Ending Female Genital Mutilation in Monduli, Arusha
An Evidence-Based Case for Community-Led Action

This evidence dossier is intended to provide background information and context to support understanding, dialogue and locally led action to address female genital mutilation in Monduli District, Arusha Region. It draws on international guidance, national survey data, peer-reviewed research and documented programme experience. While every effort has been made to ensure accuracy, the document is not intended to present a comprehensive or definitive account, nor to replace local knowledge, community leadership or professional guidance. District-level prevalence data for Monduli are not published through national household surveys; references to local context are therefore indicative and should be interpreted alongside engagement with affected communities, local authorities and service providers. The dossier is offered as a living resource to inform partnership, learning and evidence-informed, community-led programming.

1) Background: the problem and its cultural relevance

Female genital mutilation (FGM) – all procedures involving partial or total removal of the external female genitalia or other injury to female genital organs for non-medical reasons – remains a serious violation of girls' and women's rights and a public health concern. Tanzania has made progress: nationally, the 2022 Demographic and Health Survey (TDHS-MIS) estimates that around 8% of women aged 15–49 have undergone FGM, a decline from roughly 10% in 2015–16. Yet this national average masks concentrated hotspots in the northern belt, including Arusha and neighbouring regions, where FGM is historically entrenched among certain communities. Among adolescent girls and young women, the Northern Zone continues to record the highest levels relative to other zones.

In Monduli District (Arusha Region), FGM is interwoven with social norms around identity, respectability and marriageability, particularly among Maasai communities. Cutting is often linked to the transition to womanhood and communal belonging. Families may feel intense pressure from kin and peers, with decisions frequently influenced by grandmothers, aunts and traditional leaders. Cutting seasons typically cluster around school holidays (notably November–January), though clandestine cutting can occur year-round. Mobility between districts – and across the nearby Kenya border – can enable families to seek cutting where enforcement is perceived as weaker.

Legally, Tanzania criminalises FGM for any person under 18 (Penal Code §169A, as inserted by the Sexual Offences Special Provisions Act, 1998). The current National Plan of Action to End Violence Against Women and Children (NPA-VAWC II, 2024/25–2028/29) prioritises prevention, survivor-centred response, and stronger coordination across justice, health, education and social welfare sectors. In Monduli, this translates into working closely with District Social Welfare, Police Gender and Children Desks, ward and village leadership, and health and school focal points.

The harms are immediate (pain, haemorrhage, sepsis, urinary retention, trauma) and long-term (obstetric complications, perineal tears, dyspareunia, keloids, psychological distress including anxiety, depression and PTSD). FGM is also linked to child and forced marriage, school drop-out and diminished lifetime earnings, perpetuating intergenerational poverty.

2) Projects and efforts to stop the problem (with evidence), including what has not worked

What has been tried in northern Tanzania and comparable Maasai settings includes Community-Led Alternative Rites of Passage (ARP/CLARP), which replace cutting with culturally resonant rites, co-designed with elders, mothers and faith leaders. Evidence from Maasai contexts shows improved knowledge and acceptance of abandonment when ARP is community-owned and coupled with mentorship and follow-up.

Intergenerational dialogue and norm-change initiatives bring together mothers, grandmothers, fathers and young people to reflect on health, rights and faith narratives. Sustained dialogue series outperform one-off sensitisation talks. Protection during cutting seasons includes safe houses or shelters, rapid referral pathways, transport support and school-based early-warning systems that help avert imminent cutting.

School–community linkages, including girls' clubs, teacher safeguarding focal points and pre-holiday alerts, create local surveillance and referral pathways. Engagement with traditional practitioners may

include public renunciation, livelihoods support and ongoing community monitoring. Local by-laws and public declarations, when enforced and monitored, reinforce shared standards and the rule of law.

Approaches that have under-performed or caused harm include punitive-only crackdowns without prior community engagement, which often drive the practice underground, lower the age at cutting, encourage cross-border cutting and reduce reporting. Medicalisation undermines elimination efforts, normalises the practice and contravenes global guidance. One-off awareness events without follow-up rarely shift entrenched norms. Transactional incentives without community ownership may undermine trust and long-term sustainability. Externally imposed ARPs that ignore local authority structures tend to be rejected or quietly bypassed.

3) Research-backed evidence for what works

The evidence base on ending FGM has strengthened in recent years, although rigorous causal studies remain limited. Multi-component, community-led packages are more promising than single-strand activities; reviews show that packages combining community dialogue, public declarations or by-laws, school engagement and services are associated with shifts in social norms and protective behaviours (Matanda et al., 2023).

Alternative Rites of Passage can contribute to reduced FGM and child marriage when they are genuinely co-designed and followed by sustained mentorship. Impact evaluation evidence from Kenya shows declines in FGM and child marriage and improvements in girls' schooling (Muhula et al., 2021).

School-centred early warning and girls' empowerment are protective. National survey analyses show higher odds of cutting among girls in rural areas with lower education and wealth, while greater access to information is associated with lower risk (Adam et al., 2024).

Survivor-centred protection and services matter. Programme learning from Tanzania and the wider region shows that safe houses, coordinated referral and police gender desks can avert imminent cutting, particularly during holiday periods. Enforcement alone is insufficient without social norm change, and medicalisation must be rejected in line with WHO guidance (WHO, 2010).

4) Success stories: Tanzania and Africa

Community-led rites and education among Maasai communities across the Kenya–Tanzania ecosystem have been associated with reductions in FGM and child marriage and improvements in girls' schooling.

In northern Tanzania, UNFPA-supported protection pathways have documented large numbers of girls sheltered, counselled and reintegrated during cutting seasons through coordinated school alerts, police action and community support.

Across Africa, the UNFPA–UNICEF Joint Programme reports sustained reductions linked to long-term community engagement, male allyship and integration into education and health systems.

5) How this translates into a Monduli plan (brief)

A Monduli initiative should be community-run, multi-component and season-aware, combining co-designed Alternative Rites of Passage, intergenerational dialogue, early-warning systems aligned to school holidays, locally legitimate by-laws and declarations, and capacity-building for frontline workers. Monitoring and evaluation should track attitudinal change, attempted and averted cases, and qualitative stories of change.

References

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