

Mismatch between Interventionists' Messages and Local Reality of Female Genital Cutting in a Kurya Society - Northern Tanzania

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Abstract

Female genital cutting viewed as harmful, painful and traumatic practice experienced by girls and women; is also regarded as gender violent practice against women and girl child. Regardless of global and national efforts to end it, the practice has been highly celebrated amongst Kurya people in Tarime district-northern Tanzania, accounting for 85%. Focusing on how interventionists' messages are delivered and perceived in a Kurya society, the author addresses the question of why interventions seem not to succeed at the local context. The article reveals "a dialogue of the deaf". While the local people cannot make sense of the messages from the agents of social change and thus continue to reproduce the practice on the ground of cultural significance attached to the procedure, the latter does not take into account the local discourse when constructing intervention strategies and messages. The author shed light on the importance of understanding locally constructed meanings and beliefs through which the practice is maintained and argues that it is the interventionists who ought to be educated first about indigenous knowledge and experiences before embarking in processes of supposedly educating local people in their own local reality.

Keywords: Female genital cutting, Intervention, Kurya society, Gender violence.

1. Introduction

Regarded as one of the problematic issues in sexual and reproductive health (Russo and Pirlott, 2006:179), female genital cutting (FGC)² is also viewed to be associated with physical and mental complications in both girl and women victims of the procedure (WHO, 2008:11). The practice is strongly condemned as an infringement of human rights with regard to the Universal Declaration on Human Rights of 1948, particularly Article 5 that stipulates, "... no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment ... " (WHO, 2008:8).

Owing to such recognition, there have been international and national efforts to address the practice. As a commitment to stop it, Tanzania adopted various International Conventions, Declarations, Programmes, and enacted a law³ that prohibits all violent practices in the country. Effort to put an end to female genital cutting in the country has also been made by various stakeholders, including Non-Governmental Organizations, both at national and local levels.

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² Although Female genital mutilation (FGM) is a commonly used term by activists against it, female genital cutting (FGC) is considered a neutral term referring to the practice. WHO (2008) describes the practice to include, "all procedures that involve partial or total removal of female external genitalia and / or injury to female genital organs for cultural or any other non-therapeutic reasons".

³ The Tanzania Sexual Offences Special Provision Act No. 4 of 1998.

Since women and girls are considered the most vulnerable to female genital cutting, women have mostly done campaigning against the practice in Tanzania. Some women's organizations against the practice in Tanzania include the Tanzania Gender Networking Programme (TGNP), the Women Wake Up Para-legal Unit (WOWAP), Feminist Activists Coalition (FEMAC) and the Tanzania Media Women's Association [TAMWA] (Africanus, 2012).

These organisations have been involved in providing education, conducting seminars and raising awareness of the practising communities in order to stop female genital cutting. The campaigns have proved successful in some areas such as Same District in Kilimanjaro Region of Tanzania, where practitioners officially announced they were abandoning the practice. Despite the various initiatives that have been taken to curb female genital cutting in Tanzania, in some areas, such as parts of Arusha and Mara Regions, the practice still continues unabated [National Bureau of Statistics (NBS) Tanzania and ORC Macro, 2005:247].

While the national prevalence is 15 percent in the 15 to 49 age group; 85 percent of women have been reported to be genitally cut among the Kurya in Tarime district, northern Tanzania (Bentzen and Talle, 2007:22; Population Reference Bureau, 2008:2,5). The focus of this article is on Kurya society. The article shed light on how interventionists' messages are delivered and perceived in the Kurya society and addresses the question of why interventions seem not to succeed at the local context.

2.0 Literature review and Theoretical framework

2.1 Literature Review

Available literature suggest that the main pressure to abandon female genital cutting in Africa originate the colonial administration and Western religious groups since the 19th century, and later on, from Western feminists and international organizations such as WHO and UNICEF (Shell-Duncan, 2008:225; Toubia and Sharief, 2003:252). Through time, anti-female genital cutting discourses have been changing. While pacification and enlightenment discourses were dominant during the colonial time (Gruenbaum, 2005:433-4); health discourse was adopted in 1970s and, from 1990s to date, the Human rights discourse has been dominant (Johnsdotter and Essen, 2010:30).

Owing to strong African resistances against anti-female genital cutting campaign during the colonial time, the health discourse was adopted in 1970s. It is argued that, "the discourse was rarely directly critical of local culture. Rather, the language justified international intervention to eradicate the practice by characterising health as a concern abstractly relevant to any and all individuals" (Boyle et al, 2001:528).

However, since the early 1990s, the global anti-female genital cutting campaigns have tended to shift from the health approach to a focus on human rights (Shell-Duncan, 2008:227). This has been after the women's decade of 1980-1990, which brought attention to issues of gender inequities and their effects on women's health. Following the feminist struggle, the concept of "women's rights" as human rights was introduced and female genital cutting was acknowledged as gender-based violence and a violation of human rights at the Vienna World Conference on human rights in 1993 (Toubia and Sharief, 2003:252).

It is worthwhile to point out that female genital cutting is no longer a phenomenon brought to public attention only by Westerners. Increasingly, it is becoming an issue brought to public attention and debate by individuals as well as organisations in countries where it is practised. It is also imperative to note that while the western discourses are against it on the ground of health consequences and violation of human rights, in several parts of Africa; the practice is still perpetuated by the traditional discourse that upholds African cultural values.

Some authors (see; for example, Hopkins, 1999: 932) links continuation of female genital cutting with lack of education to the practising communities and hence recommend education for both women and men as a means for addressing the problem. It should be understood that some educated people are also in favour of the practice [National Bureau of Statistics (NBS) Tanzania and ORC Macro, 2005:254].

Apart from education, religion has also been thought of as a useful means towards eradicating FGC. Nevertheless, the role of religion in relation to female genital cutting varies. Supporters of the practice in some contexts tended to consider FGC a religious practice, although it is not a religious dictate (WHO, 2008:6). In the Kurya context, some faithful Catholics are also involved in the practice (Africanus, 2012:199).

Addressing female genital cutting requires deeper understanding of the socio-cultural values that perpetuate it and, use of an integrated approach which have aided success in addressing it in some areas of prevalence, such as in Upper Egypt and among the Malicunda Bambara of Senegal, where a project known as TOSTAN or the breakthrough was initiated at grassroots level. Through an integrated approach people developed a sense of community ownership of the project, instead of an “insider / outsider perspective” (Monahan, 2008:29; Toubia and Sharief, 2003:256).

2.2 Theoretical framework: Female genital cutting and discourse power

Focusing on the issue of discourse, Foucault (1973:143) theorises that discourse may be used as powerful means to regulate the conduct of others although he argues that reaction is possible since there is no un-rejected power (See, also Foucault, 1978:171; 1980; Giddens, 2009:96; Hayter, 2005:47; Roberts, 2009:63,100).

According to Foucault (op.cit) an understanding and perception of a social phenomenon reflect the dominant powerful discourse of the time. Power works through discourses to shape attitudes towards a phenomenon such as sexuality. By “discourse” the author means thought or framework that governs the ways in which particular subject or social phenomenon can be meaningfully talked about or discussed. He postulates that discourse is crucial in social construction of meaning of any given practice, of the actors involved and the roles of actors (See, also Fox, 1998:417; Giddens, 2009:96; Hall, 2003:73; Haralambos et al, 2000:851).

While acknowledging the link between knowledge, power and discourses; Foucault (1980:52) is critical on the conceptualization of power as a unitary and centralized construct by arguing that the exercise of power takes place in all social relationships, at both macro and micro levels (see also Fox, 1998:416; Wickham, 1986:169).

As a socially constructed relational entity, power is a process that occurs in society and in institutional relationships between and among individuals. On basis of Foucault’s conceptions of discourse and knowledge power relations, it can be established that female genital cutting can be constructed differently by different people according to different discourses underpinning it. Adoption of the concept of discourse power in Foucault and social construction of meaning through discourse are pertinent in this article towards understanding how female genital cutting is constructed in different discourses and how the discourses that emphasise change are constrained by the opposing discourse that reproduce it in the local context.

The article focuses on how anti female genital cutting interventionists’ messages are delivered and perceived amongst Kurya in Tarime district northern Tanzania. The author intends to increase understanding of how the mismatch between intervention strategies and local reality of female genital cutting impede the process of eradicating female genital cutting in the local context.

3.0 Materials and methods

The data on which this article is based were collected through a qualitative research approach in Tarime district where Kurya ethnic group mainly resides. Qualitative research approach was adopted because the nature of the research question required flexibility in order to be able to learn from every step of the research so as to focus more on addressing the research questions as insights were gained in the research process. As Dahlgren et al (2007) point out, qualitative research employs a flexible or an emergent design that emerges as further insights are gained through data collection and analysis in the field (Dahlgren et al, 2007:30).

Given the nature of the focus issue, data gathering was through qualitative instruments which included field observations, in-depth interviews, and review of secondary data. Qualitative data collection instruments are acknowledged to be more appropriate for investigations seeking to explore sensitive issues through the lived experiences of those centrally involved (Wicks and Whiteford, 2006:99). Key informants were selected through purposive and snowball sampling techniques and they included male and female Kurya; traditional leaders; practitioners of female genital cutting; government officials and leaders of Non-Government Organisations. Fieldwork covered duration of fourteen months.

4.0 Female genital cutting events

One of the social events in relation to genital cutting observed in the field was public celebrations of the practice. Although female genital cutting is illegal in Tanzania, the celebrations were so apparent as they took place in central locations including the centre of Tarime urban and market places. The celebratory processions were also observed passing by government offices and along roads, including the highway from Mwanza region of Tanzania to Nairobi in Kenya via Tarime urban. In the course of fieldwork it was learnt that while the government relied on the law that prohibits all violent practices including female genital cutting, comprehensive and integrated initiatives against the practice were lacking. Few initiatives observed were made by few non-governmental organizations focusing on issues like HIV, orphans and human rights. Despite the mismatch between intervention messages and local reality about female genital cutting, numerous problems including elements of politicizing the practice were observed. The article begins with an observation of initiatives against female genital cutting before proceeding to the local reality of female genital cutting.

4.1 Interventions against female genital cutting

4.1.1 SACHITA Approach against FGC

SACHITA⁴ is a non-governmental organisation that has been working in Tarime district since 1997, mainly, addressing the problem of orphaned children through supplying them with school uniforms, educational materials and health services. As it was attested by one of the SACHITA key informants, the organisation is also involved in addressing the problems of HIV/AIDS together with female genital cutting:

*"We have a programme called HIV/AIDS and traditional circumcision prevention for in and out-of-school youths ... FGM was integrated in SACHITA programme in the 2000s ... This practice is harmful, bleeding may cause death and young girls may acquire HIV."*⁵

According to the key informant in the campaign against FGC, SACHITA used HIV/AIDS as an intervention gateway. The strategy was based on the assumption that as the Kurya became aware of the consequences of FGC as a mode of transmission of HIV/AIDS, they would change their behaviour and decide to stop it. The approach was also adopted after experience had led to the recognition that changing people's attitude and eradicating FGC was not an easy task.

"... Our entry point is HIV/AIDS ... after getting enough information about HIV/AIDS, parents will change their mind-sets and prevent their daughters from undergoing the procedure ... In the village meetings; our doctors convey the message ... about meaning of HIV/AIDS, modes of transmission, and how to prevent transmission ... We want to achieve both, to end FGC and prevent HIV/AIDS."

⁴ Short for *SAVE CHILDREN OF TARIME*.

⁵ SACHITA executive leader.

Although the SACHITA executive leader had an opinion that the Kurya had been enlightened about the effects of female genital cutting, he also complained to have had experienced strong negative responses from some members of the Kurya:

"Our meetings have not been all that successful ... people dislike HIV/AIDS information, claiming that they are familiar with it ... people prefer entertainment and things that comfort them. Information about HIV or FGM is considered as disturbance in their minds ... meetings promoting Coca cola and Vodacom are usually packed, but attendance at meetings about HIV and female genital mutilation is very discouraging."

While pointing out to Kurya traditional leaders as the major challenge in addressing female genital cutting, the SACHITA key informant also remarked that it was very difficult to change the mind-sets of the traditional leaders with regard female genital cutting at the local context:

"At one of our meetings, one traditional leader spoke to the public that HIV was not a new thing since it had already been predicted by Kurya traditional leaders a long time ago, but no one had predicted the end of female genital mutilation due to HIV."

4.1.2 The role of SHEHABITA

The SHEHABITA⁶ activist linked the continuation of FGC in the district with silence of political leaders, who feared losing votes in elections. Over time, some political leaders had politicized the practice after realization that majority of local people were in favour of it. The activist remarked that the government officials did nothing in fear of the Kurya traditional leaders⁷ who targeted specific individuals who attempted to implement the law as Kurya enemies rather than government representatives as a whole.

"The law Number 4 of 1998 is against FGM, but the initiated girls are observed walking along the roads, passing by government offices including the District Commissioner's office and the Chief of Police Office, and some families raise local flags to celebrate it, what does this mean?..."

"Politicians are obstacles to implementation of the law. They do not tell people the truth about FGM or arrest them when they breach the law ... they fear losing votes in elections ... traditional leaders help them to achieve what they want ... they afraid of talking about it in public, perhaps the campaigners against it would be those with nothing to lose."

In line with this observation, several authors also documented lack of political support to effectively enforce implementation of the law as a major factor for the continuation of female genital cutting in other areas such as the upper Eastern region of Ghana (See; for example, Aberese Ako and Akweongo, 2009:248). In the context of the Kurya, the SHEHABITA also related persistence of female genital cutting with poverty and lack of legal and civic education. Owing to that situation, the organisation also involved in providing civic education and legal aid against FGC, focusing on women and young children considered to be the underprivileged sections in both rural and urban areas. This was also underpinned by the assumption that as the young grew up; it would be easy to change their mind-sets, because cultural values were not as deeply internalized in their minds, as was the case with elders. The SHEHABITA activists perceived FGC not only as a human rights abuse, but also as a violation of the law and; as gender violence.

⁶ SHEHABITA is an acronym for the Swahili words *KITUO CHA SHERIA NA HAKI ZA BINADAMU TARIME*, translated as Tarime Legal and Human Rights Centre. The organization was founded in 2001 to provide the public in Tarime District with legal and civic education.

⁷ Besides being influential informal political leaders, Kurya traditional leaders are key decision makers regarding FGC at societal level.

In-depth interviews and observation revealed that the organisation was involving in providing training to women on how to combat poverty through capacity building programme at SHEHABITA technical training centre called *Elimika*⁸ particularly to the females – considered the most vulnerable, not only to FGC, but also to numerous social problems, including forced marriages, early marriages and domestic violence, including wife beating and divorce:

" We provide training. We have a technical training centre - Elimika. The project covers about sixty women ... We do not categorize them on criteria of whether they are genitally cut or uncut ... in this district, females in general, are the vulnerable group ... they are generally poor, their rights are violated by men ... some men beat them very severely, like children."

4.1.3 Government Initiatives

In connection with the public celebrations of FGC, which is illegal in Tanzania, a key government officer⁹ singled out the lack of peace in the district as the reason for lack of official intervention against FGC. The officer felt that because of instability in the district, government intervention, could provoke more chaos, and hence lead to more insecurity among different clans¹⁰ of the Kurya.

" ... It is very unfortunate; most Kurya clans are also in the ongoing wars.¹¹ ... if we address both problems at the same time, this may lead to more troubles and chaos ... people may find a reason to react against the government."

While considering female genital cutting as a criminal offence under the law against it in the country¹², a social welfare officer in the district also perceived FGC as a gender discriminatory and, as a violation of girls' and women's rights and their dignity, although she admitted that social change was slow because the national activists against FGC were reluctant to conduct campaigns in the district due to insecurity and strong feelings of vulnerability. Apart from insecurity, she also mentioned lack of financial resources as another hindrance to deal with the problem at the local context.

5. Local reality of female genital cutting

The arguments of the activists and government officials regarding female genital cutting were opposed to the local peoples' observations and reality. For example, it was claimed by a female Kurya informant in Kemahara¹³ village that initially when the law against FGC was enacted and the government declared that it would arrest the practitioners and all those involved in the practice; the celebrations declined, practitioners performed it secretly by following the initiates to their homes and some parents decided to send daughters to their relatives in a neighbouring country-Kenya to be initiated.

Over time; with poor implementation of the law, and when the government became passive against FGC, the practice re-emerged with public celebrations and children who underwent through it were rewarded with money, although the habit was uncommon before the start of the campaigns against it:

" when the government began shouting through the radio, girls obeyed parents were rewarded with money in our time, a woman could attend the ceremony with a little amount of sorghum or millet flour in a small basket (ekehe)..."

⁸ Swahili word for be educated.

⁹ The officer was the Tarime district commissioner by then.

¹⁰ Kurya ethnic group is a combination of different Kurya subgroups (clans) believed to have descended from common ancestor.

¹¹ Kurya inter clans wars were caused by theft of cattle.

¹² Section 169 of the Sexual Offences Special Provision Act (Act No.4 of 1998 refers to the practice as cruelty to women and girl child.

¹³ Not a real name

Lived experience of supporting FGC was observed among the Kurya. For instance, one female practitioner in Masele¹⁴ village felt strongly that genital cutting (culturally known as *esaaro*) was an important ritual (*inyaangi*) that guaranteed marriage of individuals. During the cutting process, the initiates were not supposed to cry because enduring pain was also part of the ritual. Through withstanding the pain, a girl was tested as to whether she was capable of procreation, which was associated with pain.

The associated belief was that a candidate was also tested as to whether she would be able to handle the household difficulties that she would encounter, thereby remaining intact in the new household after marriage.¹⁵ From experience of the Kurya, it was also learnt that the blood (*amaanyinga*) spilling out of the initiates' body during the cut symbolised the initiate passing from childhood to maturity, although excessive bleeding was undesired. Prolonged bleeding during or after the cut was believed to happen if Kurya ancestors were not appeased by sacrifices before the start of FGC process, or when the initiate remembered (*hiita*) that she committed immoral acts, including bad behaviour, such as indulging in sexual intercourse, or scorning genitally cut individuals of both sexes and different ages. Excessive bleeding was also believed to be associated with bad hand of a practitioner or when rival clan member (s) bewitched (*ukubhaghendra*) the initiate (s).

Genital cutting to both sexes was also regarded as a means of linking individuals to their departed ancestors who also practised the ritual. On the basis of genital cutting the counterparts (*abhasaigha*) also united in performing different social and economic duties, while the non-genitally cut were separated and restricted from joining because of being considered the source of misfortune such as death of cattle and some problems that befall some individuals, like being cursed or suffering from unknown illnesses. It was noted that the non-genitally cut females were identified by various degrading and ridiculous social terms such as *abhasaghane* (sing. *omosaghane*) and *amakuuneene* (sing. *irikuuneene*).

6.0 Discussion

As observed in this article, initiatives against FGC at the local context of the Kurya are not comprehensive. Small interventions observed are premised on the biomedical and human rights discourses. Grounded on the biomedical discourse, SACHITA activists through the biomedical doctors campaigned against female genital cutting, considering it as harmful traditional practice. As also argued by Giddens (2009:96), the biomedical or an expert discourse is used by authoritative individuals, such as biomedical doctors, nurses, educators and numerous professionals to warn about the health risks associated with pathological behaviour (see also Muteshi and Sass, 2005:22).

Underpinned by the biomedical discourse SACHITA characterised female genital cutting with bleeding and pain viewing them as the negative consequences associated with female genital cutting. Several epidemiological studies also linked bleeding and severe pain resulting from FGC with common health complications (see, for example, Eke and Nganginieme, 1999:1082-83; El-Shawarby and Rymer, 2008:254; WHO, 2008:11).

Amongst the Kurya however, bleeding and pain are perceived to be meaningful parts of the cut. As shown in this article, excessive bleeding or death are believed to be caused by immoral acts of the initiates before the cut procedure, bad hands of the practitioner, harm inflicted by rival members, or angry ancestors who had not been appeased in the prelude to the main ritual. This is in line with Omonzejele (2008:120)'s potent argument that in African context, health is not simply the proper functioning of the human organs as it is understood by the reproductive health discourse, but it is linked to ancestors who are believed to give protection to the living members.

¹⁴ Not a real name.

¹⁵ It was also noted that due to the emergence of alternative ways of talking and thinking about FGC, in some Kurya families, uncut females could get married although the non-genitally cut whether married or unmarried were disrespected.

Although SACHITA campaigned against FGC considering the practice as harmful and risky to health, the approach seemed to be ineffective in the local context of the Kurya. The problem of using "health risk" approach and messages in addressing FGC also has been documented in several studies (See, for example; Muteshi and Sass, 2005:22). Health risk approach to FGC has also been used in Egypt for more than twenty years without social changes being observed (Toubia and Sharief, 2003:255). When focusing on the complications associated with FGC, SACHITA, through the use of biomedical doctors, seemed to ignore the real lived experience and knowledge of the Kurya who were centrally involved in the practice.

No wonder the SACHITA approach of using HIV as an entry point against FGC was counterproductive to some members of the Kurya who attended the intervention meetings of SACHITA. Although some members including the government officials seemed to be silent about FGC, keeping quiet or embracing a neutral stance on the issue does not mean that people will stop to practise. Likewise, merely speaking about the practice might not lead to rapid social change. This suggests the need for both theory and practice in efforts to address FGC problem at the local context.

Grounded on the human rights discourse, government officials, legal and human rights organisation (SHEHABITA) portrayed FGC as a criminal offence, and a discriminatory practice that violate the dignity of women as well as girls. Given the fact that Human rights as universal rights are enforceable by law, the government officials relied upon the law as the basis for change in the local context. The anti-female genital cutting law in Tanzania, "the Sexual Offences Special Provision Act No. 4 of 1998", as amended by the Penal Code, specifically, Section 169A (1) of the Act, provides that anyone having custody, charge or care of a girl under 18 years of age and who causes her to undergo the procedure, commits the offence of cruelty to children.

Although the offender of the law is liable to either a fine not exceeding Tanzanian shillings 300,000 or imprisonment of not less than five years and no more than fifteen years or both¹⁶, at the local context of the Kurya, the government seemed to be passive to enforce the law. The fact that government officials who were also politicians failed to implement the law in fear of losing votes in elections suggests that non-implementation of the law at the local context has political grounds. Bingi (2007:10) observed a similar problem of lack of political will among the Sandawe in Dodoma Region of Tanzania.

In this regard, Boyle et al accuse government leaders in Tanzania of generally having been pro-female genital cutting or being afraid of taking personal stand against the practice by arguing that the "state legitimacy is dependent on appearing neutral in the face of local diversity" including minority groups, which practise female genital cutting" (Boyle et al, 2001:535).

The authors also remark that "mobilization against female genital cutting in Tanzania has been a matter of international pressure and not something that the state thought up independently" (Boyle et al, 2001:535). Non-implementation of the law regarding FGC at the local context reveals how the seemingly "universal" human rights principles that Westerners have taken-for-granted as internationally acceptable have been contested at the local level and provides important insights into understanding how power is exercised in different dimensions as opposed to one centre as Foucault (1978:95) also pointed out. As observed in this article, different understandings and perceptions of female genital cutting among different individuals and actors at the local context are underpinned by different discourses (see also, Africanus, 2012:218).

With the existence of different discourses and understandings of FGC at the local context, addressing it seems to be more problematic due to lack of consensus among different actors embracing different discourses. For instance, while the government officials and human rights activists through human rights discourse considered FGC a criminal offence and a human rights abuse, such stance was contrary to the Kurya who practised it as a meaningful part of their life.

¹⁶ Tanzania National Bureau of Statistics (1998). Sexual Offences Special Provision Act, 1998.

The continuation of FGC amongst Kurya, confirms Foucault's (1980) theorization that although one discourse can be used as a powerful tool to regulate the conduct of others, counter-reactions are also possible. In the context of the Kurya, the local discourse based on local reality seemed to be resistant discourse against the government power of the law, the biomedical perception of FGC as a health risk and the human rights knowledge.

7.0 Conclusion

Continuation of female genital cutting regardless the campaigns against it at the local context, suggests that values, norms and beliefs that perpetuate it are deeply embedded. The practice is attached cultural significance which are not well understood by interventionists attempting to stop it. On the basis of the foregoing observations, one can note a mismatch between the agents of social change and the local people in the Kurya society. For example, while the agents of social change considered female genital cutting a health risk, a violation of human rights and, a crime against human dignity; the practising members in the Kurya society continued to reproduce the practice because of the cultural significance attached to the procedure. In other words, the local discourse that gives genital cutting cultural significance is incongruent with the international discourse that informs the anti- genital cutting drive.

As also shown in this article, some actors against female genital cutting considered bleeding or pain associated with the practice a health risk that could cause death. Some members of the Kurya also seemed to be aware of the consequences, although they had different explanations for the causal factors and favoured continuation of the practice. The pattern supports the argument that the strategy of delivering a message is ineffective because "in local contexts, people may already be aware of many of the consequences, and the risks that are said to be associated with the practice may be thought lightly compared with the consequences of not undergoing the procedure" (Shell-Duncan, 2008:226; Shell-Duncan and Hernlund, 2000:126).

By enacting the law against FGC and other violent practices in 1998, the government of Tanzania aligned itself with external actors against FGC, but failed to develop an in-depth understanding and adopting a persuasive approach. It also failed to recognise the need for locally generated initiatives and social change from the bottom-up. Although the law has provided an official legal platform for interventions in Tanzania; at the local context the law has been unable to bring about social change. In other words, the presence of the law in the country has not brought about a change in the mind-sets of all practising people at the local context. Addressing FGC at the local context also seems to be even more complicated when individuals embracing alternative discourses also perpetuate it through various ways including using it as a means for winning votes in election. While comprehensive and integrated strategies against FGC seemed to be lacking, observed few initiatives missed out in-depth knowledge of the contextual meanings and significance that underpinned the practice at the local context.

In order to address female genital cutting effectively at the local context of the Kurya, the interventionists need to be educated first about indigenous' people' knowledge and experiences regarding the procedure before embarking in processes of supposedly educating them in their own local reality. Lack of financial resources and insecurity leading to ineffectiveness of interventions and the slow pace of social change in the local context also need to be addressed.

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