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Changing practices and shifting meanings of female genital cutting among the Maasai of Arusha and Manyara regions of Tanzania

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ABSTRACT

Using mixed methods that combined participant observation and semi-structured in-depth interviews, this study looked at changing practices and shifting meanings of female genital cutting among the Maasai people in Tanzania. The findings suggest that an increasing social pressure to abandon female genital cutting has inspired the hiding of the practice, causing the actual cutting to become detached from its traditional ceremonial connotations. This detaching of cutting from ceremony has created a shift in meanings: the ceremony still carries the meaning of passage into adulthood, while the cutting seems to function as a way of inscribing Maasai identity into the body. The detaching of genital cutting from ceremony offers those willing to continue the practice the opportunity to do so without being prosecuted, and those unwilling to undergo or perform the practice the opportunity to evade it by faking the cutting without being socially sanctioned for it. Findings also suggest changing attitudes towards the practice among the younger generation as the result of education. Maasai culture and the practice of female genital cutting are not static but actively challenged and reinterpreted from within the community, with formally schooled and women taking up leading roles in reshaping gender norms.

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Introduction

Female genital cutting is defined as ‘... all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons’ [WHO (World Health Organization) 2014]. Female genital cutting is understood as a violation of women’s and children’s rights and an expression of gender inequality (UN 2009). However, some anthropologists have been highly critical of this framing – arguing that it fits into a neo-colonial discourse of ‘white’ feminists constructing the Southern woman as the passive victim of imposed bodily violence (Bradley and Longman 2015; Harcourt 2009; Khamasi 2015; Mohanty 1984; Narayan 1997).

This debate is also present with regards to female genital cutting in the Maasai community. Development projects have tried to encourage Maasai to abandon female genital cutting, calling them 'backward' or 'stubborn traditionalists' in response to their perceived resistance to cultural change (Mohamed 2011; Winterbottom, Koomen, and Burford 2009). This paper engages with the above debates and argues that Maasai culture and the practice of female genital cutting are not static but actively challenged and reinterpreted from both outside and within the community. This is both an analytical and a methodological point, as the meanings that specific cultural groups contribute to the practice within a specific time and space should be made visible. Therefore, this study employed a mixed-method approach, combining participant observation and semi-structured in-depth interviews. It focused on changing practices and attitudes of female genital cutting and shifting meanings that members of the Maasai community attribute to female genital cutting. The research also engaged with male circumcision and male gender norms, for the artificial isolation of female from male circumcision conceals – at least in Maasai community – the similarities and the embeddedness of female genital cutting within broader social and gender norms.

Female genital cutting

It is estimated that at least 200 million girls and women alive today have undergone female genital cutting, mainly in Africa (UNICEF 2015). The practice has also been reported in Yemen and other countries in Asia and the Middle East, and in the diaspora in North America, Australasia, and Europe. The age at which it is carried out depends on the community, but the practice is most commonly performed under the age of 15 years. Anthropological and sociological research links the practice to beliefs about fertility, appropriate sexual behaviour, and hygiene and beauty. In some communities, the practice is a rite of passage into womanhood and thus linked to marriageability and childbearing (28 Too Many 2013a, 2013b; Mohamed 2011; Mella 2003; Sagna 2014; Vissandjée et al. 2003), while in others it links to religious requirements or ethnic identity (Evelia 2007).

Health risks of female genital cutting are severe pain, bleeding, shock, infections, delayed or incomplete healing, and in some instances death (UNICEF 2015). Social implications of female genital cutting as rite of passage can be school dropout and early and forced marriage for girls (Mohamed 2011).

Female genital cutting often functions as a self-enforcing social norm that ensures that individuals continue the practice (Schelling 1990; Vissandjée, PhD et al. 2003). Families and girls who refuse female genital cutting may fall victim to marginalisation, ostracism, exclusion, mockery, loss of status, or even violence (28 Too Many 2013a, 2013b; UNICEF 2010), while girls who undergo female genital cutting are rewarded with public recognition, celebrations, gifts, marriageability, respect, acceptance in adulthood, the ability to participate in social functions (Mohamed 2011), and acceptance as carriers of the ethnic and cultural identity (Vissandjée et al. 2003).

Female genital cutting in the United Republic of Tanzania

An estimate of 7.9 million Tanzanian women between 15 and 49 years have undergone female genital cutting [UNICEF 2010; DHS (Tanzania Demographic Health Survey) 2010]. The most common types of female genital cutting performed in Tanzania are type I

(clitoridectomy) and type II (excision) at 90.9%, followed by type IV (pricking, piercing, incising, scraping, and cauterisation) at 2.2% and type III (infibulation) at 0.7% (28 Too Many 2013b). The 2015 UNICEF report shows that Tanzania has known a dramatic reduction in the practice, with levels of prevalence in 2015 being one third as much as thirty years ago. Prevalence in rural communities is more than double that among urban women and decreases in accordance with the level of education [DHS (Tanzania Demographic Health Survey) 2010].

The northern part of Tanzania has the highest prevalence, with percentages ranging between 20 and 70%. Manyara, Dodoma, and Arusha regions score highest, with, respectively, 71, 64, and 59% of women with female genital cutting (DHS 2010). While the prevalence of female genital cutting in Manyara and Dodoma seems to go down, the Tanzania Demographic Health Survey (2010) suggests a 4.1% increase in the Arusha region between 2005 and 2010. Statistical indicators that examine the prevalence across different ethnic groups in Tanzania are lacking. However, Winterbottom, Koomen, and Burford (2009) argue that, since the Maasai make up a large proportion of the population of Manyara and Arusha regions – which correspond roughly to the Maasai District of colonial Tanganyika – it can be assumed that the prevalence among Maasai in these regions is high. Although there are huge differences between different Maasai clans, the high prevalence of female genital cutting at 73.2% reported among Kenyan Maasai suggests that the prevalence among Tanzanian Maasai might be high too (28 Too Many 2013b).

Tanzania has signed various international human rights conventions related to the practice. The Convention on the Elimination of Discrimination Against Women (signed in 1985 and ratified in 1986) and the Convention on the Rights of the Child (ratified in 1991) explicitly criminalise traditional practices that harm children and discriminate against women. In 1998, the Tanzanian Parliament furthermore passed the Sexual Offences Special Provisions Act, which prohibits female genital cutting on girls under 18 years old and prosecutes anyone who causes an under-aged girl to undergo the practice (Tanzania: Act No.4 of 1998). Tanzania is, apart from Mauritania, the only African country where female genital cutting is illegal only among minors (UNICEF 2013).

As reported in other female genital cutting performing communities (for example in Senegal and The Gambia, cf. Shell-Duncan and Herniund 2006), the prohibition of female genital cutting might cause underreporting out of fear of prosecution. Only a handful of cases have reached the courts. Journalists and non-governmental organisations (NGOs) report that there have been some prosecutions. Girls are encouraged to report to local authorities, and NGOs organise inspections at schools and hospitals (Mohamed 2011). The Government has adopted a National Plan of Action on the Eradication of FGM/C (28 Too Many 2013b). Since the 1990s various actors in Tanzania, such as the Ministry for Health and the Ministry for Community Development, Gender and Children, NGOs and UN organisations, and some civil society organisations,¹ have campaigned against female genital cutting.

Female genital cutting among the Maasai

The types of female genital cutting commonly practised by Maasai are clitoridectomy and excision, performed between the ages of 12 and 15 years as a rite of passage into adulthood (Mohamed 2011).

Various development actors have challenged female genital cutting among the Maasai. According to Winterbottom and colleagues (2009, p. 66), educational, religious, civil society, and governmental institutions have often portrayed practitioners of female genital cutting as: ‘... “primitive”, “ignorant” and even “barbaric”, words that echo the language of their colonial predecessors’. The perceived ‘cultural conservatism’ of the Maasai has been widely cited as a cause for the failure of various development projects. However, this portrayal underestimates the capability for critical thought and reinterpretation of cultural values (Ferguson 1990; Hodgson 2001). Various scholars have illustrated how the Maasai actively engage with social change, both from within the community and in dialogue with outsiders seeking to change Maasai society (Butt 2015; Fraser et al. 2012; Smith 2015; Winterbottom, Koomen, and Burford 2009). Winterbottom and colleagues (2009) also indicate that several Maasai women’s organisations have been successful in implementing alternative rites of passage that abandon female genital cutting.

In line with the above findings, this research project focused on changing practices and shifting meanings of female genital cutting in interaction with both inside and outside influences. The Maasai community of the Arusha and Manyara regions was chosen because (a) both are in the top three regions with the highest prevalence of female genital cutting, (b) the percentage of genitally cut women in Arusha has increased between 2005 and 2010 (as opposed to a decreasing prevalence among the other two top three regions), and (c) Maasai culture is often framed as static and resistant towards change and Maasai women as its passive victims [Winterbottom, Koomen, and Burford 2009; DHS (Tanzania Demographic Health Survey) 2010; 28 Too Many 2013b; UNICEF 2013].

Method

This research opted for a mixed-method approach, combining participant observation and semi-structured in-depth interviews to gain a better understanding of the cultural meanings and practices of female genital cutting (Atkinson and Hammersley 1994). The first author spent four months living in the local setting, joining women in their daily chores (carrying water and firewood, taking care of the children, cooking, making jewellery, fixing the house, milking the animals, etc.), and attending circumcision ceremonies. When possible, conversations took place in Swahili. Other members helped translating from Maa to Swahili when necessary.

Fieldwork was conducted between June and September 2015 in four different areas: in Baraka (Mto Wa Mbu) in Manyara region and Oloirobi (Ngorongoro), Malambo, and Mfereji (Monduli) in Arusha region. Baraka is a ward of Mto Wa Mbu, a midsize town on the road connecting Arusha town and the Ngorongoro Conservation Area. Most inhabitants combine pastoralism with farming, and sometimes cattle trade. Oloirobi is located in the Ngorongoro Conservation Area, a few kilometres away from the road leading down the Ngorongoro Crater and Serengeti National Park. The Ngorongoro Conservation Area Authority prohibits farming within the Conservation area, so inhabitants depend on pastoralism. Where possible, inhabitants – mostly men – complement pastoralism with a job at the Conservation Authority. Malambo consists of a small village centre and is a 6-hour drive away from the nearest paved road. Most inhabitants depend on pastoralism, sometimes combined with farming or complemented with trade. A minority – mostly men – have jobs in education, NGOs, transport, or tourism. Finally, Mfereji area is only suitable for pastoralism, but some heads of households

have split up their families, with one part of the family living in Mfereji and focusing on pastoralism, while the others live in Monduli Juu and focus on farming, and sometimes trade.

Participant observation

Participant observation was crucial to obtain a better understanding of female genital cutting and of broader gender relations, particularly given the potentially sensitive nature of the subject. Participant observation helped to place the views of the people under study centre stage and to actively involve them in the research and analysis process. Despite the fact that daily activities of men and women within the Maasai community are rather strictly divided, the researcher's non-Maasai background allowed her to attend and observe both men and women's activities (DeWalt and DeWalt 2011), although the researcher's gender implied a more active engagement in women's activities.

The researcher took notes whenever possible, used a voice-recorder to record findings, or wrote her observations down at night. Field notes and recordings were analysed together with the interview transcripts.

In-depth interviews

At the beginning of the investigation, a pilot study was conducted in Oloirobi, consisting of one interview each with a young unmarried woman, a married woman, a warrior, and an older man, to test the usability of the interview guide. Following the piloting, the sequencing of the questions was altered. Using the adjusted interview guide, 10 women and 13 men in Malambo were later interviewed, and 11 women and 9 men in Mfereji. We did not conduct formal interviews in Baraka and Oloirobi because of lack of a suitable interpreter. Interviews were also conducted with five female and one male circumciser,² two traditional Maasai leaders, seven teachers, two priests, seven heads of local women's organisations, and three nurses. The sample included male and female respondents, with different educational backgrounds and of various age-sets or life phases. The eligibility criteria were being 18 years or older and a self-described identification as being of the Maasai ethnic group. Because many Maasai do not know their age, eligibility was based on an individual's age-set³ or life phase.

Interviews were conducted with a semi-structured interview guide to direct questioning around certain topics (the practice of female genital cutting, health effects, respondents' opinions, perceived changes in the practice and in people's opinions), and replies were further explored through probing. The interview guide was translated to Maa and Swahili and crosschecked by a second interpreter, and the interpreters were trained on unbiased probing.

The first author spoke Swahili, and an interpreter was engaged when Maa was spoken. In Malambo, the interviewer did not succeed in finding a female translator with sufficient knowledge of the English language. This led to bias, because Maasai women cannot mention certain topics in the presence of a man. To improve the data, the male interpreter and researcher trained a woman – who spoke Maa and Swahili, but no English – to ask the more sensitive questions after the interview. Afterwards, the woman went through the interview recordings with the first author and translated to Swahili while the first author took notes. Forty-three potential respondents were approached for a formal interview, and all agreed

to participate. All formal interviews were recorded; additional conversations as part of the participant observation were not recorded.

The recordings were transcribed verbatim in English by the first author, manually coded, and analysed together with the field notes. An initial coding framework was set up based on the six main themes of the interview guide (i.e. traditional practices, female genital cutting, effects of female genital cutting, opinion, changes, campaigns), further deepened through open coding (e.g. female genital cutting: reason, how, age, parts of anatomy, function of parts cut, decision makers), and then cleaned up by removing duplications. In a second phase, frequently occurring answers were analysed and placed in a code matrix, which served as the basis for a final code tree design. The analyses were carried out by means of a careful reading of the coded text fragments and with attention to potential interrelations. Throughout the analysing process data were constantly set against findings of the participant observation and of existing literature. The quotes used to illustrate certain statements reflect key findings. Specific quotes were chosen because of their intrinsic richness on a particular theme, and efforts were made to include quotes of different respondents.

A key limitation of this study is the use of cross-sectional and retrospective reporting to capture change over time. Further research that employs a prospective and longitudinal approach is necessary. The fact that female genital cutting is illegal under the age of 18 in Tanzania may have led to bias. The interviewer's positionality – as a white, Western woman – possibly led to socially desirable answers.

Participatory analysis

To centre stage the voices of the community, respondents were encouraged to participate in the analysis process, through inviting them to prioritise issues, explain contradictions, and suggest interpretation (Laws et al. 2013). Between February and April 2016, findings were orally presented to the different participating communities in group meetings and in one on one discussions with key informants, and members were invited to provide feedback and to help determine main findings. Discussion of the findings showed that our interpretations found resonance with how participants experience their reality. The findings presented below derive from this participatory analysis.

Ethical considerations

The project proposal was submitted for ethical and human subjects review to the Tanzania Commission for Science and Technology. Approval for study activities was granted by the relevant institutional review board on regional, district, and municipal level. The researcher explained to respondents that their participation in the study was fully voluntary and that the data collected would be kept strictly confidential and used for this research's purposes only. They were warned that the study would pose a possible time inconvenience and – in the unlikely event that confidentiality would be breached – a risk of their answers becoming known to others.

Informed consent was obtained from all respondents before the interview. For the participant observation, informed consent was obtained from the community leaders who thereafter introduced the first author and the research to the community members. Because of high illiteracy among Maasai (up to 50% according to Galukande et al. 2015), all

respondents provided oral consent. Measures were taken to ensure confidentiality and privacy. No names were audio-recorded nor written down in the interview transcripts. Tape recordings and transcripts were password protected, and access was limited to the researchers. Interviews were conducted in respondents' houses while ensuring total privacy; men were interviewed outside the homesteads, again ensuring that no other person could hear the conversation. Key informants were interviewed at their office, in the church rectory, at school, or in their houses, again ensuring privacy.

Findings

In this section, we first discuss the traditional circumcision ceremony and its meaning. We then turn to changes in the practice and meanings of female genital cutting and potential explanations for these changes. Next, we discuss attitudinal changes towards female genital cutting. Finally, we explore the impact of female genital cutting as a social norm and of the disconnection of genital cutting from its ceremony.

Traditional circumcision ceremony and its meanings

Maasai society has a gerontocratic and polygynous social structure (Spencer 1988). Social responsibilities are based on the 'age-set' (for men) or 'life phase' (for women) that one belongs to. Age-sets refer to groups of male peers who have been circumcised during the same period. Every approximately 15 years a new age-set is declared: all boys who are circumcised during this interval become the new *murran* or warriors, and the old *murran* can now get married and start a family (Spencer 1988; Talle 1988, 2007). Boys who are being circumcised during the current interval belong to the age-set of the *nyangulo*. The current junior elders are called the *korianga*, the senior elders are called *landisi*, and the age-set older than them are the *irmakaa*. Women are associated with this system (they are affiliated to the age-group they 'danced' with as young girls) but are not part of it (Talle 1988, 2007). Instead they are distinguished by four life phases: *entito* (young, pre-pubescent girls before circumcision), *esiankiki* (circumcised young unmarried or married woman with young or no children), *entasat* (older woman with circumcised children), and *koko* (grandmother; Coast 2007; Spencer 1988; Talle 1988, 2007; Winterbottom, Koomen, and Burford 2009).

Traditionally, circumcision functions as a rite of passage from childhood to adulthood for both sexes (Spencer 1988; Talle 1988, 2007). The ceremony allows parents to publicly announce their children's transition into adulthood.

Being circumcised means you are mature now. . . . You now have responsibilities in the community. If you are not circumcised . . . , whether you are 40 or 50 years old, they still consider you a child. (Lemayian,⁴ Malambo, university, *korianga*, 19/7/2015)

Responsibilities, privileges, and behavioural norms change after circumcision. Circumcised men become the *murran* or warriors of the Maasai, and circumcised women are ready for marriage and childbearing (Talle 1988, 2007). Traditionally, the Maasai believe that a girl's body needs to be 'opened up' to make birth-giving possible. The opening of her body is a prolonged process that starts with the *murran* efforts to gradually penetrate the girl when she is still *entito*, and is completed with the excision of the clitoris and labia minora (Talle 2007). The Maasai thus licence a pre-menarchal sexual debut. After circumcision, however, women can only have sex with their husband and men of her husband's age-set: the strong

fraternity and loyalty between men of the same age-set traditionally implies that male age-mates have access to each other's wives (Spencer 1988; Talle 1988, 352; Talle 2007).

The older generation believed that if an uncut Maasai woman gives birth the child would be mentally or physically disabled. Some respondents added that their ancestors might have started the tradition because they believed it would reduce illnesses, but said that they do not believe it prevents diseases themselves.

At the beginning, those people thought that if you have that clitoris, you get many diseases. That's why they remove it. But nowadays, if you have it, you don't get diseases, if you don't have it, you don't get any diseases. (Isina, Mfereji, no school education, *entasat*, 22/8/2015)

When asked about the benefits of female genital cutting, female and male respondents referred to the marriageability of the young woman and her readiness to give birth. In addition, many male respondents referred to benefits for the father or husband (such as the bride price and the fact that the husband now has a faithful wife) – but not for the girl. Male and female respondents agreed that male circumcision does not have any disadvantages and that its benefit is initiation into manhood. Negative effects of female genital cutting mentioned by male and female respondents were: loss of blood, complications during child birth, injuries, wounds, scars, reduction or loss of sexual pleasure, and death of the mother and/or child during childbirth. Some male and female respondents, however, did not consider reduction or loss of sexual pleasure in a woman a negative effect, but rather a way of preventing 'promiscuity' in women.

Having less feeling is a positive impact, because a man needs to maintain his woman. . . . Because men don't want to share with other men. . . . They want to own their woman. . . . Because in my culture men always think they are better. (Sironka, Mfereji, Form 4, *korianga*, 7/8/2015)

Changing practice and shifting meanings

Respondents described changes in the circumcision ceremony over time. Nowadays boys and girls wear a black cotton cloth instead of the traditional animal skin, many boys and girls are being circumcised without having their helixes pierced or earlobes stretched first, the *isipolio* (i.e. recently circumcised men) do no longer have the same authority as before, and the preparation of boys awaiting circumcision is less rough than before. However, the biggest change mentioned by respondents is the detachment of the girls' cutting from the three-day ceremony during which it was traditionally performed. Girls are increasingly cut at a younger age (as neonates or around 2 or 3 years old) or a few weeks to months before the ceremony, in which case only the clitoral prepuce or a smaller part of the clitoris is cut. In both cases the actual genital cutting does not yet initiate the girl into womanhood. The girl's passage into womanhood takes place during a later ceremony, which mostly takes place around menarche. Only then is she publicly announced as an adult woman ready for marriage and childbearing. A same tendency is found in other female genital cutting performing communities - for example, in Senegal and The Gambia (Hernlund 2000; Shell-Duncan et al. 2011), Kenya (Njue and Askew 2004), and Guinea (Yoder and Mahy 2001). In the studied Maasai communities, it seems that the ceremony, rather than the cutting, now carries the meaning of passage from girlhood to womanhood.

We see a girl who is said to be circumcised . . . playing outside during the ceremony day. . . . When the mother says so, and the man comes and says he wants to marry the girl, that's the only way we know she has grown up. (Ntimama, Malambo, Standard 8, *irmakaa*, 17/7/2015)

The main reason for these changes in female genital cutting mentioned by respondents was fear of prosecution:

The government just wants to come to Maasai villages and say: 'Don't circumcise.' So we just lie to them: 'Yes, we don't circumcise.' And then we hide and continue. (Parneres, Mfereji, no school education, *korianga*, 28/8/2015)

Other reasons mentioned were education, campaigns and seminars organised by international NGOs, the opposing stance of churches, globalisation, and the consequent interaction with other ethnic groups. Not all respondents, especially in Mfereji, were aware that female genital cutting under the age of 18 years is illegal in Tanzania, but the majority did seem aware of an increasing social pressure to abandon female genital cutting.

The 'smaller' circumcision (i.e. clitoridectomy instead of excision) is mostly done a few weeks before the ceremony so that the girl can walk on the day of the festivities, and so that outsiders will not suspect that the girl has undergone circumcision. During the ceremony girls sometimes still undergo a symbolic cutting, consisting of shallow incisions in the thighs.

Nowadays we just cut a little, not much like before, because if you cut little, after one week she runs around. So, if an *askari* [policeman] comes, he will not find any circumcised girl hiding in the house. (Segeyian, Baraka, no school education, *entasat*, 10/7/2015)

Performing female genital cutting on neonates or infants is also motivated by an eagerness to hide the continuation of the practice from opponents who might warn authorities – a tendency that is also observed in other communities where female genital cutting is illegal (Hernlund 2000; Johansen et al. 2013). Infants cannot tell anyone about having undergone the practice, and, at this age, children are not attending school yet, and thus will not be missed in school during their recovery period. Girls of around the age of 12 years who do not show up in class for a few weeks might raise suspicion among the teacher who, as a school-educated Maasai, often opposes female genital cutting and might warn authorities. Furthermore, parents are afraid that, if they wait until puberty, the girl will oppose female genital cutting as a result of her school education.

If she is going to school, they don't want to be circumcised anymore – herself or her teacher, they don't want circumcision. Even the government wants to stop it, so you have no power. (Mary, Mfereji, Form 4, *esiankiki*, 23/8/2015)

The detachment of the cutting from its ceremony is thus inspired by the attempt to hide the continuation of female genital cutting from opponents. The fact that Maasai continue female genital cutting irrespective of its disconnection from its meaning as rite of passage into adulthood suggests that the actual practice of cutting carries yet another important meaning. If the ceremony indeed carries the meaning of passage into adulthood, then what is the meaning of genital cutting for the Maasai? Respondents' answers showed that both male and female circumcision do indeed not only demonstrate this passage and the necessary 'opening up' of the woman's body to prepare her for childbirth, but also the passage into a community of Maasai identity.

It shows that she is a Maasai and not another tribe or someone like you, like *mzungu* [white person]. (Peresian, Baraka, no school education, *entasat*, 7/7/2015)

The vast majority stressed that upholding Maasai identity and tradition is indeed the main reason to continue the cutting.

It makes you a Maasai. Our ancestors started practising it and we continue. . . . So when a boy describes a girl as uncircumcised, she feels ashamed, she feels like she is not a good Maasai woman. (Tentoyia, Mfereji, no school education, *koko*, 22/8/2015)

Circumcision thus functions as a way of inscribing Maasai identity into the body, as such distinguishing themselves from other ethnic groups and peoples. Winterbottom and colleagues (2009, 50) suggest that insensitive and oppressive campaigns to end female genital cutting by 'outsiders' have led to an increase in the incidence of genital cutting and to ' . . . the identification of female genital cutting as an essential and unchanging part of their culture by Maasai themselves'. The increase in the incidence of genital cutting is supported by data by 28 Too Many (2013b), which reveal a 4.1% increase in the Arusha region between 2005 and 2010. Furthermore, these same authors argue that campaigns against female genital cutting in Maasai communities ' . . . often encounter resistance because of their associations with individuals and institutions perceived as "outsiders", including the colonial and post-colonial state, urban advocates of development and modernisation, and religious groups' (28 Too Many 2013b, 67). This resistance is perhaps best understood in the broader context of a long and troubled history of 'development' interventions by the (post)-colonial state and international organisations that often had disastrous consequences for the Maasai (Hodgson 2001; Homewood and Rodgers 2004). Similar forms of resistance towards outsider interference are described by Hernlund (2000) in The Gambia and by Dellenborg (2004) among the Jola in Southern Senegal. This resistance was mentioned by Lemaron who tried to educate his peers on the negative effects of female genital cutting.

I am the one telling others in the community to stop female circumcision. I am often seen as a bad person in the community, because they say I am receiving bad things from the whites. (Lemaron, Malambo, no school education, *landisi*, 17/7/2015)

In response to the accusation of his peers for being influenced by white people, Lemaron went on to say:

I don't believe it is from the whites. I think it is from . . . people who are educated, regardless of *wazungu* [white people]. (Lemaron, Malambo, no school education, *landisi*, 17/7/2015)

In contrast to what Lemaron's critics try to make people believe, efforts to eradicate female genital cutting did indeed not commence with '*wazungu*', but their origins are to be found in the work of indigenous (women's) organisations, as is the case in most female genital cutting performing societies (Gruenbaum 2005, 433). Grassroots organisations, such as the informal women's organisation in Malambo selling beaded jewellery to financially support girls who try to escape female genital cutting, but also individuals, such as teachers who train students to teach their communities about female genital cutting and the ex-circumciser who stopped circumcising after she witnessed an uncircumcised girl give birth without complications, are renegotiating gender norms and the practice and meaning of female genital cutting.

Changing attitudes

The detachment of genital cutting from its traditional ceremony in an attempt to continue the practice secretly does not mean that all Maasai support its continuation. Both male and female respondents mentioned changes not only in the practice itself and its meanings, but also in attitudes. Both older and younger respondents described the emergence of a

generational gap, with more elders being in favour of female genital cutting and the younger generation mostly opposing the practice.

To us, elders, ... it is a very new thing that is coming, not circumcising girls. But to young people who are educated it is not a surprise, to them it is not a change. (Ntimama, Malambo, Standard 8, *irmakaa*, 19/7/2015)

Most respondents explained this gap in terms of school education. All respondents who finished the first two years of secondary education said they opposed the practice. The effect of education seems to go beyond the individual, because knowledge is shared with other community members.

People who have been to school now enter the community and teach others about the negative effects, which will make this to be decreased more and more, and it will be ended. (Lembui, Malambo, Form 4, *landisi*, 24/8/2015)

A negative attitude towards female genital cutting is thus most prominent among school-educated Maasai, but also among young Maasai who do not attend school but who are influenced by their peers. Some elders said that their schooled children educated them on the negative effects of female genital cutting, convincing them to oppose female genital cutting as well. Other elders said that they support the abandonment merely because they want to accept the changes that are seeping into their culture and because they think it is up to the younger generation to decide on the future of Maasai traditions.

I am also going with changes. ... It is up to you now, you the young ones who are living. Us, we are leaving. (Legishon, Oloirobi, no school education, *irmakaa*, 8/07/2015)

Attitudes towards female genital cutting thus seemed to vary according to age and educational level, but, remarkably, there was no notable variation according to gender.

Respondents in Malambo further mentioned that an NGO that educated people on the effects of female genital cutting was quite successful in convincing people to oppose the practice until they left Malambo after their five-year programme was over. One study respondent who was involved in the programme said that the organisation also encountered a lot of resistance: people tried to chase volunteers away from their homes, and community members helping the programme were often shunned as Swahili (i.e. non-Maasai Tanzanians). According to him, continuing education is needed to obtain changes in attitudes and behaviour:

It's a philosophy. ... The mind can change easily, but to change the heart, we really need people to volunteer, sacrifice their time to educate those people. ... And people who stay there to see if they are practicing, or not. ... Just to give them knowledge and leave them, without any practical changes, it doesn't help. (Mbiraru, Malambo, university, *korianga*, 19/7/2015)

However, more than half of the respondents believed that female genital cutting would end soon. Most of them agreed that the future of female genital cutting would depend on the level of education with the local Maasai community.

It will take a lot of years to stop it, ... maybe 10 or 20 years, because our tradition has only few people who are educated. (Mary, Mfereji, Form 4, *esiankiki*, 23/8/2015)

Continuing, evading, and challenging female genital cutting

Despite the fact that the majority believed female genital cutting will end in the near future, the practice still functions as an influential social norm, sanctioning those who try to deviate

from it. Almost all men who did not have formal education said they could not marry an uncut Maasai woman. Even some men who said they wanted female genital cutting to stop said that they could not marry an uncut woman themselves. Their answers showed their powerlessness as individuals to go against the pressure of cultural norms. Most men agreed that the community would consider them as disrespectful or unmanly for marrying an uncut girl. Others said that they would not find an uncut wife, even if they wanted to.

Even if I say I can marry a girl who is not circumcised, I can still not, because even then the family will circumcise her, and then when I go to pick her up, she is already circumcised. (Kapalei, Mfereji, Standard 7, *nyangulo*, 26/8/2015)

It is indeed parents and other older relatives who decide when a child needs to be cut, and the child mostly obeys, because she or he knows that refusing equals rejection by her family and exclusion from the community. The few who do try to escape their fate are circumcised by physical force.

It's not their decision. It is what their parents decide. Therefore, she cannot say No. If she runs, the *murran* catch her and then we cut her. (Naramal, Malambo, *koko*, 16/7/2015)

Many women's answers showed similar powerlessness and even reconciliation in the cultural norms, because they feel that they, as women, cannot change the cultural norms of female genital cutting.

Men will never say [to abandon female genital cutting]. But if they say that, women would stop it, because the men are the ones who control it. If men say 'go this way', we will go. (Tentoyia, Mfereji, *koko*, 22/8/2015)

However, the disconnect between the cutting practice from its ceremony discussed in the previous sub-section offers those unwilling to undergo or perform female genital cutting the opportunity to pretend that the girl has already been cut at a younger age. Traditionally, female relatives witnessed the cutting during the ceremony day, but since the cutting is now mostly a hidden practice separated from the public ceremony, it seems that the mother, the girl, and the circumciser are the only ones who know the truth.

Nobody will know that I didn't [circumcise my daughter], because it is not something to expose to everyone . . . because nowadays it is not allowed, so I can do something like a ceremony to cheat people that I'm circumcising. (Namelok, Malambo, University, *entatat*, 18/7/2015)

An ex-circumciser and members of various women's organisations explicitly proposed the division of the cutting practice and the ceremony as a means of abandoning female genital cutting, without leaving Maasai traditions – an alternative that has been described to be successful in some other communities, for example in the Gambia (Hernlund 2000).

They can do the whole tradition . . . and celebration, but without the cutting for ladies. . . . To go from girl to motherhood, they can call the family and they will eat and everything the same, but not the cutting. (Serena, ex-circumciser, Oloirobi, *koko*, 4/7/2015)

Discussion

The findings suggest that the Maasai of Arusha and Manyara regions are a population in transition when it comes to female genital cutting. The practice is more often done secretly to avoid prosecution and negative judgements by opponents. The hiding of the practice causes a disconnection of genital cutting from the initiation ceremony. Because many girls are being cut as infants or weeks before the ceremony, female genital cutting no longer

carries the meaning of passage from childhood to adulthood: girls are not considered women until the traditional ceremony publicly announces them as adults, several weeks or even years after the cutting. In other words, and as confirmed by other studies (Winterbottom, Koomen, and Burford 2009), the ceremony, rather than the actual genital cutting, carries the meaning of passage from girl- to womanhood. The cutting then may still carry the meaning of preventing illnesses or the reduction of promiscuity for some. However, our findings suggest, again in line with the findings of Winterbottom, Koomen, and Burford (2009), that for most respondents, the cutting rather reflects Maasai identity and resistance to outsiders' attempts to abandon female genital cutting and to bodily sameness with other ethnic groups and peoples.

The detachment of female genital cutting from its traditional ceremony is not only a means to secretly continue with the practice, but also offers those unwilling to undergo or perform female genital cutting a means to evade the practice without being excluded from the community or being denied the status of adult women and its associated rights. Moreover, female genital cutting is not only evaded, but also actively opposed from within the community. The strongest condemnation of the practice comes from school-educated and younger Maasai, but some respondents who did not have formal education and older respondents were also in favour of abandoning it. The findings suggest that criminalisation of female genital cutting and mounting social pressure to not circumcise influence behavioural change (i.e. practitioners hiding the continuation of female genital cutting), while education inspires changes in attitudes as well, resulting in the actual condemnation of the practice. Furthermore, the findings show that Maasai culture in general, and the tradition of female genital cutting more specifically, are not static, but subject to critique, reinterpretation, and change, both from within the community and in interaction with outside influences.

These changing meanings should be taken into consideration by those working on female genital cutting among the Maasai. If female genital cutting is no longer a rite of passage, but rather a way of inscribing Maasai identity into the body or even resisting outsiders' opposition, the implementation of 'alternative rites of passage' by outsiders, as suggested by, among others, Lie, Lothe, and Ali (2004), may not achieve the predefined goals. More importantly, development actors should be careful with 'predefined goals', as the effect of outsiders' opposition to the practice seems to play a major role in 'hiding' the practice and might even cause a backlash effect on anti-female genital cutting efforts by Maasai individuals and indigenous (women's) organisations. The Maasai people can develop – and are already developing – their own ceremonies, still celebrating womanhood and Maasai identity, while taking health concerns into account. Supportive projects should always depart from priorities and needs as defined by the community, be sensitive to and embedded in local understandings of the practice and broader gender and sexuality norms, and be designed and developed together with members of the community.

Notes

1. Such as the Tanzanian Media Women's Association (TAMWA), the Legal and Human Rights Centre (LHRC), and the Tanzanian Women Lawyers Association (TAWLA)
2. Male circumcisers only circumcise men, while female circumcisers only circumcise women.
3. Age-set refers to a group of men who have all been circumcised during the same specific period. A new age-set is declared every 12 to 14 years.

4. Respondents were given fictional names to preserve anonymity. The information between brackets gives the respondent's fictional name, the place of respondent's residence, educational level, age-set (for male respondents) or life phase (for female respondents), and date on which the interview took place.

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