who say no to the practice are cut during childbirth by birth attendants who are also 'circumcisers'.
- Peer pressure and the belief that fathers curse girls who refuse to undergo the practice has led many girls to undergo the cut.
- Illiteracy is very high among the Maasai and the community does not value female education; therefore many girls are not educated, leaving them with few opportunities besides marriage.
- The Maasai community sees a girl-child as an economic asset to the family's wealth. Parents marry off their daughters at an early age since their bride price, such as cows and goats, helps to reduce their poverty.
- Despite the successes of the campaign against FGM, some members of the community are still reluctant to change. To evade the law, they perform FGM secretly, at night without ceremony. The girls are then married off, all without prior preparation. The suddenness of the situation poses a challenge to the organisation in terms of rescuing the girls.

In countering the above challenges, TNI hopes that:

- Continued sensitisation will convince all members of the community to abandon FGM, or convince more girls to run away and seek help.
- Engaging chiefs and elders, who are very influential in the Maasai community, in the campaign also serves as an effective strategy.
- Using as role models Maasai girls who run to the Centre will help convince other young girls to say no to the practice.
- Continue to identify, target and educate 'circumcisers' and traditional birth attendants on the problems that FGM causes for women and young girls.
- Enforcement of the law will reduce instances of the practice.

Achievements

Despite these challenges, TNI has recorded tremendous achievements. These gains have been very encouraging and provide hope that the practice can be totally eliminated from the Maasai community.

- TNI has engaged religious leaders in the campaign to end FGM, and pastors have taken their own initiatives to spread anti-FGM messages during Sunday services and other church functions.
- The leaders also act as community monitors, alerting the police and TNI to possible cases of FGM or early marriages. In December 2008, six girls were rescued by pastors from

Free Pentecostal Church in Narok South and referred to Tasaru Girls Rescue Centre. In September 2009, another girl was rescued from undergoing FGM by a pastor from her village.

- TNI trains the police on FGM, including information about the Children's Act and international and regional instruments that protect and promote human rights of women and children. Today, the Narok police are also engaged in the prevention of the practice. Police conduct patrols within practicing communities during FGM season to warn about the risk of being arrested if caught carrying out the practice. For example, in December 2009 the police received information that the neighbouring community of Kalenjini was preparing for FGM ceremonies. The police, the Children's Officer and the TNI staff were able to visit the community and educate them on the anti-FGM law, emphasising the consequences that may follow for those caught violating the law. The community refrained from carrying out the practice. More than 400 girls had been prepared to be mutilated.
- TNI has successfully used legislation to both protect the girls from undergoing FGM and to prosecute those who carry out the practice. At first, TNI was reluctant to use the law to fight FGM. However, TNI later realised that using the law increases the successes of the community campaigns. 'Circumcisers' and parents have been convicted and imprisoned under the law for carrying out FGM. So far, four FGM cases have been referred to court

and three 'circumcisers' have been prosecuted and imprisoned for carrying out FGM. Another father was fined 20,000 Kenya Shilling after he was found guilty of organising and marrying off his underage daughter. In another case, the parents and the 'circumciser' of the two girls who were rescued by TNI before the mutilation could take place were arrested and charged with attempting to commit the offence of FGM under section 14 of the Children's Act 2001. In yet another case, where a 12-year-old bled to death after undergoing FGM, her father and a 'circumciser' were each sentenced to ten years imprisonment. Following this judgement, elders and the local leaders led by the councillor agreed to liaise with TNI to create awareness within the community to stop the practice and avoid any more deaths of young girls in the community. It was agreed that TNI would carry out awareness interventions in Naroosora in Narok South and more specifically Enkutoto area where the tragic incident took place.

- As a result of the workshops, 'circumcisers' have denounced the practice and are now actively engaged in the campaign against FGM. Peer educators have monitored these ex-'circumcisers' to ensure they do not continue the practice after denunciation. So far no 'circumciser' has gone back to their old profession.
- The number of girls undergoing the Alternative Rite of Passage (ARP) trainings and staying in schools is increasing. For example in 2009, the number of girls who underwent ARP was 204 - an increase from 137 in the previous year.

More parents from the Maasai community understand the consequences of FGM, have realised the importance of girl-child education, and are requesting that TNI holds more ARP trainings. Additionally, more girls at risk of undergoing FGM are running away from their families. Between September and December 2009, Tasaru Rescue Centre received fourteen new girls who ran away from FGM and early marriage. In 2010, 32 girls were rescued by TNI.

- Some of the rescued girls have completed secondary education, and are now pursuing higher professional training courses or are working. These young women are regarded as role models in the community: successful women who have not been 'circumcised'. Their achievements have changed the perception within the community to one in which girls can also contribute to the welfare of the family.
- In the Maasai community, FGM had long been considered a taboo subject. Today, thanks to the many awareness workshops, many community members are talking about the issue and its consequences in families and communities.
- The empowering of young girls to say no to FGM and early marriage is slowly forcing out the culture of polygamy in the Maasai community. More girls attending and staying in school is reducing the number of young girls who become second or third wives. Additionally, once the girls finish school, they are more aware of their rights and more likely to choose men who are not married.

“Campaigns against FGM and child marriage are promoting peace and harmony in my house. Before, girls were married at the age of eleven or twelve as third or fourth wives. This created jealousy and tension among the new wives and the husband’s children who were of the same age” - a former Maasai leader

- The campaign also promotes respect for human rights of women and children and their opinions are being valued more highly within the community. As more girls are refusing to undergo FGM and early marriage, parents have no choice but to respect their decisions.
- TNI's campaigns - along with other initiatives in the area - have made great contributions in the wider campaign to end FGM in the Rift Valley provinces. According to the KDHS survey 2008/2009 prevalence in the region has reduced from 42% in 2005 to 35% in 2009,¹⁰

TNI will continue to work closely with the community through peer educators who will identify community

entry points and establish close links. This community-friendly approach will hopefully help in the development of new techniques that will ensure quick preventative interventions.

Since men are the decision makers in the Maasai community, TNI plans to aggressively work to involve men and boys in the anti-FGM campaign. After all, it is these boys and men who will eventually marry the uncircumcised girls, and if they are not involved in the process and given proper information, the campaign may not fully succeed.

TNI will also continue to provide training to the police and other law enforcement agents on issues related to FGM and early forced marriage; many girls are silently circumcised and married off but very few cases are brought to court. Law enforcement training will help survivors of FGM and forced marriage to achieve legal remedies.

FGM is a deep-rooted cultural practice, which is difficult for families to abandon without support from the wider community. TNI, therefore, intends to continue employing a holistic approach, hoping that this strategy will eventually lead to complete abandonment of the practice.

¹⁰ Ibid

CHAPTER THREE

3

FGM CASE STUDY FROM THE KILIMANJARO REGION OF TANZANIA

Introduction

The Tanzanian Demographic and Health Survey (TDHS) 2004-05 showed that the national prevalence of FGM among women between 15-49 years old is 15 percent.¹¹ This was a slight drop from the 18 percent reported in 1996.

FGM is linked to ethnicity and the following regions register higher FGM prevalence:

- Dodoma (68%)
- Arusha (55%)
- Kilimanjaro (25%)
- Morogoro (18%)
- Iringa (23%)
- Singida (48%)
- Mara (38%)
- Manyara (81%)

The high prevalence of FGM in Manyara and Dodoma is largely explained by ethnic differentials in the practice.

The support for the continuation of FGM is greater among rural women than it is among urban women. Opposition to FGM is related to education and wealth. Men in urban areas, those with higher education, and

those living in households in the higher wealth quintiles are less likely to support the continuation of the practice.

Network Against Female Genital Mutilation (NAFGEM)

Ms Bassilla Renju-Urasa served as the Executive Coordinator of the Network Against Female Genital Mutilation (NAFGEM) from 1999 to 2010.¹² She became engaged in the FGM campaign partly as a result of her long involvement in development issues, particularly in the areas of rural women and children's development.



Ms Bassilla Renu-Urasa

¹¹ Tanzania DHS 2004-05 –Final Report (English).MEASURE DHS,ICF Macro,Calverton ,USA

¹² Ms Bassila Renju-Urasa has retired.The new co-ordinator of NAFGEM is Francis Romani Selasini.

She initially had no knowledge of FGM and became aware of the practice in her capacity as Principal Community Development Officer, and later as Regional Community Development Officer for the Kilimanjaro region.

She initiated a study in 1998 to examine the situation of women and mothers in the Kilimanjaro Region. During the study, FGM was highlighted as one of the main issues influencing gender inequality and low self-esteem among women and young girls.

Upon her retirement in 1999, a group of women approached her and asked that she take the lead in developing a broad based sensitisation program against FGM in Kilimanjaro.

Today, looking how far the campaign has come, Ms Ursa is convinced the practice will be eliminated in the Kilimanjaro region. She is, however, still puzzled about the origin of the practice in Tanzania, and hopes to discover how it came to be adopted by some communities and not others in Tanzania.

NAFGEM was founded in 1999 for the purpose of conducting a comprehensive information dissemination and sensitisation campaign against the practice of FGM. Its vision is the total elimination of all forms of gender based violence and sexual abuse of women, including FGM (in all its forms).

The group strives to accomplish this through information distribution, increasing awareness campaigns targeted at empowering grassroots activists. The major tribes NAFGEM targets are the Maasai, Wachagga and Wapare.

NAFGEM empowers the communities to make informed decisions to eliminate FGM through workshops

and IEC materials targeting Maasai traditional leaders, 'circumcisers', religious leaders, administrative leaders, magistrates and school children.

NAFGEM has found that many women who later develop complications due to FGM do not know that FGM is the cause of their suffering. Additionally, women in the community do not know or understand the purpose of undergoing FGM.

'Our initial plan was to make the women question the reasons behind the practice,' Ms Ursa says.

NAFGEM started its work in villages that had high rates of FGM, particularly in Kibosho, Hai and Same. It places a special focus on Maasai areas because norms and beliefs, the origins of their customs and traditions, perpetuate FGM as an important community tradition.



Ms Ursa participating at the Sixth Annual Meeting of the Fund for Grassroots Activism to End Female Genital Mutilation

NAFGEM's Campaign Against FGM

NAFGEM's campaign uses several strategies including community outreach, application of the law, empowering the youth - especially young girls, and mass education through public radio and through coalition work.

Community Outreach

Targeted communities are given information on the dangers of FGM, on anti-FGM laws, and on the relationship between FGM, religion and the rights of women and children.

To encourage anti-FGM behaviour and achieve community advocacy against FGM, NAFGEM tries to initiate discussions within families and the community. To accomplish this goal, it conducts sensitisation programmes through community mobilisation and collaboration with the local media, and other local NGOs; and by engaging youth in the campaign.

NAFGEM recruits and trains community animators who are appointed by community members. These animators carry out sensitisation workshops within their respective villages and act as monitors, reporting cases of FGM to the police and NAFGEM.

The animators increase community awareness through public, religious, and political meetings, and they also carry out home visits. They target many different groups from different communities and backgrounds.

As a result of their awareness efforts, they have engaged 617 community members and 50 Maasai leaders in the campaign. It is very important to have such influential leaders, because they safeguard traditional values and codes of conduct as they have the power to change the culture and practices and introduce new ideas.

Promoting the enforcement of the law to protect girls from FGM

NAFGEM is a member of the Tanzania Coalition against FGM and participates in joint campaigns launched by the coalition. The coalition has carried out several activities raising awareness on the issue of FGM. In particular, they train law enforcement officers on enforcing anti-FGM law in order to prevent girls from being subjected to the practice and to punish the perpetrators.

In its youth sensitization programmes, NAFGEM organises seminars for schoolteachers and awareness assemblies for primary and secondary school pupils. Pupils are encouraged to develop anti-FGM messages in the form of songs, poems and sketches, which are performed monthly, and during special events such as the International Day of the African Child and the International Day of Zero Tolerance to FGM.

Empowering Girls to take a stand against FGM

NAFGEM believes that once girls understand the dangers of the practice, and are equipped with knowledge of the law and their human rights, they can take a stand and refuse to undergo the practice.

NAFGEM, therefore, targets girls in schools and organises youth camps, which both boys and girls between the ages of 9 and 18 participate in. At these camps, children are educated on children's rights and on the consequences of FGM. Girls are not only given information on FGM, but they are also encouraged to publicly voice their concerns and denounce the practice of FGM and other forms of sexual abuse.



Girls from Simanjiro being empowered to say NO to FGM

The children are also encouraged to produce songs, sketches, and poems that highlight the effects of FGM. These are subsequently used to educate their peers and communities about the problems associated with the practice.



Students singing anti-FGM songs during a public procession in Simanjiro, Tanzania

Ms Urasa points out that, *'In these communities a child is raised not only by the family but by a whole community.'* NAFGEM ensures that Maasai traditional leaders, young 'morans'(young Maasai men) and 'ex-circumcisers' accompany the children who attend the youth camps. These community members take responsibility to look after the girls and protect them from undergoing FGM thereafter.



Involving 'ex-circumcisers' provides tangible and credible evidence to the children attending the youth camp about the horrors of FGM.

Using the media

In order to share the message about the dangers of FGM and the laws against the practice with a wider community, NAFGEM also collaborates with the local media, namely Moshi FM radio. The station airs weekly programs aimed at consolidating information on the effects of FGM and the need for its elimination.

Messages are created by grassroots activists, and aimed at traditional, religious and government leaders, women, youth, 'circumcisers', and health personnel. Listeners to the station are then able to call in and participate in the programmes, sharing their ideas as well as their experiences with FGM.

Moshi FGM Radio estimates that more than 5 million people have been reached through the radio messages, which are aired in the areas of Kilimanjaro, Arusha, Manyara, Tanga and even heard in parts of Kenya.



Community radio discussion programme in Kimanjiro

Challenges

Some communities still see FGM as a cultural practice that should not be abandoned. This contributes towards ineffective enforcement of the anti-FGM law.

The law itself is not specific and only seeks to protect the right of the child in general. Furthermore, some of the local authorities have limited power to deal with FGM cases, while some law enforcement personnel continue

to be parties to the preservation and continuation of this harmful practice.

There is a culture of silence and often perpetrators of the practice are not reported, even when the practice leads to death.

NAFGEM plans to identify and train more animators, who will continue educating the community on the dangers of FGM and of breaking the law. Additionally, NAFGEM will continue to monitor the community, to report cases of FGM and to rescue girls at risk of FGM.

In order to carry out FGM, some members of the communities migrate to neighbouring villages in Kenya not yet reached by sensitisation campaigns where the practice is still prevalent. NAFGEM plans to collaborate with officials and organisations working in such neighbouring villages to develop and harmonise strategies for protecting girls from FGM and early forced marriage.

Linked to this, NAFGEM hopes to carry out a joint campaign with villages at the border between Tanzania and Kenya. Such a programme is important as villagers cross borders in search of 'circumcisers'.

Therefore, NAFGEM plans to collaborate with Indonet district leaders and anti-FGM organisations from Kenya and other bordering districts in Longido and Monduli districts to raise awareness and put a stop to cross-border FGM.

Some members of the communities continue to believe in FGM myths. For example, some believe that an 'uncircumcised' woman will be a child forever, failing to develop the mind of a grown woman. Others believe that not undergoing FGM will result in their clitoris

overgrowing to the point when it becomes like male genitalia.

NAFGEM will continue shattering these myths and raising awareness about the harmful effects of FGM, encouraging women to share their experiences to make sure that the communities fully understand the effects of this vice.

Achievements

- Some Maasai traditional leaders have publicly denounced the practice and are now fully engaged in the campaign against FGM. One Maasai Elder – (Laigwanan, Musa Paulo of Same), reported that after being sensitised about FGM by NAFGEM, he realized that the practice added no value to the family and community. When his wife approached him about ‘circumcising’ their daughters, he declined and insisted that his daughters would instead continue to pursue their education rather than being subjected to FGM. His village has enacted by-laws that punish the perpetrators of FGM, which led to a court action issued against the parents of an 18-year-old girl who was mutilated. The parents were imprisoned and fined. The community no longer practices FGM.
- Media campaigns have successfully raised awareness about FGM, especially among people from communities that do not practice FGM. During the radio programs, some people who call to participate in discussions express surprise that the practice still continues. They believed it was an old practice that had been abandoned a long time ago. Others continue to insist that FGM does not exist.

- Successful sensitisation campaigns have empowered girls to say no to the practice, with many running away or threatening to report their parents to court.

‘The community now knows that unless the girls are in favour of the practice, nothing can take place. Now, if girls are against it, they can ask the authorities for assistance, and their parents will be arrested. This has made many families hesitate to force FGM on their children. Most children now go to school so FGM will one day be extinct’

- Esther Meyero, a former circumciser in Lekrimuni, Tanzania

- In some villages, the law has been used as a deterrent to the practice. For example, Martha Daudi, a former ‘circumciser’ explains that in neighbouring villages, two ‘circumcisers’ were caught performing FGM and were arrested and imprisoned for two years after being found guilty. She has since stopped the practice for fear of being arrested and sent to jail herself.



An 'ex-circumciser', from Simanjiro Manyara region, calling on all the children to say no to FGM

- NAFGEM uses a broad-based approach which involves religion, as well as 'ex-circumcisers' who have laid down their tools and publicly abandoned the practice; local animators who disseminate information about FGM and are members of the targeted communities and live among them; church leaders who vehemently condemn the practice and take it up in their denominational engagements; and the engagement of law enforcement officers. All these community members have contributed to the decrease in FGM cases in the targeted regions.

“There are very few FGM cases being reported by the health workers at Moshi Hospital who have been carrying out research to identify the number of young girls who have undergone FGM”

- Sister Alexander Buretha from Moshi Catholic Diocese.

Ms Urusa highlights that it is the peoples' understanding and involvement in the campaign activities that will guarantee sustainability and success of reaching the campaign goals.

Looking Ahead: Lessons Learned

- Cultural beliefs, reputation and economic gains to 'circumcisers' and male parents slow down the elimination of FGM.
- Empowering children through clubs - especially in rural schools - enhances free dialogue in families, hence helping to change the mindset of parents and community members where FGM is widely prevalent.
- Creating sustainable mechanisms for the education of girls and safe shelter for those less protected within their communities ensures that more girls are not subjected to FGM and early marriage practices.
- Anti-FGM education and awareness creation is still required by all community members practicing FGM and early marriage. Incidents of discrimination and stigmatization are prevalent in FGM practicing communities.

- Total commitment from partners including health workers, law enforcers, religious leaders, politicians, traditional leaders and the traditional birth attendants is a very important complement to efforts towards elimination of the practice.
- Some FGM-practicing ethnic groups are subjecting very young children (under 2 years old) to FGM. This is contrary to previous cultural practice and new tactics need to be engaged to protect the young ones.
- Political interest, especially among leaders from the Maasai community, is very critical in the abandonment of FGM in the Maasai community.
- Creating child-friendly clubs for anti-FGM education and peer support in school and in the community.
- Establishing safe shelters for children seeking protection from FGM and early marriage.
- Intensifying anti-FGM, gender-based violence (GBV) and human rights education among different social groups.
- Strengthening advocacy with other anti-FGM partners for effective commitments towards eliminating FGM and other forms of GBV.
- Continuing campaigns on the importance of girl-child education as a way to empower the role of the women in the society

Practical actions/steps towards total elimination of FGM in Tanzania

- Promoting family and community dialogue about FGM, which enhances understanding, changes attitudes and behaviour and reduces the practices of FGM and early marriages.
- Encouraging FGM-practicing communities to develop alternative rites of passage for girls building on the successes of the Kenyan model.
- Conducting research on the trend and prevalence of FGM, early marriage and other forms of GBV for tracking progress.
- Continuing campaigns on the importance of girl-child education as it holds the key to women empowerment

CHAPTER FOUR

4

CONCLUSION

FGM is a practice that violates the basic human rights of girls and women and seriously compromises their health and wellbeing. Nonetheless, among communities such as the Maasai that practice FGM, it is a highly valued tradition, making its elimination difficult.

Despite the difficulties in changing tradition, TNI and NAFGEM are making systematic inroads into tackling FGM in indigenous communities, by combining social mobilisation efforts with a rights and legal framework approach to the prevention of FGM. They are breaking boundaries in providing direct protection for African girls faced with the abuse of FGM. Most importantly, by this endeavour, TNI and NAFGEM are gradually bringing about key structural changes that will - in the long-term - accelerate respect for the human rights of girls and women in African societies. This is what the African Union's declaration of the 'African Women's Decade' (2010-2020) is all about.

For the most part, governments have not moved beyond policy support for the prevention and elimination of

FGM to fully incorporating anti-FGM activities into their work. So far, there has been little commitment to scale up anti-FGM activities.

To reach a community consensus to end FGM, both leadership and a sensitive long-term approach are required; an approach that is participatory and ensures community ownership of the initiative. No one size fits all as every situation is different, but creative interventions targeted at specific population groups, as reflected in the two case studies in the booklet, are the key to addressing the complex issue of FGM.

TNI and NAFGEM are small organizations that rely largely on volunteers; thus their activities have not yet reached most of the communities that still practice FGM.

We hope that the information in this booklet will contribute to a better understanding of the work of African women anti-FGM activists. We also hope that it will help to attract support for their efforts to end FGM in their communities.

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