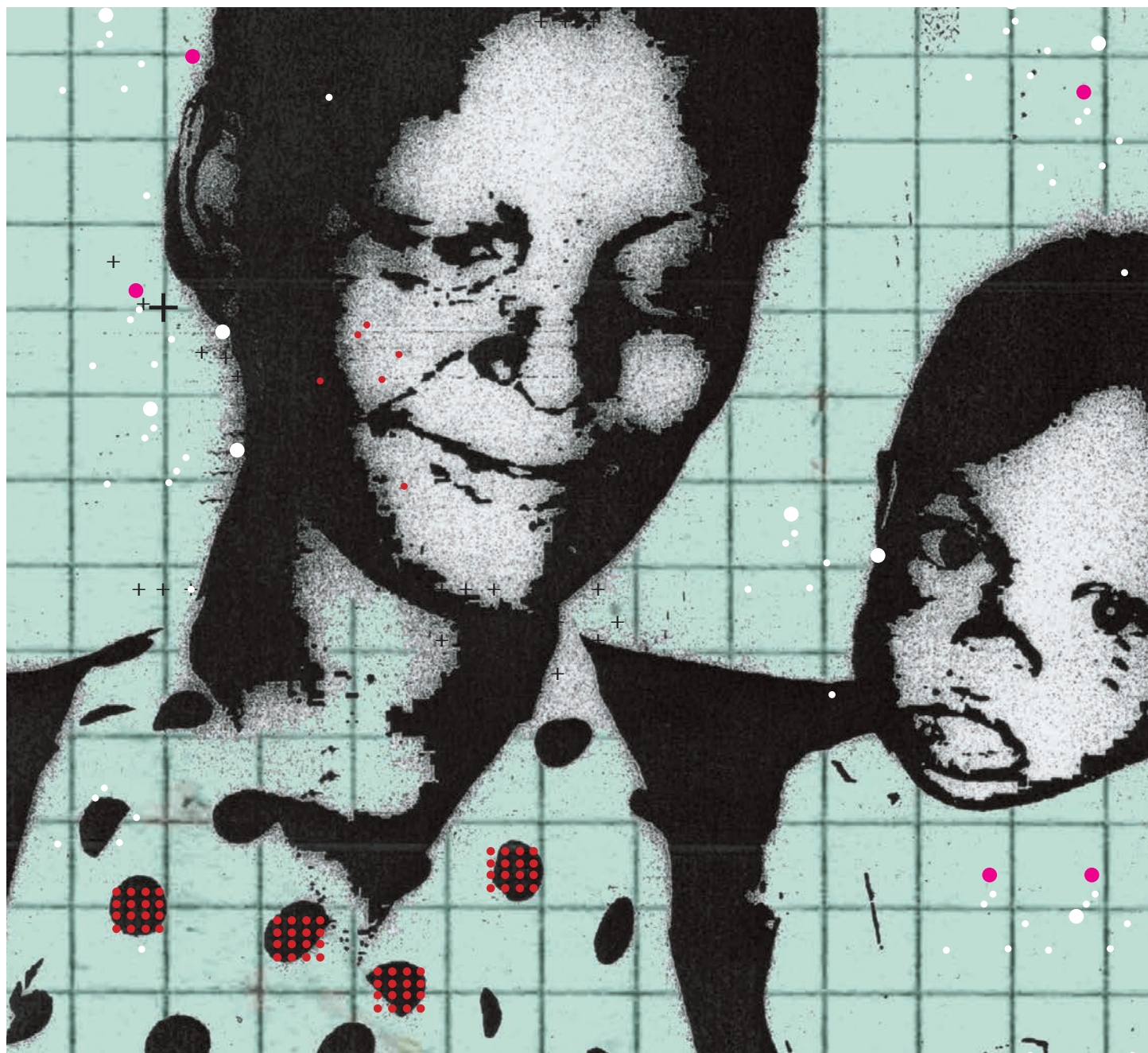


A QUALITATIVE EVALUATION



INTER-AFRICAN COMMITTEE

Working against female genital mutilation

TANZANIA

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Kvinnefronten / Women's Front of Norway

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Working against Female Genital Mutilation, Tanzania
A qualitative evaluation

By Gro Therese Lie, Ellen Alexandra Lothe and Chiku Ali
Bergen/Oslo/Singida, December 2004

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INTER-AFRICAN COMMITTEE

**WORKING AGAINST FEMALE GENITAL MUTILATION
TANZANIA**



*”This is a culture thing –
it is not easy to change people’s
way of thinking.”*

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We want to extend our warmest thanks to all individuals who so generously shared their time and experiences with us during the evaluation mission. We are grateful for all frankness and co-operation, and for all inspiring discussions. The IAC activists we met are true heroines and heroes in a difficult and complex struggle against FGM. In spite of a lot of deep rooted scepticism in several areas, local governments and village leaders have accepted the IAC activists, much because IAC Tanzania has chosen to, and managed to use the various indigenous communities to campaign in their own communities. This has made it possible for the activists to actually work closely with people at the grassroots level. The groundwork done and the confidence obtained by IAC activists also made it possible for the evaluation team to have access to sensitive issues and hidden practices and to reach even very remote villages.

During the evaluation fieldwork we had wonderful experiences of long interviews and interactive discussions, some times coming to an end after the oil lamp had been lit, to the sound of the sirisses and with a beautiful sunset outside the school building's open door. Multi-sector youth groups are active in many places. Cross gender, and cross generation activities are being promoted. Income generating activities are being explored. Yes, there are alterations and in some areas big social changes, but the processes are slow. We have met people in an "FGM-free village", but were also told that the practice continues in hiding still. We were well received everywhere. Even circumcisers, who have their jobs threatened by this work, have received us well. People have shared their victories and encouragements with us, and also some of the experiences of harassment, ridicule and rejection they have gone through. We are impressed and moved by IAC activists and members' devotion and zeal with which they meet the serious challenges. Individuals and groups of women, men, young people, children and elders that we met, have touched our hearts by their devotion and commitment to the fight against the tradition of female genital mutilation and its impact. Their strong commitment seems to have become a part of their lives. We hope they will find the motivation, inspiration and support necessary to continue this important work.

All the experiences gathered during the evaluation fieldwork could have filled several volumes. Analysing the data and selecting what to include has therefore been a difficult, but enriching process for the evaluators. It is our hope that this report will be published and made available in both English and Kiswahili, for donors as well as local activists to be able to make use of it. We hope that this assessment will be a constructive part of the evaluation process, thus providing further inspiration and useful insight, and be a positive part of a learning process for the IAC as well as for the Women's Front of Norway and FOKUS, Norway.

Gro Therese Lie, Ellen Alexandra Lothe and Chiku Ali

Executive summary

This evaluation has taken place on request from Norad, through FOKUS to the Women's Front of Norway. Our mission was to evaluate the work of the Inter-African Committee, a non-government organisation active in 28 African countries. IAC has received financial support from the Women's Front of Norway, through FOKUS, since 1990. Tanzania was selected as the site for a qualitative participatory evaluation of IAC's activities, as it was assumed that Tanzania may provide a good case for in depth learning, both because the country provides a variety of examples of different kinds of FGM practices and a variety of challenges when fighting FGM, and because the phases of the existing IAC activities are at different levels within the country and with a variety of approaches.

The main objective of this evaluation mission was to provide qualitative information on the lived experiences, reflections and visions for future work from activists at different levels of IAC's many local and nationwide activities.

The evaluation mission was carried out in Tanzania from June 25th to July 6th 2004 by a team of three: Gro Th. Lie, Professor at the Research Centre for Health Promotion (HEMIL), and Faculty of Psychology, University of Bergen; Ellen Alexandra Lothe, lecturer and ass. professor at the Lovisenberg Deaconal University College in Oslo; and Chiku Ali, artist, politician and woman activist particularly in the field of FGM, in Singida/Tanzania and in Bergen/Norway. The evaluators managed to collect data as intended, by interviewing identified individuals, key persons, and groups, and engaging in interactive discussions. The team visited local chapters of the organisation, and interviewed organisational leaders on national as well as local level. The team obtained a broad perspective on IAC Tanzania visions and how the organisation works. The leaders pursue multi-level, multi-sector approaches in the best tradition of health promotion methodology. IAC's basis is community grassroots approaches with youth as its primary target group. However, IAC Tanzania also pursues an integrated approach which secures the active involvement of key leaders of the local communities in the anti FGM work.

The evaluation team obtained information on changes for the better regarding the issue of FGM: several victories can be seen. People at large are today aware of the law that prohibits this practice. Several individuals and families have stopped the practice, although the harmful tradition is still practiced in hiding, - in some areas extensively. Young girls and boys learn about harmful traditional practices in school. They have gradually become able to speak with their parents about it, and some manage to tell their parents they do not want to be circumcised. Taboos about this sensitive issue are broken. Young people sing, dance and play theatre pieces on the topic, for multi-generation audiences. This is a great

and important advancement which IAC's intensive work can be given much of the credit for.

IAC stages mass mobilisation of the local communities, in order to get information about FGM out to the people. The organisation cooperates with health workers, and sensitises target groups of the population, police force and legislators. It has also good links to the media, and wants to use the media as a channel for influencing the national leaders and politicians. This is very important, in order to let politicians and other leaders know what is going on at grassroots level.

However, the sensitising campaigns have also carried with them some unintended negative consequences. People are aware that the practice is forbidden, thus, they do it secretly, in hiding, maybe in another village, and often to much younger girls, down to newborn babies and baby girls. This is an unfortunate consequence that increases the health risk and makes anti FGM work on one hand more difficult and on the other hand even more important than before. It has become evident that changes in attitude are not necessarily accompanied by changes in behaviour. People must come to realise that this change is relevant for them in their lives. Nevertheless, it is evident that the question of FGM implies a very strong social pressure up until today in many local communities.

Another unintended negative side effect of the campaigns is that girls and women who are already circumcised suffer stigma in many local communities. Earlier the uncircumcised girls have suffered stigma; they have not been looked upon as "whole" women, they have had difficulties in getting married, have not been accepted in society. Now the stigma has changed in the opposite direction in some local communities, where young men declare they do not want to get married to circumcised women. IAC is facing challenges of a different character than before, and realises that good sensitising approaches cannot be utilised forever, they will have to change and develop accordingly. One of the new challenges now is to ensure that girls and women who are already circumcised are regarded as worthy human beings in spite of the harmful and illegal mutilation they have undergone.

This report addresses qualitative aspects of IAC's activities, FGM related challenges and how these challenges are met, as outlined in the Terms of Reference. Particular focus is given to what seems to work well as seen from the view of health promotion. The report first aims at contextualising IAC's challenges (Chapter 2). The contextualisations are based partly on information from interviews with key informants, partly on interactive talks, discussions and performances held during the mission, and also on studies of relevant documents. A description of IAC's many faces and methods of work follows in chapter 3. This description is based on interviews and interactive discussions with the evaluation participants. In chapter 4 are some further findings acquired during the mission and observations from the activities in the local chapters, with special reference to key points in the Terms of Reference. Conclusions and recommendations are found in chapter 5. Annexes 5-

18 provide an opportunity for studying some of the rich qualitative data gathered during the evaluation mission.

The evaluators will conclude that IAC Tanzania is a strong organisation with clear visions and objectives and with very dedicated members at all levels. The evaluators will, however, make the following recommendations:

- Develop alternative methods of work, diverse approaches to different groups of the population. Do this in seminars, workshops and interactive discussions across local branches, thus strengthening and increasing the competence of the activists.
- Strengthen young people's situation in the campaign. Empower the new generation. They need competence regarding approach methods, particularly regarding work with elders, religious and political leaders of their societies.
- Continue developing the alternative rites of passage. Invite parents to participate in the planning, regarding the important educational parts of the tradition.
- Arrange public hearings. Encourage people to go public with their stories; exchange examples with one another.
- Strengthen and develop methods of reliable data collection. More evidence on the effects of FGM is needed. Document the challenges.
- Give priority to education and the school system. Education and knowledge is underlined in every setting as a key factor in the fight against FGM.
- Challenge the 'lawalawa' myth! Develop further the existing IAC network with health personnel and health clinics in this respect.
- Fight the reversed stigma attached to girls who are circumcised.
- Strengthen each other's fighting spirits. Visit each other across local branches, inspire and encourage each other.
- Consolidate the organisation across local branches to prevent and sort out internal discrepancies and problems / potential problems in the organisation.
- Develop in cooperation with local community leaders good support methods for ex-circumcisers.

- Develop further the IAC network with other activists, with all sectors of society.
- Strengthen the use the visual media (videos/films).
- Mobilize legislators.
- Intensify sensitising seminars for target groups. Different ethnic groups require different approaches in the work.
- Use local resource persons.
- Lobby for mandatory health check-ups.

We trust that our recommendations are interpreted in the context of our overall impression: that IAC Tanzania is an impressive and vital part of the Inter-African Committee, containing dedicated, strong and heroic women and some men – who are struggling in an important struggle in a process that takes time, patience and dedication. Fighting FGM is hard work, but IAC Tanzania works in a spirit that will give an FGM free society for a future generation of young girls and women in Tanzania.



1

Introduction

A brief background description of IAC

INTER-AFRICAN COMMITTEE ON TRADITIONAL PRACTICES AFFECTING THE HEALTH OF WOMEN AND CHILDREN

IAC is a non-governmental international organisation, set up in 1984 in Dakar, Senegal. IAC today has 28 National Committees in Africa. These National Committees are grouped according to level of activities and challenges (confer Annex 3). In addition to the 28 National Committees there are 10 Group Sections in Europe, Japan and New Zealand. IAC collaborates with several non-governmental organisations, like UNFPA, WHO, UNICEF, The High Commissioner for Human Rights and others.

The objective of IAC is the promotion of the basic human rights of women by fighting harmful traditional practices. The guiding principle of IAC is strongly based on education and conscientiousness in order to impact positive changes of attitude. Promoting social change in the affected community is a long standing strategy of the organisation. IAC's work is among others, based on the following international instruments:

- The Universal Declaration on Human Rights.
- The International Covenant on Civil and Political Rights.
- The Convention on the Elimination Of Discrimination Against Women (CEDAW).
- The Convention of the Rights of the Child.
- World Conference on Human Rights in Vienna 1993.
- The Plan of Action, International Conference on Population and Development (ICPD), Cairo 1994.
- The Beijing Platform for Action (PFA), UN Women's Conference, 1995.
- The Addis Ababa Declaration on Zero Tolerance to FGM, 2003.
- Protocol to the African Charter on Human and People's Rights on the Rights of Women, 2003.

The photographs (including page 6) are from a public role play against FGM in Samumba.

The IAC Headquarters is located in Addis Ababa, Ethiopia and the International Liaison Office is maintained in Geneva, Switzerland, for funding and lobbying, advocacy and networking with UN-bodies. The National Committees in the African countries have been grouped in 4 categories according to the level and progress of existing activities. The categorisation of the 28 National Committees, following the four level operations, is appended to this document (Annex 3).

IAC Tanzania

Tanzania was selected as the site for the evaluation of IAC's activities. Tanzania is recently grouped in category 1, indicating that the National Committee of IAC Tanzania is among the best of the 28 National Committees in terms of level of activities and progress in fighting harmful traditional practices.

IAC Tanzania started in 1992/1993 in Dodoma and is today a non-governmental organisation with a legal status. It has established regional chapters in Dodoma, Kilimanjaro, Arusha, Manyara, Morogoro, Tanga, Mara and Singida regions. The headquarters of the National Committee of IAC Tanzania is today in Moshi, Kilimanjaro, but Dodoma was for a long period the co-ordinating unit. For pragmatic reasons, Kilimanjaro and Dodoma have shared the work of establishing and following up the different regional chapters.

Background for the evaluation mission

The background for the evaluation mission was a request from Norad, via FOKUS to the Women's Front of Norway, to do a qualitative evaluation of the work being done by IAC. The organisation has received financial support from Kvinnefronten /Women's Front of Norway through FOKUS, Norway since 1990. Such support has been given to IAC through the IAC Liaison Office in Geneva, and the Liaison Office has distributed funds to the different National Committees. IAC has also received funds from Operation a Dayswork (OD), Norway through Kvinnefronten /Women's Front of Norway. Money from OD has been given from 2000 to 2005; the IAC Liaison Office has distributed the funds to selected National Committees, and the money has been earmarked activities to sensitise and mobilise young people. IAC provides Annual Reports, Accounts and Budgets. Each year IAC submits an activity report and financial audit based on the assessed budget according to the normal requirements of Norad and FOKUS. IAC also receives financial support from other organisations and agencies.

The evaluation was done by a team of three people of whom two are independent consultants: Gro Th. Lie, Professor at the Research Centre for Health Promotion (HEMIL), University of Bergen, Norway and Ellen Alexandra Lothe, lecturer at the Lovisenberg Diaconal College, Oslo, Norway. The third member was Chiku Ali, artist, politician and woman activist (particularly in the work against FGM), Singida/Tanzania and Bergen/Norway. The team has extensive experience from working in the African region; qualitative evaluation skills and experience; thorough knowledge of Tanzanian culture, of Tanzania's health and social challenges; the team has relevant contextualised gender knowledge; expertise on FGM and local practices, knowledge on the history of IAC. Two of the team members speak Swahili (one native speaker, one with 16 years of work experience in Tanzania).

The team members have had several preparatory meetings with the Women's Front of Norway and FOKUS concerning the evaluation mission. One meeting has also been held with representatives from Norad and OD. The preparatory phase of the evaluation also included exploratory field work in selected areas of Tanzania in December 2003. The team met with national and local IAC group members, explored in various ways to identify information rich key persons, relevant activities and sites for participatory evaluation. The exploratory work was essential to prepare jointly for the content of the evaluation. During the preparatory phase the evaluation team managed to identify "gate openers" and getting permissions from regional and local authorities to interview, observe, and discuss with key actors and people in the local communities. Having "door openers" and formal permissions by regional and local authorities is essential since FGM is a sensitive topic and such practices are also forbidden according to Tanzanian law. During the exploratory field work several villages/communities were visited, IAC-activities were observed in their local contexts and the content of activities discussed with selected participants. The preparatory phase also gave the evaluation team insight into the community mobilization work of IAC, Tanzania.

The main data collection for this evaluation mission was carried out in Tanzania from June 25th to July 6th 2004.

Main objective and rationale for selection of study site

The main objective of the evaluation was to provide qualitative information from the reflections, lived experience and visions for the future based on information from actors/participants/members at different levels of IAC's many core activities and from other key persons in communities where IAC has activities.

The choice of Tanzania as study site for a qualitative participatory evaluation of IAC's activities was done based on purposeful sample selection criteria. It was assumed that Tanzania may provide a good case for in depth learning, both because the country provides a variety of examples of different kinds of FGM practices and a variety of challenges in fighting FGM, and because the phases of the existing IAC activities are at different levels within the country and are met with a variety of approaches (confer Terms of Reference, Annex 1).

Evaluation method

The qualitative information gathered during the evaluation mission was explored through interactive individual and group interviews and discussions with key informants (Denzin, 1998). The sampling of informants/evaluation participants was purposeful to ensure that the study would reach information rich people in different areas of Tanzania with different prevalence of FGM, with variations regarding kinds of FGM practice and with variations in terms of the history of IAC activities.

Key informants in this context refer to:

- Women who are involved in / central to IAC's activities in Tanzania at national, regional and grassroots levels. (Women at all levels of the organisational structure should be selected for interviews / interactive discussions).
- Youth / youth groups (male and female) who have been mobilised, trained and or who participate in IAC activities, and other youth in the communities where IAC activities have been undertaken / are going on.
- Ex-circumcisers
- People of all ages (male and female) who have been mobilised for change by IAC members.
- Key persons in the governmental local and regional communities where IAC works , religious leaders, elders.
- Health workers
- Teachers

- Representatives of Tanzania Media Women Association (TAMWA), an organisation that publish data generated from IAC.

The interviews covered specific key topics listed in the Terms of Reference (see Annex 1), but also invited the informants and participants to express their own concerns and reflections, good experiences, ideas and visions for the future, their perspectives on feminism and the empowerment of women, their hopes and aspirations for the coming generations regarding gendered relations and FGM-free communities, and their views on how IAC can contribute towards a better future.

The analyses of the data were partly done in the field and validated in interactive discussions with key actors, and partly done after the fieldwork through phenomenological analyses comparing, contrasting and grouping main findings. The data from the field has also been compared with other research findings and with official documents.

About this evaluation report

This report addresses qualitative aspects of IAC's activities, FGM related challenges and how these challenges are met, as outlined in the Terms of Reference. Particular focus is given to what seems to work well as seen in a health promotion perspective. The report first aims at contextualising IAC's challenges (chapter 2). The contextualization is based partly on information from interviews with key informants, partly on interactive talks, discussions and performances held during the mission, and also on studies of relevant documents. A description of IAC's many faces and methods of work follows in chapter 3. This description is based on interviews and interactive discussions with the evaluation participants. In chapter 4 are some further findings acquired during the mission and observations from the activities in the local regional IAC chapters (branches), with special reference to key points in the Terms of Reference. The chapters 2-4 contain selected quotes to illustrate central findings and diversity found during the data collection. Conclusions and recommendations are found in chapter 5. The annexes 5-18 provide an opportunity for studying excerpts of some of the rich qualitative data gathered during the evaluation mission. In some cases names of persons are changed for ethical reasons; if the names are changed new names are put in quotation marks. In some cases names of places/villages have been removed or changed, also based on ethical considerations.



2

Contextualising IAC's challenges

Extent of FGM practice and how it is met

PREVALENCE OF FGM

Tanzania is a country with approximately 34 million people (2002 census). The country is divided in 25 administrative regions. Tanzania has more than 120 ethnic groups. Some ethnic groups have similar cultures, but there are also extensive variations between ethnic groups in terms of both good and harmful traditional practices. Some harmful traditional practices are relatively prevalent across several ethnic groups, including nutritional taboos, son preference, early marriages, forced marriages, wife battering and certain widowhood rites. Some ethnic groups have a history of practicing FGM, other ethnic groups have not had any kind of female circumcision as part of their traditional culture. Since the establishment of Tanzania as a national state there has been extensive migration within the country, and the official policy has encouraged settlements with mixed ethnic groups in order to build multiethnic solidarity and minimise the potential of ethnic conflicts. Tanzania has like most other countries experienced an increasing urbanisation, but the majority of the population is still rural. The urban areas are more mixed in terms of ethnic groups and interethnic marriages as compared to the rural areas. The rural areas may also have many ethnic groups, but they often live in separate neighbouring communities. Such nuances are important to have in mind when assessing the official data on prevalence of FGM in the different regions of Tanzania, because regions with low prevalence of FGM may still have some ethnic groups that practice FGM to a very large extent while other neighbouring groups may have low prevalence or no prevalence of FGM. The average prevalence figure for a specific region may therefore not always give a good indication in terms of “success rate” in fighting FGM.

The official data on the prevalence of FGM varies from less than 5% in some regions to more than 80% in other regions. A national survey done in 1996

Photographs left: IAC mobilisation meeting against FGM in Samumba.

estimated that the average prevalence of FGM in Tanzania at that time was 37%, other reports also from 1996 estimate a national prevalence of 18% among females 15 to 49 year olds. Some of the latest official figures from different regions are as follows: Arusha (81%), Kilimanjaro (37%), Dodoma (68%), Mara (44%), Singida (27%), Tanga (25%), Iringa (25%), Morogoro (20%), Dar es Salaam (5%), others (less than 5%), (Bureau of Statistics, 1997; IAC Dodoma report 2004).

UNCERTAINTY ABOUT THE PREVALENCE DATA AND DIFFICULTIES IN COLLECTING DATA

There are major difficulties in assessing the trustworthiness of the prevalence data. First of all, since FGM is forbidden by law many people would be expected to be reluctant to share information concerning FGM in fear of legal sanctions; secondly there is no clear official monitoring system for making prevalence data on FGM; thirdly when data are given it is often unclear from the records how the data has been collected and thus whether the data collection has been done in a scientifically sound way. Most of the official prevalence data are based on self-reported circumcision and have not been checked against clinical gynaecological examinations. Sound research in this area is scarce, but exists. A recently published community-based cross-sectional survey which included both self reports and gynaecological examinations from a multiethnic population in Northern Tanzania showed underreporting of circumcision compared to the medical findings; there was inconsistency between self-reports and medical examinations in 22.5% of the women studied. 65% of the study sample reported to be circumcised while 72.5% actually were found to have undergone what the researchers characterise as Female Genital Cutting (clitoridectomy or excision) (Klouman et al., 2004). The data were collected in the nineties and one could expect underreporting to be even higher today based on the fact that people now to a larger extent know that FGM is illegal.

Because of the weaknesses in the official reporting system it is also difficult to use official data to monitor changes in the process towards a FGM-free society. The existing data are also difficult to use for comparative purposes in monitoring trends of development and progress in the fight against FGM.

With the existing weaknesses in the quantitative data foundation it is even more important to have in depth qualitative information from the grassroots to explore what is going on in diverse communities, to understand why FGM is still practiced in different communities and to learn from existing experiences in fighting FGM.

THE ROLE OF POLITICAL, LEGAL AND RELIGIOUS AUTHORITIES – DOUBLE STANDARDS?

Female genital mutilation, or circumcision of girls, is illegal in Tanzania today. Ever since the Bill of Abolishment was passed in Arusha in 1968 female circumcision has been banned, but Tanzania adopted specific legislation against FGM in 1998. The national authorities have clear official policies against FGM, but this does not necessarily mean that politicians in power have the fight against FGM as one of their priority issues. During the evaluation mission several key informants complained that many politicians hesitated to address the issue of FGM for fear of losing votes.

”During election campaigns, the politicians are being challenged by people in the villages: ‘You, why do you say that female circumcision should be stopped?’ Then they (the politicians) answer: ‘Oh, you can just continue the practice, it is quite all right.’”

There were, however, according to our evaluation participants some politicians (mainly female) who took a clear and active stand on the issue (confer Annex 15).

Those who would like to be protected by the law do not necessarily know how they can use the law for their own protection. In many cases even the police do nothing when cases are reported to them, or the police themselves seem not to know how to handle FGM issues. Serious cases are rarely reported to the courts, and when they are reported this is also no guarantee of the case being dealt with.

”Even if they know their legal rights, it does not help as long as the courtroom people, the police, don’t understand the problem.”

”There are also obstacles in another way, resistance that has to do with the authorities. We see that a circumciser has done it, and then report it, and the circumciser gets jailed. So, after a couple of days, the person is again outside, walking the streets, and I have not been called in for an interview even! This shows that the local authorities do not take this seriously.”

”Police force is another problem, when people here have been sensitised they want to have legal action if you go to the police. But some times they are being taken to the side in order to make it milder. So the police force needs training! Also people working in the courts of law. Cases of FGM have only been held at villages, or have only been taken to Primary courts of law, because women do not know sufficiently about law.”

”So can’t you see that even if they (the young girls and the women) know their legal rights, it doesn’t help, as long as the court room people, the police, don’t understand the problem? So, the government must do something! People do not see to it that the laws are being enforced. That is why she came to us the old woman in (name of village) who tried to file a case because her grand-

daughter was circumcised by the family in-law. When we advocate for the sufferers, we need free legal aid. Centre for Human Rights Promotion used to give free legal aid. But now that time is over, and no help is to be got these days. So we must educate the sufferers and men who can help and support them. We must mobilize women and men legislators and people who care about human rights. What is needed is service provision for victims and those who reject being circumcised. We have also examples of children whose mothers and grandmothers have been jailed, and then who takes care of the children? ”

Many religious leaders are clearly against FGM, but also religious authorities may have double standards on the issue of FGM. Here is an example of what an IAC activist narrated:

”When I was in another district where acute practice of this tradition is going on, I asked the priests there, and they said that “Yes, this is actually against our religion.” When the season for circumcision came, I was still in that district, and even one of the daughters of the priest was there (for the circumcision ceremony) and I asked: ‘Why?’ And he answered me, ‘the mother wants it, our daughter is not a complete woman without this, and she won’t get married without this’, etc. So I just try to emphasize how difficult this issue really is. It is part and parcel of culture and the whole belief of society.”

LEGAL FRAMEWORKS, BUT DO PEOPLE FOLLOW THE LAW?

Not all people are knowledgeable about the law, although most people seem to know by now that circumcision of girls is forbidden by law. This does, however, not mean that people understand why FGM is forbidden, hence the practice may continue, but in different forms. This is especially the case in several rural areas. Here are some usual statements from different key actors met during the evaluation:

”The law forbids it, but there are cultural reasons for keeping it up. So it is difficult to know if people say the truth or not.”

”To be quite, quite honest, we people here in our village have stopped doing it, but we know that in some nearby villages they still do it. When they are gathered in big meetings in their village, they all say that ‘NO, we don’t do it any more, we have stopped doing it!’ But I managed to talk in private to a traditional birth attendant, and I asked her to tell me in confidence, and she said that well, yes, they actually continued doing it anyway. Village leaders give an erratic impression when they speak with the IAC people, and then the story is completely different when they return back home to their village. Some religious leaders continue to say that the young girls have to be circumcised, although some say that this is actually against our religion. The elders often say that ‘it does not happen in our tribe any more, just in the other tribes’. People, who do circumcision in secrecy now, have understood that it is quite dangerous, but they have such a firm belief in it.”

Deep rooted cultures: myths and traditions as arguments for the practice of FGM.

It is important for people that traditions continue. It is important to do what your foremothers were doing. *“This is our heritage”,* people say, *“We can’t just leave it. It is part and parcel of culture and the whole belief of society”*. When the evaluation team asked for the reasons for the practice of female circumcision or FGM, these are among the answers we got: *“Then the girl will become fertile!” “You get lots of complications under the pregnancy and childbirth if you are not circumcised!” “It turns into a curse if you are not circumcised! If you are not circumcised, you are a curse to your whole family! And if you are a curse, then nobody will want to live with you, and you will finally be expelled from society!” “If you happen to get pregnant without being circumcised, then you will also get expelled from society!” “Girls who are not circumcised have a great sexual appetite, and they do not get married. So working against FGM destroys the culture around marriage. It also shakes the structure of the decision processes, where the eldest in the village decide. Young people are dependent on good advice from their elders. So if a child cries the whole night long, the child’s grandparents will say that she has to be circumcised.”*

SEXUALITY, FEMALE IDENTITY AND BEAUTY

The arguments for the continuation of FGM can thus be grouped in several categories.

Several of the arguments addressed issues of female sexuality and female identity. Here are some examples:

“If you are not circumcised, you become ‘too much’, i.e. too much eager for sex, with too much of sexual appetite.”

“You are a ‘half woman’ if you are not circumcised. A ‘whole’ woman is one who is circumcised, so it is actually a very strong pressure to become a ‘whole woman’. Who will want to be a ‘half woman’? When they see a woman who is not circumcised, they see a woman who has not yet ‘grown up’. You are legitimately a grown up adult woman if you are circumcised. ”

“To prevent promiscuity! Everyone says that girls who are not circumcised are going to be prostitutes! So the woman will remain with her husband! So the girls will not ‘run around’ with boys! To control the sexual appetite of women! If you are not circumcised, you are not prepared for marriage!”

“Clitoris is being cut away, because otherwise the young girl cannot ‘come out’ to be a real woman.”

There are also arguments of beauty. Here is how an old man expressed himself:

”Actually, to circumcise both boys and girls here in our village, and generally speaking in the whole of Africa, has never been a problem, we have seen it as a decoration for beauty, and thus it has added to our pride.”

HEALTH AND HEALTH RISK ARGUMENTS

The issue of childbirth and having healthy children were frequently brought up. Many people believe that a woman who is not circumcised can not get children or the children will die, especially during childbirth. If a young woman is pregnant and still has her clitoris, it is believed that she will get a lot of pain during delivery, and who would want to have great pains at that moment?

If the child dies during birth, and the mother was not circumcised, she will run and get circumcised immediately. In some areas, if a traditional birth attendant sees that the delivering mother is not already circumcised, they will cut her quickly during delivery, in order for the baby to live. (Those who are not circumcised must therefore take care to deliver their babies in a hospital, and not at home where you have the help of the traditional birth attendants only.)

Among the health problems said to affect children who are not circumcised the 'lawalawa' disease is a special and widespread health threat argument.

”People believe that if you don't circumcise your child, it will die from 'lawalawa'. It becomes quite complicated for us when you arrive here and say that we have to stop doing this. How can you actually say for sure that we will have to stop circumcising our children, as long as we have actually done it in order to save our children from 'lawalawa'? 'Lawalawa' is a disease which affects both boys and girls, and the boys are being circumcised and are saved from it. Nobody wants his or her child to die!”

One woman says:

“The old people here are saying: We refuse to stop circumcising the little girls, because then they will die. So if you do not want us to circumcise our little girls, if you really believe that female circumcision is bad, then you must first show us a medicine to cure 'lawalawa'.”

To many people 'lawalawa' was/is a mythical curse from the ancestors and not even a disease. It took long before 'lawalawa' was explained in medical terms. 'Lawalawa' is a hygiene-based disease. Where water is scarce, sand is often used to clean the little bottoms after defecation, whereas the bigger children are taught to use leaves etc. The female children can easily get vaginal and urinal infec-

tions accompanied by high temperature. Such infections are called 'lawalawa'. 'Lawalawa' is more common in the dry areas of Tanzania as compared to other areas. With poor access to water the hygiene is more difficult to secure. Possibilities to wash the children properly and for washing clothes for instance will be poorer in villages where there is little access to water.

The 'lawalawa' argument is used in inconsistent ways. It is used about small children, but also about teenage girls. It is not always limited to vaginal and urinary infections, but sometimes used if girls have fever. The 'lawalawa' argument also seems to be increasingly used in areas that had no prior use of such arguments.

The 'lawalawa' argument is in some rural areas also used in connection to small babies getting their teeth and is given as a reason for circumcision. Crying and temperature is associated with 'lawalawa' and the cure is believed to be cutting and circumcision.

"When babies start getting their teeth, a raise in temperature is common. Here it is common to cut their gums with a knife at that point. When this is done, the baby gets sick, and the people will think it is 'lawalawa' and circumcise her. When they have gone on cutting in the teeth, the process of growth of the teeth is disturbed. Some children actually do not get their teeth at all."

Such examples illustrate the importance of and need for education in general and health education in particular. It also illustrates the need for outreach work by trained health workers in the rural communities.

RESPECT OF THE ANCESTORS, THE RISK OF BEING CURSED

Old traditions are deeply rooted. People are afraid to throw away their traditions which they have always treasured. They think that when all generations in the past have done this, the forefathers and ancestors would become very angry and curse them, and punish them if they stop the traditions.

"One woman became ill from hearing that she had to stop this practice. She slept badly and was beaten by her ancestors in her sleep. She had to enter a dialogue with her ancestors and give them some milk and local brew to spill on earth for them."

Also several young girls today are afraid of opposing their grandparents for fear of being cursed.

"Normally it is the grandmothers who will give the curse, that is, they will say: 'Now you are no longer my grandchild'."

SOCIAL PRESSURE FROM THE FAMILY OR THE FAMILY IN-LAW

The pressure on young girls and young women who are not already circumcised are in some areas tough. Young girls may in some cases have to leave their families if they do not agree to be circumcised. If the girls have knowledge about the harms, but at the same time have a pressure from the community to become circumcised, they are in a serious psychological dilemma. The families also fear that the uncircumcised girls will never get married. When an uncircumcised young woman has been married she risks not being accepted by her family-in-law:

”The mother-in-law will not cook for you when you are giving birth if you are not circumcised. She might not even eat the food you prepare for her if you are not.”

Fighting FGM has been met with negative response and resistance

Initiatives to change and to challenge the practice of FGM are often initially met with negative response and resistance. Most of the IAC activists have experienced this in their work. For the IAC activists such resistance may take many forms: it may vary from ignorance to physical threats, from being met with lack of hospitality and denial of food and beverage after long journeys – to being chased away.

”The women came out with their sticks and we did not know what they really were capable of doing. Then a Maasai came to us and said: ‘This is really not a good day’. They felt that the government is entering their bedroom and they did not want that to happen. The village facilitators came with their material (IAC educational material) and gave it back to us and quit their jobs!”

The IAC-activists experience that people say to them: *“We don’t want to have anything to do with you!”* IAC people are some times looked upon as enemies. The circumcisers think it is disgraceful of them to be against FGM. They feel their jobs threatened, and threaten the activists instead. They some times ask them to go home. When IAC arranges public meetings, people may leave the meeting before it is finished. The IAC activists some times get cursed by the elders, and they are told *“get out of my sight!”* and *“what do you have to do with this?”* The activists then feel that they are not being taken seriously by the people they talk to. People don’t seem to believe what they are saying. Others seemingly don’t want to hear. They say: *“You are using our time! We want to be paid to sit here and listen to you!”* Here is what one of the IAC activists told from her early experience:

"I became thoroughly insulted by the women. They said I was a jerk! Everyone talked so badly about me, and everyone wanted to curse me, and I just had to leave the place, I just couldn't take it any more. I haven't been back there ever since."

The IAC activists against FGM are everyday heroes and heroines who have gone through and still go through a lot of resistance and hostility in several areas before they can see any fruits of their efforts.

FGM patterns change

FROM RITUAL CEREMONIES TO HIDDEN PRACTICE

Because FGM is forbidden by law and because of the ongoing work to stop FGM, the practice has changed character over the years. In several of the different ethnic groups female circumcision was traditionally done as part of large ceremonies and with a lot of celebrations.

The detailed content of such ceremonies varied from one ethnic group to another. Some ethnic groups had a practice of circumcising the girls while the children were still small, but most groups circumcised their young girls when they were teenagers (e.g. after they started menstruating). Generally the ceremonies were meant to prepare young girls for their roles as adult women, wives and mothers. The ceremonies also taught young girls about sexuality and sexuality norms, topics normally not talked about across generations or across genders. The detailed content of what the circumcision part of the ceremony contained and how FGM was done was a taboo topic across generations and across gender. This meant that girls who had already been circumcised were not supposed to tell the non-circumcised girls about the content of the FGM part of the ceremonies. In preparing the young girls for the circumcision part of the ceremonies young girls were told that women should learn to endure pain (because of future childbirths) and that if the girls showed that they could take pain they would get beautiful gifts. The prospects of becoming "real" women, getting gifts and being celebrated were attractive to most young girls. The transition gave status. Uncircumcised girls were regarded "unclean" and immature.

The big ceremonies of female circumcision have almost disappeared in Tanzania. When such ceremonies with FGM are still performed, they are done on a small scale, in hiding, and often under cover of other kinds of ceremonies/celebrations.

"We received reports from a village about a group of young girls who had been circumcised, and we now work with doing a follow up and an action. Behind the boy circumcision activities, the female circumcision is also being done, camouflaged."

There are some exceptions to this general picture of the disappearing circumcision ceremonies for girls: a few ethnic groups in remote rural areas, isolated from others, still practice the ceremonies in the traditional ways.

The disappearing ceremonies have sometimes wrongly been interpreted as a proof that FGM as such has disappeared. FGM is now performed in secrecy, in neighbouring villages, at "Grandma's place" in the countryside, or out in the woods. These changes have increased the health hazard for the young girls. Secrecy on one hand, and more openness about the issue on the other, paired with efforts to empower the young girls to say a clear "No!" to their parents regarding this issue, has resulted in parents circumcising girls at a continuously younger age. School curriculum and campaigns on stopping FGM are also among the main reasons for circumcising girl children before they reach school age. Nowadays little baby girls are in danger of being circumcised before they turn one or two years of age.

"Little 'Anna' is taken for a trip to her auntie in Arusha, and comes back when it is done."

"To be quite honest, people continue doing it here, but right after the baby girl is born and in deep secrecy."

"We have met people in an 'FGM-free village', but were told that FGM is happening in deep secrecy nowadays. This (negative) change has come as a by-product of the campaign. They say they don't do it, but some do it anyhow. This is a new challenge. In some areas people are aware that it should not be done, and that they will be caught if they do it, then they simply go away and do it quietly somewhere else. They 'go for a vacation to their grandmother's' or somewhere else, using some excuses – and then come back when it is done. Instead of circumcising the 12-14-year-old girls like before, people have started circumcising much younger girls. Actually now even baby girls and girls down to from 1 to 5 years of age are being circumcised. People say, when confronted with it, 'she is born like that'. Awareness that it is illegal and not understanding why leads to secrecy (in some cases)."

The process of transition involves victories, but also brings new challenges and different kinds of difficulties. When the practice is done in hiding and to increasingly younger girls the approaches to fight the harmful challenges must change accordingly.

"From the Arusha Declaration in 1968 onwards, the authorities have asked the doctors to check all girls who come to hospital. As a response to that, parents stopped bringing their little girls to

hospital. Besides, many women do not want to come to hospital or health station to give birth, because they have heard about the anti FGM campaign and believe that they will be arrested if they come to hospital and it is discovered that they are circumcised. This is a very serious consequence of the declaration.”

The majority of the doctors did not follow up the request from 1968 to check all girls, but a lot of people fear that this is done, especially after 1998. Such a statement may, however, reflect the fact that fewer women deliver their babies in hospitals, but this may not necessarily be because of fear of being arrested; costs of health care and hospitalisations have increased in the nineties. So have the costs of transport. Many women do not have money and are not in a position to get money from their husbands or their family in-law. As long as several traditional birth attendants are also circumcisers there is a risk involved for uncircumcised women who want to deliver at home or who because of financial constraints deliver at home.

Thus in spite of the disappearing ceremonies the practice of FGM is still going on. Because of the many beliefs connected to the importance of female circumcision the practice continues, but the activities are done in new kinds of settings and the patterns of practice change. The girls are circumcised at younger age, and today an increasing number of female babies are circumcised as compared to a decreasing number of teenage girls. It seems that the argument of risk of 'lawalawa' is increasingly used to justify circumcision of the smallest female children.

Even if some Tanzanian ethnic groups never practiced female circumcision and other ethnic groups, especially in urban areas, have increasingly abandoned the practice, FGM is however, widespread in many communities.

CHANGE TAKES TIME AND MAY INVOLVE DIFFICULT FOLLOW-UP

“We can't actually say that we have been successful yet, but, if the rains don't come we will just have to keep on sowing.”

For people who belong to ethnic groups with FGM traditions changing behaviour and owning the new norms and values is a process that takes time. Therefore it is important to think process, not only give the message, but also think how people can own the process. People must change their attitudes from within. That is what takes time. Many people have been mobilised, and more people are being mobilised all the time. However, it is difficult for IAC leaders to do a follow-up as good as what they actually want. That is when they say to themselves: *“We must try to save the grandchildren at least!”*

GENERATION GAP AND STRONG DECISION MAKERS

”It will not be easy to alter the attitudes of the elders. Maybe this generation of young girls will be circumcised, and maybe the old generation will have to die out before we can see results, because the women in the old generation are strong decision makers.”

Some elderly people accept that their grandchildren are active in the anti FGM work; some do not. Some old people support the young ones in their fight, others do not. Some people in the grandparents’ generation are still in favour of FGM. Old people might have understood that it is quite dangerous, but they have such a firm belief in it. When they see a woman who is not circumcised, they still see a woman who has not yet “grown up”. This is why there is a perceived need among adults for seminars and sensitising. It is difficult for adults to listen to the young people. It feels important to be trained for speaking to one’s own age group.

Therefore the time has come to give seminars to the elder generation, because it is so difficult for them to listen to the young people. Besides, there are signals that young people feel it as a burden to be exposed to that challenge. Some said: *“You must understand that life here with the old generation is difficult, but please do not tell them that.”* Respecting the elder women is important for many reasons. Therefore one important challenge is how to build alliances with the elder decision makers.

“GENDER EQUALITY”, A DANGEROUS ARGUMENT IN THE FIGHT AGAINST FGM?

”A good, beneficial tradition does not discriminate gender...but, in these districts, men are actually circumcised?? So we would think it would be kind of risky to utilize this argument, for fear somebody might utilize it to the contrary.”

The question is often raised in the field of why it is forbidden to circumcise girls when it is not forbidden to circumcise boys, *”should not the genders be equal?”* The issue of different bodies and different risks of complications and health hazards are often met with the arguments that boys can be circumcised in the hospitals under hygienic conditions while girls are forced to be circumcised in hiding and under non-hygienic conditions. Obviously there is a need for nuanced gender specific information.

Photograph upper right: Mama Mapembe, former NC leader, still an activist, visits rural villages.
The photograph bottom right shows IAC youth activists in Songambebe.



3

The many faces of IAC Tanzania

From small parallel initiatives to joint national work against FGM

IAC Tanzania started in 1993 in Dodoma, but historically initiatives to explore the prevalence and practice of FGM and the fight to stop FGM started in several regions of Tanzania without the pioneers in the different regions being aware of each other. Thus the history of IAC Tanzania moves from several separate, but parallel initiatives to national multi-level and multi-sector approaches to stop FGM. In the early nineties the IAC pioneers did not have training or experience in fighting FGM. This is how some of the Dodoma activists expressed the process:

”In our initial takeoff, i.e. in the pilot project: nobody told us how to do it. We have tried and failed. We started out with a platform: Harmful Traditional Practices. We went to the villages saying: ‘Good Morning! This is harmful, etc, etc’. But then we found out that this wasn’t really such a good approach. We found out that we had to go to women and men who were influential leaders, elders, status people etc, and we say that we care about our traditional practices, what do you think about them, and how can we do better so as to break through. They suggested to us 22 villages and from then onwards we started working. By then the traditional leaders were already sensitised, which made it much easier for us. Then they suggested: train more people, not only the village facilitators, take committed people, accepted people who would make progress, include the traditional leaders, religious leaders, youth etc. In 1998 we got support from UNFDP, and we included the group leaders, traditional communicators, counsellors, all parliamentarians and policy makers, government officials in the districts, and we had lots of breakthrough. Now we know how to reach people and how to implement our activities. So this really means: a multi level approach in many sectors.”

The Dodoma activists soon gained a lot of experience and were the first group to form a chapter in what was to be National Committee for Tanzania in The Inter-African Committee on Traditional Practices affecting the Health of Children and Women (IAC). In Kilimanjaro activities started with data collection by health workers. The current Chairperson and Vice Chairperson got started in 1995-96

collecting data on FGM, They have been active ever since and are also among the pioneers of IAC Tanzania.

"Nowadays people talk about FGM, but they did not at that particular time. We nurses took our students to the field in Lower Moshi and made a survey. We found that FGM was one of the problems the people lived with there. We had a questionnaire, and asked 'is there FGM here (using the local language expressions for female circumcision), who does it, who are the people involved, why is it being done, and how is the community involved?' We analysed the answers. But before that we sat down (with the inhabitants) in the communities and talked about it. Four different ethnic groups were represented. We also presented our findings to the Tanzanian Public Health Association, which is an organisation for public health issues, and also the Tanzanian Midwives Association. It was said that there was no FGM here (in Kilimanjaro). However, our survey proved otherwise."

After the presentation of the data which were also published in 1996, a representative from the Kilimanjaro group was selected to go to Addis Ababa for an IAC conference on FGM, sponsored by the UNFPA. The IAC Headquarters in Addis Ababa informed the Kilimanjaro group that the organisation already had started a Tanzanian National Committee based in Dodoma. The IAC Headquarters suggested that the pioneers in the Kilimanjaro region ought to go to Dodoma for training on how to conduct campaigns. So they did, and after that training the Kilimanjaro people organized themselves in Moshi. They felt that they gained a lot through the training in Dodoma and were of the opinion that without such training they would have had to start from a lower level.

THE "WAKE" – VISIONS FOR WOMEN TO TAKE THE LEAD

In 1998 the Kilimanjaro pioneers started "the Wake". They started out with mostly women, but also two men were active.

"We wanted to involve men, but let the women take the lead! This was our vision. Men will definitely be allowed to assist in our work, but women will take the lead. We trained in 1998 10 women and 2 men, and then we got started."

"By that time we were not aware of in which areas FGM was commonly practiced. People were asked, and answered: 'Narumo' (highest prevalence). In Kibosho people said: 'go to Uruh, go to Narumo...'. In all the districts there were special wards or districts where the FGM was commonly done."

Also today IAC Tanzania still is primarily run by women, but men are increasingly supporting the work of IAC and several men are today also activists in the organisation (confer Annex 9).

“THE GOOD TRADITIONS CHANGE OVER TIME, AND DO NOT DISCRIMINATE GENDER. THEY DO NOT INTERFERE WITH DEVELOPMENT. THEY SHOULD NOT LEAD TO HEALTH COMPLICATIONS OR SUFFERING”

Many people in the rural villages had not been exposed to the written word, according to what the IAC people experienced. The IAC activists had to explore to find good ways of approaching people and of how to identify and define harmful practices.

“When we went to the rural areas, we did not right away start questioning about FGM, because we knew we would not get any answers if we did. We said we worked with traditional practices. We asked about traditional practices and then people told us both of the beneficial ones and the not beneficial ones. Then we asked them: ‘which traditional practices do you think, according to your judgment, that we ought to continue with, and which do you think we ought to quit?’”

“When using the term traditional practice we told them which ones we thought were good ones and which ones to our opinion are harmful. The good traditions change over time, and do not discriminate gender. They do not interfere with development. They should not lead to health complications or suffering.”

“In the beginning it was difficult. They wanted to ask us ‘who had started this – was it the whites?’ ‘Are the whites at the back of all this? Are you actually under the influence of the whites? These people push you to change our traditions, and we will NOT change them because any white person tells us to!’ We told them that ‘these are our own concerns. It is high time that we ourselves speak out and say that this is our thing, and it is our thing to stop the practice of FGM.’”

So the new IAC activists started workshops in the rural villages. They went for a couple of days ahead of time, stayed in the homes of women in the villages and became friends. When they conducted training, they asked the government leaders there to call for a public meeting to expose results from the seminars and the workshops to everyone – a public closing ceremony after the workshop. The workshop participants made messages in order to encourage people in the village. The participants were divided into groups and some were given the task of presenting a speech at the closing ceremony, and others made poems, drama, songs for the closing ceremony. Religious leaders, traditional elders, government leaders were also involved.

When starting the work in the different villages and rural communities the activists first were faced with many challenges and unexpected difficulties (confer chapter 2), but gradually they made friends, were listened to, were trusted, were confided in, managed to uncover hidden harmful practices, explored ways of changing people's attitudes and understanding, and together with key persons in the communities they managed to influence the process of social change.

"We have learnt that when you have common interests, then 'things slide smoothly'."

Since the nineties IAC Tanzania has grown in experience, harvested important fruits of their efforts, reached a lot of people in diverse areas of Tanzania, and they have gradually grown in terms of number of regional chapters within the country.

IAC Tanzania today

Today, IAC is a non-governmental organisation with a legal status. It has established chapters in Dodoma, Kilimanjaro, Arusha, Manyara, Morogoro, Tanga, Mara and Singida regions. The headquarters of the National Committee of IAC Tanzania is today in Moshi, Kilimanjaro, but IAC Dodoma was for several years the co-ordinating unit. For pragmatic reasons, IAC Kilimanjaro and IAC Dodoma have shared the work of following up the different regional chapters and of assisting new IAC local groups. IAC Dodoma is responsible for quality assurance of programme activities conducted in IAC chapters. IAC Tanzania is today an active National Committee within IAC and is recently grouped in category 1 indicating that IAC Tanzania is among the best of the 28 National Committees in terms of level of activities and progress in fighting harmful traditional practices. This is how IAC Tanzania presents its organisation in written documents today:

Vision:

To promote the health and well-being of the society, in particular women and children, through elimination of Female Genital Mutilation including other harmful traditional practices.

Mission statement:

IAC Tanzania is a Non Governmental Organisation. It is dedicated to facilitate the elimination of harmful traditional practices and promote beneficial practices in community settings.

The organisation aims to conduct:

- Training Sensitisation Campaigns
- Advocacy
- Development of IAC materials
- Research
- Alternative rites of passage

The evaluation team members were able to get good insight into all the above mentioned activities listed above, both through the interviews and interactive discussions with different key people (confer Annex 1 and Annex 4), through observing and participating in large community mobilisation events, through observing income generating activities established to improve the quality of life of youth and sustain IAC activities, through studying IAC educational materials, and through meeting with youth and young girl children who had been given Alternative Rites of Passage. The achievements in all the activities are truly impressive.

TRAINING SENSITISATION CAMPAIGNS AND A BIG BREAKTHROUGH

IAC Tanzania has arranged a large number of Training Sensitisation Campaigns. Such campaigns have been quantitatively reported in the annual activity reports, but the team members were able to experience what the many different target groups (women, young girls, youth groups, children, community leaders etc.) had learned from such campaigns, what processes of social change that had occurred, and how these processes were developing in the diverse communities. The evaluation team members visited areas where IAC has had activities for several years and also visited areas where IAC activities had newly started. In some of the high FGM prevalence areas where IAC had worked systematically for some time, the practice has now almost stopped. The team had for instance interviews and community-meetings with a village where close to all females used to be circumcised but where this practice had now completely stopped and the village was now officially declared to be a FGM-free village (confer Annex 10). The inhabitants in the FGM-free village shared with the evaluation team how the harmful practice had been stopped, but they also shared with the team how some inhabitants first went with their little girls to neighbouring villages to have the girls circumcised, and how this hidden practice was revealed and subsequently discouraged. Among the areas that the evaluation team visited were also areas where IAC had recently started their work: some areas with high prevalence of FGM and some other areas with mixed traditions (due to diverse cultures of mixed ethnic groups.)

How do IAC activists analyse the local FGM situation and related challenges?

Whenever the IAC people now start working in a village or a local community they normally have some important key persons already sensitized in that community. They then start by approaching the community leaders to explain the IAC mission and approaches. The communities are asked to identify people who are trusted in their community. These trustworthy individuals should be willing to be trained and will eventually work as change agents/sensitizers and trainers in the communities.

Having identified important local partners, IAC and the new partners jointly make a survey of traditional practices in the local community. Such surveys intend to identify both beneficial and harmful traditional practices. It is important to identify both because several harmful practices may be seen as beneficial from a traditional point of view. Equally important, traditions are important for people's identity and good traditions should be kept.

Communities differ in terms of traditional practices and in terms of what arguments people have for assessing whether practices are considered good or bad. Community member may also have different views on whether traditional practices should be kept or not. There are also variations in what arguments people use for keeping or changing there practices.

How do IAC activists plan for change, how do they mobilise?

The findings from the local surveys are important for making the plans for change. Identification of what practices should be changed is one important element of making a plan for change, but equally important is to identify allies within the community and to decide what groups to address, how and why.

In communities with mixed practices, for instance where some groups practice FGM while others do not, it is easier to identify important local allies as compared to communities with a high prevalence of FGM. The process for change may therefore also be different in the communities according to whether they represent high prevalence or low prevalence areas.

Sensitization and mobilisation are done in many different ways. The first steps usually include workshops / training seminars with local key persons.

After the training session the participants mobilise for community meetings. Such meetings can draw hundreds of people and sometimes thousands. The evaluation team has witnessed several such community gatherings. People may come from remote rural areas and neighbouring villages to learn and see what is going on in such meetings (confer photographs on page 22).

What is the content of Education and Conscientiousness for Change, and what are the forms of communication and change processes?

The community meetings utilize traditional cultural expressions to convey there

messages. Songs with relevant texts, with music and dance are used. Poems/lyrics are dramatically narrated, and theatre and role plays performed. Such community performances are in several important ways challenging harmful traditional practices:

The community meetings gather both males and females and people of all ages and generations. The FGM practices have traditionally been performed in gender-segregated ceremonies and with strict generation specific information. With these community mobilisation meetings there is considerable social change:

- The taboos are broken through portraying how the circumcision is performed and what some of the risks involved can be. Such taboos are for example uncovered in dramatised theatre plays performed by young girls who themselves have been circumcised. The different actors play key people involved in the planning of the FGM portray how it is done in hiding and by whom. The plays reveal secret rituals, fear, bleeding, pain and death. Sometimes the role of the circumciser is played by an ex-circumciser.
- The content of songs and poems/lyrics are direct and address why certain practices are harmful.
- Girl children and young women who have died from the harmful practices are remembered.
- Girls and women who are suffering from health complications due to FGM are also in focus.
- The texts in the songs, poems/lyrics and the theatre plays/role plays are also very direct in terms addressing issues of sexuality and the genital organs and in terms of addressing gender issues in sexuality. Sexuality topics have traditionally been taboo topics across genders and generations.
- Issues of sexuality, FGM and gender & generation power structures (e.g. relations between elder men and young girls) are linked to messages of HIV/AIDS prevention.
- Girls are taught to say “*No to FGM*” and to unwanted sexuality, something that may oppose both gender and generation appropriate behaviour according to the old traditions. Thus the content of the community gatherings question traditional power structures.

- The need for education to enhance development is addressed and the right of the girl child to have education is spelled out clearly.
- Children's Rights and Human Rights are addressed, especially the right of the girl child and women to be free from FGM, sexual harassment, and violence and to have access to education, inheritance, farming land and income generating activities.

ADVOCACY – INCREASINGLY NEEDED

The IAC advocacy work can be described as multilevel sensitisation work addressing people from all sectors of society from the grassroots to the top district, regional and national politicians (confer for example interview with District Commissioner of Kongwa, Florence Horombe, Annex 15). Media has been and is central in such work. IAC has made important alliances with the media both with local news media and with national media. The most important of such alliances is the cooperation with the Tanzanian Media Women's Association, TAMWA (see Annex 6). IAC feeds TAMWA with important data and stories from the field, and TAMWA supports IAC activities through media publicity of IAC events and achievements as well as addressing top politicians and government leaders. TAMWA is an important ally for lobbying purposes as well as for publishing important documentation of existing practice and social change processes.

But the advocacy work is not only addressing the larger public with sensitisation in a general way, it includes mobilisation of support to sufferers of the harmful practices; help to run away girls who want to escape from FGM; help to victims of the practice who have gone to the courts; counselling girl children, young girls and families in different kinds of crises related to FGM events; mobilising governmental and non-governmental organisations to help affected individuals. The stories of affected were many. The evaluation team met with girls who had fled from their families to escape FGM (confer Annex 5), women who had gone to court to have the practice stopped (confer Annex 18), young girls and adult women who suffered health complications due to FGM. The sensitisation work has meant that increasingly people are coming forward with their problems, seeking help, advice and assistance. Here is how one of the central IAC activists expressed the new development with new challenges:

"Our office here has received many people with tears, who do not know what to do. The demand for such services is quite clear. We need centres for these people so that they can go there and be helped. IAC may not have had such centres before, because it is through sensitising that people come to understand that they can say no to circumcision. The demand for legal aid and counselling is there."

DEVELOPMENT OF IAC MATERIALS – A LOT OF POTENTIALS AHEAD

IAC has developed educational material for the use in local communities and in schools. Most of this educational material is in Swahili, some in the language of specific ethnic groups, e.g. the Maasai. There is a need to have more material in the different ethnic languages. IAC wants to improve the IAC material for use in different settings and the organisation would also like to expand the distribution of relevant material. Such ambitions are, however, constrained by limited financial resources. Educational material is also made for the schools in cooperation with the educational authorities. Such material could also be developed further. Programmes have also been made for local radio stations and some educational material is made in cooperation with TAMWA.

RESEARCH – NEED FOR MORE DOCUMENTATION OF EXISTING PRACTICE AND RELATED HEALTH HAZARDS

Whenever IAC activists start activities in a new area they make surveys of traditional practices (harmful and beneficial). Such surveys are made in a participatory way, and the process of building trusting relationships with the inhabitants is critical for uncovering hidden practice as well as for promoting relevant change. IAC's "research" approach is therefore mainly participatory and process-oriented.

"Some research has been done, not very scientific maybe, according to academicians' 'operational research'. But before we start any program, we go to the people to sensitise them, and question them to find out whether FGM is a priority to them. Then we ask, which strategy they find good to apply, and which are the problems involved. We deal with all the harmful traditional practices. We get answers; we discuss them and ask if they feel that intervention should be launched. If they say yes, we ask them which method to go about it. If they think we should use an indigenous person, elected by them, they themselves will choose the person and its status, and give the qualifications."

However, IAC research endeavours are not limited to the above mentioned surveys. Several Tanzanian IAC activists have also been involved in formalised academic research that has been published in international research journals (e.g. Chuguli & Dixey, 2000). Studies have also resulted in master theses (e.g. Manongi, 1998) and other kinds of research reports. (The readers are referred to Annex 19: References, selected IAC documents reviewed and other relevant background literature).

There is a recognised need for research and more systematic documentation of FGM practices and for documenting and analysing related health complications (confer also Klouman, 2004). Such necessary and important documentation can be improved by a closer, committed and systematic cooperation between IAC and nurses, midwives, medical doctors and other trained health workers who examine

women whenever they are pregnant, give birth or seek medical attention for diverse health problems. Since increasingly younger girl children are being circumcised such cooperation should also include health workers examining children. However, there is also a huge potential for improving the situation of women by developing a close cooperation with traditional birth attendants. A majority of the women in the rural areas give birth at home with the assistance of traditional birth attendants. Such birth attendants are normally also consulted for other health problems. The traditional birth attendants therefore represent an important resource both because they help and are close to women of child bearing age, but also because they are in a position of actually monitoring and documenting a changing practice.

Besides the research and documentation needs, there is another reason for cooperation with the traditional birth attendants; the fact is that several traditional birth attendants actually also have worked and some still work as circumcisers (confer chapter 4, page 57: The role of the circumcisers and ex-circumcisers).

ALTERNATIVE RITES OF PASSAGE – A PROMISING APPROACH

The traditional ceremonies connected to female circumcision did not only contain the harmful acts of FGM. The ceremonies also contained beneficial aspects of sex-education, important social norms and values for the transition from childhood to adulthood and thus represented important rites of passage in the lives of young people. By banning the circumcision ceremonies beneficial aspects of the ceremonies were also stopped. This loss of important rites of passage has been of concern to many people. IAC and community members in several communities have developed alternative rites of passage based on the beneficial parts of the former ceremonies, but without the FGM. Such alternative rites of passage are called UNYAGO. Here is an example from one of many villages:

”We have also spoken to the youth about alternative rites of passage. The children demanded to be involved in the alternative rites of passage in (name of) rural village. After hearing these demands, we went to the village, interviewed the parents, talked to the traditional leaders, and they said they agreed. Friends of the families were ready to contribute and teachers said: Take the children after school hours. The parents cooked, so everyone could get something to eat, then we took them in their classrooms for one week, and afterwards we had the UNYAGO.”

The experience with the first ceremonies of UNYAGO was very good. IAC has continued and expanded the practice. Here are statements from one of the chapters of IAC Tanzania:

”After support from the Women’s Front of Norway and Care Tanzania we are carrying out alternative rites of passage in 7 villages. Youth were being trained for 14 days and afterwards

we did the same thing with other youth, and conducted classes. We held one day of competition, community theatre etc. now the parents have seen all of this and now these rituals are actually in demand.”

”Traditionally the girls used to sing after circumcision: ‘We have come out of all the rituals and we are now the heroines’. Nowadays we try to alter the texts in the songs so as to be, ‘we are heroines now when we are choosing not to be circumcised’.”

Young girls, parents, and community leaders interviewed were very enthusiastic about the alternative rites of passage. The new ceremonies represent beneficial traditional cultural values, give important sex education and include information and education on HIV/AIDS related challenges (prevention, care and coping). Several people also mentioned the financial aspects of the alternative rites of passage as compared to the traditional ceremonies. They pointed to the fact that the new ceremonies were not as costly as the old ceremonies and that the celebrations did not involve many days (away from work/income generating activities) compared to the old ceremonies. Alternative Rites of Passage has also proved to be very successful among the Kikuyu of Kenya.

Photograph right: Ex-circumciser with IAC activist.



4

Key topics related to the Terms of Reference

In this chapter selected key topics from the Terms of Reference that have not already been addressed in the prior chapters will be presented. The chapter also addresses emerging new challenges, and reflections on achievements/victories.

What does FGM mean and what do basic human rights for women mean for the key informants

The evaluation team interviewed different kinds of people (confer Annex 1: Terms of Reference and Annex 4: List of names of people met and places visited). People who participated in in-depth interviews or in interactive group discussions varied in terms of what FGM meant to them, and they had also different conceptions and some were unclear on what is meant by basic human rights. However, people from all walks of life seem to agree upon one crucial issue that they associated with basic human rights: the right for everyone, including the girl child, to have education. Education was also seen as the most important tool for development, progress and social change. Education was therefore also seen as instrumental for eradicating FGM by those who had taken a clear stand against FGM.

Key actors in the National Committee and in the different regional chapters of IAC Tanzania, were clear and outspoken on the issues of FGM and basic human rights for women. They had obviously reflected a lot on these issues and could illustrate the issues from several perspectives giving examples from their everyday lived experiences. Several of the IAC activist women were themselves circumcised, others were not. Of those not circumcised the majority came from ethnic groups that traditionally used to practice circumcision, and the majority of their mothers had been circumcised. All these IAC-activists looked at FGM as a threat to the health of women and female children and as an un-justified cutting

in their genitalia. They could give elaborate descriptions of actual complications of FGM with examples from their own lives and the lives of other women they knew well. The IAC activists were concerned about human rights issues, the rights of the girl child and of basic human rights for women. Here are some selected examples of their opinions on FGM and human rights:

"Many women who are circumcised have a bad experience with sexual intercourse. They often find it unpleasant and hurtful. When the woman delivers her baby at home, it is so painful. Women often have ruptures, and urinary leakage problems. So actually the women themselves see that the practice of FGM is a problem, but even so, they continue doing it to their daughters, because they have pressure from society. I myself have given birth to stillborn babies because of this."

"There is an issue of enjoying sex – everyone should enjoy sex and nobody should have the right to fiddle with your sexual organs!! "

"I grew up in a village, and have seen that FGM is commonly practiced there, and that the ones who do not do it are expelled or rejected from society. So I see that those who do not want to do it (be circumcised) actually are being forced to."

"Women are torn apart in their urinary tract system, and suffer leakages, and it gives a very un-pleasant odour, so the husbands react to it and find mistresses whom they bring home to their wives, and this makes them feel even more humiliated."

They also all narrated stories of girls and women who had come to them with their problems after IAC and the activists were known in the communities, some of these women later became IAC-activists also.

"When I was four years old I was circumcised. My father did not know about it, and I was not supposed to tell him. I am still very sad when I think about it. I did tell my father, and he supported me. Then came the time when my two teeth were going to be pulled out. I got support from my father he supported me when I said I didn't want to have them extracted. Then I got married, and had a baby daughter. I became quite anxious because I was afraid someone might want to circumcise her. Then I heard from my elder sister about the IAC, and became so happy. I had really wanted for something like that to happen, and I asked to come for sensitising. Finally I was recruited and became very happy. I am very happy about my work. Because IAC works with women's rights I have brought many women here, and they have been helped with marriage trouble, domestic violence, – several problems. For instance a girl named "Happiness" was going to get married at a very early age (child marriage). She refused to get married because she felt she was too young. This problem caused trouble in her home and her parents finally got a divorce. Now they know me (in the communities). So they come to me from many different villages, so that I can bring them to IAC where they can get help."

The majority of the IAC activists that we met, discussed with and observed in their mobilisation activities in the communities were women, but increasingly IAC has men onboard in the fight against FGM. We interviewed several of the men on how and why they became IAC activists. Interestingly IAC men themselves (without being asked) addressed issues of women's rights.

"We came to know the IAC people, they came to our villages to inform and mobilize us, and held meetings and seminars, and we were then selected to be on the committee and work with youth on this issue. ... It is a question of justice, and women's rights, and this is the motor which inspires us to go on. We see that we have been able to reach out to society, and we have seen that women themselves now see that they have been suppressed, so we have helped them get this oppression out into the open for everyone to see."

"Our task now is to take care so that women and children will not be suppressed any more. Our religion says that men and women should be equal in value, and why should then the women be suppressed? When it comes to FGM issue, we have experienced that it is harmful, and this we show people, and they see it after a while, little by little."

"The way we look at this thing, it is sometimes difficult for women to be heard. So the reason why they chose us men to be their spokesmen is that then it will take a shorter time before a case is getting settled. Besides: the FGM issue makes women shy and they feel it shameful to discuss it, they actually don't want to speak out loud about it. Therefore it is easier for us men to speak out about it in front of big groups of people."

Such men who have taken an active stand on the issue of FGM, on basic human rights for women and who actually also work as activists are not many, but they are very important allies in the work for social change. But many women in the grass-roots are also worried about the implications of men being sensitised about FGM and they are afraid that such sensitisation may have unwanted impact:

"Don't campaign to men, because then our daughters (those who are already circumcised) will never get married!"

Human Rights for circumcised girls and women? Stigma reversed – a new challenge!

As progress has been made in terms of reducing the prevalence of FGM in several of the local communities, a new challenge has emerged: Now many young circumcised women are rejected as marriageable candidates! Young men say that they

will only marry women who are not circumcised. Several young women not only feel that they are mutilated, but also experience that they are rejected because of FGM.

"We have threatened those who still believe in circumcision that those who are circumcised loose their sexual appetite. Today, young boys who are not married say that they do not want a girlfriend who is circumcised. Nowadays the girls actually say that they don't want to be circumcised "because then we will not get married!"

"I see a tendency for young boys to try to escape contact with girls who are not circumcised, because they are not "fully women".

"Now the trend has turned: the ones who are not circumcised are now looking down upon those who are circumcised, and nowadays the boys would rather have non-circumcised girls."

"When we (IAC activists) go out to communities we see ill feelings from those who are circumcised, and they want to come for counselling. We comfort them, saying it is not the end of the world if you are already circumcised. However, it hurts them when many young men say that they will not get married to circumcised girls, and that circumcised girls are not as good in bed as the un-circumcised ones."

"Once when we (IAC youth activists) went around to people, one girl approached us. She was very happy that we had started this campaign. She herself was circumcised. She said she wants to ask you white people to come back, and make her a new (artificial) plastic clitoris."

"A newly circumcised woman who was rejected by her husband because of FGM turned to the health worker pleading her: 'Please give me my clitoris back'."

Some young girls who had taken part in alternative rites of passage ceremonies also expressed attitudes of rejecting circumcised peers. Even girl children that we interviewed expressed that they did not play with other girls in their class if those girls had been circumcised because such girls might also have a bad influence on them:

"We try, however, not to be very much around those who have been circumcised, because if we are together with them, then we might be tempted to change our minds and decide to be circumcised too."

The challenge is to reject FGM, but not reject the persons who have undergone FGM. This is a challenge for both males and females of all ages. To overcome this unintended stigma of females who are already circumcised is certainly a new important task for all IAC activists and those who otherwise support the fight against FGM.

When the evaluation team had group discussions with young men in the communities these issues of rejecting circumcised girls caused heated debates. The majority of young men in the sensitised villages want to marry young women who have their “sexual appetite” intact. In the debates some young men argued, however, that the main thing was that the partners loved each other and that FGM had normally been done against the wish of the young girl/women and that they should not be “punished” by being rejected. In a period of transition there will be both circumcised and non-circumcised young women. The main thing then will be to ensure that the daughters of young circumcised women will not be circumcised.

Gender and power relations

Both the traditional rejection of girls/women who were not circumcised and the new dilemmas related to the reversed situation illustrate the underlying gendered power structures. Many adult women have their daughters circumcised because they think that otherwise their daughters will not be married. Often such acts are done to please men or the dominant male society. Many men say that this is a women’s issue and that they can not interfere even if they are against the practice, but such statements were in many cases associated with double standards.

”I think that some men thought that these traditional practices we must continue doing in order to limit her sexual appetite, and diminish her desires. If you don’t understand the FGM perspectives, many men think they should say that women want it to be continued. Women are doing it to please men, and failing this, they have to undergo punishment. For instance in the Maasai areas women marched towards government saying: ‘stop the campaign! We don’t want it! We want to be circumcised!’ But when I corner them, they say: ‘Actually we don’t want it, but... we have a pressure from our men!’ They use their women in this!”

”After we had finished speaking with the men, we spoke with the women, and they said: ‘We are forced by our men to do the FGM’. so we realized that the men were doing a trick of double standard. The same as (several of) the political leaders.”

”If a man really wants something, the women have very little power. If a man is behind something, my husband will never tell me (reveal). If she is being unfaithful to her husband (does something against the will of the husband), she will get expelled from her social network and get beaten up.”

”Every woman wants her daughter to be accepted and when one is not married, it is a loss of prestige, because it is a status sign to be married.”

Not all men have double standards on this issue:

”Actually it is quite sad that I was sent by my wife to run an errand for her to a village far away from where we live. She told me to stay there for three days. Then, when I returned home, I saw that my wife had had my daughter circumcised. I have two daughters, and the second one is never going to be circumcised! If she is getting ill, and then dies, it will be the will of God, and not because of circumcision.”

Even if having allies among the men is important in the fight against FGM, it should be remembered that such alliances also create new worries among many mothers; will the daughters now be rejected by men and by society because they are circumcised? Several women feel that they are in a double squeeze: first being victims of FGM and secondly being victims of rejection because of FGM. The fight against FGM thus has to be seen in the larger context of gendered power imbalance. Issues of equal rights are increasingly of concern not only to young girls and women, but also for male and female youth.

The role of youth and youth groups in IAC Tanzania

Youth and youth groups are central in IAC’s work against FGM and other harmful traditional practices. Children and youth have been targeted through the schools in cooperation with the educational authorities.

”First and foremost, empowerment of the children is important, through education. Education is the key.”

”Those who go for higher education are very conscious.”

”This has a lot to do with education. The ones who have gone to school are more ready to receive and digest new information and knowledge than the ones who have not gone to school.”

But increasingly youth have been addressed also at the community level. The youth represent the hope for a future FGM-free society. Many young girls and boys are today eager IAC activists in their home communities. Youth are active in all the regional chapters of Tanzania – also in the newly established chapters. In several areas activities of the youth groups are combined with income generating activities to support the organisation.

In many villages that the evaluation team visited the youth were organised in special village groups with diverse responsibilities (education, sensitisation, income generating activities, advocacy, etc.). IAC's involvement of youth started already in the early nineties. The community mobilisation of youth has been expanded over the years and had a major boost in the year 2000 when the IAC Headquarters in Addis Ababa arranged Youth Forum. This Youth Forum was made possible with the financial support from the Norwegian Women's Front and Operation a Dayswork (OD), Norway. 60 young people from 16 African countries were gathered for the Youth Forum. Tanzania sent three young people for that Forum, one from Kilimanjaro and two from Dodoma. The Youth Forum was a big inspiration for the Tanzanian youth who later helped train and inspire an impressive number of other youth. The youth groups of Dodoma have received financial support for their activities from Norway (through the IAC Headquarters) since 2001. With this support IAC were able to select 6 villages from every district in Dodoma region, but 3 other villages insisted to be included as well:

"We organised seminars for these six villages, representatives from three other villages around Dodoma came and joined as well. They did not want to go home, but insisted on participating, so we let them join us. We started out with 5 persons from each district. Nowadays we see a multiplying effect, where the organisation is continuously increasing and the knowledge and sensitising spreading to always more villages. We see an initiative of integrated development, both regarding FGM, HIV/AIDS, combating sexual offences, and how to eradicate poverty on people's own initiative. People have been very enthusiastic. Everything is being done on a voluntary basis. The villages have representatives for each group of their population. Conditions are not very favourable, but the work continues. The youth are happy to have been funded by the Women's Front."

The evaluation team visited several of the village youth groups and interviewed representatives from all the mentioned 9 village youth groups. These group's activities were truly impressive. The groups had also started a variety of income generating activities to ensure sustainability of IAC activities, to fight poverty and to stimulate for development and social change. The youth showed a lot creativity and enthusiasm, but this does not mean that there were no obstacles or challenges.

Youth and the elder generation, the need for an integrated approach

Young people are dependent on the support of elders and community leaders in their home villages in order to influence social change. Traditionally young people should not tell the elder generation what to do; the young should listen to the advice

and guidance of the elder generation and the community leaders. Respect is a highly treasured value in Tanzania, and young people are expected to show respect for the older generation. For young people to initiate change is therefore not an easy task. To disobey the elder generation, (whether males or females), is considered a big offence.

”Teaching an old dog a new trick is impossible! It is the process; expecting change from old people is slow. When we trained the adults it was difficult. But the best is to train the youth. This issue concerns them. But, they are each and everyone from homes, and get pressure from their homes. However, some influential old people will do!”

In several areas, especially in the high prevalence areas and in areas where the work has recently started, young people have been discouraged in their initiatives and asked to stop their fight against FGM:

”You are just singing a song in front of a goat and waiting for it to dance. (Unaimba wimbo kwa mbuzi unamsubiri acheze).”

So many young people feel that it is a burden to be exposed to the challenge of resistance from the elders. This is an indication of the importance of IAC elders to train other elders and influential community leaders.

”Empowering the new generation is a huge challenge. But we won’t get anywhere without working with the old generation as well.”

Young people have to be diplomatic and creative to manage to get allies among the influential elders, the community leaders and their own family elders. Education is however highly valued by all generations. The elders would like to see that the younger generation gets education opportunities.

”But if we just sit around here in the village without education, we will never be able to know what is happening in the world at large. Therefore it is so important with education, radio and television. This has a lot to do with education. The ones who have gone to school are more ready to receive and digest new information and knowledge than the ones who have not gone to school. Some villages have understood something because they have education, while other villages have not understood because of lack of schooling. So we realise that first and foremost, empowerment of the children is important, through education.”

As several people in the communities gradually have been exposed to information about health hazards and risks connected to female circumcision, support for the fight against FGM has increased. Some elders who have lost young female relatives

due to complications of FGM have also become important allies in the work of young IAC activists. Young girls increasingly speak out:

”Yes, even circumcised girls have joined the work. Some of us girls have experienced severe bleeding, infections, fainting and hell, so we ourselves want to be among the first ones to say ’NO, DON’T do it!’”

”Before, when we knew that we approached the age, we used to start worrying and dreading the day, and many girls ran away, but were found and brought back anyhow. Nowadays it is quite the opposite in town; it has become popular with the not circumcised women. But here in the village the men still want the circumcised girls.”

But the girls are not alone in speaking out. Even young boys participate in IAC work:

”Normally it is very difficult, because this has to do with matters of the elder women, my mother, for instance. Even, it is difficult to talk to the girls about it, for the same reason. It would have been nice to be in a group with people from different ages, when we go out like that, so that every one of us could talk to the people who were our same age (the peers).”

Taboos are deeply rooted as well: *“Why do you mingle in girls’ business?”* is a natural reaction to get when we boys start being active in this work. It is natural for the boys and girls to find that it is very difficult to speak about FGM. Boys think it is very difficult to talk to girls about it, but gradually the difficulties disappear.

Searching for good ways of getting the support of the elder generation involves a lot of exploring. The situation may vary a lot from one community to another. In high prevalence areas it is usually more difficult to find allies as compared to more mixed areas. Here is how a young maasai (a young morani) expressed himself:

”The chiefs in our Maasai clans, are the decision makers. They are the ones to take all decisions in the clan. If the youth is getting mobilized without the consent of the chiefs, it has no value. So the best thing would be to make sensitising seminars among the chiefs. They are the ones with the keys in their hands. The youth, who has got some knowledge, wants more knowledge about methods of approach, and methods of working with attitude changing, more knowledge and education, workshops and seminars about this.”

”It would be easier to go to the chiefs one by one, not speak to all of them together. If I am going to do it, I must say that I have been sent as a messenger by someone. But it will be difficult. So the best thing would be if some old men in the village had been sensitised first, and then gone to speak

with one chief after the other. So then, if one of the chiefs would say, 'OK, we'll stop the tradition', that would indeed be a big victory."

"When I come home now, after this, it is natural for me to go and speak to my father and my uncle. They are my closest confidants. My father knows the chief's family. If I knew the surroundings, I would first sensitise the neighbour, who is on speaking terms with the chief's first wife, and then finally she could go and speak with her husband. Everyone in my village is certainly very eagerly waiting for me to come back and tell them about what I have learnt."

Through such locally adapted approaches many young IAC activists have gradually managed to secure support from elder respected people in their communities. Such careful steps are crucial in promoting social change. The example listed above also illustrates the importance of an integrated approach across generations.

The role of the circumcisers and ex-circumcisers

It is essential to reach and cooperate with the circumcisers and the ex-circumcisers. In many communities they are the same as the traditional birth attendants, and many young girls and women are dependent on their services and their goodwill for a lot of essential care. The challenge is to manage to cooperate with circumcisers. IAC has done a lot to approach the circumcisers and to have them onboard in the fight against FGM. The majority of the circumcisers have a firm belief in the practice being beneficial for the females, so even if they all know that the practice is forbidden they keep up the tradition in hiding. Many are also dependent on the income they get from the circumcisions. Convincing them to cooperate in the fight against FGM is usually a gradual process. How such a process develops is also dependent on how the community as such includes and respects the circumciser and her "trade". Some communities help the ex-circumciser to find alternative income-generating activities; other communities have tried to expel the circumciser. The last approach does not seem to be very fruitful. At any rate the work of convincing the circumcisers to stop the FGM-practice is a gradual one and involves many parallel approaches. Public community announcements that circumciser so and so have now stopped the practice of FGM, combined with community support of ex-circumcisers and including them as respected community members with important expertise in female health issues, seem to be a viable way forwards. Such approaches have led to success in many villages.

THE CIRCUMCISER WHO WASHED HERSELF TWICE

During the evaluation team's visit to one of several villages with IAC activities the team met with a woman whom the team had also met during the preparatory fieldwork. In a group discussion with elders in a village this woman made it clear that she had something she wanted to say in front of the team as well as in front of the other elders in the village. She said:

"The way I look at it today, the time has really come now to give seminars to the elder generation, because it is so difficult to listen to the young people, and it does not seem correct to expose young people to that challenge."

Having said this, she reaches inside her blouse and pulls forth a small parcel of something wrapped in a piece of cloth. She hands it over to us while she continues:

"In December, at the seminar, I washed myself with my clothes on (pretending that she had stopped circumcising), but today I am taking off my clothes and washing myself. I have been a circumciser, and will stop my profession from now onwards."

The little cloth-wrapped parcel contains the tool she has used when circumcising young girls for many years. She adds:

"However, now I need an alternative source of income. Can you help me with this?"

The circumcisers are part of a local community and they have historically had an important and respected role. To stop female circumcising is a challenge not only to the individual circumcisers, but also to the community as such. To stop FGM community leaders and elders should be supportive, help and honour ex-circumcisers.

Organisational challenges

Most locally based NGOs in Tanzania are constrained by limited funds. IAC Tanzania is no exception. Most of the IAC work is done on a voluntary basis. This means that there is no per diem or compensation of lost income when the activists work long hours for IAC. Combined with many difficulties and challenges in the field this may lead to "burn out":

”A challenge is that people who work with this issue will surely have to quit this work soon, because it is all voluntary work, and it is not remunerated. When I started working with this issue, there were five of us in church who wanted to do it. Now there is only me left.”

In spite of the risk of burn out, most of the IAC activists that the evaluation team met were truly dedicated to fighting FGM. However, some sort of support is needed when the activist spend days in far away areas.

The activists work often involves travelling long distances and they do not have their own transportation:

”There is about 17 kms to the nearest Maasai village, and this is an obstacle in the campaign, because we have to walk on foot.”

They are, however, inventive in terms of finding transport opportunities. Many of the activists explore when other people, especially government officials, go to far away places. They try to get lifts and thus often manage to visit far away places. But all the activists asked for bicycles and stressed the importance of means of transport. Several of the IAC activists also said that they had been promised bicycles by Norwegian donors, but that they were still waiting for them.

Several IAC activists expressed the need to learn even more and the need to attend more training seminars on how to mobilise people for social change:

”I want to have more knowledge about how to mobilise people so that they will really understand what you are talking about. Then we facilitators ourselves, like me, must receive good and ample knowledge and information, both about the knowledge itself and the knowledge about the different methods of approach. We therefore need networks, discussions and seminars.”

Lack of funds and lack of means of transport are also challenges for developing and implementing good organisational policies. The different regional chapters need to meet on a regular basis to explore what kinds of challenges the different regional chapters face, how such challenges can be met and how IAC as an organisation can strengthen its activities and learn from diverse experiences. The organisation also needs to develop a joint policy on how to solve internal disagreements, prevent future disagreements and consolidate IAC Tanzania as a strong National Committee. Funds to have annual national meetings with all the regional chapters are truly needed and could have great impact on the progress of IAC’s important work for social change.

Victories

Even if there are still challenges of many kinds, including new ones and unintended negative consequences of good progress, the victories in the work are many.

It is evident from all areas where the evaluation team travelled, whether IAC had worked there for a short period or for several years, that there is a tremendous increase in awareness and knowledge.

"But, we have a lot of success in this work, through sensitising of this, everyone all over Tanzania knows now."

"In the beginning when the IAC gave training and knowledge, some people here in the village became afraid and went to other villages to do it. But after a while this kind of travel also became reduced. As of today, I see that officially here in this village, in my eyes, the practice has ended here."

IAC activists have managed to reach even very remote rural areas.

"Another victory is that the local government here... , and the village leaders and the local governments out in the field, have accepted us. This has made it possible for us to actually reach out into the villages. Even you people in the Evaluation team would not have been able to get out there, had it not been for this."

Even in areas with very high prevalence of FGM, for example among the Maasai, there is progress in several ways:

"Like these (Maasai) girls who come to us!! Even though I could not myself go to the Maasai and speak about anything (a woman is considered as a child), I can today both eat and speak with them."

"A Maasai journalist is a committee member here in Arusha. The local government is cooperating positively with us, i.e. the municipality authorities."

In all corners of Tanzania people know that FGM is forbidden by law, but it is a process for everyone to understand why it is forbidden by law. However, in several areas there is a good cooperation between the grassroots and the law enforcing bodies. Here is an example of what a village chairman said:

"Before the IAC came to the village, it was very much of FGM here in the district. After IAC came and told us about why we had to stop practicing FGM, there were many people who understood why they had to stop. The first thing they did then was to choose a leader, or a spokesman,

for every family. The local authorities were leading on, especially the police force. They have gone so far as to report people for practicing FGM, and the police have come and taken them. It was because the authorities were involved that many village people who were practicing the FGM became scared and the practice was thus reduced.”

The awareness seems especially to have reached a lot of youth and children:

”I see the biggest victories among the youth. They seem to have understood by now that FGM has serious consequences.”

Here is what some of the young people told the team:

”Before people in the village would often say: Why should we listen to these women? But now we hear the children who have been going to school singing for us: Come and help us, we do not want to be circumcised!!”

”We feel that the victory is that we have managed to give so much information to small children so now they know that there is a network of help to be attained, and they know now where to go in order to get help, if need be.”

”We have had victories in managing to save a girl who was going to be circumcised in order to get married early.”

”The children in school nowadays sing about ‘No to this thing’, so the children know about it already. Therefore it is difficult nowadays to do it to them.”

Many circumcisers have stopped the practice of FGM, and increasingly more are doing so even if the process sometimes is a slow one:

”In my village it is a big victory that 4 out of 5 circumcisers have stopped their practice, and the 5th one who is still doing it, chooses to do it in deep secrecy. But most of all, what we consider to be the biggest victory is that the parents of small girls are now sensitised and mobilised, and we can see that they are saying Yes to stopping the FGM practice. We can’t actually say that we have been successful even if we tell you this, but, if the rains don’t come we will just have to keep on sowing.”

Braking the myths and taboos has made it possible for people to talk about sex and sexuality across gender and generations. This is important also for the prevention of AIDS.

“Before this campaign was launched, it was taboo to talk about sexual activity between men and women. It was common that women should only lie there, like a bag of potatoes, during sex. The woman who showed her husband that she knew the art of loving was looked upon as bad, or a prostitute. But then, slowly but surely, this has become a natural thing to talk about. ‘Sambura’ is our Chagga word for a woman who is not circumcised. It is a bad word. Today, if you call a woman a ‘sambura’, you will be fined, and sued, because it is looked upon as an insult. So this is really a process.”

“In the beginning, talking about FGM was taboo. It simply could not be discussed freely. But with education, the people have listened to radio, other mass media, and can now talk about it, and about the pain. Women can talk about their own experience, etc. Before, however, they would have said that this is a secret. The elders would say that it does not happen here, it does not exist, but nowadays, through and thanks to the campaigns, it can be spoken about. It is even spoken about in church.”

“When we boys started, it was very difficult for us to talk about the private parts of the girls. After a while we have become more liberated, we start talking in a normal way about it.”

The introduction of alternative rites of passage has been a very valuable and successful approach in many areas:

“We have also spoken to the youth about alternative rites of passage. The children demanded to be involved in the alternative rites of passage in (name of) rural village. After hearing these demands, we went to the village, interviewed the parents, talked to the traditional leaders, and they said they agreed. Friends of the families were ready to contribute and teachers said: Take the children after school hours. The parents cooked, so everyone could get something to eat. Then we took them in their classrooms for one week and then had a small ceremony. After support from the Women’s Front of Norway and Care Tanzania we are carrying out alternative rites of passage in 7 villages. Youth were being trained for 14 days and afterwards we did the same thing with other youth, and conducted classes. Held one day of competition, community theatre etc. now the parents have seen all of this and now these rituals are actually in demand.”

Some of the young girls who had participated in the alternative rites of passage said:

*“We have come out of all the rituals and we are now the heroines. We have altered the texts in the songs so as to be, **‘we are heroines now when we are choosing not to be circumcised’.**”*

People in the communities that used to have the big female circumcision ceremonies were also pointing to the improvements in terms of economy:

"I want to thank IAC for the campaign. We used to spend a lot of money for circumcision, for food and other things. The preparations were quite expensive. When we have this type of celebration, we normally make home-brewed beer, mbege, from bananas. There used to be too much drinking, so it is good that this has now stopped. So stopping this practice has actually given a better economy to the village."

The evaluation team also learned a lot about IAC's multilevel approaches and multi-level success. Here is what a religious leader said:

"The most important thing here was that IAC came here and it gave a big change. They recruited everyone in our society, the elders, youth, religious and political leaders, and they gave them knowledge and sensitising. I mean that everyone who was able to hear also understood their message. There were many who heard about the consequences, and many stopped the practice."

And an elder in another village:

"The way I see it, the very fact that the authorities are now supporting the campaign is a great victory. It is also a victory that the village people have understood the message. We have also achieved that some of the circumcisers have stopped their practice, and that is also a victory."

And this is an example of what an IAC activist told from the experience in the communities:

"Then they suggested: train more people, not only the village facilitators, take committed people, accepted people who would make progress and implement them. Traditional leaders, religious leaders, youth etc. In 1998 we got support from UNFDP included the group leaders, traditional communicators, counsellors, all parliamentarians and policy makers, government officials in the districts, and we had lots of breakthrough. Now we know how to reach people and implement. So this really means: a multi level approach in many sectors."

The activists truly work on many levels in the fight against FGM including addressing the top politicians and the policy level. The Tanzanian activists can celebrate many victories:

"In May we went to Bagamoyo to ask them to change their policy. TAMWA, IAC and other NGOs are planning a joint Plan of Action. It was also a victory that the Sexual Offence Bill was passed in 1998. We were asked to give our comments, which were taken into consideration and the bill was actually passed."

Photograph next page: Journalist documenting IAC anti-FGM community meeting in Songambe.



5

Conclusions and recommendations

Conclusions

The main objective of the evaluation was to provide qualitative information about IAC's work on promotion of basic human rights of women and influencing social change, with education and conscientiousness, from activists at different levels of IAC and at different geographical sites. The overall objective was, through participatory evaluation, to pursue the challenge of how to move forward, together, in the fight against FGM. The evaluators managed to collect the data as intended. Based on purposeful sampling of information-rich cases, interactive discussions and interviews with women involved in and central to IAC's activities in Tanzania on regional and national level, youth of both sexes, ex-circumcisers, people of all ages who have been mobilised for change by IAC members, key persons on local and regional level, religious leaders, elders, and the Executive Director of Tanzania Media Women's Association (TAMWA), the evaluators conclude that IAC is a strong organisation with clear visions and objectives and with impressively dedicated members in many corners of the country and at many levels.

IAC has developed from its inception in 1984, and has today 28 National Committees in Africa. The National Committees are grouped according to level of activities and challenges, and Tanzania National Committee has recently been promoted to Group 1, due to its good performance in organising the struggle against FGM. The activists are conscious of the organisation's important role in sensitising the various segments of the Tanzanian population regarding the harmful practice of FGM and empowering the young generation to take an active stand against it. The local chapters of IAC Tanzania are headed by impressively dedicated women (and some men!) who manage to reflect on their work, while living in a constant process of action, assessment, improvement, action, and further assessment. The leaders are conscious of the different challenges in the various ethnic societies within the country, of the challenges of the generation gap regarding the issue of FGM, and of the importance of working together with people from all segments of the Tanzanian society, all age groups, both sexes, and with religious and political leaders on local and national levels. IAC therefore includes all these segments of

the population in its work, both circumcised and non-circumcised women, and also men, in an impressive mass mobilisation.

Although IAC has seen victories in its work, the organisation nevertheless realizes that it is faced with huge challenges in the future, because of the nature of the sensitive issue, its impact on society for centuries and the slow process of change that is taking place. The organisation is also aware of the difficulty regarding proper documentation (because of a hidden and illegal practice) and thus it is difficult to measure results of the efforts of the activists however dedicated. Thus, IAC realises the nature of the work and that it has a lot of ground to cover, probably during this whole generation, before they can see an FGM free society in all corners of their country. They have foreseen this and are therefore constantly working to improve their skills, methods and approaches, trying to tailor-make the approaches for each target group, in order to meet the challenges and mobilise the local communities and their various groups to keep on fighting and sensitising.

IAC faces enormous challenges in spite of the good work and the dedication of its member activists. The organisation is constrained by limited economic resources and is, as most NGOs, permanently facing the risk of burning out and overburdening the activists. In this context it is impressive and touching to see how the IAC members manage to support each other, encourage, share small and great victories, and go on sensitising often with great personal costs and sacrifices both economically and personally. Even more admirable is their unceasing activity and zeal when it is known that they suffer much rejection, scorn and some times threats from the local people they intend to sensitise on the very sensitive issue of FGM. These activists are the everyday heroines and heroes of the anti-FGM fight.

Recommendations

The evaluation team is impressed with the work done by IAC Tanzania. Our first response is therefore one of encouragement: Continue your good approaches to local government leaders, clan leaders, religious leaders, elders, young people and families! Continue empowering the young girls with the knowledge that there is a law that will protect them! Continue preparing the youth so they can become their own spokespersons! Continue taking care of “run-away-from-FGM-girls”! Continue giving education and information, using the schools as arena for change!

The organisation is, however, facing certain challenges which need to be defined and sought solutions to. Thus, the evaluators will make the following recommendations:

- **Strengthen the development of alternative methods of work, diverse approaches to different groups of the population.**

Do this in seminars, workshops and interactive discussions, thus strengthening and increasing the competence of the activists. Increase knowledge on methods of mobilising people and creating sustainable networks. It is important to search for approaches where the different ethnic groups can inspire each other and also learn from each other. It is likewise important to develop methods and approaches by which the young generation may approach the elders of their own ethnic societies. Teach new methods. Distribute educational material to the districts. Prepare different and new arguments and new methods of work. The youth wants more knowledge about methods of approach, and methods of working with attitude changing, more knowledge and education, Training seminars and workshops.

- **Strengthen young people's situation in the campaign.**

Empower the new generation! The local communities are witnessing a generation gap where the cultural traditions of the old generation stand opposed to new knowledge acquired by the young generation and their emerging new standards. Therefore work among youth ought to be strengthened. One needs to take the situation of young people into consideration on a holistic level. Young people need competence regarding approach methods, particularly regarding work with elders, religious and political leaders of their societies. Use video, it is normally quite attractive for young people, and has shown to be a remarkable asset in the fight against FGM in several districts. Promote multi-sector youth groups cross-gender, and promote cross-generation activities. Develop tailor-made training-programs on law, and invite community development officers and church leaders as well.

- **Continue developing the alternative rites of passage.**

Make documentary videos/movies about the alternative rites of passage. Such videos can be shown to people and give motivation to and stimulation for change! As circumcision is only one part of the important rituals that deal with forwarding of knowledge and values from the elders about life's diverse questions and challenges to the young girls, it is important that the non-harmful values are passed on. The elders are concerned about the young girls adopting these values. This passing on of knowledge and values also play an important role in the strengthening of togetherness in the community in a cross-generation way. It is therefore important to hold on to this forwarding of knowledge to the young girls. A ceremony where the girls actually obtain this particular knowledge and also information about why they should not be circumcised seem to have a growing popularity. Parents are

motivated for alternative rites of passage. Invite them to participate in the planning, regarding the important educational parts of the tradition, but without the cutting of the clitoris or other forms of FGM.

- **Arrange public hearings.**

Encourage people to go public with their stories; exchange examples with one another! Let local women go public with their stories! People in the villages are quite eager to be used as good examples. Public stories become a tremendous support to others. In order to convince the majority it is very important to come out in public, to stand up, with leaders of the nation, members of Parliament, and activists. Women who stand up and say *“I have been circumcised and have had such and such harm and pains from it!”* thus and telling people about real episodes from their own lives and experiences, are needed. Let people say: *“We have said clearly that we want to stop the practice, and now the other women in other village must also do that!”*

- **Develop methods of reliable data collection.**

More evidence on the effects of FGM is needed. Document the challenges! Find ways of research and data collection! Research literature on FGM reflects a lack of good research on this aspect. Many young girls who IAC works with have important stories to tell. Involve the maternity wards and traditional birth attendants, since most young women will eventually contact them when they get pregnant.

- **Give priority to education.**

Education and knowledge is underlined in every setting as a key factor in the fight against FGM. People have to understand why the practice has to stop. The prohibition law cannot function as long as people do not understand why circumcision of women is forbidden. Empower the children through education. A child who does not go to school will have no arguments, whereas a child who goes to school will be empowered. IAC therefore must cooperate with the schools. Look into the reasons why some children quit school and connect to problems in society at large: An increasing number of children are or are becoming orphans; many have care duties at home.

- **Challenge the 'lawalawa' myth!**

Develop further the IAC network with health personnel and health clinics! Doctors and other health personnel confirm that 'lawalawa' can be cured. 'Lawalawa' is often used as a legitimising of FGM and should be given an important focus of

attention in the campaigns. Therefore, together with health personnel this great challenge should be taken seriously and be given maximum attention.

- **Fight the reversed stigma attached to girls who are circumcised.**

It is crucial that it is the practice of FGM that should be stopped, but this must not lead to rejection of circumcised girls and women. Circumcised girls and women are still worthy human beings.

- **Strengthen each other's fighting spirits.**

Facilitate the local IAC chapters' possibilities to visit each other, to inspire and encourage each other, to learn from each other! This gives motivation and strength to proceed. Let it be visible to everyone that this concerns people from many ethnic backgrounds. Build networks from one village to another. Organise general assembly meetings, seminars and workshops. A prerequisite for this is an allocation of economic support for transportation, bicycles, office equipment and per diem allowance for the activists. The activists walk to far away villages, and often are not invited for sharing food with the local population because of the nature of the sensitive issue at stake. They therefore often go hungry and tired, and in lack of economic means of their own. It is essential to search for a solution to this problem, otherwise the organisation runs the risk of seeing dedicated activists become burnt out, lose their motivation and quit working.

- **Straighten out internal discrepancies and problems in the organisation.**

This can be achieved through national meetings with all local branches. There is also a need to create a section within the organisation that can specialise in conflict resolution and give relevant counselling to young girls and relatives who seek personal help and advice.

- **Develop good support methods for ex-circumcisers.**

Encourage the local society to support them, help them to alternative sources of income, so that they will not have to meet with severe economic problems because of their decision to stop the practice and thus feel forced into the situation of receiving bribes to continue circumcising in secret. Give out certificates testifying that they have stopped their activity as a circumciser, preferably with a picture of themselves, and celebrate.

- **Develop further the IAC network with other activists.**

More networking and cooperation is needed with all sectors of society, with health clinics, health personnel, local politicians, religious leaders, and organisations working with human rights issues, women's rights, the child's rights etc.

- **Strengthen the use of multi media, especially visual media.**

Make documentary movies about the alternative rites of passage! This will motivate and stimulate to change. Educate people by use of video. Use radio and television in order to reach people in areas with difficult reach. Cooperate with artists and authors who can translate the IAC messages into songs, drama and poems for use in the media.

- **Mobilize legislators.**

Educate women and men within the field of law to support the sufferers of FGM. Establish a legal unit especially for women's issues! There is a demand for legal support and services for those who reject being circumcised. People working in the police and in the courts of law need training.

- **Intensify sensitising seminars for target groups.**

Different ethnic groups require different approaches in the work. It is difficult to be heard and get a break-through concerning altering of the FGM practices if this is not seriously considered and taken into account. For instance, the needs of the Maasai communities are different from those of other ethnic groups, and the work among them must be intensified. FGM is deeply rooted in their culture and the mortality rate among the young Maasai girls is high. The olaibons, chiefs in the Maasai clans, are the decision makers and must be sensitised. If the Maasai youth is being mobilized without the consent of the olaibons, it has no value. The police force also needs training and sensitising, likewise community development officers, politicians, religious leaders and people active in religious groups. Women themselves do not know sufficiently about law, and need training. Thus, make tailor-made training-programs on law for them.

- **Use local resource persons!**

Use people who are fluent in local languages and have in-depth knowledge of the people in each community, this is important for understanding and trust. Train and

sensitise people who own the respect of the local people. Train local authorities and local carriers of the tradition. Preferably group the participants by age, as adults find it difficult to listen to what young people say and young people likewise find it difficult to speak about sensitive and taboo issues with their elders. Challenge local politicians, religious leaders, people who enjoy the respect of the local population. Listen to local advice regarding approach to segments of the population, different ethnic groups etc. Sensitise in every sector! IAC activists are change catalysts and you must work hand in hand with district councils. Let people themselves own their problem and find out how it is going to be solved.

- **Lobby for mandatory health check-ups.**

Lobby at local and national level for practicing the law that obliges health workers to check the girl children when brought to the health clinics.

CHAGUA MKE UMPENDAYE

RAFIKI INASEMAJE?

NAFURAH NIMEOA
MWANAMKE AMBAYE
HAKUTAHIRIWA

RAFIKI, NA MIMI NAENDA
KUTAFUTA ILE AMBAYO
HAJATAHIRIWA

MWANAWAKE WASIOTAHIRIWA PIA WANA BUSARA

Hii ni kampeni ya kutafuta mwanawake Mkozi wa Ameha kwa kushtikiana na Shirika la Kinfra Advertiser Foundation (KAF)



Terms of Reference

ABSTRACT

The Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) is a non-governmental international organisation, set up in 1984. IAC today, has 28 National committees in Africa. The objective of IAC is the promotion of the basic human rights of women by fighting harmful traditional practices. The guiding principle of IAC is strongly based on education and conscientiousness in order to impact positive changes of attitude.

Tanzania has been selected as the site for a qualitative participatory evaluation of IAC's activities. Tanzania may provide a good case for in depth learning, both because the country provides a variety of examples of different kinds of FGM practices and a variety of challenges when fighting FGM, and because the phases of the existing IAC activities are at different levels within the country and with a variety of approaches. An experienced evaluation team with expertise on qualitative evaluation methodology, on Tanzania, as well as on the FGM practices, will do the evaluation using in depth interviews, focus groups and interactive discussions with identified key persons in IAC, women and youth in the relevant communities. The output of the evaluation will be a written report of not more than 30 pages (excluding annexes). The report will be translated to Swahili and be presented to the next IAC General Assembly (April 2005), distributed to conference members and participating countries as well as to The Women's Front of Norway, FOKUS, Operation a Dayswork (OD) and Norad.

Photograph left: IAC poster against FGM and a young mother with her baby – the hope for the future.

1. BACKGROUND

What is IAC? The Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) is a non-governmental international organisation, set up in 1984 in Dakar, Senegal. IAC today, has 28 National committees in Africa. These National committees are grouped according to level of activities and challenges (confer Appendix 1). In addition to the 28 African committees there are 10 Group Sections in Europe, Japan and New Zealand. IAC collaborates with several non-governmental organisations, like UNFPA, WHO, The Office of the High Commissioner for Human Rights and others.

The objective of IAC is the promotion of the basic human rights of women by fighting harmful traditional practices. The guiding principle of IAC is strongly based on education and conscientiousness in order to impact positive changes of attitude. Promoting capacity to the affected community is a long standing strategy of the organisation.

IAC's work is among others, based on the following international instruments:

- The Universal Declaration on Human Rights
- The International Covenant on Civil and Political Rights
- The Convention on the Elimination Of Discrimination Against Women (CEDAW)
- The Convention of the Rights of the Child
- World Conference on Human Rights in Vienna 1993
- The Plan of Action, International Conference on Population and Development (ICPD), Cairo 1994
- The Beijing Platform for Action (PFA), UN Women's Conference, 1995
- The Addis Ababa Declaration on Zero Tolerance to FGM, 2003
- Protocol to the African Charter on Human and People's Rights on the Rights of Women, 2003

The IAC Headquarter is located in Addis Ababa, Ethiopia and an International Liaison Office is maintained in Geneva, Switzerland for funding and lobbying, advocacy and networking with UN-bodies.

The national committees (NC) in the African countries have been grouped in 4 categories according to the level and progress of existing activities. For the latest categorisation of the 28 National Committees, following the four level operations, see Annex 3.

Financial support from Norway. The organisation has received financial support from Kvinnefronten/Women's Front of Norway through FOKUS, Norway

since 1990. Such support has been given to the IAC Headquarter in Addis Ababa, and the Headquarter has distributed money to the different National Committees. IAC has also received financial support from other organisations and agencies, among them Operation a Dayswork (OD), Norway. Money from OD has been earmarked activities to sensitise and mobilise young people and to promote income generating activities among young people.

IAC sends annual reports and audited accounts to the Women's Front of Norway and other donors. Such reports contain statistics of activities with brief descriptions. The annual reports also describe planned activities and activities performed, and provide explanations for deviations from planned activities (whether positive or negative). The annual reports and annual audited financial reports which are quantitatively oriented in an input-output format, fulfil the requirements that most donor agencies expect from a donor recipient.

2. THE QUALITATIVE EVALUATION

The need for a qualitative evaluation

The traditional reporting systems do not adequately portray the everyday lived experiences, challenges, reflections, visions and practices in the local contexts. To get a richer understanding of how IAC works to promote basic human rights of women and to influence social change, how IAC works with education and conscientiousness, there is a need to have more in depth contextualised descriptions and analyses of IAC's activities. Such kinds of evaluations are time consuming, but may provide rich learning opportunities for IAC as an organisation and for those who support IAC. For practical, financial and research reasons 28 African member countries can not be the focus of in-depth qualitative evaluation with a participatory focus.

Purposeful Sampling

A qualitative evaluation implies a need for purposeful sampling of information rich cases that can be approached in their lived context. Among the 28 African countries each with an IAC National Committee there is therefore a need to select a specified area with relevant information rich individuals and groups for the evaluation. In this mission a country that for long time has been placed in group 2 among the IAC national committees is chosen (confer the appended list of categorisation of the National Committees, Appendix 1). A country from category 2 among the IAC national committees indicates that the country is above average in its level of activities of in its level of national organisation of activities in relation to the challenges faced in fighting harmful traditional practices. (The evaluation team has just received information from the IAC Headquarter that Tanzania has been promoted to group 1).

The choice of Tanzania as an evaluation site

Tanzania is chosen as an evaluation site for multiple reasons:

- Tanzania was (until recently) grouped in category 2 among the IAC National Committees, indicating that the country is above average in its level of activities.
- Tanzania has arranged national IAC meetings and made activity plans. Within Tanzania there are regional IAC committees at different phases of implementation of activities.
- Tanzania is suitable for a good qualitative study because the country will offer rich variation in terms of FGM practices, and of social interpretations of the meaning of such practices and related challenges. Tanzania is a complex country with 132 different ethnic groups. These groups vary with regard to FGM practices and other harmful traditional practices. Even within each region or within limited geographical locations there are big variations with regard to prevalence and forms of FGM practices. There are also other relevant variations within the country such as education and health facilities, income generating activities, HIV prevalence, local migration etc. that may impact how IAC works, what challenges IAC faces, and what IAC can achieve and has achieved at this stage.
- IAC of Tanzania has targeted the fight against FGM in a variety of ways, among them mobilising females of all ages and youth (male and female) in particular. Norwegian donors to IAC may therefore benefit from the experiences generated.
- Tanzania may provide a good case for in depth learning, both because the country provides a variety of examples of different kinds of challenges when fighting FGM, and because the phases of the existing IAC activities are at different levels and with a variety of approaches.
- Experienced evaluation team-members with expertise on qualitative evaluation methodology, on Tanzania, as well as on the FGM practices are identified.
- Because of the many ethnic variations and variations in FGM practices within Tanzania, it is assumed that the choice of Tanzania as a case may be useful for providing learning experiences for other areas in Africa as well as for facing these challenges among some groups of immigrants in Norway (confer also The Norwegian Government's Action Plan on fighting FGM, 2003).

The preparatory phase of the evaluation

The identified evaluation team has made exploratory field work in selected areas of Tanzania in December 2003. The team met with national and local IAC group members, explored in various ways to identify information rich key persons, relevant activities and sites for participatory evaluation. The exploratory work was essential to prepare jointly for the content of the evaluation. The preparatory phase has managed to identify “door openers” and getting permissions from regional and local authorities to interview, observe, and discuss with key actors and people in the local communities. Having door openers and formal permissions by regional and local authorities is essential since FGM is a sensitive topic and such practices are also forbidden according to Tanzanian law. During the exploratory field work several villages/communities were visited, IAC activities observed in their local contexts and the content of activities discussed with selected participants (confer programme for the preparatory phase, Appendix 2). Examples of important key persons identified for the coming main evaluation phase are:

- Key actors in the national and regional branches of IAC
- Regional Commissioners
- District, Ward and Village Leaders
- Village elders, religious leaders, youth leaders
- Grassroots IAC key people,
- Village (community) groups,
- Youth groups fighting FGM and working for sustainable income generating activities
- Teachers and youth working jointly on FGM challenges.
- Ex-circumcisers
- Health educators

The purpose and objectives of the evaluation

The main purpose of the planned assessment is to provide qualitative information from the reflections, lived experience and visions for the future based on information from actors/participants/members at different levels of IAC’s many core activities and from other key persons in communities where IAC has activities.

Specific key topics to be covered in the evaluation will be:

- a) What does FGM mean and what do basic human rights for women mean for the key informants?
- b) What does Education and Conscientiousness for Change mean in practical terms for key actors in IAC?
- c) How do IAC activists analyse the local FGM situation and related challenges?
- d) How do IAC activists plan for change, how do they mobilise?

- e) Who are the key actors and who are mobilised and why in the local communities?
- f) What is the role of youth in IAC?
- g) How do mobilised people respond to and participate in social change and what are their reflections?
- h) What are the identified obstacles (taboos etc.) and how do obstacles vary in different areas and over time?
- i) What is the local FGM situation of female children, adolescents and grown-up women in the region as assessed by the local IAC and other sources – implications for prevention and care.
- j) What is the local FGM situation in relation to other life challenges (HIV/AIDS and other health hazards), income generating activities – and are the different challenges integrated in the work for social change? If yes, how and why. Is there a synergy effect?
- k) What is the content of Education and Conscientiousness for Change, and what are the forms of communication and change processes (poems, plays, music, discussion meetings, etc.)
- l) How do IAC groups monitor behavioural and social changes? What indicators are chosen and why?
- m) Organisational issues – size, decision-making structures, donor influence, feminist perspectives, youth perspective, generation perspective, inclusion, urban/rural variations.
- n) Current challenges, barriers perceived and experienced, and reflections on how to overcome them and to achieve social changes.
- o) Reflections on the biggest achievements/victories of IAC's work, examples of social changes.
- p) Inspiration, hopes and visions for the future.

The approaches to be used will be participatory oriented and will have the overall objective to jointly pursue the following challenge: How can we together move forward in the fight against FGM !

Evaluation methodology and procedures

The evaluation will build on experiences gained through the preparatory phase which included participatory observations of IAC activities and big mobilisations in diverse communities. It will also build upon relevant IAC documents and on other selected existing documents.

The data for the planned assessment will be generated through participatory observations and information from actors/participants/members at different levels of IAC's many core activities and from other community members in communities

where IAC exist. The qualitative information will further be explored through interactive interviews/discussions with key informants (Denzin, N. K. Interpretive interactionism. Sage,1989, Newbury Park).

Key informants in this context refer to:

- Women who are involved in / central to IAC's activities in Tanzania at national, regional and grassroots levels. (Women at all levels of the organisational structure should be selected for interviews / interactive discussions.)
- Youth/youth groups (male and female) who have been mobilised, trained and or participate in IAC activities, and other youth in the communities where IAC activities have been undertaken/are going on.
- Ex-circumcisors
- People of all ages (male and female) who have been mobilised for change by IAC members.
- Key persons in the governmental local and regional communities where IAC works , religious leaders, elders.
- Representatives of Tanzania Media Women Association (TAMWA), an organisation that publish data generated from IAC

The evaluation team can not be expected to manage to meet all the relevant people in each selected area within the limited time, but should strive to include variety and “thick descriptions”. In the main evaluation group discussions and focus groups can also be performed in order to obtain insight regarding the visions, impressions and experiences of fighting FGM. “Thick interactive discussions” will be held in which the evaluation team and the key informants jointly will reflect on the range of FGM challenges as experienced by women and youth involved in and exposed to IAC activities.

Output

The output of the evaluation will be a written report of not more than 30 pages (excluding annexes) containing:

- Executive summary (introduction; background; main conclusions and recommendations).
- Presentation of the visions, the experiences, the lessons learned, obstacles overcome, inspirations and energy for IAC as expressed by the diverse participants of the organisation.

- Conclusions and recommendations.
- Annexes including the evaluation terms of reference, methodology, timetable, findings, excerpts from interviews, group discussions, and background documents reviewed.
- The report will be translated to Swahili.
- The report will be presented to the next IAC General Assembly (April 2005, Mali) and distributed to the conference members and participating countries.

3. TEAM MEMBERS, SCOPE OF WORK AND TIME SCHEDULE

The evaluation will be carried out by a team of two independent consultants: Gro Th. Lie, Professor at the Research Centre for Health Promotion (HEMIL), University of Bergen, and Ellen Alexandra Lothe, lecturer at the Lovisenberg Diaconal College, and will be assisted by Chiku Ali, Singida/Bergen. The team has extensive experience from working in the African region; qualitative evaluation skills and experience; thorough knowledge of Tanzanian culture, health and social challenges; relevant contextualised gender knowledge; expertise on FGM and local practices, knowledge on the history of IAC. Two of the team members speak Swahili (one native speaker, one with 15 years of work experience in Tanzania).

The team members have had several preparatory meetings with the Women's Front of Norway and FOKUS concerning the evaluation mission. One meeting has also been held with representatives from Norad and OD.

The Terms of Reference will be reviewed by IAC and the Women's Front of Norway and will be approved by FOKUS, Norad and OD before the main evaluation will be done.

The team will leave for Tanzania from Norway on Thursday the 24th of June 2004 with arrival in Tanzania the same night, and fieldwork will be completed by Tuesday the 6th of July. The plan for the fieldwork is:

- | | |
|----------------------|---|
| Friday, 25th June: | Meeting with members of the regional branch of IAC, Kilimanjaro, Moshi. Visit to local rural branch. |
| Saturday, 26th June: | Visit to FGM-free village in an area with high prevalence of FGM, interviewing village inhabitants and village leaders. |
| Sunday, 27th June: | Writing day |
| Monday, 28th June: | Travel to Arusha. Interviews with representatives of IAC Arusha. |

- Tuesday, 29th June: Travel Arusha – Singida. Meeting with Singida representatives of IAC in the evening.
- Wednesday, 30th June: In depth interviews and focus group discussions with key persons in Singida IAC branch and other key persons/representatives from the District Ward, Village Leaders, Village elders, religious leaders, IAC key people, village groups, teachers and youth.
- Thursday, 1st July: Visit to villages with youth programmes in the area between Singida – Dodoma. Interviews and focus group discussions with youth and other key persons. Arrival in Dodoma.
- Friday, 2nd July: Meetings, interviews and interactive discussions with IAC national office. Visit to Regional Commissioner’s Office.
- Saturday, 3rd July: Visits to Kongwa District Songambebe Village. Focus group discussions with youth and women representatives from 6 villages in Kongwa District, 9 villages from Mwapwa district and 6 villages from Dodoma Rural. (the villages have highly active youth groups and other IAC activists fighting FGM and related challenges).
- Sunday, 4th July: Writing day
- Monday, 5th July: Travel Dodoma – Dar es Salaam by plain. Interview key in the TAMWA; Tanzanian Media Women Association this NGO has for the last two years worked on documenting FGM challenges).
- Tuesday, 6th July: The evaluation team sums up the work done and plan for the writing up of the report. Departure from Dar es Salaam.

Timetable for the preparatory and the main fieldwork

The preparatory phase in December 2003 (was combined with other commitments, but) included the following IAC-relevant programme:

Saturday, 6nd December: Meeting with members of the regional branch of IAC, Kilimanjaro, Moshi. Visit to local rural branch.

Wednesday, 10th December: Travel Moshi – Singida. Meeting with Singida representatives of IAC in the evening.

Thursday, 11th December: Visit to villages around Singida, meeting with District Ward and Village Leaders, Village elders, religious leaders, IAC key people, village groups, teachers and youth.

Friday, 12th December: Visit to villages between Singida – Dodoma , youth programme group.

Saturday, 13th December: Visit to Regional Commissioner’s Office. Visits to Kongwa District Songambebe Village, meeting with representatives from 6 villages in Kongwa District, 9 villages from Mwapwa district and 6 villages from Dodoma Rural.

Sunday, 14th December: Travel Dodoma – Dar.

Main fieldwork 2004:

Friday 25th June: Meeting with Kilimanjaro IAC (KIAC) programme coordinator Zainab Ugulum at KIAC office in Moshi.

Saturday 26th June: Meeting with KIAC at office in Moshi, with chair person Juliet Chugulu and vice chair person, Bridget Shirima.

- Sunday 27th June: Visit to Narumu village, one of the 4 subvillages, Orori. Meeting at office of local CCM branch with village leader Isidore Kiombo, and also meeting with groups of youth, women, men, elders and political leaders.
- Monday 28th June: Morning: Meeting with Arusha IAC, chairperson/ coordinator Safina Msuya and 2 members of the Arusha chapter.
Afternoon: meeting with KIAC in Moshi: Member of the Executive Committee Stella Muanpeta, Zainab Ugulum, programme coordinator and Juliet Chugulu, chairperson.
- Tuesday 29th June: Travelling from Moshi through Arusha to Singida.
- Wednesday 30th June: Morning: Registration and welcoming meeting at the office of the District Commissioner of Singida.
Afternoon: Visit to Samumba village. Meeting with elders, religious leaders, local politicians, health workers, women, men and youth of both sexes.
- Thursday 1st July: Morning: meeting with Singida chapter of IAC, and representatives from Dodoma branch.
Travel to Farkwa village.
Late afternoon/evening: Meeting with representatives of Farkwa branch of IAC at Farkwa Primary School, village Farkwa. Meeting with youth representatives and teachers.
Evening: Travel to Dodoma.
- Friday 2nd July: Morning: Meeting with Regional Officer, Mrs. Dywes Sinyagwa Ras.
Morning and afternoon: Meeting at Dodoma IAC office, with key persons from villages around Dodoma: Babayu and Makorongo. Women, men and youth, religious leaders, representatives of local authorities, grandmother victim of FGM.
Representatives of Maasai youth from village Mtera near Iringa.

Evening: Meeting with representatives of Dodoma IAC and IAC Tanzania.

- Saturday 3rd July: Visits to villages outside Dodoma:
Kongwa: Meeting with District Commissioner, Mrs. Florence Horombe and District administrative officer, Mr. James Louis Ngonyani
Songambebe: Meeting with Division Secretary, assistant to the District Commissioner, Mr. Shadrack Mpanda, and representatives from 6 villages: Songambebe, Hogoro, Mima, Chamae, Mkoka, and Mageseni.
Meeting groups of youth, elders, women and men, young representatives of Maasai and Gogo ethnic communities, and one ex-circumciser.
- Sunday 4th July: Travel from Dodoma to Dar es Salaam.
- Monday 5th July: Meeting with Executive Director of Tanzanian Media Women's Organisation TAMWA, Ananilea Nkya, at TAMWA's main office in Dar es Salaam.
- Tuesday 6th July: Evaluation team: closing meeting with preliminary summing up of overall impressions and agreements on further steps toward completion of task.

IAC national committees in Africa

The national committees in the African countries have been grouped in 4 categories according to the level and progress of existing activities. Following the four level operations, the National Committees are categorised according to the updated 2003 revision as follows:

GROUP I:

Burkina Faso, (2 organisations) Comité National de Lutte contre la Pratique de l'Excision (CNLPE) et Voix de Femmes

Ethiopia, National Committee on Traditional Practices in Ethiopia (NCTPE)

The Gambia, The Gambia Committee on Traditional Practices (GAMCOTRAP)

Guinea-Conakry, Cellule de Coordination sur les Pratiques Traditionnelles Affectant la Santé des Femmes et des Enfants (CPTAFE)

Mali, (2 organisations) Association Malienne pour le Suivi et l'Orientation des Pratiques Traditionnelles (AMSOPT) an Association pour le Progrès et la Défense des Droits des Femmes Maliennes (APDF)

Niger, Comité Nigérien sur les Pratiques Traditionnelles (CONIPRAT). Promoted to group 1 because of its good performance

Nigeria, Nigeria National IAC Committee

Sudan, Sudan National Committee on Traditional Practices (SNCTP)

Tanzania, IAC Arusha; IAC Dodoma; IAC Kilimanjaro; IAC Tanga. Promoted to Group 1 because of its good performance

GROUP 2:

Benin, CI-AF Bénin

Cameroun, IAC Cameroun. Promoted to group 2 because of its good performance

Djibouti, Comité National de Lutte contre les Pratiques Traditionnelles Néfastes (CNLPTN). Promoted to group 2 because of its good performance

Ghana, The Ghanaian Association for Women's Welfare (GAWW)

Kenya, (2 organisations) Kenya National Council on Traditional Practices (KNCTP) and Setat Women Organization. Promoted to group 2 because of its good performance

Liberia, National Association on Traditional Practices Affecting the Health of Women and Children (NATPAH)

Mauritania, Association Mauritanienne des Pratiques Traditionnelles Ayant Effet sur la Santé des Femmes et des Enfants (AMPTSFE)

Somalia, Save Somali Women and Children (SSWC). Promoted to group 2 because of its good performance

Togo, CI-AF Togo

GROUP 3

Angola, Comité Angolais sur les Pratiques Traditionnelles (CAPT/CI-AF). Promoted to group 3 because of its good performance

Congo Brazzaville, Comité National des Droits de la Femme (CONDAF)

Guinea-Bissau, Comité National de Lutte contre les Pratiques Néfastes. Promoted to group 3 because of its good performance

Senegal, Comité National Sénégalais contre les Pratiques Traditionnelles Néfastes (COSEPRAT)

Tchad, Comité National du CI-AF (CONA/CI-AF). Moved to group 3 because of its less performance in reporting

Uganda, National Committee on Traditional Practices Uganda (NCTPU)

GROUP 4

Côte d'Ivoire, Comité National sur les Pratiques Traditionnelles (CNLP/CI)

Central Republic of Africa

Sierra Leone, Sierra Leone Association on Women's Welfare (SLAWW). Moved to group 4 because of its less performance

NB: No report has been received from Egypt National Committee in 2003

People met and places visited

We met a variety of groups and individuals during our field work: women, health workers, teachers, youth leaders and activists, children, elders, village leaders and mayors, government officials, IAC local leaders and activists, IAC nation leaders, circumcisers, ex circumcisers.

IAC BRANCHES

Kilimanjaro IAC:

Juliet Chugulu, Chairperson, nurse, tutor and principal of KCMC School of Nursing

Vice Chair person Bridget Shirima, nurse, tutor, teaching maternal health at KCMC School of Nursing

Stella Muampeta, member of the Executive Committee, nurse, tutor at Faculty of Nursing

Zainab Ugulum, IAC programme coordinator

Arusha IAC:

Safina Msuya, 48, chairperson and coordinator

Kesia Dickson, 19, activist

Estomih S. Mollle, 38, evangelist, member of the chapter

Singida IAC:

Tatu Omari nurse, co-ordinator/chapter leader, 44

Mkunga Kibongo

Emiliana Hulota, 29

Salimu Mohamedy, 20

Hadija Juma secretary, 26

Saada Mwanja, 36

Cesilia Munishi, assistant Secretary, 49

Theresia Mwakasasa, assistant Chairperson, 56

Dodoma IAC:

Columba Mapembe, chairperson

Hilda Nkungu, executive committee member

Jenifer Chiwute, program officer of TIAC

Gertrude, office staff

DISTRICT COMMISSIONERS AND OTHER GOVERNMENTAL OFFICIALS:

Songambele:

Mr. Shadrack Mpanda, Division Secretary, assistant to the District Commissioner

Dodoma:

Mrs Dywes Sinyagwa Ras, Regional Administrative Secretary

Singida:

Acting Development Director and Planning Officer Juma C. Nyau

District Community Development Officer Joseph S. Sabore

Chairman of the District Council Ramadhani. I. Samwi

Vice Chairman of the District Council Naftali Gwae

Kongwa:

District Commissioner Florence Horombe, who is also District Executive Director for the local government authorities

District Administrative officer Mr. James Louis Ngonyani

VILLAGE ACTIVISTS:

Samumba:

- Jumanne Hassan, Muungano
- Leaders of ten villages in the vicinity
- City counsellor: Abdalla Nkudia, Chairperson Muungano
- Religious leaders of the villages
- Health workers
- Circumcisers
- Elderly ladies: 11 persons:
 - Mwanaharus Mbua, uncertain of her age
 - Cecilia Pretoro, age 50
 - Asha Hamis, 40
 - Nyaambi Hamuli, 60 (circumciser, “akhananga”)
 - Chiku Ramadhan Ndi, 48
 - Zainab Mbua Ihaju, 48
 - Mwanaid Issah, 49
 - Mwanaid Said, 53
 - Petronila Pascal Ntandu, 41 (health personnel)
 - Tatu Nkindwa, 70-80
 - Hadija Rajabu, 60

- Elderly men, 17 persons (name-list not made)

- Young women, 15 persons:

 - Mwanaidi Ally, 25

 - Hawa Mohamedi, 17

 - Amina Yussuph, 28

 - Tausi J. Gallawa, 23

 - Veronica Honga, 31

 - Rehema Jumanne, 29

 - Mwanaidi Gallawa, 30

 - Period Andrea, 22

 - Ashei S. Lelabu, 35

 - Elizabeth G. Boruphac, 32

 - Mwanaidi Shabani, 29

 - Agnes Muro, 17

 - Akulina Ntui, 18

 - Filibetha Felix, 38

 - Pili R. Mtiti, 36

- Young men, 35 persons (name-list not made)

Songambele: 13 representatives, (name-list not made), started IAC work in 2002

Hogoro: 7 representatives, (name-list not made), started IAC work in 2002

Mima: 2 representatives, (name-list not made), started IAC work in 2002

Chamae: 3 representatives, (name-list not made), started IAC work in 2003

Mkoka: 1 representative (name not noted), started IAC work in 2004

Mageseni: 1 representative (name not noted), started IAC work, June 2004

Kenet, Gaston, John, William, Elisha, Yosef, Enok, James, Witness

Two young girls from the Gogo-tribe:

Chezalya Joseph Mamoga, 14

Devota Nelisoni Madale, 15

Babayu:

Jackson Chilimbe, 47, farmer and chairperson in Babayu village

Julius Mahulu, 32, member of Muungano youth village group

Makorongo: Lister S. Chingursah, 39, chairperson

Farkwa:

11 children, 7 girls and 4 boys, aged from 8 till 13 years.

Teacher at the Farkwa primary school, Jumanne Mayingu Ally, 38

Jane David Chisvillo, 45, Division Secretary Officer of the Farkwa IAC
Japhet Malundo, 33, Cha Kisima Cha Ndege, (village), farmer
Sifras Sendeu, 32

Mtera:

Edward Kipondo, 27
Jemima Kashima, 18

Narumu village and Orori subvillage:

Village leader of Orori, Mr. Isidore Kiombo
Men, elders, politicians, women and youth.

Youth:

Serapia Pauli, 14
Jakelina Dammick, 18
Mary Stanlaus, 21
Henry Kweka, 25
Dismas Mallya, 23
Prosper S Kweka, 24
Jaclina Paul, 18
Sixbert Costa, 22
4 girls, 4 boys (names not noted)

Women in Narumu/Orori:

Mrs. Antonia Kiondo Muri Mstaaf, 69
Ernesta Edes Mkulima, 30
Mary W. Mlay CBSP, 38
Aurelia D. Mallya CBCP, 42
Rosalia P. Mallya Mkulina, 44

Elders and men:

Joackim Lukas Kionde, mtendoji, 45
Vicente Peter Chami, mkulima, 42
Isidore Kiombo, chairman of the village, 64
Dominick S. Mlay ward CCM Chairman, 51
Constantine Joseph Kiondo, mkulima, 43

EX-CIRCUMCISERS

Mama Foibe

Nyaambi Hamuli

2 ex-circumcisers in Samumba, 2 in Songambe (names not noted)

RELIGIOUS LEADERS

Joseph Shakato Kingu, Evangelist in the Evangelical Lutheran Church of Tanzania, Diocese of Dodoma, member of the committee of ICT Dodoma

INDIVIDUAL HEROINES

Melea Kibaya, 51, from the village kisima cha ndege, farmer by profession

ORGANISATIONS SUPPORTING IAC WORK

Ananilea Nkya, Executive Director of TAMWA, Tanzanian Media Women's Association

Maasai youth in Arusha

“Melami”, 19, ran away from her Maasai village at age of ten to escape from mutilation. The Arusha chapter of IAC has taken care of her for the past three years through private donations, providing board, lodging and education. She is now in 3rd form (secondary school).

“Melami’s” own story:

”I come from Simanjiro district. I have two elder brothers, and am the first girl child of my parents. Circumcision is normally done in groups of 15-20, using the same knife for everyone, one after the other. I have seen the girls I used to play with getting circumcised. Some suffered a lot, some actually died. I became scared and ran away some time before it was actually my turn. I was about 10, and ran away by foot, on my own, without daring to tell anyone that I planned on doing that. I had no specific knowledge about the dangers of FGM, was scared only. I did not know of anyone who had run away before, and knew no one in town. I was afraid to meet someone I might know from my own people. Even up till today I have not ever seen any one of my family again since I ran away.

When I got to town, I used to ask people I met coincidentally in the street if they could help me. One day I was lucky, the lady I approached happened to know one of the ladies who worked with the IAC, and the IAC chapter here decided to help me.

The IAC ladies went to my family to say that I was safe with them in town. They used the opportunity to sensitise my family. I have two younger sisters. It is probable that they will be circumcised, but there is a possibility they may not, because of this sensitising. However, I myself do not dare to go even close to my area again.

However, I do go with the IAC ladies to sensitise my people in other villages, and meet other young Maasai girls. But the other Maasais cannot understand what I have done.

When I go out to the schools and sensitise the Maasai girls, they are surprised to see that I have stopped wearing my traditional Maasai clothing and have actually run away from the mutilation. They look upon me as a heroine. So because of this I have become accepted among them. However, if I see anyone from my district, I get scared and run away. I get cursed by the elders, they tell me ‘get out of my sight!’ and things like ‘what do you have to do with this?’ ”

– *Looking back, are you satisfied with what you have done?*

”Yes I definitely am, because I definitely do not want to be mutilated. Normally I am a scared person by nature. Maasais normally hit their children a lot, and I was always scared to be hit, too. I did not want to be hit any more, so I simply ran away.”

– *What do you wish for in your life?*

”I want education the whole way, and want to become a medical doctor. That way I can be of help to my people and especially to the women among my people. But, I need help in order to reach that dream.”

“Loti”, 38, is member of the Arusha IAC chapter.

“Loti’s” story:

”I have done secondary school, finished 12th grade. I am an evangelist, working voluntary work in a church. I have a wife and three children. I live from my farming and cattle. I am also a Maasai. I joined the IAC group here in Arusha in 2000. I had observed that FGM was actually not a good practice – children died some times because of it. So I started thinking: which organisation can I join forces with in order to eradicate this harmful practice? So, while I was actually sitting around thinking about this, I listened to a government radio program on stopping the FGM practice. While I was listening, IAC ladies came to my boma (household) in my village, and I was eager to join them in their work immediately.

I talked to my parents about it, because I was already very much concerned about my three younger sisters, and afraid they would get circumcised. The Maasais, and Nyaturus as well, have the tradition of Moonlight dancing. When the little girls are approximately nine years of age, they shall dance in front of the men... I myself have seen some of these dancing ceremonies in which some young girls died.

My elder sisters had already been circumcised. In my family the firstborn is a girl, I am number two. When you are a girl, it depends where you are born, i.e. in which number, if you are going to be listened to. My younger sister told me she wanted to run away to our aunt in another village. So I asked her: Please do not run away, I would like to help you and support you. Then I went to our parents and started the dialogue with them.

It was difficult to convince my parents, because they were so fully convinced that a girl who is not circumcised is not going to get a husband. However, thanks to my efforts my younger sisters, who are 22, 18 and 16, are not circumcised. All of

them are married, two of them to Maasais, one to a man from the Hehe tribe. All three brothers-in-law have education.

After my parents were convinced not to circumcise my sisters, the IAC ladies came to visit us. It became quite natural for me to join them, so that I could introduce them to the Maasai households. I was actually a door opener in this respect. I have also helped in the campaign to sensitise circumcisers, and helped IAC to find some circumcisers as well. I am a born again Christian and use the Bible when I sensitise people on the FGM issue. In the beginning everyone was surprised, and reacted negatively toward me, they thought for sure that religion had turned me crazy! They were convinced that I did not know what I was talking about when I said that the Bible was against female genital mutilation.

But, that was all right. In the beginning you just have to fight, it is common, and important. Whichever obstacle you come across, you must fight it! Besides, if you use the same knife to circumcise 15-20 girls, then the HIV/AIDS infection will flourish.

This work is quite complicated. Maasai people are nomads and move over the whole country because of draught etc. Those who work to sensitise them find it quite difficult to do a good job and follow them up because of all this moving about. Of course there are some Maasai who do not move around, but most of them do. The Maasai area is quite vast, and it is impossible to reach all of them by methods being used nowadays. For instance, we do not have good transport facilities for our sensitising work. I see that the radio is actually an efficient help here – in order to reach everyone who is affected by this harmful practice. Maasai listen to the radio wherever they are. Therefore the IAC chapter wishes economic support to make possible radio work. Even when it comes to radio, there are many Maasai who actually do not listen to radio. So we have to look at our work as a whole and find continuously new methods to reach people.

The work among the Maasai must be intensified, because many young girls are dying from circumcision. Mortality rate is high these days, so we do not have time for this to be a long process!”

Excerpts from interview with Ananilea Nkya, Executive Director of TAMWA, Tanzanian Media Women's Association.

"We are using the media as a tool in our fight for Human Rights for women and children. We have worked on the issue of violence for some years, but the last two years we have taken up work on the FGM issue. Thereby we have also worked with IAC, especially with the programme director. But we need more networking and cooperation with all sectors of society in order to fill our mission and vision."

On interactive collaboration

"The media wants to engage the public, because an engaged public is a platform for change. We do not go straight to the grassroots ourselves, but IAC does. From IAC we get the voice of the voiceless, in particular about the issue of FGM, but also about sex violence and abuse. People on grassroots level often have their own thinking, and believe that performing FGM on their daughters is the correct thing to do. Both IAC and AFNET activists provide us with information about what is currently going on at grassroots level, and encourage us to pressurize the government and politicians in order to make them implement the law against FGM. We were not aware of what happened at grassroots level regarding the prevalence of FGM, so IAC's role in this is very crucial for us. IAC has also informed us of how the ceremonies of Alternative Rites of Passage are being conducted, and made us aware of other important aspects of this tradition. Based on this information we are able to bring out a national debate of how these issues are linked. We make the public aware that the law against FGM is not actually being implemented, and that the legal system is not functioning as it should in this respect."

On network building

"TAMWA has decided to create a network this year, where IAC will also be a member. We are calling it 'Equality NOW!' We need a strong voice to pressure the government to take active and efficient steps towards implementing the anti FGM law. FGM is linked to so many aspects, like Human Rights, women's rights, and children's rights; also to poverty, water supplies, etc. We are now doing a collective work in order to get a broader impact on these issues."

On progression

"TAMWA must come up with new data regarding the prevalence and effects of FGM! Awareness raising is not the same as attitude change, which is not the same

as a change in practice! Statistics are not enough. We are looking at the qualitative aspect, and want qualitative data now. One has to provide an alternative to the existing research in this field.”

On normality

”People did not care to talk so much about FGM before, but nowadays it has become a topic that is talked about nation-wide. Our politicians have been afraid to condemn FGM for fear of losing votes. But nowadays they are using this issue as their political agenda, because they realise that women can say ‘you are not going to get our votes’ if they are not coming out publicly against FGM. There is a massive change in this matter right now!”

On participation

”Now that TAMWA has taken up this issue, some girls have come to me with their stories about babies bleeding to death and being buried in secret. So this is a beginning! But we need to get everyone onboard! Nowadays we see religious leaders, Maasais, muranis, political leaders, going public with their ‘NO to FGM’. We have seen that the media makes it a daily agenda.”

On understanding the campaign

”Doctors have started recording their clinical work and observations. We know, for instance, that in Beya Region doctors are documenting their findings regarding FGM. Also in Singida we were told that young women are being checked by health personnel regarding this issue. But we are not going to stress the issue of documentation of this as a law thing. We see documentation as important only for the sake of recording prevalence etc. We heard of unfortunate consequences of this: that many circumcised women are afraid to go to hospital to deliver their babies because they are scared to be punished for being circumcised. Therefore they rather choose to give birth at home. However, women should not be harrassed for being circumcised; after all, it was done to them, and was not their fault. They must feel free to come to the hospital to deliver their babies in any case. So it is a huge challenge to Human Rights that nobody should be stigmatised in the course of this massive campaign. And nobody should ever say: ‘We don’t want to get married to circumcised women’.”

The woman who washed herself twice

After a long afternoon of meetings with different sectors of village people, we are sitting down with the village elders: 4 women and 9 men. One of the women had come very early for the meeting, and was the first one to take a seat. We did not know who she was, nor why she came. But she seemed very eager, and intuitively we understood that this topic is of utmost importance to her.

The meeting with the elders started out with an interactive discussion:

– We know it is difficult to change deeply rooted traditions. What do you elderly people think about this?

“This thing”

”When this campaign started, and IAC came to our village, they gave counselling and pamphlets to the young generation, because these young people have gone to school, and have small daughters themselves who are not yet circumcised, so it is actually somewhat easier for them to take a stand against this thing. The children in school nowadays sing about “No to this thing”, so the children know about it already. Therefore it is difficult nowadays to do it to them. We grew up in a world where it was not possible to get an education. If the old people had got economic support and education, we would have been able to watch out in a better way for our children.”

“This issue”

”Therefore we adults are now the ones in need of seminars and sensitising. It is difficult for us to listen to what the young people say about this issue. So we would very much want to have seminars where we can talk to our own age group.”

“This ritual”

”According to our traditions, information on adult life etc is given along with the circumcision ritual. It must be important to pass on this information to the young girls of that particular age in their lives even if traditional practice of circumcision does not take place. Therefore many people ask about alternative rites of passage.”

“These memories”

A nurse says: “I have seen many bad health consequences on women who are circumcised. I can only continue living with these memories, but just can’t start telling you about them, it is just too, too horrible. Therefore I am so very very grateful to IAC for this campaign. The ones who are still practising as circumcisers are either in prison or can risk ending up there if they continue, so now we consider ourselves finished with the problem of FGM here.”

At this point of the discussion the woman who had arrived early says:

”The way I look at it today, the time has come to give seminars to the elder generation, because it is so difficult to listen to the young people about this issue, and it does not seem correct to expose young people to that challenge.”

Having said this, she reaches inside her blouse and pulls forth a small parcel of something wrapped in a piece of cloth. Handing it over to us, she continues:

”I have been a circumciser in this area for many years. I will stop practicing my profession from now onwards. At the IAC seminar in December, I got up and said the same thing. But I washed myself with my clothes on then. I did not stop practicing my profession completely. But today I am taking off my clothes and washing myself properly.”

The little cloth-wrapped parcel contains the tool she has used when circumcising young girls for many years: A rusty iron razor-blade. She adds: ”However, now I need an alternative source of income. Can you help me with this?”

We promise to bring her petition on. We tell her that IAC has as one of its aims to help ex circumcisers to get alternative sources of income. We also express our hope that every one of the elders present here, and in this society, will go together in helping and supporting her, so that she will not have to meet with problems because of her decision and thus feel forced into the situation of being tempted to receive bribes to continue circumcising in secret.

She will be helped by the IAC to obtain other sources of income at a later stage. The now Ex-circumciser wants a certificate testifying that she has stopped her activity as a circumciser. She is promised to have that, with a picture of herself.

Excerpts from meeting with IAC Singida

”I was first informed about IAC’s work at a conference, and felt convinced that on my return to Singida I would have to start working against FGM and harmful traditional practices here. I knew there was a high prevalence of FGM in the rural Singida region. Being a nurse, I decided to take up this work from a medical point of view. In my work I have seen the consequences of this harmful practice, so many complications for women who were circumcised, for instance severe bleeding, infections, delivery difficulties, ending with caesarean sections, urinary leakage problems, fistulas and ruptures etc. I myself have given birth to stillborn babies because of this.”

”Many circumcised women have bad experiences with sexual intercourse. They often find it unpleasant and hurtful. When women are torn apart in their urinary tract system, and suffer leakages, it gives a very unpleasant odour, so the husbands react to it and find a mistress whom he brings home to his wife, some even file a divorce, and this makes the wife feel even more humiliated.. In these cases the women and the children are helpless. So it is extremely important to empower them.”

”So actually the women themselves see that the practice of FGM is a problem. But even so, they continue doing it to their daughters, because they are pressurised from society.”

”I grew up in a village, and have seen that FGM is commonly practiced there. The girls who are not circumcised are expelled or rejected from society. I see that those who do not want to do it are actually being forced to.”

”What is even worse is that today, when you know there is a campaign around the country against FGM, they have started tearing out the clitoris of the newborn baby girls from 1 to 7 days old only, and many little girls die because of that. This is a big problem in this region.”

”I am a nurse at the regional hospital, and have seen that the government’s campaigns against FGM really don’t function. We need a method whereby a campaign should have the chance of becoming successful. Myself I am able to give people information in their own language, Kinyaturu, about hygiene and other

issues. I have three daughters who are not circumcised, and they have not suffered from either 'lawalawa' or other diseases."

"We have had meetings with government representatives, traditional healers, ngariba (circumcisers), ten-cell leaders, and asked them how, when and why circumcision is being done. Afterwards we analysed the answers."

"Religious leaders have said it is important to stop this practice because religion actually does not say that you should do it."

"It is thought that a woman who is not circumcised is actually not hygienically clean. Besides, it is looked upon as important for a woman to endure pain, so this is a process in which she learns to endure pain. A circumcised woman becomes more expensive in bride price, which is an important factor considering that this is a poor area which time and again suffers severe hunger."

"We see that not only people in the rural areas, but also people in the city do it. Only a few days ago, in a certain area called Mtipa, one woman had a sick child. She told her husband, I think it is 'lawalawa' and want to circumcise her. The husband refused to let her do it. However, the woman went to her mother's village with her daughter and had it done there. Then she returned to her husband. The little girl died because of too severe bleeding, and the woman buried her daughter and told her husband that their daughter was dead because of 'lawalawa'. However, she told one of her neighbours what had happened, and this lady went to the police and reported it. The little girl was dug up from the grave and truth came to light. Our IAC section now thinks that we ought to go and try to sensitise her. She is at the moment serving time in prison for this act."

– *How do you plan for change in your area from now onwards?*

"First of all, we want to advertise Singida IAC over the whole town so that everyone will know about our work and our office, in the marketplace, in the regional officer's office, at the District Commissioner's. Secondly, we will start sensitising, and give everyone a clear message. Thirdly, we plan to go out to the ten surrounding villages to sensitise. We have already trained facilitators there during a three-day seminar. We selected the facilitators by picking youth around 18 years of age with a reputation as good quality youth, popular in their societies, good dancers, good singers, good to help other people, well liked by everyone, courteous to elders, working well on the family farm, etc. They should also preferably have passed secondary school, at least primary school completed. They should be well schooled in Kiswahili and Kinyaturu languages, so that they will be able to bring

the knowledge they have acquired about FGM out to their own people in their own villages. We have tried to select a young boy and a young girl from each of these ten villages. Besides, as a last but important criterion for selection, the youth should have his or her own wish and desire to be a part of this work.”

– *How do you assess the need for sensitising health workers on the issue in this district?*

”It is very important to educate health workers – not because we have any reason to doubt their knowledge, but actually to make sure they know exactly what our campaign is all about, so that we can co-ordinate our work. Thus, they will be role models for the rest of our society. And this is quite important, as the health workers do meet everyone in our society from time to time.”

”Normally, if a health worker realises the importance of statistics, she or he will be able to document what they experience, and this will in turn make our work of documentation a lot easier. Normally people here have confidence in the health workers, and tell them private things, for instance that my daughter suffers from ’lawalawa’, and then the health worker will convey the right message to the patient.”

– *Would some health workers take part in circumcision in order to secure a sterile way of doing it, arguing that the circumcision is going to take place at any rate?*

”In our region, this is not a problem. But of course, the hospital does it to the boys.”

– *We heard yesterday that women in labour, who are not already circumcised, would be circumcised during child delivery. Can you elaborate on this?*

”There has actually not been research on this, although I know that this is being done in the Kilimanjaro region.”

”This is definitely not being done here. Not in the hospitals, in any case. I am an experienced nurse and midwife, and know. Maybe it is being done when women give birth in their own homes. This is a real challenge to health workers! We must be trustworthy so that people believe in us and would want to go to us. It might be, though, that people think episiotomies are similar to cutting the clitoris.”

”The women themselves will know after the delivery of the baby whether something is missing from their body or not!”

– How can you keep up your hopes and energy in the work, which surely implies so many challenges and so many obstacles?

”We will do all we can to manage this, using the Kinyaturu language so that people here can understand. We will utilize live proofs and tell people about real episodes from our own lives and experiences. It is important that we do not do this work alone. We must co-operate with the local authorities, because they are close to the people. Young people that we have already recruited will help us reach out with our message.”

”Because of the nature of our group, and how it was established, it is no coincidence that we are here – the members of our group have already established a good relation between ourselves, a good atmosphere. We always check in on each other, we are “one and all”, and we will keep the spirit up by being together.”

”We are aware that some women do this (circumcise their daughters) without the consent of their husbands. It is a challenge for us to find ways to get the men to want to take part in the discussion. The men were not left out of the debate before. Now that we have started campaigning for NO to FGM, everything has become so much more secretive.”

”I think it starts with the little girl getting ‘lawalawa’. Then the question comes, she will have to be circumcised. Then the husband says no. Then the mother will eventually do it in any case, despite her husband’s wish.”

”This is a process. We will have a continuous follow-up, and will go repeatedly to the villages and talk a lot with the women. We will also talk with the children, because we cannot take it for granted that they will learn about this in school.”

”There is always a possibility that the little girls get less education than the boys. A girl who starts menstruating will normally have to leave school, since there will be an expectation from her parents to get her married quickly and get a good bride price for her.”

”We have a “Health Day” for children, when the health workers go out to the schools and give vaccinations and information. On this day we see that in 5th and 6th grade there will normally only be boys. Last time I went, there were 35 girls missing, because of marriage and caring tasks at home. However, the government nowadays actually gives priority to girls’ education: Girls are being encouraged to take education and the government is promoting them. However, parents do not see the necessity of education for their daughters. So even if the government gives

them priority, the family will say: No! My cousin passed her 7th grade and was offered secondary school education free of charge. But her parents said: No! And she is now married.”

– *How would you describe your main victory so far?*

”Networking with other activists! We have a very good co-operation with the ladies at Dodoma IAC. They always come and encourage us when we need to be cheered up. They motivate us, and every time we have asked the Dodoma branch to come, they come running to our rescue immediately. Therefore we now feel that we are able to have victories in our work.”

”We were most of all motivated by the fact that you people came in December 2003, we felt strengthened by it and we feel that we can now proceed. Besides, we have got donations! And we feel we are being seen. We are so thankful for the donations, which make it possible for us to proceed.”

”Another victory is that the local government here in Singida, and the village leaders and the local governments out in the field, have accepted us. This has made it possible for us to actually reach out into the villages. Even you people in the Evaluation team would not have been able to get out there, had it not been for this.”

”In order to reach the victims of FGM in the villages, we need transportation facilities – both when it comes to the task of rescuing, and regarding sensitising as well. Therefore the young people who attended our seminar have asked us to send you the message that they really need bicycles. We are also aware that they should be motivated and encouraged by some small allowances while they do this work.”

“I have followed women’s sufferings for years.”

Religious leader, Dodoma

Interview with Joseph Shakato Kingu, 49, evangelist, district leader of the Evangelical Lutheran Church of Tanzania, Diocese of Dodoma:

”I became involved in the work of IAC in 1998, when the National Committee of IAC Tanzania gathered religious leaders. The church selected me as their representative to the IAC gathering because I am also a teacher in secondary school, and teach among other things also religion and traditions. After I became sensitised at the IAC seminars, I have travelled around giving lectures not only to the students in the schools but also to other people. The church makes the programme. The church and IAC chose to include the cattle people among the Maasais. As part of the work, the church here in Dodoma has launched a campaign about children’s rights and particularly girl children’s rights.”

– *Has there been any change in the work since 1998?*

”Partly yes. I have seen changes, but this is a complicated issue. Maybe these harmful traditions are more than one hundred years old, and therefore difficult to change. It used to be that every one of my female students was circumcised. Then I started talking to them about it, and they went home to their parents and talked with them. I think this is the reason why their younger sisters have not been circumcised yet. In some Maasai villages it was very difficult to come with sensitising and education, but slowly but surely some people have changed their attitudes, and some have started the process of stopping the practice now. IAC does a great job, they go out to the villages and do such a good job that we can actually notice from time to time that we are making progress.”

– *Your most important victories?*

”First of all, the church has said: Yes! to fighting FGM. Secondly, the teachers have said Yes to fighting FGM in the schools where I teach. Thirdly, I do meet challenges all the time, of course! If I say that circumcision is bad for the delivery of babies, they will tell me of someone they know who has 9 children and whose deliveries all went well even if she was circumcised. Then I will say, well that is splendid, but did someone ask her how the deliveries were? The girls who are circumcised will have

to live with those mental scars for the rest of their lives. According to custom, the girls who are going to be circumcised will get a lot of gifts. But she normally never gets what she was promised! For instance, she does not get the cows she is promised, neither is the promise of “then your husband will love you very much and will be so good to you” etc fulfilled. So finally it turns out that she won’t be getting all these things she was promised. This is very destroying. Some times I have asked youth to tell me what they themselves mean about FGM. Many young people are feeling insecure about it, they understand that FGM is not good. Then there are some girls who go back in their thoughts to the time of their own circumcision, and their memories all come back to them and create a schisma between them and their parents. They might even feel hatred toward them.

We use both Islam and Christianity in our fight against FGM. The Holy Books of both religions say that God created men and women perfect, neither more nor less than perfect – so then, why should anyone try to correct, or improve, what God has created? My method is like this: both religions say that the woman is an angel in the house. Therefore there is no reason to change the angel. After all, she is perfect!

My father passed away, but my mother is still alive. She is happy about my work, and supports me in what I do. She knows it is a difficult task. In the village where my mother lives, people have almost stopped circumcision of girls, likewise in the villages around. Of course the opinions differ regarding this issue – some are with it, some are against, but we are slowly moving forward. My own wife and our children all support my work and participate in giving faces to this campaign. I have 5 children aged 22 to 8, two daughters and three sons.”

– *The biggest challenges in the near future?*

”That people who work with this issue will surely have to quit this work soon, because it is all voluntary work, and is not remunerated. When I started working with this issue, there were five of us in church who wanted to do it. Now there is only me left. The others left because they were not paid. Another challenge has to do with the village leaders: they give a very positive impression when they speak with the IAC people, but the story is completely different when they return home to their village. Some religious leaders even continue to say that the young girls have to be circumcised!”

– *What about changes in practice?*

”Nowadays newborn baby girls are being circumcised, which means there is a change in the age aspect. We hear the whole time that ‘the baby is sick’. And the circumcision takes place in secrecy. Some villages have understood something

because of education, while other villages have not understood because of lack of education. Therefore some people simply go to other villages and do the circumcision on their daughters, if it is not done any more in their own village.”

– *What is important for you to tell us at this point?*

”Well there is one problem in our work: Means of transportation. Why has it not occurred to you to ask what means of transportation I use? And how my family manages when this work does not give me a salary? Some times I have to be in the villages to sensitise over a couple of days. The church pays only some small pocket-money for the work I do in the church. But everything I do in this FGM setting is all voluntary and I am not economically remunerated. So it is definitely a sacrifice for me to work in this, but I do it because of my dedication. The authorities are happy that someone does something regarding this issue, and they make sure to take the credit for it, although they do not pay. I pray a lot, and that helps me a great deal. Through praying I get visions, and am being shown the road to take in this work.

Why I do this? As a religious leader I know which sufferings and problems the women have. Widows come to see me, orphans, victims of violence, etc. I have heard, I have seen, I have followed women’s sufferings for years, their sufferings through deliveries etc. Widows are having a very tough time when their husbands die, because they have no right of inheritance. I have seen all this with my own eyes.

It is important for me to get more education and more knowledge about all this. From time to time I meet people who have a good education themselves, and they ask questions regarding FGM and therefore I need more competence on this issue. I need to answer them adequately. Talking with people would be so much more effective if I can also use audio-visual devices. So I wish I had this, and posters etc.”

“It might still happen, but in secrecy.”

Visiting Narumu village

We decide to talk with men, women and young people in separate groups, so as to make people feel comfortable to speak out about the sensitive issues in as free as possible environment.

Excerpts from our interactive discussion with the young people of the village, boys and girls together:

”Two years ago, some of us were sensitised by women from IAC, and were informed about the negative and harmful sides of FGM. Afterwards we wanted to join in the fight against FGM. We have meetings for young people here in the village, and touch on several topics, for instance party politics. We also use the opportunity to talk about FGM in this setting. Most young people in the village are joining the fight against FGM. But, all beginnings are difficult. It is a process.”

– *Can you give any examples of what was difficult?*

”It is natural that boys and girls find it very difficult to speak with each other about FGM, even in school and at church.”

”Our grandparents are divided in their opinions about FGM. Some think it is OK that the grandchildren are active in this work; some don’t. Some old people support us in our fight, others don’t.”

”We are being teased by other boys, ‘Why do you mingle in girls’ business?’”

”There will always be a fight or a discussion in everything, because we must convince the opposite part.”

”We are not married yet, but will get married in the future, and have understood which consequences FGM carries. We don’t want to expose our future wives to this. The girls agree with us, and therefore we fight together.”

”As long as not yet 100% of all youth agree to fight FGM, maybe only 70 % have received information about this, and/or have not actually understood the issue yet,

then one can say that there is still not enough information! We can only say it is enough on that day when everyone has heard about the consequences and everyone is against it.”

– *Which arguments do people use when they say that FGM is OK?*

”They have grandmothers who say they have to get circumcised.”

”If you are not circumcised, you become “too much”, i.e. too much eager for sex, with too much of sexual appetite.”

”When you have too much sexual appetite, you become a prostitute.”

”You are a ‘half woman’ if you are not circumcised.”

”A ‘whole’ woman is circumcised. So there is a very strong pressure to become a “whole woman”. Who, after all, will want to be a ‘half woman’?”

”The old generation believes you get lots of complications during pregnancy and childbirth if you are not circumcised.”

”It turns into a curse if you are not circumcised.”

– *Do you know anyone who has denied being circumcised and thus has received a curse?*

None of the young people present knows of anyone who is in that situation. They explain why:

”Normally it is the grandmothers who give the curse. They will say, ‘Then you are no longer my grandchild’. But normally the grandmothers actually give up, and do not give the curse in any case, because after all, they love their grandchildren.”

”If you actually get good information and knowledge because of the IAC sensitising, then we young people do get status anyhow, as ‘informed people’.”

”Youth today has much more power than before. We have the law on our side, and we have been recruited by IAC. We feel strong.”

– *Many of the young women who were circumcised before this IAC campaign might be having a hard time these days, since the trend now is to reject FGM?*

”As long as the fight against FGM is not yet completed, the circumcised women still have their status.”

– *Have the circumcised girls joined the fight against FGM?*

”Yes; even the circumcised girls have joined the work. Some of us girls have experienced severe bleeding, infections, fainting and hell, so we ourselves want to be among the first ones to say ’NO, DON’T do it!’ ”

– *What if your own mother is arrested because you report her for organising a circumcision? Would you still report it?*

”This seems to be a very tough question for the young people to answer. Some answer a convincing “Yes!” They would still report their mother. Some say yes, but in a less convincing manner. Some do not answer until encouraged to, and then whisper, ’Yes, I would also do it...’”

The group spokesperson, a boy, seems to be quite convinced:

”It is possible that my mother would go to jail, but for the sake of preventing my younger sister from being circumcised I would have to report her. Of course it is quite difficult to send one’s own mother to jail. The important thing is that boys like me can help. But, we will get scolded if we ’interfere with women’s affairs’. Therefore it is more important to empower the girls to stand up for their own rights.”

– *What about you boys in the group, would you like to have a “too much” wife??*

”The way I look at it, many circumcised girls here in the village are prostitutes. So I have seen with my own eyes that actually, being circumcised or not is not the key issue regarding prostitution.”

– *What advice would you give the young boys and girls in another village where there is a lot of FGM, and where IAC might be starting sensitising work these days?*

”First of all, information about the harmful consequences of FGM is so important. I know it because the consequences are so real for me. My own sisters have experienced them. People actually identify with the problem because they have gone through the experience, and see that there is a good portion of truth in what is

being said about the harmful consequences. Everyone always knows of someone who has suffered complications during childbirth and has been circumcised, so they will understand the issue. But: This has a lot to do with education. The ones who have gone to school are more ready to receive and digest new information and knowledge than the ones who have not gone to school.”

”This is a difficult work, with many heavy challenges. But where there is will, there is power! When your heart is in it, it becomes easy. It is very important to prepare the youth so we can become our own spokespersons!”

The spokesman wants to add something at the end of our session:

”I have a proposal: in order for a campaign to be successful, it is important to have a seminar or a workshop. Boys and girls together is important. If we have separate seminars, we might not be strong enough. We become stronger when we are together. Also, building networks from one village to another is very important.”

Excerpts from our conversation with the women of the village:

”We started our work against FGM in 2000. To begin with, we were recruited by IAC, and afterwards we started sensitising mothers and grandmothers, then the young girls. Churches and schools were our main work arenas.”

– *Which were the reactions you got when you first started this work?*

”I come from another district where circumcision is not practiced. When I married my husband who is from this village, I underwent a lot of hardship, harassment and social rejection because I was not circumcised. Fortunately my husband always supported me. He shared my views and objected to me being circumcised even when the social pressure to have it done was quite strong. When the IAC activist woman came to our church to talk about this, I became very happy, because I was so very well acquainted with all the negative consequences of FGM. My husband is the village leader today, so my honour and social position among the village women has been fully restored today. If you are ‘sambura’, a non-circumcised woman, your parents-in-law will never eat the food you prepare for them. I have experienced this myself and am so happy that my husband always stood by my side, supporting me in not getting circumcised.”

”Normally it used to be a big burden for the whole family to organise a circumcision, especially economically because of the cost of all the celebrations. So we have received this campaign in a very positive manner. We feel it has lessened our burden.”

”I became very happy when the campaign came, because I became quite ill for a period of 3 months when I was circumcised. So I feel it is high time we stop the practice. On the day your daughter is being circumcised, a witch can wish to do something bad to your child, and maybe your child will become infertile as a consequence. I would never want to expose my own child to that. Besides, it is so great that we have ended this practice now, because it used to divide people into status groups. People who had lots of money made big parties and the poorer ones made only small ceremonies, and people were actually harassed if they could not afford to make a big ceremony.”

”A young girl in the group shares with us one part of the ceremony of circumcision: Immediately after the actual incision, the girl used to be forced to dance in front of all the guests, naked from waist up, and with only a small piece of cloth around her waist. (This was the usual practice for all the young girls who underwent circumcision). She would dance in front of the men for hours on end, even if the blood kept running down her legs. Many young girls fainted during these ceremonies, some even died. The mothers felt so sorry for their daughters. Women perceive it as quite degrading to show themselves before the men in this way, so we are so happy that this will fortunately not happen again.”

”Economically speaking, it is good that we have gotten rid of this tradition, because we always had to borrow money from people in order to afford it. So today we experience a great relief, and a great sense of freedom.”

”There are always some who are for FGM, and some who are against. We went from house to house, and some said, “Yes, I will keep doing it to my daughters! And if you report me to the authorities, I will kill you!” Then I will answer: It is not me who tells you to stop FGM, it is the government which has decided upon it. I am actually only a messenger, so don’t become angry with me! But it is up to you, because if you get caught, you must pay a fine or you go to prison!” So nowadays people don’t do it. And if they do it in any case, then they do it in full secrecy.”

”Resistance was there when we started sensitising people, so we had to react. Once we took a woman and a man who did it (performed a circumcision) during the campaign. We actually brought them to court. One of them died from heart failure before the case was brought to trial, and the other person had to pay a fine.”

”When we go to the different groups, we have to bear in mind that we can get into lots of trouble if our approach is bad. So we have to do it slowly but surely. People will sit quietly and listen to you, and then they will decide what they think of it afterwards. So it is crucial to choose a good approach.”

”You have to build up a relation to someone, building trust over time – talk about other things, for instance talk about how people used to do a lot of things in older days, and that some of those things were actually not good. During this conversation you have to say: ’The two of us are talking about this only between the two of us, in full confidence, you know!’ I have used the same approach toward the men. I always come back later, again and again, and in that way build trusting relations between myself and each individual with whom I speak.”

”We were well received. But the circumcisers, who felt their jobs threatened, threatened us.”

”People were afraid to throw away this tradition which they had always treasured. They thought that when all our forefathers and foremothers in the past generations have done this, our ancestors would become very angry and curse us if we stop doing it, and will come after us and punish us!”

”According to our tradition, if the child dies during birth, and the mother was not circumcised, she will run and get circumcised immediately. So if the birth attendants see that you are not already circumcised, they cut you quickly during delivery, in order for the baby to live. Those who are not circumcised must therefore take care to deliver their babies in a hospital, and not at home where you have the help of the traditional birth attendants only.”

”First and foremost, empowerment of the children is important, through education. Education is the key. Those who go for higher education are very conscious. They accept marrying a woman who is not circumcised. Therefore, more campaigning is needed. Now the trend has changed, and the boys have started to say: ’If you allow yourself to be circumcised, you will never get married.’”

Excerpts from our talk with the male leaders and elders of the village:

”Before IAC came to our village, FGM was very much practiced here in the district. After IAC came and told us about why we had to stop it, many people understood why they should stop. Every family chose a spokesman. The local authorities were active in the campaign, especially the police force. They have gone so far as to report people for practicing FGM, and the police have come to take those who did it. Because of this, many village people who were practicing FGM became scared and the practice was thus reduced.”

”In the beginning of the IAC sensitising campaign, some people in our village became afraid and went to other villages to do it. But after a while this kind of

travel reduced. As of today, I can say that officially, in our village, according to my eyes, the practice has ended. However, I have to add that I might not see everything that goes on. It might be that it still happens, but in secrecy.”

”When you were here the previous time, in December 2003, I told you I wanted 3 bicycles for this work. I want to remind you of it again today. I will also forward another wish today: the young people need sewing machines. It will mean such a lot to them if they can get some. They need it as an income generating activity. With this, it will be easier for them to work with convincing people to change their opinion about FGM.”

”IAC’s coming here gave a big change. They recruited everyone in our society, the elders, young people, religious and political leaders, gave them knowledge, information and sensitising. I mean that everyone who was able to hear also understood the message. There were many who heard about the consequences, and many stopped the practice. Earlier, people made an open ceremony during circumcision, and now, after the sensitising, the ceremony is not public any longer. Therefore I conclude that it has stopped. The people who do it today, do it in the deepest secrecy.”

”There is now a law against FGM, and people can be jailed if they do it. Since all of us here are leaders, nobody will come to us and say anything if they think about doing it.”

”My suggestion for IAC is: in order for us to discover if circumcision is really going on, it should be made possible for people to tell us about it anonymously, in post-boxes particularly set up for that reason. In that way, nobody could be accused of telling on anyone else. One should not only write about FGM in these boxes, but also about whichever other thing that people need and wish – everything that would lead to the bettering of conditions in the village.”

”Circumcision is only one part of the ceremony of conveying knowledge to the girls of a certain age about everything in life. This conveying of knowledge is important to hold on to! So one ought to make a ceremony where the girls actually get that knowledge and also get information about why they should not be circumcised.”

”It was expensive to hold on to the FGM – we had to have a big party and a big ceremony. Thus, the campaign against FGM has actually helped the families’ economy a great deal. We have co-operated with our own children after we became sensitised by IAC, we have sat together with them and our young people told us: ‘We don’t want to be circumcised!’ Then we parents thought about it and consi-

dered it OK to stop the practice. We parents, together with the leaders and the elders of the village, run the campaign so people who have not yet understood it, can also understand.”

”I want to thank IAC for the campaign. We used to spend a lot of money for circumcision, for food and other things, because FGM was always followed by so much of partying and rituals, it was actually quite exhausting. The preparations were quite expensive. When we have this type of celebration, we normally make home-brewed beer, mbege, from bananas. There used to be too much drinking, so it is good that this has now stopped. So stopping this practice has actually given a better economy to the village.”

”Some people in the grandparents’ generation are still in favour of FGM. Old people who do the circumcision in secrecy now, have according to my experience actually understood that it is quite dangerous, but they have such a firm belief in it, so when they see women who are not circumcised, they still see a woman who has not yet ‘grown up’.”

”The most important key word is: WHY? Why do women have to be circumcised? In our society we believe that a woman who is not circumcised is a prostitute and that we have to circumcise them in order to slow down their sexual appetite. Therefore it is so important with sensitising, education and knowledge! If you bring up your children in a correct way, then they do not become prostitutes, and this is what people have to understand! We threaten those who still believe in circumcision that those who are circumcised lose their sexual appetite. Today, young boys who are not married say they don’t want a girlfriend who is circumcised, and the girls actually say they don’t want to be circumcised ‘because then we will not get married!’ ”

”It is important to provide care to those who are already circumcised as well! Circumcised women are not being harassed here in our village, they are also together with the others in the campaign against FGM.”

– *Was this issue a “women’s thing” before IAC came, or were the men even before this, a part of the process?*

”The structure in our society was such that before, this issue was not even a matter of discussion. You just never questioned it. It was always done. It was common. It is part of the development that we have been able to talk about this for the past years.”

”Before this campaign was launched, it was taboo to talk about sexual activity between men and women. It was common that women should only lie there, like a bag of potatoes, during sex. The woman who showed her husband that she knew the art of loving was looked upon as bad, or a prostitute. But then, slowly but surely, this has become a natural thing to talk about. “Sambura” is our Chagga word for a woman who is not circumcised. It is a bad word. Today, if you call a woman a “sambura”, you will be fined, and sued, because it is looked upon as an insult. So this is really a process.”

”You are legitimately a grown up adult woman if you are circumcised. The custom was to circumcise the girls in the period from October to November, to prepare them for marriage in December. It used to be that everyone who was not circumcised was simply rejected, or expelled.”

”You don’t circumcise women in Norway, not at all? Even the Norwegian men are not circumcised? What??? Pole sana!! Tell them we feel sorry for them!!”

“It is actually irrelevant whether the girls are scared or not.”

Maasai youth, Dodoma

“Aloice”, 27, and “Kesia”, 18, from Mtera village near Iringa

The two young Maasais come from the same clan, but from different bomas (households). They are neighbours. “Kesia” is married as second wife to her husband. She does not have children but her husband has two children, girls, from his first wife. “Aloice” is unmarried. “I will also get married, but am not ready yet”, he says.

The two were invited to the IAC recruitment- and sensitising seminar in Singida. The evaluation team meets them in Dodoma after the Singida seminar.

“Aloice” and “Kesia”: “The IAC ladies came all the way to our bomas and told us about all the tribes that practice FGM, and we Maasais are among them. They wanted some people from our place to join them in learning more about this tradition, which is harmful to girls. This is how we happened to be involved in this.”

“Aloice”: “When IAC asked my clan for some young people to join them for recruitment, my father and my uncle recommended me.”

“Kesia”: “My husband gave me the liberty to join this work. He said that I could go and hear what they say. (She has 7 years of school, her husband is illiterate).”

“Aloice” and “Kesia”: “We have learnt that this tradition is very harmful. It is a challenge and a complicated issue for us to talk about this, so we are actually wondering how to tell our people about it.”

“Aloice”: “I had heard something in the media about this tradition not being good. In church I also heard from the priest that this was not good.”

“Kesia”: “I had also heard this before, in the media. I had connected FGM to HIV and AIDS, for instance the fact that one knife is being used for 15 young girls, and then everyone gets infected with HIV if one of those girls is infected... I know of someone who got lots of problems after being circumcised, but fortunately she did not die.”

– *Do you know of anyone among your girlfriends who was very scared and dreaded the time to come to be circumcised? Do you know of anyone who actually fled in order to escape the ceremony?*

“Kesia”: “No, not as far as I know.”

“Aloice”: “It is actually irrelevant whether the girls are scared or not. Even if a girl might be scared, she will never tell anyone, because she knows it is going to take place anyhow. For a girl to say ‘I don’t want to!’ is impossible, it is totally irrelevant and highly non-existent.”

– *Have you thought of a way to start the work of sensitising in your home village?*

“Aloice” speaks, while “Kesia” comments from time to time: “This is going to be an enormous task. Very difficult. But we aim at the youth, because the elders live their own lives and we know it will not be easy to alter their attitudes. So we will concentrate on the youth. However: our olaibons, the chiefs in our Maasai clans, are our decision makers. They are the ones with the keys in their hands. If the youth is getting mobilized without the consent of the olaibons, it has no value. So the best thing would be to arrange sensitising seminars among the olaibons. The youth who has some knowledge of this issue, needs more knowledge about methods of approach and methods of attitude changing, and more workshops and seminars about this.”

– *Do you have any suggestions, or thoughts, about how the olaibons could be sensitised? And who should be the most appropriate ones to do that sensitising?*

“Aloice”: “It would be easier to go to the olaibons one by one, not speak to all of them together. If I am going to do it, I must say that I have been sent as a messenger by someone. But it will be difficult. So the best thing would be if some old men in the village had been sensitised first, and then go on to speak with one olaibon after the other. So then, if one of the olaibons would say, ‘OK, we’ll stop the tradition’, that would indeed be a big victory.”

– *What will be your first steps in this work, now that you will be returning to your villages?*

“Aloice”: “When I return home now, after this seminar, it is natural for me to go and speak to my father and my uncle. They are my closest confidants. My father knows the olaibon’s family. If I knew the surroundings, I would first sensitise the neighbour, who is on speaking terms with the olaibon’s first wife, and then finally she could go and speak with her husband. Everyone in my village are certainly very eagerly waiting for me to come back and tell them about what I have learnt.”

“Kesia”: ”First I will go and talk to my husband. He can’t react in a negative way. After all, it was he who told me: ‘Go and listen to what they say, so you can come back and give knowledge to the others!’ Because both of us knew, even from before, that this FGM practice seemed to be not so very good. The ladies with whom I will go and speak, will surely listen to all I have to say, and then they will say: ‘OK well then, but do you really believe it will be possible to stop this practice?’ ”

“Aloice”: ”Women think like me: A woman who is not circumcised, is, independent of her age, only a child. And then, who on earth will want to keep on being a child for the rest of one’s life? If you are not circumcised, you are not prepared for marriage. If you are not circumcised, you are a curse to your whole family. And if you are a curse, then nobody will want to live with you, and you will finally be expelled from society. And if you happen to get pregnant without being circumcised, then you will also get expelled from society. So of course this is very difficult. Just imagine if you are described as a curse in your family, it is difficult for you to insist that it is actually not like that after all. Here we are talking about people who are living quite far away from everybody else, and the only thing they live for is to satisfy the system of their culture and their society. You are placed within a society and can’t just step right out of it. So we know that this is going to be so difficult for us. We should not come with the same arguments all the time, we must prepare different and new arguments all the time, and new methods of work all the time. The trick is to come up with new arguments and new methods all the time.

It will also give strength to the campaign if we are visited by other people who talk about it, so that it becomes visible that even other people are against this – people from other ethnic backgrounds, for instance. Then our village people will understand that this concerns not only them but everybody else as well. They would not at all have chased you away, if you would have come to see us there – on the contrary, they would have wished you welcome.”

“Kesia”: ”My co-wife’s daughters are 12 and 13, and they are not yet circumcised. I will try my best to see to it that they will stay un-circumcised! I perceived my husband to be very positive, and not so sceptical to this issue. After all, he let me visit Singida. My husband is about 30 years old, and would very much like to learn through me. It is possible that “Aloice” and I could speak together with my husband. I finished 7th grade in school, but my husband never went to school. So it is difficult for him to learn how to read and write now. But he is very proud of me! That is the reason why he wanted me to attend that seminar in Singida.”

– *How do you think it will be possible for IAC to reach all the villages, and the olaibons, when they live so far away in remote areas?*

“Kesia”: ”Transport is not easy. We don’t have means of transportation, which makes our task quite difficult. But the IAC ladies are our guides and our counsellors, and we will ask them for help along the way.”

“Aloice”: ”The whole idea is that we will share our knowledge with others. A great obstacle is the long distances. If we had bicycles, this would have been made much easier.”

“Kesia”: ”We want to do the best out of this, all the way till the end!”

“Aloice”: ”We will harvest fruits from this work!”

“I have concluded that the challenge must be to give education”.

Excerpts from interactive discussions with the people from the Songambe district

Persons from 6 neighbouring villages were present: women, health personnel, youth and youth leaders, children, and elders.

Songambele meets us with 13 representatives. They started IAC work in 2002. From Hogoro village 7 representatives meet, they started IAC work in 2002. From Mima village 2 representatives are present; they started IAC work in 2002. Chamae village is represented by 3 persons, who started IAC work in 2003. From Mkoka village 1 person has come. Mkoka started IAC work in 2004. Mageseni village has 1 representative, who tells us that his village started IAC work only recently, 28. June 2004.

– How have you organised your work?

Songambele village: “We go from area to area in the village. First we get permission from the local government authorities, and then the adult village leaders gather the youth for meetings. But before we talk with them, we give the circumcisers our first priority.”

Hogoro village: “First we became sensitized and recruited by the ladies from IAC. After that we started talking with the leaders in our village, then we went to the people of wisdom, then the traditional healers, then to the circumcisers, and after that we started speaking with people at large in our village. We spoke to young people and elderly separately. The meetings had a certain fixed program in the beginning. We made the program together, and went public with it on beforehand so that everyone was well prepared for the contents of the meeting.”

Mima village: “First we talked to the local authorities, who subsequently gave us an office. From then on we went from street to street, according to program made up by the local authorities. When we arrived at these streets, we decided whether to start with the youth or the elderly. We never met these two groups together. After the meetings, we evaluated and planned for next time. Everyone was so eager about this work.”

Chamae village: "We aimed at the whole village, but started by talking to the leaders who arranged the meeting. We divided in groups when everyone was gathered; men and women went separate places to continue talking. Two of our girls went with the women, two boys with the men. After we finished sensitising the village people, we went to the traditional healers and the circumcisers. After that we started the work of sensitising each person individually. We are still in that process."

Mkoka village: "We are quite new in this work! We participated in the recent IAC sensitising and recruitment seminar in Singida, and at the moment we are at the stage of trying to educate ourselves."

Mageseni village: "We are also newly recruited, and participated at the Singida seminar. First of all I am so happy that this campaign has come to our area! I haven't actually started the work yet. It is a very complicated matter, because this tradition is so deeply rooted in our culture, and I would wish for you to be able to come to our district to help us."

– We know this is difficult, because the tradition is so deeply rooted. Which particular difficulties did you meet?

Songambele village: "We came to Masena once, and many people gathered to meet us. When we started talking about FGM, people showed great resistance! They had thought we came to talk to them about how to develop this tradition even more! When they understood our mission, they did not want to have anything to do with us! We were looked upon as enemies. The circumcisers thought it was distasteful of us to be against FGM. They had planned to give us gifts, goats etc., but in stead, we were asked to go home. One lady misunderstood the whole thing. She has two daughters who are not circumcised, and, thinking we were going to talk with disrespect about the un-circumcised, she denounced us to the police.

The people there gave us the following reasons to continue the tradition: 'Girls who are not circumcised become prostitutes, they have a great sexual appetite, and they do not get married.' This has happened to some girls from our area. So to work against FGM destroys the whole culture around marriage. Most people left the meeting before we had finished, they did not want to listen to us any more. We were there on one occasion later on, but at the moment we don't know how things are there. We don't hear anything about circumcision taking place there, but most probably it is going on in secrecy."

Hogoro village: "After we had been sensitised, we talked with the leaders of our village, who agreed with us to fight FGM. But the problem lies with the people.

They don't agree with us. We get some help from the local authorities; they participate in some of the campaigns. It seems like people start to understand a little, because gradually less people do it now. Regarding arguments for FGM, people in our village say the same thing as those who spoke recently. Besides, people say that women who are not circumcised get complications during childbirth.

Once when we went around to people, one girl approached us. She was very happy that we had started this campaign. She herself was circumcised. She wants to ask you white people to come back, and make her a plastic (artificial) clitoris."

"Clement": "I was in the village Ogoro to become sensitised on this issue. Many people felt they were being harassed and insulted when we started talking about FGM in public. They felt that we had no right to come there and talk about the private parts of the woman's body. They felt that women were degraded and repressed by our doing that. The circumcisers were even angrier because they felt we had come there to take away their jobs."

"Gustaph": "When I talked to the young people, many people had come, many questions were asked and there was really not a lot of resistance. The girls asked a lot of questions. Some of them were for, others against FGM. But then (the atmosphere of the meeting changed and) I became thoroughly insulted by the women. They said I was a jerk! Everyone talked so badly about me, and everyone wanted to curse me. I just had to leave the place; I just couldn't take it any more. I haven't been back there ever since."

"Josephat": "I am an artist, and leader of the cultural group. We perform folk dances, play theatre, sing etc. For us it is OK, we are welcomed everywhere we go. But our obstacles are travelling, equipment, and transport to those places that are far away. Another obstacle is that because of all the practical difficulties regarding lack of resources, we become burnt out and lose our motivation. We go to those far away villages, and nobody invites us for dinner because of the nature of the topic we are introducing to them. So we get hungry and tired. We have bad quality working equipment, we lack paper, pens, etc, and we have nowhere to keep it even if we had paper. It becomes quite difficult for us to keep an archive, files, gather data, etc."

"Jackson": "Normally we young people welcome this campaign. But our problem is the old generation, of both sexes. They ask why we young people don't have any respect for them any longer. They say that they have performed this tradition for so many years, and that we show no respect by talking about it the way we do. The adults say: 'It can never be possible to give any knowledge or education to a woman who is not circumcised!' But actually we have not given up yet. We have gone to those people again and again, and acquired a more and more relaxed atmosphere

from time to time. Nowadays they are begging us: Please come twice a week! But it is a long distance for us, and we don't have equipment for transportation, and some of us have our families as well, so we just can't do that."

"Ephraem": "This is an old tradition. So it is going to be so difficult to change it! When I returned home after the seminar in Singida, everyone asked me what I had been doing there. I said I had received knowledge and information about all the harmful consequences of FGM. But it was difficult especially for the elders to hear this. And the girls say nothing, because they know they are going to be circumcised no matter what.

I have seen that young people seem to understand it a lot easier than the older generation. So the problem is with the older generation. I have concluded that the challenge must be to give education. The old people are with us, also, but it seems impossible for them to think about changes. But something can be done with the children and the new generation.

I have no education even though I speak Kiswahili and Kigogo (in addition to my own mother tongue). I never went to school because I was so busy herding the animals. But the way I see it, I am a resource person in my village, they selected me to go to Holland for a conference and also now to go to Singida, so they like me in my village. But I see that there is a huge conflict between the new and the old, so I don't know which approach I am going to use."

"Yona": "We facilitators have a huge problem. When we go out and sensitise, we come to houses with, or without, children who are circumcised. Feelings of enmity arise from time to time, between the facilitator and those families who have already circumcised their daughters. The leaders in the villages are not straight forward; they say something and do something else."

– *Which are the boys' experiences with raising "girls' issues"?*

"Jonas": "When we boys started this work, it was very difficult for us to talk about the private parts of the girls. After a while we have become more liberated, and talk in a normal way about it. But the problem is to meet new people and start talking about it."

"Ezekiel": "Normally it is very difficult, because this has to do with matters of the elder women, my mother for instance. It is even difficult to talk to the young girls about it, for the same reason. It would have been nice for us to be in a group with people from different ages, so that every one of us could talk to the people of our own age when we go out like that."

“Yudas”: ”We were informed about the harm of circumcision by the local authorities in my area since 1996. But it is a complicated challenge to find out how we can talk with the women. We asked them which methods would be good in order to reach out to the women. But they are not really willing to tell us about their methods, because they actually take bribes themselves, and let people continue the business of circumcision. In any case, we have tried our level best, and we see some positive progress. But there is also a challenge concerning the men. The women can get information, but if they come home, and say, No, I don’t want our daughters to be circumcised, the husbands would disagree and this often results in divorce or quarrelling between the spouses.”

A woman says: ”We meet a lot of problems when we preach to people about this. The girls say: ’You are only lazy, you don’t do any real work; you just go around screaming about this. Are you circumcised yourselves?’ We say that yes, we are, but now we have learnt about the harmful consequences, and that is why we go out and talk about this. Some say, OK then, while others say: ’If you are circumcised yourself, how can you come here and say that my daughters should not be circumcised? Do you want for my daughters to become prostitutes then?’ Then we say we come here to say this because we have experienced this ourselves. We have got a wound which can never be healed.

But there are laws in this country against FGM, and that helps. However, we women are not being heard. A group of adult men told me that OK then, just go to the authorities and report me, but I will have it done to my daughters in any case, whatever you say.”

– *Tell us about your victories!*

“Anna”: ”I come from Mpwapwa. The local authorities there have joined the campaign and they have worked a lot with us, so I think that now the attitude is changed and I think people there have stopped doing it now.”

Another woman: ”Here in Songambe the prevalence of FGM has decreased, which makes me very happy. But some people probably do it secretly. We want to continue working now with the alternative rites of passage. We recently managed to save a girl who was going to be circumcised in order to get married early.”

A boy: ”The victory is that we have managed to give so much information to small children, so now they know that there is a network of help to be attained, and now they know where to go in order to get help, if need be.”

Another boy: "As far as I have understood from my conversations with the women in Shemaye, they intend to stop the practice. But they underline that I shouldn't think they stop doing it because I say so, it is because of the prohibition."

"Clement": "It is a big victory for us that many people actually agree with us now in our struggle against FGM. But one obstacle in the future is that we don't have means of transportation, and we don't have equipment. We see that in order to succeed, we actually have to come out to the villages where people are, we just have to be there with them!"

Village leader: "Everything which has been said so far is correct. It is the duty of us who are the authorities here to help and support these young people. We help them through laws and regulations and implementation of the law. When they are challenged by people who want to make trouble, it is very important that the authorities are ready to stand up.

The societies which still have severe problems regarding FGM are the villages where the two Maasai representatives come from. This is our heritage, they say, we can't just leave it. So we the authorities must take on the job to go and look for those who execute this practice. If we don't look at the Maasai-societies, it seems to me that the practice has been very much reduced. I hope we will get the opportunity to help the activists regarding the transportation problem."

Excerpts from interview with two young girls from the Gogo-tribe:

"The people who selected the two of us have seen that the Gogo people practice FGM and therefore they wanted to give us information about this. We know that some of the circumcisers use their nails, or a razorblade, or a knife. They cut off the whole clitoris and some times the labia minora also. It is usually done with girls around 14 years of age and above. It is done because the mothers don't wash their children sufficiently and the children get this disease 'lawalawa' and then the mother goes to the father and says it, and the father then says, ok then, we must do it. And if you cut off that thing, then you don't want to have sex with boys any more, and then you won't become a prostitute."

– Now please tell us what you have learnt from the IAC facilitators during the sensitising campaign.

"The girls who are circumcised can become infertile. The sexual desire declines. There is a danger of heavy bleeding during child delivery. Possibly both mother and child may die during delivery. We learn all this very often through songs and

poetry at school, and we play drama parts and dance. The elders in our tribe say that 'it does not happen in our clan any more, just in the other clans'."

"We should go and tell people about the negative consequences of FGM. We try, however, not to be very much around those who have been circumcised, because if we are together with them, then we might be tempted to change our minds and decide to be circumcised too. But we will listen to what IAC says and cooperate with them at all costs."

"My grandmother is also with me on this, she says she doesn't want her granddaughter to become mutilated and she says she thinks it is great that this campaign has come."

“We have done it because we believed it to be the right thing to do!”

Excerpts from the interactive discussion at Samumba village

Many people had come, as representatives from 10 villages in the vicinity. They have been here in the village for a three-day recruiting workshop. Fine reminders of the discussions at the workshop are represented visibly by posters hanging all around on the walls of the room, decorative and very inspiring! Local authorities had sent their female representatives for this meeting. Spokesmen of neighbouring villages are also here, religious leaders, health workers, circumcisers.

We first conducted a meeting with 11 elderly ladies, who have been crucial in maintenance of the traditions in the villages.

– What do you think nowadays, when there is so much talk about FGM which was earlier a taboo to speak out about?

“Nowadays new times have come to the whole world, and people have started talking about it all over the place. We have decided to come here and talk about it because we have heard that it is a dangerous practice, and old-fashioned. It has been discussed a lot on the radio. Myself I have had experiences with it, and think about it with pain every time I think about it.”

A circumciser says:

“After I have heard about all of this, I have decided to stop the practice. I inherited this profession from my grandmother. I must say that I have never circumcised small girls; I have always circumcised only girls who had become a little older (7-12 years).”

“You must not think that we are stupid and ignorant; we have done it because we believed it to be the right thing to do! Now that we have heard how it really is, we will stop doing it. All of my daughters are circumcised, but if I give birth to a baby girl ever again, I will not do it to her. We always did it, with pride, but now we understand that there is really no pride connected to this. So therefore we are not going to do it any longer.”

– Are you concerned and worried about these changes? Are there some things in this practice that you would like to maintain, even if you now are stopping to do this thing?

”Now when we have understood that the complications we suffered when we gave birth were due to FGM, we do not think about our traditions any longer, and we do not think back. We want to think about our health, become healthy, and move forward.”

”Earlier, we spoke about the un-circumcised girls becoming prostitutes, and we were always so scared about that. But nowadays, we see that girls who are not circumcised keep their homes neat, are respectable with their husbands, and maybe we see that it is actually not necessary to circumcise to guarantee a good and decent behaviour.”

”We see that this thing is not good, so then it can just go away, we do not want it here any longer! Nowadays we feel that the girls are a little more relaxed, because many of them are now not being circumcised. Before, when we knew we approached the age, we used to start worrying and dreading the day and many girls ran away, but were found and brought back anyhow.”

– Are you afraid that your daughters will not get married if they are not circumcised?

”The men from our district who live in town have started refusing to get married to a circumcised woman. So nowadays it is actually quite the opposite in town, not circumcised women have become popular. But here in the village the men still want circumcised girls. For instance, I know a Nyaturu who lives in Dar es Salaam, and he says: ’if you come from Singida, then you are circumcised, and then I do not want to have anything to do with you Singida people.’”

”All the little girls with ’lawalawa’ are being circumcised, and they are being cut over and over again, and then they finally bleed to death. Now the authorities have said that it is better to bring the children to the hospitals. We actually do not know for sure exactly what ’lawalawa’ is, but up until now we believe that the infection (’lawalawa’) actually cannot be cured in the hospital, so we circumcise. Our little girls die no matter what.”

A woman doctor confirms that ’lawalawa’ actually can be cured if the child is taken to hospital:

”Actually there is a medicine to cure ’lawalawa’, but it does not reach the village. The hygiene is poor, and poverty plays a role: lack of clean clothes, lack of possibilities

to wash properly etc. But the most important thing is knowledge. If people bring their daughters to hospital, they will get medicines and treatment for 'lawalawa'."

Everyone laughs when Chiku asks:

– You say that you have stopped doing this thing, but maybe you still do it to one of your daughters, or maybe you just do a little bit, the sunna way?

"To be quite, quite honest, we people here in our village have stopped doing it, but we know that in some nearby villages they still do it."

"The authorities have told the doctors that they should check all girls who come to hospital. From the Arusha Declaration in 1968 onwards this has been the case, and as a response to that, parents stopped bringing their little girls to hospital. This is a very serious consequence of the declaration."

The doctor adds: "The rule of the health authorities is nowadays that during the first five years of the child's life they are to go regularly to a health station, for vaccinations, immunizations etc. If the health personnel sees that the girl is circumcised, they report the mother to the police. Other mothers will then be quite frightened, and will stop bringing the little girls to the health station."

– Do you think in your hearts that this new restriction is correct?

The doctor: "The people have understood this, and the authorities have given warnings; the people who have been responsible for FGM must pay a fine and / or go to jail for one day, and in addition they will be sensitised and receive knowledge to make them understand that they should actually not have done this. We do need knowledge, information, recruitment, seminars and workshops."

– You are wise women, with a lot of life experience. And you know your own people and your own village well. So, which advice would you give the IAC activists who are going to continue the anti FGM work in the village?

"We should ask them to use us as an example! We have said clearly that we want to stop the practice, and now women in other villages must also do that!"

"You must say that if our little daughters get sick and bleed a lot, you must not be afraid to go to hospital."

”When they do this thing, the little girls get sick. They lose blood, lose energy, they die. So the parents must take the girls to hospital even if they are going to get scolded. The Singida IAC activists must come one thousand times and give us knowledge and information, and not get tired, because in the end we are bound to understand the message.”

”Everyone agrees that education is important. When people receive knowledge they come to know what is being said about everything. But if we just sit around here in the village without education, we will never be able to know what is happening in the world at large. Therefore it is so important with education, radio and television.”

”We are happy that Chiku is speaking so much wisdom about all this; it means she has been given a good upbringing here with us! We are so happy that all of you love Chiku so much, and that you have come here with her to visit us.”

”We hope that what you have learnt here with us, you will bring with you and keep working on in a serious and dedicated manner!”

Excerpts from interactive discussion with 17 male elders:

“We have seen it as a decoration for beauty, and thus it has added to our pride.”

”It is very important for us that we have one person here speaking to us in our own language, kinyaturu, and we appreciate it. Through generations we have let girls and boys ‘come out’ which is our own expression for this thing. Everyone just had to undergo it, there was never any exception. Nowadays we are hearing that it is actually not good, especially because of diseases which might come as consequences. So before we begin to speak about terminating this practice, we must start talking about how to get rid of diseases! It is important to know that before, there was no ‘lawalawa’. Then the ‘lawalawa’ came and it seemed quite determinant that if you did not circumcise your child, it would die from ‘lawalawa’. It becomes quite complicated for us when you arrive here and say that we have to stop doing this. How can you actually say for sure that we will have to stop circumcising our children, as long as we have actually done it in order to save our children from ‘lawalawa’? ‘Lawalawa’ is a disease which affects both boys and girls, and the boys are being circumcised and are saved from it. Nobody wants his or her child to die!”

”Here in our culture and our tradition we have a firm belief that the little girls who are not circumcised are definitely bound to die. How, then, can you secure us that our child is not going to die, if you come here and say that we must put an end to FGM?”

”Permit me to stand up, because this is a very important subject. I very much want to say to you friends who come here and try to sympathize with us: It is quite ok that you come, you are very welcome and we will try to listen to you. But actually, to circumcise both boys and girls here in our village, and generally speaking in the whole of Africa, has never been a problem. We have seen it as a decoration for beauty, and thus it has added to our pride. We have seen that earlier on, this decoration for beauty was without consequences, whereas today it has its consequences. If this decoration for beauty has become something which is not good, then it is actually not decoration for beauty any longer. I am among those who have obtained knowledge and been sensitised, and have understood that there is no difference, cutting or no cutting, the girl is going to give birth to children whether she is circumcised or not, so there is actually no advantage in circumcision. I have made a statistics, two thirds of us have understood now, that we should not circumcise, and it is important that we work together so this last one third of us can also reach an understanding about this issue.”

”One decisive argument for us has been, as far as we see it, that ‘lawalawa’ is a great problem, which it actually is. And we justify FGM by saying that it is because of ‘lawalawa’. So, if we manage to cure ‘lawalawa’, then people will stop the practice of FGM. The doctors who are present here can confirm that we are going to the doctor with our children who suffer from ‘lawalawa’ and are actually circumcised, and the doctor said that it does not help to circumcise, there are some little animals there and they have to be taken out in some other way. Then the question is: How should we take them out? We continue our practice of female circumcision because we lack education. As long as we have a lack of education, this is the reason why we continue this. As long as we don’t understand that ‘lawalawa’ is a disease that can be cured, we will continue doing it. We have actually stopped it already, but because of all the small diseases of different kinds, some continue doing it. Nobody wants to kill his or her own child, on the contrary, and therefore we do it in order to try to save it.”

”I must say that I support the last speaker very much. I have observed that these people have a long way to go still, because they have not understood much and must get information and education in order to fully understand. Now they know that there are lots of complications during child delivery for the people who come from this place. Another problem here is the poverty, which prevents people to go

to hospital with their children when they get sick, they simply do not have enough money for that and therefore they would rather bring the child to a secret place and circumcise it instead. But we know now that the women who are circumcised will have great problems during delivery later in life. Up until today people continue this thing, nobody can actually say that they have stopped doing it. But they inherited it. They have been fooled into doing it by their ancestors, been misled into believing that if they are not circumcised, there will be severe consequences. Now they have understood that this decoration for beauty is only for decoration and does not lead to any good.”

”We are ready to receive good advice, we need to know what is really good. Women die during childbirth, bleed a lot, and don’t receive help. I know that from experience.”

Excerpts from interactive discussion with younger women aged 17 to 38:

“To be quite honest, people continue doing it here, but right after the baby girl is born and in deep secrecy, often out in the woods.”

All of them, without exception, are circumcised. All of them are mothers, except two.

”We don’t feel ashamed to speak about this thing any longer. It used to be a common thing to do, but now this thing is starting to come to an end. To be quite honest, people continue doing it here, but right after the baby girl is born and in deep secrecy, often out in the woods. So what we really need right now is to speak a lot about it, so that we can get knowledge and education about it. If the people who get recruited at the IAC sensitising seminars had bikes, we could have gone bicycling into the woods and found the people who do it.”

– If it is actually done in deep secrecy, people must really find it very important to do it?

The women all speak at once, eager to answer the question:

”It has become very common to do it because of all the diseases, malaria, diarrhoea, fevers. People say that the little girl suffers from ’lawalawa’ and then they circumcise her. We know that the children do get sick with ’lawalawa’, fevers, malaria, and diarrhoea, in any case. But other people don’t know it.”

”When the little girls start getting their teeth, it is common that they will have a raise in temperature, and then it is common to cut their gums with a knife. When this is done, the child gets sick, and then they think it is ’lawalawa’ and circumcise her. When they have gone on cutting in the gums, the process of growth of the teeth is disturbed, and some children actually do not get their teeth at all because of this.”

”The old people here are saying: We refuse for you to stop circumcising the girls, because then your daughters are going to die. So if you do not want us to circumcise our little girls, if you really believe that female circumcision is bad, then you must first show us a medicine to cure ’lawalawa’.

”If the women who go to hospital to deliver their babies are not already circumcised, they get circumcised during delivery. This applies to our village and also to women in town.”

It seems that the women disagree on this last statement. They all start speaking at once, waving their arms, it is evident that they are discussing very eagerly:

”Yes, we do it; clitoris is being cut away, because otherwise the child cannot “come out”. If you are pregnant and still have your clitoris, then you will get a lot of pain during delivery, and who would want to have great pains at that moment? Besides, everyone says that all the girls who are not circumcised are going to become prostitutes. We know it isn’t true, though, because becoming a prostitute has to do with a girl’s attitude and doesn’t have anything to do with her clitoris.”

The women say that their own children have actually not got ’lawalawa’. Some of them have had their daughters circumcised. They say it was done without their knowing about it, they were fooled, they were told that their daughters suffered from ’lawalawa’ and then the circumcision was done very quickly. They all know of girls who were circumcised and still died because of the ’lawalawa’.

”Yes, we know about them, but still we are scared to speak about it, because we are not allowed to say it out loud. You must understand that life here with the old generation is difficult, but please do not tell them that.”

On the question of how the fathers of their children react to this issue, there is a discrepancy among the women. One says, the father of my daughters does not want them to be circumcised, and another woman says the opposite.

– *Do you find it too tough to say: No to circumcision!?*

”As long as there is a medicine for ’lawalawa’, we agree that we should not do it any more.”

”This is only to fool people – because we actually know that there are effective medicines against ’lawalawa’.”

”What I know is, we are talking about a harmful tradition here, and ’lawalawa’ is an infectious disease and people will just have to understand that.”

– *How does it feel when people are pressurising you all around you?*

”If I am not put under pressure, then I do it.”

”Those who go for FGM because of pressure have not understood it! If you have really understood how harmful it is, and if you have been recruited, then you will have to dare saying No! anyway.”

– *How can you support each other?*

”Everybody ought to go to school at least up to 7th grade! Then people will be able to speak ’the same language’ because they have learnt the same things.”

– *Do you know of anyone in your village that dared to say: No to FGM! even under pressure, and what has happened to her after she said No!?*

One woman responds: ”I have two daughters, 11 and 13 years of age. Their grandmother in another village is pressing very much that we should circumcise them. But I have not done it. My husband also refuses to have our daughters circumcised.”

This seems to be the only one out of the women present who has actually dared to say No! But another woman mentions the children of her uncle; he is a teacher and has two daughters. He has said no to have them circumcised.

All the women seem to be very eager to discuss the answer to this question. One says: ”It is actually we women who decide, because we are sitting there with our sick children. The one who said she had dared to say ’No!’ promises to support all the others who need her support on this matter.”

– *Which worries or concerns have you that you would like to share with everyone?*

”It appears that the women who have been present at the recent IAC sensitising seminar have jointly written a letter to us. It is read out loud to us, and we also receive it.”

One woman adds, as a last minute concern: ”We have become confused in this matter. If a recently born baby gets sick, we say that it refuses to take its name. But, when you are going to discuss the matter of name, you must also circumcise the child, so we actually become so confused, because there are always such a lot of new arguments the whole time, which in fact all conclude that one has to circumcise the little girl.”

Excerpts from the interactive discussion with 35 young men aged 15 to 30:

”We support this women-thing, even if it is actually a women’s thing, because we have understood that it is harmful, and this is why we want to be present here today. We are here, besides, because we want to learn about why we ought to stop this practice.”

”We speak now about putting an end to this thing, but why then, do our women say that this is a secret? Why do they not want us to be together with them in this, and help them?”

”I am actually very happy that someone will come here and speak about this, because my own child almost died from it, she almost bled to death, so I want to support this work, this is why I am here.”

”What is quite sad is that I was sent by my wife to run an errand for her in a village far away from where we live. She told me to stay there for three days. Then, when I returned home, I saw that my wife had had my daughter circumcised in the meantime. I have two daughters, and the second one is never going to be circumcised! If she gets sick, and then dies, it should be by the will of God, not because of circumcision.”

”I am so glad that you are here, because people do it all the time, and blame it on the ‘lawalawa’ and other diseases. But the most important thing is that they use the same tool, like a Gillette leaf, for all the children, as many as five at a time for instance, and that can lead to spreading of diseases like HIV and AIDS.”

”This is a problem stemming from our traditions. It has to do with the structure in the decision processes, where the eldest persons in the village have most say. For instance, I get married and am dependent on good advice from my elders. So if my little daughter cries the whole night long, my parents will advise me to circumcise her.”

”It is important that you have come here to talk about this, because it certainly concerns us men as well! For instance, when a woman who is circumcised gets problems during delivery, it is we men who have to pay for the blood transfusions at the hospital. Maybe the child bleeds a lot and must also have blood transfusions, and this costs us a lot of money. So it is good that the Singida IAC has come here to our village. IAC is a splendid project, which can be a tool of help in this work, and it is important that we co-operate. I believe that this organisation will understand, and help, and try to give knowledge and sensitisation to those families who do this.”

20 of the young men are already married. Several of the unmarried ones say they wish to get married to un-circumcised women. One young man delivers an eager advice to those of them who are not married: “Don’t get married to women who are circumcised! Many times they refuse to have sex, and they have too low sexual appetite, so there will not be such good sex if the woman is circumcised”. Chiku clears the matter by adding: “Actually what he says might be true, but it is very important to remember that all women are not equally sexually active, independent of whether they are circumcised or not. And what is of utmost importance when it comes to lovemaking with any woman, is that you must make an effort to be a good lover! You must be tender and sweet, and know how to arouse her until she feels her appetite rising”.

One young man says: ”You just can’t start a relationship by asking whether the girl is circumcised or not! Because you must first get to know her, then you must appreciate, like and finally love her, and then ...”

Another young man adds: ”To expel, or reject, a girl because she is circumcised is actually not human! The most important thing is to love her unconditionally.”

“People tell me they won’t stop this practice because otherwise their daughters will not get married!”

Key persons, Dodoma

Japhet Malundo, 33, church leader:

He comes from Kisima Cha Ndege village, Msisi Ward, Mundemu Section. He is a farmer and chairperson of “education for all”-group:

”I started working with IAC in December 2003, right after having participated in a sensitising seminar in Mwumi. I had started noticing that there seemed to be a danger following the FGM practice: some children seemed to die. I spent some time trying to find out why. I am a leader in the church and decided to start speaking about it in church, and to find out what is really happening during the ritual of FGM. I still have a strong motivation to continue this work, because I see that women and children have been oppressed a lot because of this. I have talked with a lot of people, both in church and on the street, and I see this as my mission in life. The greatest difficulty I encounter is that people tell me they won’t stop this practice because otherwise their daughters will not get married! They have to get education! Many people say: ‘Give me education first; then I will stop the FGM’. They very much want their children to go to school. It seems, however, as if I am not being taken seriously by the people I talk to, just as if they don’t actually believe what I am saying. Others, when they come for meetings, it seems like they actually don’t want to hear. They say: You are using our time! We want to be paid to sit here and listen to you!

Basically it is difficult for me as a man to be active in this work, but according to the matter in itself is very important. I will reach the people in groups, and approach them in different ways. I work with youth groups, older men and women, and there is also one group consisting only of women and one group with children in school age. When I arrive in the villages, it is important that the leaders in the villages choose a house and the people who are going to be present. Then we sit and talk about it, but from time to time the meetings are also held in church.

Youth understand a lot, and have a lot of questions. When I speak to the youth, I normally speak about two issues: FGM and HIV/AIDS. I talk about sexuality, and they ask a lot of questions. How did HIV and AIDS come about in the world, and how is it transmitted? I speak about preventive measures and contraceptives, for instance the use of condoms. Some boys ask: How can it be

possible that one should actually stop FGM? I see a tendency for young boys to try to escape contact with girls who are not circumcised, because they are not 'fully women'. When I talk about the origins of HIV and AIDS, and how it is transmitted, I also point out the fact that you can also be infected through the act of FGM with unclean tools.

The women are uncertain about the issue, and actually so am I, when I talk to them about this, since it is a 'women's issue'. I have to choose my words carefully, and both of us are uncertain about how to go about this. The men are most of the time quite silent in these meetings. The young ones ask questions, but it appears to me that they do understand. When it comes to the children, it is a question of facts and information, and apart from that they don't ask questions.

I am married and have four children. All of them are girls, and none of them are circumcised. At one time my father-in-law insisted that my eldest daughter be circumcised. I did not talk to him personally, he just sent me a messenger. I actually didn't want to even hear his arguments, I just said NO. My wife supports my attitude, particularly because of something which happened five years ago: the 8 year old daughter of my sister was circumcised, and after the incision she fell unconscious for three full hours. One year later this little niece of mine became very ill, and my sister was afraid for the consequences, and asked me to bring her to hospital for her. I told my sister to do it herself; I did not want to be blamed. We all were so scared we'd lose that little girl. After this incident my wife and I decided we would not ever let this happen to our own daughters.

My advice to other people who are going to take up this work: People just have to stop this practice, and therefore it is of utmost importance to spell it out clearly to them why they have to stop it. It is important to say that it doesn't help to keep it secret, because if things turn bad, people will get to know about it after all, and then it gets worse still. Facilitators like me must receive good and ample knowledge and information about the issue at stake, and of the different methods of approach. We need to know how to mobilise people so that they will really understand what you are talking about. We therefore need networks, discussions, and seminars."

Sifras Sendeu, 32, government official, Mundemu Section:

"I work with the local authorities. When I was four years old I was circumcised. My father did not know about it, and I was not supposed to tell him. I am still very sad when I think about it. I did tell my father, though, and he comforted me. Then came the time when my two teeth were going to be pulled out (another traditional practice in some tribes). My father supported me when I said I didn't want to have them extracted. Then I got married, and had a baby daughter. I became quite anxious because I was afraid someone might want to circumcise her. I heard

from my elder sister about IAC, and became so happy. I had really wanted for someone to start work like that, and I asked to come to one of their workshops for sensitising. Finally I was recruited and became very happy. I am very happy about my work. Dodoma IAC works with women's rights and I have brought many women here. They have been helped, with marriage troubles, domestic violence, and several other problems too. For instance a certain girl was going to get married at a very early age. She refused to get married because she felt she was too young. This caused trouble in her home and her parents finally got a divorce because they could not agree on the issue. Now people know me, so they come to me from many different villages, so that I can bring them to IAC where they can get help.

The greatest resistance I get is from older people. We often use cultural activities in order to reach them. But the most difficult thing with the old people is that they do not say anything, so we actually don't know whether they are for or against.

In the very beginning of this work girls were some times harassed by other girls when they said they didn't want to be circumcised. Then the boys also started harassing them. Another problem we had was that we needed more knowledge. We got that. While we were working on the recruitment, we were able to get into the maternity and delivery wards in the hospitals and clinics and we saw how women gave birth to their babies. Then we saw which complications the circumcised women got, and afterwards we were able to go right out and speak about what we had observed. So, after having been given this type of knowledge, we gave it on to the ones who were sceptical. So now the trend has turned: the ones who are not circumcised are now looking down upon those who are circumcised, and nowadays the boys would rather have non-circumcised girls.

We mobilise so many people, but we have to mobilise even more people all the time, and can't do a follow-up as well as we would have wanted. The women we sensitise have husbands and children at home, and it is difficult for them when they want to be out in a village to have meetings etc for one whole week. So what would really be good would be to get some kind of day allowance money for doing this work. There will always be someone in the family who is against, and some who are in favour. My husband, for instance, is with me some times. I am a born again Christian, and get my strength from my religion to do this. I do not have any equipment for this work neither book, paper, nor pen, and we actually need this kind of equipment in order to do a good job."

Meeting with a group of men:

Jackson Chilimbe, 47, from Babayu, farmer and chairperson of Babayu village

Lister S. Chingursah, 39, from Makorongo village, a priest and engaged on Children's Rights issues and against female circumcision; a chairperson of youth group in Makorongo. He started in 2000 in IAC in Farkwa.

Julius Mahulu, 32, from Babayu village, member of youth group Mungano in Babayu village.

All three men are married, Julius has one daughter, Lister has one daughter and one son, Jackson has two daughters. All three wives support their husbands in this activity, and are also members of the IAC committee.

"It is a question of justice, and women's rights, and this is the motor which inspires us to go on."

– Why did you choose to work with IAC?

Julius: "Because we came to know the IAC people, they came to our villages to inform and mobilize us, and held meetings and seminars, and we were then selected to be on the committee and work with youth on this issue."

Jackson: "It is a question of justice, and women's rights, and this is the motor which inspires us to go on. We see that we have been able to reach out to society, and we have seen that women themselves now see that they have been suppressed, so we have helped them get this oppression out into the open."

Lister: "My engagement has also to do with that suppression of women. Our task now is to take care so that women and children will not be suppressed any more. Our religion says that men and women should be equal in value, and why should then the women be suppressed? When it comes to FGM issues, we have experienced that it is harmful, and this we show people, and they see it after a while, little by little."

– How is it for you men to work with an issue which is traditionally seen as a woman's issue?

Jackson: "It is lying in the nature of mankind, if the woman I am living with has a health problem then I must be ready and willing to support and help her. Is there an economical problem, I will also have to help her, because it is very important to cooperate in the solving of problems together."

Julius: "The way we look at this thing, it is some times difficult for women to be heard. So the reason why they chose us to be their spokesmen is that it might take a shorter time before a case is getting settled. Besides: the FGM issue makes women

shy and they feel it shameful to discuss it, they actually don't want to speak out loud about it. Therefore it is easier for us men to speak out about it in front of big groups of people."

– *Which kind of resistance did you meet in your society when you first started taking up this issue?*

Lister: "In every work there is some kind of resistance. This is a culture thing – it is not easy to change people's way of thinking. There is heritage also, through so many generations, so this thing is deeply rooted in people. So we know that we will meet with resistance, but we don't give up. When we sow and there is no rain, we will just have to sow again."

Jackson: "There are also obstacles regarding the authorities. We see that a circumciser has done it, and then report it, and the circumciser gets jailed. So, after a couple of days, the person is again outside, walking the streets, and I have not been called in for an interview even! This shows that the local authorities do not take this seriously."

Julius: "A great obstacle is when we hear that a circumcision is going to take place, and it is quite far to the place. We don't have means of transportation, so we do not get there in time."

Lister: "I was there when it was reported that some people broke the laws against FGM in 2000. The case was taken to a higher level, and even higher, to Kondo. But until today we have not heard anything about the case. Those people who did it are still there in the village, and nobody knows what happened to the case. Did they get fined, or what?"

Jackson: "The authorities play ball from one person to another, and don't want to take any responsibility. I know of a girl who was circumcised in the village, her parents were taken and brought to Dodoma, but after two months they were again back in Kondo. They are at their home now, and we don't know what happened to them, whether they had to pay a fine, or not."

– *What do you consider to have been most successful in your work so far?*

Jackson: "In my village it is a big victory that 4 out of 5 circumcisers have stopped their practice, and the 5th one who is still doing it, chooses to do it in deep secrecy. But most of all, what we consider to be the biggest victory is that the parents of small girls are now sensitised and mobilised, and we can see that they are saying Yes to

stopping the FGM practice. We can't actually say that we have been successful even if we tell you this, but, if the rains don't come we will just have to keep on sowing."

Lister: "I have a district with 16 villages where we have used the rights of the children as our biggest point. We have also started using videofilms about HIV and AIDS, and about other sexually transmittable diseases and "Muyshomi" for the wabarabeig people, about FGM. It is shown in this video that the girl is being circumcised and gets sick, she has severe bleedings and faints; then she is taken to hospital, but ends up as a disabled person having to use crutches. When the children see this video, they really get the message: they sympathise deeply with the girl, they cry, they get scared, and they say: 'We don't want to be circumcised!'"

Julius: "We see that a lot of good things happen, many people have really understood the message, and they transmit it further on to those who have not yet understood it. We use the church, songs, fairytales and folk tales, poetry, and we get a lot of help from the school children. So, the way we see it, these forms of action do help us a lot."

– *Will you say that the practice of FGM has changed its character because people nowadays keep it secret because of the campaign against it?*

Lister: "Of course we see changes!! First of all, the whole ceremony was very public before, whereas now it is secret. Secondly, after school holidays we used to notice that whole groups of school girls were sick when they got back to school, and we understood that it was because they had been circumcised. In stead of having it done to all the girls during vacation time, we see that it is done one by one now, and during school days, and the parents report that their daughter is sick. One goriba (circumciser) and the mother of the girl were arrested only a short while back, because they had done it on a little girl of only 6 months. This was in Singida. The baby girl died as a result of this."

Future challenges the men foresee:

Julius: "I know people have changed their methods, nowadays the circumcision often takes place on the very same day the baby girl is born, and therefore one is finished with the whole problem. So, I really wish they will come up with a law that obliges health personnel to check the children regarding this when they are brought to the health clinics. Because even if we follow up the child, we can't see the changes that the small children have undergone, this can only be checked up at the health clinic."

Lister: "We are not so easily getting rid of the harmful health problems overnight. It will continue in the future. But these little girls who are circumcised will grow up and will suffer the harmful consequences, for instance during child delivery. So we still have not got rid of these health problems that are related to FGM."

Jackson: "I have heard that the wachagga in Kilimanjaro region do FGM a lot even today. If one does not mobilise well, the danger is that the women will get circumcised by the TBAs (traditional birth attendants) during child birth, because these TBAs have not understood the thing."

– *What about your own regions and tribes?*

Lister: "This can also happen in our society. Women will start noticing that sexual relations will not be the same as before they gave birth to their child, if they became circumcised during the delivery. They are going to feel sexual intercourse painful after the circumcision."

– *Do you have any indication from your own regions of how many women who are getting circumcised?*

Lister: "Maybe approx 80 %."

(All three men agree on this approximation. They all add: "This work is progressing very slowly.")

– *Which role has youth of both sexes in the IAC work?*

Lister: "Our role is to work hard!! And not be intimidated. We must keep on going, even though we meet with hindrances. So our job now is to do a good job, which in fact we do!"

Jackson: "To create a network and a co-operation between the young people themselves and between us and the local authorities. The local authorities are role models for the whole village. If we obtain support from them, then we get strengthened in our task. Our objective is to create a platform for the work so that we can go on building further."

– *Are there any income generating activities here among the youth? Do you have any projects of this sort?*

All: "Yes we do have some technical work, some small industries, carpentry, ceramics, but we would actually very much like to establish some small industry

projects but we need some capital in order to get started. What we actually need is some counselling and good advice and follow-up in all we do. And we definitely need more seminars. IAC has given us seminars for information, and has taught us about small industry micro-finance systems.

We need help when it comes to ploughing. We grow sunflowers. And we believe next year will definitely be better. Things must be coordinated if they should have a chance of success. We have too few resources for instance for getting ourselves some better products.”

Julius: ”We have professionals but not the capital. We do want to realise our dreams. Some people know how to make clothes, but we don’t have a sewing machine. Some people are good carpenters but we don’t have a carpenter’s bench for them. We could easily make a chicken farm but we need wired fence. What we actually need, in short, is a starting capital.”

Lister repeats: ”People need the possibility to obtain a sum of money to start their own business, either as a loan or as a scholarship or stipend. Without this, people can’t make it. The poverty in these areas would diminish if we had those possibilities. There used to be some statistics showing that people survive even below the poverty limit in my area with USD 1 per day. However, according to new estimates, people absolutely did not manage on one dollar per day! So many people come from very poor families, and they don’t manage to send their children for education. What I really want is for people to utilize alternative energy sources, like solar power, instead of fire – so as to preserve our nature. We actually have a whole list of things we want in our villages. Lack of health, welfare, and equality of the sexes, these elements go together in forming an extended poverty problem.

We want to describe how many and which difficulties and challenges, obstacles, they face, and hope that through that report we will be able to mobilise some more economic support.

IAC is very eager and will always work with us, they want to come often and visit us, but there is a big problem, they don’t have any means of transportation. They would have been able to do so much more if they only had some transport. This IAC network is really very good, and we are very happy about that. This office is very nice, but in our village we don’t even have paper and pens, we have no office, we actually keep office under a tree!”

Excerpts from meeting with the District commissioner of Kongwa, Florence Horombe, and also District executive director for the local government authorities.

“We, the government, will see to it that there will be an enabling environment for this work here in our district”.

“... people have actually still not understood why it is forbidden!”

Mrs. Florence Horombe holds a Master Degree in Social Science (Community Economy, Development and Statistics).

“AFNET and IAC have worked in this district over the past few years, and I believe the prevalence of FGM has dropped during this period of time. Mama Mapembe from IAC has been here three times before, in order to follow up the work. She has brought several cases of recent circumcisions to us and we have followed them up.

There are 17 villages in the Kongwa district. The people here know about the law prohibiting FGM practice. They have been sensitised about it. But they still do it in secret. Some young people brought me the name of a girl who had been recently circumcised here in the district.

Many people here in Kongwa are organised to work with this issue, and they do a good job. Many people participate, sing etc. Mama Mapembe does a very good job! I was invited to the launching of the anti FGM campaign. I look forward to further cooperation with her and IAC. We, the government, will see to it that there will be an enabling environment for this work here in our district. I am District Commissioner, but also a woman, and I have worked a lot with this issue earlier, in the Ministry of Gender, Children and Community Development. I have worked with several international organisations for more than 7 years, and addressed specifically the Human Rights issues and gender, conducting training programmes for women’s issues in all the districts of our country, especially regarding legal rights and Human Rights. So I understand the need for intervention regarding FGM.

There is a difficulty in monitoring changes when this FGM practice is going on in secrecy. We received reports from a village about a group of young girls who had been circumcised, and we are now working on a follow up action. Behind the activities concerning boy circumcision, female circumcision is also being done in a camouflaged way.

We try to emphasize that the law prohibits this practice, and we discourage people from continuing the practice in secrecy. It is difficult to get information about what is really going on in secret, and to follow it up. But we are trying.

Some years ago, I was working in another district where acute practice of this tradition is going on. I asked the priests there, and they said that 'Yes, this practice is actually against our religion. When the season for circumcision came, I was still in that district. I realized that even one of the daughters of the priest was in the group of the young girls to be circumcised, so I asked: 'Why?' And he answered me: 'The mother wants it, our daughter is not a complete woman without this, and she won't get married without this'. I am telling you this so as to emphasize how difficult this issue really is. It is part and parcel of culture and the whole belief of society. But, we have a lot of success in this work, through sensitising people about this issue. Everyone, all over Tanzania, knows by now."

– Steps necessary?

"Awareness has increased among people in general, and therefore it (i.e. the circumcision) now has to be done in secrecy. Before, people did not even know that it was an offense. Those who do it nowadays, in secrecy, don't actually know why it is a legal offence. So actually we still need more support to address this problem."

– The law is clear, but enforcing the law involves a lot of challenges. What is your comment and actions when cases are brought here?

"Through the government structures we are able to hold the primary courts. All over the country we have started a judicial sort of ward counsel. This was started because the primary courts are not present everywhere. Here in my district we only have 4-5 primary courts, so people don't actually have access to this. Therefore we started what we call 'Mabaraza yakata, which handles different cases. Finally people have to get a signature from the primary court to go ahead with what the court has decided.

This is an area where the people working in the court system will have to be sensitised on the issue of FGM, so that they can handle the cases with the required knowledge.

'Mabaraza yakata' is governed by local people themselves, people who live in the middle of this culture. We must target for sensitisation here, because this is a new structure which just recently opened up this year. Last year when I came here, it had not started functioning yet. But now it is functioning well, in all the 14 wards of my district. Each 'Mabaraza yakata' has approximately 7 to 10 people. These are not elected nor appointed from the government authorities, but are local people

who have been elected through some certain criteria. Normally they are elders, some enjoy support from the community, some are elected from the church. These people should not have worked in the legal judiciary system, they have to be lay people.

If these people are also carriers of the FGM tradition, it might be difficult. But if these people, who own the respect of the people, are sensitised, then we have really gained something.

What we really need is tailor-made training programmes on law. We plan to sensitise particularly community development officers and women in religious groups with these programmes. This training programme has an initial part, and then a follow-up.

After the initial program had been worked through, people came up with a lot of interesting things. The participants said that they were actually not aware of, or did not have knowledge about, some of the issues that were brought up. It was an eye-opener for them, because they did not know these issues. So then, after this, I saw that there was a giant necessity for further sensitising with these groups. The whole sensitising programme actually ought to be done within the framework of the job they have, so that there would be no need for an extra budget, or financial complications. But of course the people will need support for transport etc. Both financially and practically the work must be integrated, but there is a problem of understanding gender itself as a concept.

If at all we will record success here at district level, we will have to determine what will be success or not. The determining factor is not you, as a person, an individual, in the office, but you going out to the grassroots! As long as IAC is here at district level I am sure we will have an impact. We must sensitise in every sector. NGOs are change catalysts, and must work hand in hand with district councils and work more in an integrated way, in order to have a sustainable impact, not only short term.

We have several sections in the village, kitongoji, where the government authorities are. If these structures are used effectively, the NGO work will be cost effective and more sustainable, because when NGOs leave the structures will still be there, giving a permanent system. That again will advocate changes of the NGOs. So there is a need in my village to keep sensitising the kitongoyi leaders.

We have this very interesting concept in our country, 'Maboresho', which stands for improvement. The literary translation emphasizes good governors, but actually encompasses all people who are representing the people. It implies abiding by what good government is, working for people in a good way. This concept has been introduced and conducted in only a few regions up till now, but with lots of success. It underlines the importance of working with the grassroots, and being grassroot fundamental. The programs are 'bottom up, not 'top down'. So the idea is for people themselves to own their problem and find out how it is going to be

solved. One wants to especially address the issues of Human Rights for women through the maboresho system. Encouragement and technical support is essential and must be given.

In the Arusha declaration of 1968, our President Nyerere decided that female circumcision should be forbidden by law. My own people are still doing it, though, in hidden. So people have actually still not understood why it is forbidden! Nowadays it is even worse! Even people who are against FGM do it to their daughters because of social pressure. So the law can actually not function as long as people don't understand why it is forbidden."

– Maybe you should suggest for the government that rather than punishing people by ways established by the legal institutions after a certain episode where a child is circumcised, people's punishment should be that they obtain knowledge in stead of jailing?

"Yes!! I have thought about this! "Ushirika wa wanawake wakongwa" has already been organised (Union of women in Kongwa). The section can deal with human rights for women and other women's issues. So this is quite relevant. I would like to establish a legal unit especially for women's issues, a unit which could affect women in their households. It would be very innovative here in Tanzania. The unit could work with documenting and broadcasting, and be a place where women could go for legal advice etc. We could incorporate women teachers here, retired women who have worked in government, who have the capacity to analyse etc. We could really empower them to do this."

“We do have a problem here, as some people actually do it in secrecy.”

Excerpts from interviews with key persons, Farkwa

The teacher at Farkwa primary school, Jumanne Mayingu Ally, 38, is one out of 30 persons who have gone through IAC FGM training. He is currently the secretary of the local IAC group.

– How and why did you engage in the IAC work?

“I have become one of the FGM fighters because I heard a lot about it in the media, everything about the negative consequences and all, and I have learned a lot from the IAC ladies as well. I have daughters myself, and it hurts me to think that harm has been done to them, so I would very much like to take part in this work. I have participated actively since 2002.”

– What does your wife feel about your activity?

“She is also against FGM, and gives me permission to be active.”

– We have seen how you train and encourage the children. But do you also inform other groups in this society?

“Generally speaking I do not only work with the children, my job is to mobilize the whole village and the areas around it. Two other teachers also work with me on this issue. This topic is usually a particular point on the agenda of all public meetings in our village, because in the year 2000 there were, according to statistics, some 75 % who practiced FGM around this village and the two adjacent ones.”

– We heard one of the students say that some people in the village do circumcise their daughters, but in secrecy. What do you think is the reason why people do it, in spite of knowing it is illegal?

“Yes, we do have a problem here, as some people actually do it in secrecy. Maybe some people from the Maasai clans do it. Maybe some other people too. It is difficult to eradicate the tradition, because it is so deeply rooted.”

– Do you have any indicators of how to measure the progress of your IAC activities, now that you have run the activities for a while?

”We have performed a group assessment, and considered the outcome as average, i.e. we estimate that approximately half of our village population has stopped the practice. We get to know about it by speaking to people, and we also speak to the children. We assess the outcome of our activities based on these conversations. But to know for sure, in the inner heart of the village people, how it really is, is actually very hard so I cannot say anything for sure about that.”

– Which would you consider to be your victories in this work so far?

”The way I see it, the very fact that the authorities are now supporting the campaign is a great victory. It is also a victory that the village people have understood the message. We have also achieved that some of the circumcisers have stopped their practice, and that is also a victory.”

– How do the ex-circumcisers manage to survive, now that their source of income has come to an end?

”I have talked to one of them personally. She is living with relatives and has got some plots of land to cultivate.”

– Which cooperation do you have with the nurses at the health clinics around here?

”World Vision Tanzania runs a Farkwa development project in cooperation with health clinics and traditional birth attendants. So there is some sort of network.”

– Is your impression that the practice of FGM has changed its character since the IAC started its work of sensitising around here?

”We can notice some changes: circumcision is made in secrecy these days. Besides, people have started circumcising much younger girls; actually now small baby girls are being circumcised. People say, when confronted with it, “she is born like that”. People do it to their little daughters from age 0 to five years of age. Among the Maasais there might be small to no changes in their practice, because the FGM is so deeply rooted in their culture.”

– *Which would be a way to go past those obstacles in culture, according to your opinion?*

”We can’t do so much, because the Maasais live too far away from our village, and there is no means of transportation. I have, however, both Maasai boys and girls in my classes. Some Maasai girls quit school before completing 7th grade, and this is a problem. I teach 3rd, 5th and 6th grade students. We have a total of 152 students in our school, 1st to 7th grade.”

– *Which advice would you give to people in other parts of Tanzania where the work against FGM has not reached this level yet?*

”In order to succeed, one has to concentrate on giving good and thorough information! The consequences are death, by severe bleeding, difficult child delivery, and danger of HIV/AIDS infection. People just have to be given knowledge about this.”

– *Something important you would like to say as a last message?*

”In order for the sensitising process to go well, people need capital, and income generating activities. If we want positive changes now, we must actually be able to reach out to people, and for that we need means of transportation. When it comes to the youth – it is an art to be able to motivate them. We must apply different methods, and we must work hard, because youth here have a lot of activities going on and it is difficult for us to make them take an active interest in this.”

“...men around here often think that this FGM issue is a women’s thing”

”I actually wrote a speech, which I had planned on giving when you arrived here today. If you had arrived on time you would have heard it. While we were waiting for you, I let some of my male colleagues read it, and they exclaimed that I ought to let a woman read this! Because men around here often think that this FGM issue is a women’s thing. So I actually planned on letting a woman read it, even though I actually did not have anything against reading it out loud myself either.

I want to emphasise that neither one of my four daughters is circumcised. My wife and I have told my in-laws very clearly that we don’t want our daughters to be circumcised. My parents-in-law probably agree with me, because I normally send my daughters to them for holidays, and up till today they have not done it to them while they were there. People around here do it in deep secrecy, but I have never during my seven years here ever been asked to help or protect any of my students. If any of my students were in danger of being circumcised, she would most probably come to her teacher for help, or maybe to her neighbour.”

– *Where do you think this work will be in five years from today?*

”The way I see it, it is definitely not over yet. A lot more work is needed. A lot more networking, a lot more cooperation with health clinics and health personnel is needed. What is quite complicated right now is that people have moved the FGM practice out into secrecy, and this is a new challenge: Thus, a new group of practitioners of this tradition is born.”

– *Even if this work is progressing quite slowly, do you still have hope for the future?*

”Yes, I think that maybe in about 10 to 15 years from now we might have a cooperation between all groups in society, and by then maybe this whole practice has come to an end.”

Excerpts from interview with Jane David Chisvillo, 45, Division Secretary Officer of the Farkwa IAC:

”I became involved in this work in 2001, when IAC came to Kondo. Before that I was not aware how horrible this tradition was. But IAC brought a video film showing how FGM is being practiced in Ethiopia. I then decided I wanted to work against this tradition. I myself am not circumcised; I come from a Christian family which does not practice this. But of course I knew that FGM was being practiced in this area. I saw the video, and the pain of this thing went right through me. I heard about all the negative consequences, and the complications, and even about the complications that may occur during delivery, and this made me very eager to start working with this issue.”

– *Which obstacles have you experienced in the work?*

”I see it as an obstacle that the Maasai people around here have such a firm belief in their own culture. They do not want to hear anything else. There is about 17 kms to the nearest Maasai village, and this is an obstacle in the campaign, because we have to walk on foot. Many people want to continue the practice, but have not actually seen what is actually going on, the pain and the consequences, so I think that a video about it will mean a lot.”

– *Was there resistance against showing the procedures in those theatre plays we saw the previous time we visited?*

”Of course there was, in the beginning, and it took some time, but after a while it was OK. In the beginning, the parents did not want their children to participate

in the activities. However, after having been explained and informed about it some one thousand times, they understood and accepted. 'This tradition is a part of our culture, we have inherited it from our forefathers and we do not want to discontinue it now', they say. If a young girl from the Maasai tribe is not circumcised, it will be very difficult for her to get married and the parents would lose the opportunity of getting a good bride price for her."

– *Which arguments have the other people had to continue the FGM practice, apart from the Maasais?*

"I know the Sandawi people. In the village of Bubutole a girl told me that they were 12 young girls who were taken to be circumcised. She told me how it all happened, all 12 of them were gathered in one room and they were fetched one by one, while the others were sitting there waiting their turn. When the turn came for her to be taken, she put up a fierce fight, but could not manage, and was finally also circumcised. She was 12 years at that time. The other girls were from 3rd and 4th grade.

There are also Sandawi people in the village Gongga, quite far from the main road and quite close to Maasai land. So I think they are very much influenced by the Maasais and therefore find it correct to continue the practice. In the Tumbakoze village there are also Sandawi people. I have talked to the village leader there, who confirms that Yes, they still do FGM. I talked to a midwife there, who confirmed that 95 % of all the women who came to the health station there were circumcised. Besides, there are actually very many people who do not want to come to hospital or health station to give birth, because they have heard about the anti FGM campaign and believe that they will be arrested if they come to hospital and it is discovered that they are circumcised. This is actually a negative effect of the campaign, which raises new challenges in this issue, so it is very important that we get to know about it! I was told of two girls who asked for help, their parents wanted to circumcise them because they thought they suffered from 'lawalawa'.

– *The obstacles we meet in this work seem to be changing character over time! Are there other obstacles now appearing, that force us to think of new strategies?*

"Yes! FGM is happening in deep secrecy nowadays, this is a change which has come as a by-product of the campaign. Besides, we have the age aspect: It is being done to small girls nowadays, in stead of the 12-14-year-olds. Or, they take the little girls who are on vacation at their grandmother's house in another village. They say they don't do it, but they do it anyhow. When they are gathered in big meetings in their village, they all say that 'NO, we don't do it any more, we have stopped doing it!' But I managed to talk in private to a traditional birth attendant, and I asked her to tell me in confidence, and she said that well, yes, they actually continued doing it anyway."

– *How can you continue working against FGM now that it is done in deep secrecy?*

”I have divided the people into three categories: first, the older generation. It is difficult to convince them, but they have to be brought into the campaign. Secondly, the school children: One has to work a lot with them, because they are the generation of the future. Thirdly, we have to work with the women! It is actually the women who are the active motors in this tradition; it is the women who want for their daughters to be circumcised, even if their husbands say no. So we actually have to concentrate our work on the women. Whatever you see with your own eyes will help you to change your opinion. With help of a video, people will see for themselves what this is all about, and they will start asking. Regarding the songs, dances and theatre plays we do with the children - even if we tend to believe that these forms of expression have a great potential for change, as there is a lot of togetherness, good companionship, and enthusiasm involved - we might believe that this is important, but it doesn't necessarily mean that the children have understood the seriousness of the matter! They must really go deep into the material with their whole selves, and then maybe be able to grasp it.”

– *Victories so far?*

”I see the biggest victories among the youth. They seem to have understood by now that FGM has serious consequences, and many of them have said that they will not get married to circumcised girls. Many boys nowadays are saying that circumcised girls are not as good in bed as the un-circumcised ones. Besides, children in 1st through 7th grade are thoroughly sensitised and mobilised, and they go home and talk about it, and their parents become aware of the issue and that FGM is actually an illegal practice.”

– *With all your experience, have you any advice to give to new groups that have recently started this work?*

”If you are going to work actively against FGM in a society, it is important to know everything about this society, you must know everything about how it is organised, etc. We have seen that women will not go to hospital to deliver their babies any more, because they have understood from the campaign that they will be punished because they are circumcised. This indicates that the campaigners have not actually become acquainted with how people in those villages perceive what has been said.

There are two things that are important: First of all, education is important, knowledge, to get rid of stupidity and ignorance. Secondly: belief in God. God becomes like a replacement for tradition. These two things are the keys. The

majority here is Roman Catholic, approx. 95 %. There are 4 % animists, and 1 % of other religions. However, there are Christians by mouth, and Christians by spirit. I myself come from a spiritually Christian family and everyone in my family said no to FGM.

I would like to end this interview by stating: all in all, I believe that we have one goal, and different methods to reach it. There are differences from one village to the other, and therefore it is necessary with different approaches in the campaign. You go from family to family, and you just have to assess and use one of those many different methods of approach.”

“... as long as they have not understood that, they cannot stop it either.”

Excerpts from meeting with 11 children aged 8 to 13, Farkwa village:

Texts to the songs the children sang:

1) We have won!! Welcome! We children have won the fight against FGM! FGM has now come to an end!

2) Jive: Down the river, NO TO FGM! High up the mountain, NO TO FGM!

3) FGM leads to a lot of harmful consequences: disease, stupidity, HIV/AIDS! All harmful traditions are dangerous to the children!

– What do you understand with the texts of your songs?

“We understand that we really needed to stop the practice of FGM, and now it is eradicated completely here. Our whole society should be educated to know that FGM is harmful to the girl children and also that it might cause HIV/AIDS.”

– What do the people in the village think about your songs?

“Everybody agrees, even our grandmothers!”

– Have the people in your village stopped FGM completely?

“Yes, they have, although some do it in secrecy, because they are afraid of the law, afraid of being fined and put to prison.”

– Then why do you think they still do it, in secrecy, even if they know it is now illegal?

“Because they have not actually understood why the practice should be stopped, and as long as they have not understood that, they cannot stop it either.”

Seven of the young children present have sisters at home. We ask them:

– *What can you do if you come to know that one of your sisters is due to be circumcised?*

Two children answer:

”I will report them to the legal authorities, and eventually to the village leaders.”

”I will also report to the local government and to all organisations dealing with FGM.”

– *What then, if your mother or father ended up in prison?*

”That would be very painful.”

– *Have you come across any children who are afraid to be circumcised?*

The question makes them all think very deeply. Finally they all shake their heads in a clear ”No”, they have not heard of anyone.

The children add: ”Our teacher says that we must tell our parents not to do it. He says we have to cooperate about it and be together in the fight, all of us together.”

An example of a public court hearing; an individual heroine

Melea Kibaya, 51, from the village Kisima Cha Ndege, farmer by profession.

This lady is not a member of the IAC, but has come to the office to tell her story because she has been helped by the Dodoma IAC activists. She has been a widow for 18 years. The Dodoma IAC activists tell her that with her actions she will be an excellent example for the whole nation.

”I know that God forbids us to do FGM. Besides, even our country’s authorities prohibit it. I knew about this. My story is as follows:

My son got married. He divorced his wife in 2000. Their daughter who was born in 1998 came and lived with me after the divorce. After a couple of years my son re-married and told me his daughter could come and live with him and his new wife.

After my granddaughter had lived with my son and his new wife for some time, the child’s biological mother came and took away the child, and had her circumcised without my knowing about it. At one particular time in 2003 I was out to fetch water at the well. Three children were there, one of them was my granddaughter. She was going to take off her clothes, but the other two children said: ’Don’t do it, because you are circumcised!’

I realized then what had happened to my granddaughter. I went to the local authorities and obtained their permission to go and get my grandchild at her biological mother’s place. There was a fight. I asked the biological mother and her mother (the other grandmother): ’Why did you do it?’ The mother of my grandchild, and her mother both said it was because the little girl had been sick with ’lawalawa’. Then I asked them: ’Why didn’t you tell me about it?’- They said they knew that I knew so much about God and the laws and the authorities that they would not tell me about it.

I came here to Dodoma to seek help from the authorities in this matter, because I really didn’t want my granddaughter to be circumcised. I asked, ’What can you do about this now?’ They decided to open a case in the lower level court. The doctors checked my granddaughter and confirmed that she had been circumcised, and her biological mother was put in jail for four days. After that she was released on bail.

When the case came up, the court was obliged to get hold of the person who had actually performed the circumcision. However, she had managed to run away. Therefore the case was postponed until the circumciser had been found. When

she was actually found and the case was to be re-opened, the other people did not show up, i.e. the biological mother and her mother. So the authorities had to go out in search for them. They tried several times. At last they got hold of the child's maternal grandmother and she was put into custody. However, they let her go after only one hour, probably on bail because someone bailed her out.

In this way the authorities have continuously postponed the whole thing, and thus I see that they are not serious about this. I had heard about Dodoma IAC, so I came here for help together with my granddaughter. I brought them the file number from court, and the corresponding papers. The day before we were due in court the police came and arrested me, and I was there in custody for one month! My grandchild's mother and maternal grandmother had wanted to hit back at me, and now it appeared they were blaming me for the circumcision! They could do this because the woman who had circumcised my granddaughter was actually not to be found. When I was in prison, I had to sell everything I owned, cows and my goat, in order to get people to find the circumciser. The car belonging to the local government was used in the search for the circumciser, and I had to pay for the gasoline from my own pocket. I paid in total 596 000 TSH (eqv. to USD 596).

I had to be there in prison for one whole month, because nobody had the money to bail me out. One day my daughter came to visit me in prison and I said: 'Please go to the Dodoma IAC ladies and tell my story, because they don't know where to find me now!' Then they came, and got me out of prison.

So I am very grateful to the Dodoma IAC, they have done so much for me! Because of their care I am here now. After I was put in prison, the biological mother and her mother took my granddaughter to their home, and they are now denying me the right to even see her. As of right now, the whole thing about the court case is very uncertain. There was a court hearing yesterday, but I could not be present because of a death in my family. Dodoma IAC found a lawyer, Mr. Kuwayawaya, who was present there on my behalf."

This brave and courageous grandmother impresses us with her excellent memory. She cites for us very accurately all dates, times of the day, names, number of case files etc.

– *Do your neighbours and your family support you in this case?*

"If Jesus has undergone hell on earth, then this is fine with me, then I must also endure this hardship. However, the local government leader is actually on my side! My son unfortunately cannot support me in this matter, because he himself is in prison because someone accused him of stealing something.

However, I believe that justice will prevail, and I will never give up! Dodoma IAC is a big help and support for me."

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