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**Complementary and Disparate:
Conceptualising Female and Male
Genital Cutting in Northern
Tanzania**

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Abstract

This thesis traces the ways in which genital cutting practices historically seen as complementary become regarded as disparate. While most Maasai women and men I met during my fieldwork in northern Tanzania described female and male genital cutting as a component of complementary rites inherent to social initiation and ethnic identity, Chagga people largely described male genital cutting as a necessary medical procedure long decoupled from its female counterpart and initiations, neither of which were still practised in their communities. Practices and perceptions of genital cutting are also actively transforming within Maasai communities, if differently and unevenly, leading some level of ambiguity to exist around whether or not any given young Maasai woman had undergone genital alteration.

When genital cutting can be imagined as both present and absent, the act of (not) cutting becomes a null point and the things happening around it, such as initiation celebrations, are what impact social relationships. The instability of Maasai girls' initiation, however, has put the perceived interdependence and complementarity of female and male initiation in a precarious position and opened a space for new imaginings of male genital cutting's alleged necessity on biomedical and religious grounds. Out of these disjunctures and contestations alternative local imaginaries of female and male genital cutting have developed in northern Tanzania in ways that reaffirm as well as challenge social structures.

Contents

Abstract	3
Acknowledgments	6
Glossary of Maa and Kiswahili Words	7
Preface	9
Introduction	29
	A Discursive Concept 30
	Beginnings 47
	Plan of the Thesis 54
Chapter One	
Methods, (Mis)translations, and (Mis)understandings	56
	Expectations of Access 58
	We Are Strangers 70
	Silence, Refusal and Public Opinion 81
	Conclusion 83
Chapter Two	
Halafu Nikaingia kwenye Serikali: And Then I Joined the Government	85
	<i>Ukabila</i> : Ethnicity and Tribalism 87
	<i>Wamangi</i> , Missionaries and Colonial Officers 94
	<i>Mwananchi wa Tanzania</i> : A Citizen of Tanzania 115
	Conclusion 125

Chapter Three	
Mikiyioló Tukul: We Totally Don't Know	127
	Illegal Genital Cutting 128
	Translating Human Rights 144
	Manifesting Authority 152
	<i>Meékure Haki: No Longer a Right</i> 162
	Conclusion 166
Chapter Four	
Maendeleo Kiyiéú: The Development We Want	168
	The Onus of Development 170
	Negotiating Development 178
	Wash Your Hands of FGM 188
	Conclusion 201
Chapter Five	
Medicalisation and Meaning	203
	An International Campaign: Scaling-up Foreskin Removal 206
	The Campaign in Tanzania: <i>Jambo la Kisasa</i> (A Modern Thing) 215
	Tradition/Filth/Sin Revisited 222
	Conclusion 243
Chapter Six	
Presence and Absence	244
	The Suffering Slot 246
	The Significance of Ceremony 262
	Bridewealth 270
	Conclusion 285
Conclusion	288
References	290

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Glossary of Maa and Kiswahili Words

Maa is mainly an oral language that does not (yet) have a standard orthography. It is not taught or used in Tanzanian schools and my trilingual interpreter, Kimani, had never previously written in Maa.¹ His only experience reading it was limited to a copy of the Bible owned by his father. But he preferred the Kiswahili version, despite Maa being his first and primary language. For the sake of consistency, I have based my spellings on Frans Mol's dictionary (1996). Maa is tonal with gendered nouns, unlike Kiswahili.

Maa

ol-ayíónì, pl. *il-ayíók* : boy (noun)

en-kitok, pl. *in-kituaak* : mature woman (noun)

ol-kitok, pl. *il-kituaak* : mature man (noun)

Ol-maâ : the Maasai culture or nation (noun)

a-murat : to initiate / circumcise (verb)

e-murata / *e-muratare* : initiation / genital cutting (noun)

ol-múrrànì, pl. *il-múrràn* : young man (noun)

ol-oshô, pl. *il-oshon* : political section or state (noun)

e-siankíkì, pl. *i-siankikîn* : young woman (noun)

¹ Written Maa appears to be more available in Kenya than Tanzania.

Age-Sets (ol-aji, pl. il-ajijik) of the Kisongo Maasai and Their Affiliates

Seuri : 1957-1975

Makaa : 1971-1987

Landis : 1983-2003

Korianga : 1997-2017

Nyangulo : 2011- present

Kiswahili

maendeleo : development / progress (noun)

mila : tradition / culture / custom (noun)

ku-tahiri : to circumcise (verb)

sherehe : celebration / ceremony (noun)

sikukuu : holiday / festival (noun)

tohara : genital cutting (noun)

uchafu : dirt / filth / immorality (noun)

ukabila : ethnicity / tribalism (noun)

ukeketaji : female genital mutilation (noun)

usafi : cleanliness / purity (noun)

Preface

This thesis traces the ways in which female and male genital cutting practices historically seen as complementary in northern Tanzania become regarded as disparate. Ambiguities and tensions around the problematic dichotomies of absence/presence and self/Other are key threads running throughout the thesis, spanning across (inter)national and local scales. Over the course of normal daily social interactions, it is generally frowned upon to inspect others' genitalia. Where having physically modified genitals is socially and culturally valued, because such alteration is a signifier of group membership for example, most people's knowledge of whether any given individual has been cut is not based on direct visual observation — although of course in some cases it is.

This knowledge is instead based on other factors, such as the speech and actions of the individual and those around them within a particular social context. If a modification connotes marriageability then someone might assume but not 'know'

that a new married acquaintance has undergone the expected procedure.¹ When genital cutting can be imagined as both present and absent, (not) cutting becomes a null point and the things happening around it are what impact social relationships.²

An individual's identity and the perceived identities of others within the broader social structure shape who is assumed to have undergone genital cutting. Research for this thesis was conducted in Tanzania but developed and written up in England, making the UK's socio-political context relevant to my positionality as a researcher. As Anna Tsing has noted, 'participant-observation begins at home' (Behar 1995: 23). This preface explores one facet of the political milieu in Britain during my writing up period — and in the process begins the work of unpacking these recurring dichotomies of absence/presence and self/Other. Here I consider the phenomenon of 'female genital mutilation' (FGM) court cases lacking clear physical evidence, looking specifically at a 2018 trial in Bristol.

There and Not There

This possibility for genital cutting to be present and absent can be likened to the 'a' in Jacques Derrida's *différance*, whose presence or absence cannot be heard in speech since *différence/différance* sound the same, but whose presence can be read

¹ The pretence that a person has undergone a socially expected form of genital cutting can quickly fall apart if an intimate partner, friend or family member publicly reveals the truth — as has happened on several reported occasions to men in Kenya, where cutting was then enforced by a mob (see Lamont 2018: 300-305; e.g., Jamenya 2016; Ngai 2016; Njeru 2019). This specific type of forced genital cutting involving a reveal followed by mass public spectacle in a location not normally associated with initiations, such as a marketplace, is either uncommon or underreported in Tanzania. Nevertheless, 'passing' as cut inevitably requires some level of social cooperation and is not an individual act.

² At the same time, a person's relationships could be hugely impacted by physical or psychological complications arising from genital alteration — even if acquaintances are oblivious to these problems.

in text (Derrida 1984 [1982]: 4). Derrida's polysemic *différance* gives the sense of both difference and deferment. The definition of 'female genital mutilation' in UK legislation appears to be straightforward: 'a person is guilty of an offence if he excises, infibulates or otherwise mutilates the whole or any part of a girl's labia majora, labia minora or clitoris' — excluding operations performed by medical practitioners necessary for physical or mental health, or for purposes connected to labour or birth (Female Genital Mutilation Act 2003: 1).³ Considering which cases have been deemed prosecutable, however, reveals the ways in which this legal definition is divorced from how 'FGM' is commonly imagined in Britain — and how the law has been carried out. The definition of FGM as a concept can be understood as an absence of presence and the term should be written 'under erasure' (Spivak 1997 [1976]: xvii). In this way, the meaning of FGM unfolds in time through a continuous process of differentiation and deferment.

The Crown Prosecution Service (CPS) decided not to pursue a case against the consultant gynaecologist Joe Daniels for performing clitoridectomy on a thirty-three-year-old British woman 'not from a culture that conducted FGM' — who 'used the internet to compare her genitalia with those of circumcised women' and wished to emulate the aesthetic (Veale and Daniels 2011: 726-727; Bentham 2017; see also Proudman 2022: 147-148).⁴ But the junior doctor Dhanuson Dharmasena

³ In the Female Genital Mutilation Act 2003, 'girl' includes adult women.

⁴ The Prohibition of Female Circumcision Act 1985 was crafted under pressure from medical bodies to keep 'cosmetic' genital surgeries permissible, even if physically indistinguishable from those being banned (Dustin 2010: 13-16). Procedures perceived to be performed as part of 'custom or ritual' were explicitly made illegal.

was prosecuted for suturing with a single stitch incisions made during childbirth—to stem bleeding on a woman who had been infibulated as a child in Somalia before moving to England.⁵

Similarly, cosmetic labiaplasty has been performed on British girls under the age of eighteen without prosecution (Mackenzie 2017; see also Berer 2010). But the Harley Street surgeon Farooque Hayder Siddique was struck off after being found guilty by the General Medical Council of agreeing to perform clitoridectomy on a thirty-four-year-old Nigerian-born journalist — who in a sting operation had posed as a prospective client wishing to undergo the procedure as a ‘cultural tradition’ (Jury 1993a; 1993b).⁶ In these cases, what did or did not constitute FGM shifted depending on who the action was being performed on and by.

The Chairman of the Commission for Racial Equality at the time warned that this wording specifically targeted ‘persons of African origin and descent’. Lord Glenarthur argued in response, ‘interference with that sort of custom or ritual is inherent in the basic purposes of the Bill. What we are saying is that these customary practices are not compatible with the culture of this country’ (Poulter 1986: 157-158; see also Proudman 2022: 142-145). Lord Kennet — who had introduced the Bill — criticised this stance, remarking that to ‘allow the mutilation of a deluded white girl and not of a deluded black girl is indefensible’ (Seddon 1993: 272). His arguments were rejected.

As Arianne Shahvisi has noted, ‘The current distinction appears to be made on the basis of the race, culture, or nationality of the girl or woman in question, which draws on, and entrenches, racism and ethnocentrism’ (2023: 190). In 2015, the Home Affairs Committee wrote, ‘We cannot tell communities in Sierra Leone and Somalia to stop a practice which is freely permitted in Harley Street. We recommend that the Government amend the Female Genital Mutilation Act 2003 in order to make it very clear that female genital cosmetic surgery would be a criminal offence’ (HC 2015: 6-7). But no amendment has materialised.

⁵ Laville 2015a; It took a jury less than thirty minutes to acquit Dharmasena (Laville 2015b).

⁶ It is important to note that the question of consenting, adult African women undergoing genital alteration has been central to UK legislation against FGM from the beginning, and is not a peripheral or new issue. The day after Lord Kennet first read the bill that would later become the Prohibition of Female Circumcision Act 1985, an episode of *Forty Minutes* on BBC Two warned that the operations were being performed by London doctors (Panton 1983). This coverage helped build the bill’s momentum, but the only confirmed incidents involved two adult Nigerian women operated on by Dr Sunit Ghatak.

The ethics committee of the General Medical Council (GMC) reviewed Ghatak’s case and determined that ‘female circumcision’ did not constitute serious misconduct if carried out with the full and informed consent of the patient (Veitch 1983a). But the GMC rejected their own committee’s decision — with John Walton, the public body’s president, instructing them to instead state that in the absence of ‘strong and incontrovertible medical indications’ any such procedures would be unethical and considered malpractice (Veitch 1983b). This determination has not been applied to genital alterations performed on white clients for ‘cosmetic’ reasons.

Since 2015, the National Health Service mandatory FGM reporting has counted adult women's consensual genital piercings in their statistics (Bentham 2015).⁷ But there was never any indication these 'British' body modifications would be considered for prosecution. The CPS issued revised guidelines in 2019 confirming that genital piercings were not deemed sufficiently invasive, disfiguring or violent to meet the commonly understood dictionary definition of 'mutilation' — and would therefore be unlikely to be 'in the public interest' to prosecute (CPS 2019).⁸ No such allowances have been made for consenting adult women wishing to undergo similarly minimal procedures based on sociocultural practices historically performed outside of Europe and North America.⁹

And the CPS avoided using this dictionary definition of 'mutilation' in their handling of the Bristol case discussed below. Differentiation here also takes on the sense of alterity. FGM is predominantly imagined as happening to and performed by Black and Brown bodies.

⁷ The Health and Social Care Information Centre explained this inclusion by claiming that girls 'in some communities' are forced to undergo genital piercing — noting that the WHO 'currently defines all female genital piercings as a form of FGM' (HSCIC 2016: 22). As far as I am aware, however, no societies perform routine female genital piercings that include jewellery. The word 'piercing' originally appears in the WHO's definition as a variation on pricking or incising (WHO 1997: 3). And their definition makes no distinctions for age or consent, but the HSCIC seems to have assumed that because 'piercing' is mentioned by the WHO — some unspecified communities must be forcing it upon underage girls.

⁸ These guidelines did specify that a charge should be considered in cases of genital piercing involving a minor or if consent is otherwise absent, but the suggested charge is assault rather than FGM.

⁹ Numerous feminist scholars through various disciplinary lenses have addressed the inconsistent ways in which standards of consent and harm have been applied to 'FGM' versus 'cosmetic female genital surgeries' (e.g., Boddy 2016; 2020; Braun 2009; Davis 2002; Green 2005; Njambi 2004; Obiora 1997: 318-322; Sullivan 2007).

A Trial

Although genital cutting ‘seen’ indirectly through social interactions may be ambiguous, it might be assumed that direct visual observation – particularly in the form of a medical examination – would always produce clarity over the presence or absence of intentional alteration. ‘Bristol FGM trial hears girl, 6, may have been burned with knitting needle’ declared a February 2018 headline in *The Guardian* (Morris 2018). Two medical experts for the prosecution testified that, based on their physical examinations, the young girl may (or may not) have undergone a procedure. The ambiguity of their reports left the possibility for FGM to be present or absent — and how these examiners, the police and Crown prosecutor interpreted the situation was shaped by the social context surrounding the case.

The girl’s father had been charged with child cruelty after Sami Ullah, a member of the charity Integrate Bristol and an active campaigner against FGM, alleged that the Somali taxi driver confessed to allowing a ‘small cut’ on his daughter within minutes of meeting Ullah during a taxi journey in 2016 (BBC 2018a).¹⁰ The father told police the cutting and confession never happened (Bennet 2018a). The daughter also said no harm to her genitals had occurred.

The consultant paediatrician Lindsey Mackintosh told the court that she observed a small lesion on the girl’s clitoris, which she thought ‘may represent a form of FGM’ (Morris 2018).¹¹ Mackintosh identified the form of possible FGM

¹⁰ Leanne Pook, the detective who led the investigation, was also an Integrate Bristol trustee (Newman 2018). The charity was ‘formed to help with the integration and adaptation of young people and children who have arrived from other countries and cultures’. In practice, much of their work centred on FGM — with the aim of increasing the enforcement and scope of anti-FGM policies in the UK (Integrate Bristol 2011).

¹¹ The possible lesion measured ‘no more than a couple of millimetres’ (Morris 2018).

as ‘type 4’ under the World Health Organization’s classification system. This is a catch-all category for any non-medical procedure that neither removes tissue nor narrows the vaginal opening. Examples of ‘type 4’ mentioned by the WHO include pricking, piercing or cauterising the genital area (WHO 2018). Some of these acts would not fit the dictionary definition of mutilation.

Due to the limited nature of the possible injury, rather than use the FGM legislation, the CPS decided to pursue a child cruelty conviction (Newman 2018). Based on the speculation that ‘type 4’ FGM may have been performed, Mackintosh further postulated, ‘she may have been pricked or had a small burn to her clitoris using a hot, sharp object’ the size of a knitting needle point (Morris 2018). Mackintosh, who was looking for confirmation of FGM, made sense of the lesion’s presence by situating it within the WHO’s FGM classification system.

But it is not clear why the WHO lists cauterisation as an example. As far as I am aware, no societies are known to have practised it as a socially expected form of female genital alteration.¹² In contrast, electrical cauterisation has been used in North America as part of routine male genital alteration (Preves 2002: 527).¹³ Despite this historical absence of routine burning of female genitals — and

¹² The origin of this inclusion may stem from the early anthropologist Felix Bryk’s book *Voodoo-Eros* — first published in German in 1910. Bryk asserts that Nandi people in East Africa altered girls and boys’ genitals by burning (1933: 127). Myrtle Langley, however, explains that fire is a metaphor within Nandi initiation and knives were actually used (1979: 23, 32, 59; see also Hollis 1909: 52-60).

The highly influential *Hosken Report* states that, ‘Excision by cauterization (burning) is also reported in the literature’ — but cites no examples (1979: 4). Hosken does, however, elsewhere reference a study by Asma El Dareer, which was then in progress and later became a book. El Dareer writes that ‘some tribes’ in Sudan removed the ‘tip of the prepuce of the clitoris’ by ‘applying a heated piece of stone or pearl’ (1982: 2). But she mentions no specific group, nor how this information was obtained (e.g., from a first-hand account or second-hand rumour). And I have been unable to find another source confirming the claim.

¹³ During the nineteenth and early twentieth century, certain doctors in the United States were known to cauterise the clitoris as a ‘treatment’ against masturbation (Rodriguez 2014: 42).

certainly not in Somalia — this explanation was able to make FGM sufficiently present to begin a trial.¹⁴

But perhaps the lesion was never there, and even in its absence the presumed possibility of FGM remained. The prosecution’s second medical expert, the consultant gynaecologist Sarah Creighton, testified that although she thought there was a ‘suggestion’ of a small lesion in photos taken by Mackintosh — when she examined the child nine weeks later, no lesion was visible. Creighton said the girl’s clitoris did have a slight irregularity, perhaps due to congenital variation or the common condition vulvovaginitis.¹⁵ Creighton nonetheless maintained the possibility of FGM, by adding that an injury could have been present and then healed (Bennet 2018a).¹⁶ The detective chief inspector Leanne Pook, who led the investigation, remarked of such a quickly healing, undetectable injury, ‘I think

¹⁴ The body modifier Brendan Russell was charged with FGM in New South Wales, Australia for burning the labia minora of an adult client at her request. His defence attempted to argue that the law against FGM applied only to ‘ritualistic procedures’. The Sydney district court judge Helen Syme disagreed, finding Russell guilty (Australian Associated Press 2021a; 2021b; R v Russell 2021). Nonetheless, it is rare for a white person to be charged with FGM. For example, the New South Wales gynaecologist Graeme Reeves was instead charged with grievous bodily harm for intentionally and unnecessarily excising a patient’s clitoris without her consent (Wells 2011). That Russell is a member of the fringe, extreme body modification community may in part explain why he was charged with FGM, while Reeves was not.

¹⁵ As Birgitta Essén details in a case from Denmark, what one doctor sees as a normal variation of anatomy another might label ‘mutilation’ — even when scarring is agreed to be absent (2020: 263-265). Knowing that police are looking for FGM may seriously sway a medical practitioner’s perception.

¹⁶ Creighton has made similar comments in other cases. The statements themselves were impartial and precise, but within a climate of paranoia were at times interpreted by others as a confirmation of FGM. She testified in a 2014 Leeds Family Court case that ‘type 4’ FGM may have been performed on a one-year-old girl *if* a scar was present. The local authority used this evidence, along with conflicting statements from two other medical experts, to argue that the child had been subjected to FGM — and put forward a care plan for the adoption of both her and her brother (Leeds City Council v M, F, B, and G 2015: 6-16). Judge James Munby, however, concluded that there was insufficient evidence to establish the girl had been subjected to FGM.

In a 2016 Barnet Family Court case, Creighton and Dr Deborah Hodes found ‘no physical signs which confirm recent or historic FGM’ on a four-year-old girl whose parents had migrated to the UK from Somalia, but noted this did not *exclude* the possibility of ‘type 4’ FGM. Using this testimony, Judge Vera Mayer concluded that the girl had undergone FGM (London Borough of Barnet v M, F, A, B, C, and D 2016).

practising communities understand that they have to adjust their practices to evade law enforcement’ (Newman 2018).¹⁷ The lesion’s absence was thus viewed as a criminal strategy to perpetuate FGM, where ‘mutilation’ is present even if permanent physical alteration is not.

Judge Julian Lambert directed the jury to acquit due to lack of evidence on the fourth day of trial (Bennet 2018b).¹⁸ In order to understand why the Crown Prosecution Service regarded this evidence as sufficient to charge the Bristol father in the first place, it is instructive to consider why certain biminorities are believed to commit FGM on a large scale and daily basis across the UK — to borrow Arjun Appadurai’s neologism meaning, ‘those whose difference (ethnic, religious, racial) from the national majorities is seen as a form of bodily threat to the national ethnos’ (2018). The Bristol father’s case was deemed prosecutable because he migrated to England from Somalia, where reported prevalence of FGM is high. And so, he was imagined as likely to carry out FGM.

¹⁷ Australia’s first successful FGM prosecution bore similarities to the Bristol case. A Dawoodi Bohra community leader, retired midwife and unnamed mother were convicted in 2015 of performing and covering up the mutilation of the mother’s two young daughters. During the highly publicised trial, the paediatrician Susan Marks testified for the prosecution that she was unable to clearly visualise the clitoral glans of either girl, but found no evidence of scarring. The gynaecologist Sonia Grover testified for the defence that this was not unusual, since the clitoral glans is not clearly visible in approximately forty percent of prepubescent girls (Begley 2015; Crawford 2015). All three defendants were acquitted in 2018 after subsequent medical examinations showed that the children’s clitoral glans were indeed intact (Laurence 2018).

However, in 2019 this ruling was overturned by the High Court of Australia — with the Chief Justice Susan Kiefel and Justice Patrick Keane writing that, ‘a rational jury could discount the significance of the medical evidence that there was no visible damage to the relevant body parts’ (The Queen v A2, Magennis, and Vaziri 2019: 33). The New South Wales Director of Public Prosecutions nonetheless decided to drop all charges the following year (Duffin 2020). This resolution received little media coverage. *The Guardian*, for example, ran over eleven articles on the trial in 2015 (e.g., Jabour 2015a; 2015b; 2015c; 2015d; 2015e; 2015f; 2015g; 2015h; 2015i; 2015j; 2015k) — but then did not report on the acquittal or its aftermath.

¹⁸ The judge’s decision was not dependent on the absence of FGM, but on the absence of evidence for how and when the alleged procedure could have occurred, because ‘the jury cannot convict the defendant of this offence unless they are sure he knowingly exposed’ his daughter to FGM ‘rather than him finding out about it after’.

Imagining Presence

A few months after Ullah reported the Somali taxi driver to police, the Labour MP Keith Vaz opened a Home Affairs Committee roundtable discussion — where he claimed that,

65,000 girls aged 13 and under are at risk of FGM. A case of FGM is reported in England every 109 minutes, on average, so by the time we finish this seminar, another young girl will have been affected (HC 2016a: 2).

The belief that these procedures were commonly performed in the UK stemmed in part from risk estimates, such as the writer Julie Bindel's sixty-five thousand figure cited by Vaz.¹⁹

Bindel's estimate was derived under the unfounded assumption that the risk of a girl born in the UK undergoing genital cutting would be equivalent to the prevalence of cut adult women in her mother's country of birth (Bindel 2014: 53-54; cf. Macfarlane 2019).²⁰ The assumption that FGM is necessarily deeply entrenched led people to use national background and ethnicity as signifiers for presence and risk.²¹ When these factors are used to measure FGM, perceptions of prevalence depend on the number of biominorities — rather than actual acts.

¹⁹ This trust in the ability to make the social world legible through measurement and statistics, and the idea that governance should be based on these quantifications, reflects what Sally Engle Merry calls 'indicator culture' (Merry 2016: 9-10, 21). Numerical renderings are inevitably shaped by the political landscape they were created in, even as they reshape that landscape.

²⁰ Bindel got these national averages from a London-based NGO called the Orchid Project, who cite the London-based charity 28 Too Many — who obtained their data from the Demographic and Health Surveys. And as Henrietta Moore (2013) has noted, these surveys are not without problems.

²¹ This assumption is neither new nor specific to Britain. The anthropologist Sara Johnsdotter describes how Sweden developed a 'moral panic' over FGM despite 'weak or non-existent evidence to show that this practice actually exists in Sweden' (2002: 8).

Vaz’s claim that an additional girl was cut in England every hundred and nine minutes originated from an inaccurate representation of the mandatory reporting data. There were 5,702 newly recorded cases of FGM in England between April 2015 and March 2016. However, less than two percent of those involved a child.²² The vast majority were historical cases that happened before the person moved to Britain (HSCIC 2016: 18, 27). And although eighteen of the incidents — less than a third of a percent — were reportedly performed in the UK, at least thirteen of those were consensual genital piercings.²³

This leaves perhaps five other cases performed at some point in the past — possibly decades prior.²⁴ The Tory MP Zac Goldsmith, co-chair of the All-Party Parliamentary Group on FGM, argued that incidents were merely not being reported to authorities due to misplaced ‘cultural sensitivities’ (Davis 2017).²⁵ The absence of more recorded cases or successful prosecutions was assumed to reveal

²² Between September 2014 and August 2015, thirty-eight children were referred to the FGM Clinic at University College Hospital in London. Less than half were confirmed to have altered genitals. Of these, the majority were classified as having ‘type 4’. Two of the children were born in the UK. One said she had been cut as a ten-year-old in her London home at the behest of her mother (Creighton et al. 2016: 2-3). A case partially matching that description, but in which the father was accused, went to trial in 2018 (Summers 2018; Topping 2018). It led to an acquittal.

²³ An exact number is not given, but ‘more than 70 per cent’ of these eighteen cases were piercings (2016: 27).

²⁴ This of course does not exclude issues of incomplete data and the possibility of unreported cases. In March 2017, NHS Digital confirmed that an unspecified number of infants born in England to mothers with FGM were incorrectly recorded as also having FGM (2017: 4). This error may have inflated the number of cases reportedly performed in the UK.

²⁵ However, as Sara Johnsdotter and Ruth Mestre i Mestre write, ‘An alternative explanation would be that the number of unrecorded cases is much lower than what official conjectures and media reports suggest, and that the existing court cases should be seen not as “the tip of an iceberg” but as evidence that migration — and perhaps absence of the social pressure of the home communities — leads to a general abandonment of this practice and to new parental strategies’ (2017: 21; see also Hodes et al. 2021; Johnsdotter and Wendel 2023; Karlsen et al. 2023).

Moreover, as pointed out by Aissata MB Camara, if a case were to arise people may fear the reporting process because it would require interacting with police and court systems — ‘systems that have oppressed these communities’ (Sahiyo 2021). If reporting has been being hindered, it seems far more likely that systemic racism rather than ‘cultural sensitivity’ is the cause.

the presence of a failure to punish biominorities fuelled by presumed over-accommodation, rather than due to a limited number of such procedures currently being performed by the targeted communities.²⁶

Borders, Bodies and Biominorities

By the nineteen-nineties, clitoridectomy had become a trump card in discussions about multiculturalism; a way to define ‘the boundary between us and them’ (Tamir 1996). The biological anthropologist Melvin Konner declared in *The New York Times*, ‘Cultural relativism has limits, and this is one place where we ought to draw the line’ (Konner 1990).²⁷ Rehashed debates around multiculturalism re-

²⁶ A Home Affairs Committee report argued that there exists in the UK a ‘failure to identify cases, to prosecute and to achieve convictions’ compared to France, with its ‘excellent record on securing prosecutions for FGM’ (HC 2016b: 25). But the majority of those French prosecutions occurred in the 1980s and 1990s (Johnsdotter and Mestre i Mestre 2017: 17) — and were triggered in part by a series of tragic deaths. Moreover, much of the sentencing at that time was quite lenient by today’s standards. The current situation in the UK is simply not comparable to what was happening in France thirty or forty years ago.

In 1979, a Parisian magistrate gave a one year suspended sentence to a female circumciser for inadvertently killing a baby. Then in 1982, an infant girl named Bobo Traoré died in Paris from blood loss after being cut — but no one was convicted. Another infant, Mantessa Baradji, died in 1983; her parents were given a three year suspended prison term. Aramata Keita was unrelatedly found to have cut twenty-two girls in France between 1982 and 1984, one of whom also died. In 1991, she was tried in Paris and then in its suburb Bobigny (Dembour 2001: 62-67; Peyrot 1992; Verdier 1992; Winter 1994: 944-948). Keita was sentenced to a total of eight years in prison, while the parents involved were all either acquitted or given suspended sentences.

In 1984, an eight-year-old girl named Mariatou Koita had her genitals forcibly cut in Paris. Ten years later, she reported the circumciser to the authorities (BBC 1999; Henley 1999). Thanks to this information, police caught Hawa Gréou in the midst of performing another excision — for which she was given a one year suspended sentence. The child’s mother, Araba Traoré, was acquitted (Gumbel 1994: 16). In 1999, Gréou was found guilty of having mutilated forty-eight girls in France during the 1980s and early 1990s. She was sentenced to eight years in prison. Koita’s mother was sentenced to two. The other twenty-three mothers and three fathers on trial were given suspended sentences (Dembour 2001: 67; Lichfield 1999).

²⁷ Nancy Scheper-Hughes asked in response why male circumcision was not also a ‘place where we ought to draw the line’. Her son was circumcised against her wishes after a lengthy disagreement with her husband, leading her to write, ‘I still believe that my son was sexually mutilated and violated as an infant’ (1991: 28).

emerged in the lead up to and aftermath of the Brexit referendum and European migrant crisis of the twenty-tens. The increased public emphasis in the UK on punitive interventions against FGM coincided with this period. The nineties were remembered by some as a time of intolerable tolerance.²⁸

Nigel Farage, then leader of the UK Independence Party (UKIP), used the baseless assertion that ‘tens of thousands of young women’ had been subjected to FGM on British soil to argue against migration and multiculturalism (Mason 2015; Syal 2015). Farage exploited efforts to end such procedures in order to further Islamophobic and xenophobic arguments — reflecting a central trope of what Sara Farris calls femonationalism (Farris 2017: 2, 3; see also Bader 2023; Bader and Mottier 2020). In which, right-wing nationalists mobilise claims that Muslim men, and non-Western migrants more generally, endanger European societies — due to their alleged uniquely oppressive treatment of women.²⁹

²⁸ In 1993, the independent conservative Brent councillor Poline Nyaga tabled a motion to repeal the Prohibition of Female Circumcision Act 1985. Nyaga was born in Kenya, where she underwent genital cutting. ‘Male circumcision is freely available in the UK, why not female circumcision?’ — she reportedly inquired (Boulton 1993: 4). Her suggestion provoked outrage.

The Executive Director of the United Kingdom Committee for UNICEF condemned the motion, as did the Pulitzer-prize winning novelist Alice Walker (Porter 1993: 3). A joint statement calling for disciplinary proceedings against Nyaga was issued by the groups Women Against Racism, Southall Black Sisters and Brent Asian Women’s Refuge (1993: 10). The charity Forward organised a protest.

Her fellow councillor Ann John proposed and passed an amendment describing the procedures as ‘barbaric’ and on a par with cannibalism. Nyaga was asked to resign (*Wembley Observer* 1993). During the 2010s, however, this relatively obscure incident came up repeatedly in news commentary as a rather disingenuous cautionary tale of Britain’s alleged excessive cultural sensitivity, with John depicted as ‘vilified’ for opposing the ‘council’s motion’ to legalise FGM (e.g., Davis 2014a; Raffray 2015; Silva 2019).

²⁹ The Trump administration similarly used FGM to justify xenophobic policies. During the 2016 election, the senior policy advisor Stephen Miller claimed that due to ‘uncontrolled migration... half a million US girls in this country are at risk of female genital mutilation’ (Bradner 2016). Trump’s White House later issued a fact sheet asserting that migration must be limited for the sake of ‘national security’ because foreign nationals were allegedly perpetrating FGM along with other forms of gender-based violence (White House 2018).

The persuasiveness of quantification allowed the logics of femonationalism to permeate interventions against FGM in the UK across the political spectrum. Bindel’s report was published by the New Culture Forum, a London-based think tank founded and directed by Peter Whittle — who became UKIP’s culture spokesman and deputy leader. Shortly after the report’s publication, *The Guardian* used Bindel’s sixty-five thousand figure in the launch of their influential End FGM media campaign (Baqué, Carson, O’Kane et al. 2014).³⁰ Interventions done in the name of women’s rights were used to surveil the bodies of bi minorities and control their movements across national boundaries.

The UK’s Border Force began Operation Limelight in 2014 (Gov.UK 2014; ITV 2014). The initiative allows members of law enforcement to question and search passengers travelling to and from countries deemed ‘high risk’ for FGM under vague criteria, such as an unusual demeanour or walk (Ross 2016; Ratcliffe 2018).³¹ Simply accompanying a female child may result in questioning — and extra passport checks (Moorhead 2017). Arrests have been made and children taken into temporary care, but the initiative has thus far led to no FGM related charges.³²

³⁰ An initial impetus of *The Guardian* campaign was to garner support for a Change.org petition submitted by a 17-year-old member of Integrate Bristol (*The Guardian* 2014; Topping 2014a; 2014b). The teenager had begun campaigning against FGM a few years earlier under the guidance of her English teacher, Lisa Zimmermann, who co-founded Integrate Bristol (Parkes 2014). The petition claimed that ‘many girls’ in Britain were being subjected to FGM during the school holidays when they visited their family’s countries of origin (Mohamed 2014). It attracted over 200,000 signatures.

The campaign ended up creating an expectation that teachers should scrutinise minority students’ toilet use and holiday plans to look for possible signs of FGM (Garner 2014). Some schools now require staff to notify a senior manager if any pupil goes on holiday to visit family members in a country where FGM has historically been practised (NEU 2019; see also Karlsen et al. 2019: 21-23).

³¹ The US’s Immigration and Customs Enforcement joined Operation Limelight in 2018 (see also Allam 2022).

³² e.g., Bentham 2014; BBC 2015; Chaplain 2016; see also Abdelshahid, Smith and Habane 2021: 29-30; Khoja-Moolji 2020: 79-81

Female genital mutilation protection orders hinging on reported prevalence of the procedures in parents' countries of birth have been used to severely restrict or eliminate biminorities' ability to travel internationally. The High Court judge Alison Russell, for example, ruled that an infant born to a British mother and Egyptian father could not travel outside England and Wales until the age of sixteen. The judge similarly ruled that a six-year-old girl with a Guinean father could not leave the UK with him until she turned seventeen (*Hertfordshire County Council v M, F, and X* 2017; *M v F and Z* 2017).³³ In both of these cases, the logic of such long-term restrictions on freedom of movement depended on the fathers' nationality — since the reported incidence of FGM is high in both Egypt and Guinea.³⁴

But even those from countries where such procedures are rare may face additional suspicion and scrutiny if they are African. A year after the Bristol trial, the UK had its first successful FGM conviction by jury (*R v N* 2019). The defendant was a thirty-seven-year-old mother from Uganda with no discernible connection to female genital cutting practices (BBC 2019).³⁵ She had repeatedly asked the council to fix the broken hinges of her kitchen cupboard (Berer 2019: 266 n22). And on a hot summer's day in August of 2017, her three-year-old daughter was seriously injured in their London flat.

³³ As of 2019, the Egyptian father had not met his daughter in person because he was unable to secure a visa to visit or remain in the UK. The married couple had planned to live in Egypt after the mother gave birth in England in 2016. To address this issue, a judge allowed the mother and daughter a one-week trip under several conditions — including that the paternal family have no contact with the daughter and the father not stay with them overnight (*Re X* (FGMPO No. 2) 2019).

³⁴ see also Abdelshahid, Smith and Habane 2021: 28-29; Karlsen et al. 2019: 31-32; Proudman 2022: 178-186

³⁵ This mother was not from a population that has historically practised female genital cutting. She had never undergone any such procedure, nor had anyone in her family. The child's father similarly did not come from a background associated with FGM. He was also tried, but acquitted (Berer 2019: 267-268; Proudman 2022: 84-85).

The toddler had been outside in the garden with her father only a few minutes before, but was found badly bleeding in the kitchen.³⁶ The child, who was wearing a dress with no underwear, explained that she had fallen onto the metal edge of a loose cupboard door after climbing up the counter to get a biscuit.³⁷ Her mother called emergency services. The doctors who examined the girl agreed that it was not impossible a fall caused her injuries, but thought FGM was more likely (Berer 2019: 265-267, 277).³⁸ Based on this evidence, the mother was sentenced to eleven years in prison.³⁹

³⁶ Tissue from one labia minora had been completely severed, while part of the other labia was ‘hanging by a thread’. There was also a cut across the clitoral hood and a haematoma (Berer 2019: 266).

³⁷ The mother consistently reiterated this explanation when speaking to the emergency medical dispatcher, hospital staff, police, social services and at trial (R v N 2019: 2). Her daughter and eight-year-old son were taken from the hospital into foster care. After which, the young girl was interviewed by the same two social workers on three different occasions (Berer 2019: 266, 269). During her first two interviews, the toddler maintained that she had fallen onto the cupboard door.

By the third interview, she had been living in foster care for over a year. The young girl began by again explaining that she had fallen, but after sustained questioning eventually changed her answer. The child said that she was standing up when an old ‘witch’ with pink skin and silver hair hurt her private parts — while both parents held her in place. However, her father was confirmed to have been outside on the phone (Berer 2019: 267, 270-271). And investigators found no evidence of anyone else in the flat.

Her brother was interviewed on four occasions — each time saying that he and his mother were watching television in another room when his sister fell. For whatever reason, the day before the trial, he announced this was a lie and made a signed, recorded statement to that effect (Berer 2019: 271). The boy then refused to attend court and so was not cross-examined.

³⁸ Straddle injuries have previously been mistaken for FGM (see Johnsdotter 2020: 242-250).

³⁹ Batha 2019; Media reporting of the trial sensationalised the mother’s interest in spells. As the barrister Charlotte Proudman commented, ‘Whilst engaging in witchcraft is not a criminal offence and bears no relevance to whether the mother performed FGM, witchcraft dominated headlines and no doubt skewed the perception of the jury towards the mother’ (2022: 85).

Managing the Marginalised

After the collapse of the Bristol trial, members of the Somali community began meeting to protest the ‘aggressive and oppressive behaviour’ of local campaigners, police and social workers targeting people of Somali heritage, including the ‘random examination’ of young children’s genitals (Smith 2018; see also Stonehouse 2020).⁴⁰ One Bristol resident described how a family holiday to Morocco — a country not associated with FGM — led to a call from a social worker, a visit from a police officer and a medical examination of her youngest daughter (Mohamed 2018). This institutionalised expectation of access to evaluate the genitals of certain female minorities in Britain is reminiscent of the voyeuristic obsession in the eighteenth and nineteenth centuries with the ‘Hottentot apron’ — the elongated labia of some southern African women observed by European travellers.

The elongated labia of Sarah Baartman, a young woman taken from the Cape of Good Hope in 1810 to be exhibited in Europe, became the object of intense scientific scrutiny in London and Paris. Her body was dissected by the French comparative anatomist Georges Cuvier in 1815 — and was one in a series of racist autopsies performed during the nineteenth century which examined the genitals of African women for ‘evidence’ that they belonged to a separate human species

⁴⁰ UKIP’s 2017 party manifesto called for annual genital examinations of all girls ‘at risk of FGM’ from birth to age sixteen — in addition to checks upon returning from any country associated with the procedures (BBC 2017a). These proposals were roundly condemned by the Lib Dem politician Lynne Featherstone among others (BBC 2017b), but suggestions for mandatory medical examinations have not been limited to UKIP. In 2014, the Labour MPs Kerry McCarthy and Diane Abbott as well as the Metropolitan police commissioner Bernard Hogan-Howe floated the possibility of such routine checks (HC Deb 2014; Press Association 2014). Meanwhile, the problem of sporadic — and sometimes repeated — genital examinations based on flimsy evidence has drawn little political attention or criticism.

(Gilman 1985: 213-218; Schiebinger 1993: 160-172).⁴¹ The Enlightenment era had brought appeals to the inherent equality of all people, thus requiring new justifications to maintain systems of slavery and disenfranchisement. Rights claims were rebutted by European naturalists and medical men through the production of evidence allegedly revealing physical inequalities between races and genders, which were then used to validate inequalities within the body politic.⁴²

The social and political landscape in Britain today is of course very different from the nineteenth century, and such labia elongation is now labelled a form of FGM (e.g., BBC 2017c).⁴³ Popular interventions against FGM in the UK work by imagining certain groups of African and Muslim migrants as dangerous to their own children and the body politic (Hodžić 2017: 41).⁴⁴ Genital examinations for FGM when arguably baseless act to reinscribe difference — even if clear signs of physical alteration are not found. The examination itself is taken as evidence of the presumed bodily threat posed by biminorities.

⁴¹ Prurient fascination with Sarah Baartman did not end in the nineteenth century. Her preserved genitals remained on public display in Paris in the Musée de l'Homme in a jar alongside her skeleton and a cast of her body until 1976 (Schiebinger 1993: 172; Daley 2002).

⁴² Schiebinger 1993: 143-145, 172-183

⁴³ Labia elongation is practised in parts of several eastern and southern African countries — including Burundi, Rwanda, Uganda, Tanzania, Malawi, Mozambique, Namibia, Zimbabwe, Lesotho and South Africa (Perez et al. 2014: 314). Stretching the labia minora falls under 'type 4' within the WHO's FGM classification system and has been targeted as such (Tamale 2005: 27; Koster and Price 2008: 191-193, 200-201; Bagnol and Mariano 2011: 281-283). But since it does not involve cutting, it is not included in the Demographic and Health Survey data used by the United Nations to report FGM prevalence (see Yoder and Khan 2008: 13). The WHO removed labia elongation as a specific example of FGM in 2008, but has not stated that it is not FGM (Larsen 2010: 814).

⁴⁴ Women labelled as having undergone FGM are particularly at risk of being perceived as likely to carry out FGM. For example, in 2016 a 10-year-old child was found dead in her bedroom from strangulation with traumatic injuries to her genitals, which medical experts determined were caused by penetration. No experts suggested the injuries were consistent with FGM. Despite this evidence, the High Court judge Anthony Hayden decided that the child's mother, who underwent infibulation prior to moving to the UK as a teenager, caused the injuries in an attempt to perform FGM (*A Local Authority v M, F, E, W, and XYZ* 2019). The judgment was successfully appealed and a second retrial was ordered (*A (No. 2) (Children: Findings of Fact)* 2019).

In her ethnographic research in Ghana, Saida Hodžić found that the gradual disappearance of female genital cutting practices was largely disavowed within public discourses. The idea of the ‘intractability of FGM’ was used to incite increased public health surveillance, harsh legislation and shaming targeted towards politically marginalised populations in northern Ghana (Hodžić 2017: 135-137). Governments in the Global North tend to articulate interventions against FGM as empowering, while African campaigns have often been more overtly repressive and hierarchical. Policies in the Global North, however, have in practice arguably often been more punitive (2017: 39-42). Even where campaigns are couched in the language of empowerment, biminorities may experience aspects of these interventions as a form of violence — regardless of their personal opinions about genital altering procedures.

During my fieldwork in Tanzania — a persistent, low level background of unease permeated many of my interactions with Maasai interlocutors because many Maasai people have experienced efforts to ‘end FGM’ as a pretext for surveillance and repressive intervention. It took me much longer than it should have to realise that as a white woman asking about genital cutting, I was perceived as potentially dangerous by those who were othered and marginalised within the wider Tanzanian society.

Much like in the United Kingdom, in Tanzania an absence of clear physical evidence does not necessarily preclude the possibility for the imagined presence of FGM. The Tanzania Media Women’s Association, for example, has warned that — in order to evade the law — circumcisers now make an incision on the clitoris so small that it is undetectable to police officers, nurses or doctors (TAMWA 2013:

15; Yankami 2014: 6).⁴⁵ When maligned genital cutting practices can be imagined as both present and absent, their alleged presence can be used as justification to reaffirm and further inequalities within the body politic.

⁴⁵ Tanzanian news sources have also published unconfirmed reports of people performing 'FGM' by tying a string around the genital region of infants, rubbing tobacco on the area or using 'a syringe' to evade detection by not visibly altering the genitalia (John 2015; Ngowi 2015).

Introduction

Among scholars working on the ethical and legal dimensions of genital cutting, it is commonly agreed that policy inconsistencies exist across the Global North. Infant foreskin removal remains permissible, while ‘traditional’ rites involving female genitalia are strictly prohibited — no matter how minimal.¹ As noted by Kate Goldie Townsend, such inconsistencies cannot be defended if children’s equal right to bodily integrity is taken seriously (2023: 28). How best to address these inconsistencies, however, is a matter of contentious debate.

What precisely constitutes medical necessity and valid consent are not universally agreed upon. These debates are highly politicised, with procedures from the Global South often presented as somehow uniquely problematic (Earp et al. 2021: 1301; Earp, Abdulcadir and Liao 2023: 1; The Brussels Collaboration on Bodily Integrity 2019). This chapter therefore begins by considering the socio-

¹ In 1996, it became a federal crime in the United States to perform FGM on a minor. That same year, a group of Somali mothers approached a Seattle hospital about the possibility of providing a non-mutilating alternative involving a prick to the clitoral prepuce — intended to draw a drop of blood. Leslie Miller, an obstetrician-gynaecologist, met with the women but said Harborview Medical Center was unlikely to approve their request (AP 1996; see also Coleman 1998: 738-749; Davis 2001: 506-510). The procedure would have been substantially less invasive than male circumcision, which the hospital routinely performed on newborns.

The story attracted national coverage, with Congresswoman Pat Schroeder condemning Harborview Medical Center for even considering ‘such a barbaric procedure’ (Andersen 1996). The proposal was denied.

historical context that has led only certain non-therapeutic acts to be labelled ‘genital mutilation’ within the international human rights system.²

A Discursive Concept

In 1960, female delegates from thirty-one African countries and territories gathered for a United Nations seminar in Addis Ababa to discuss the role of women in public life.³ Several expressed concern that female genital operations continued to persist on the continent, despite decades of transnational intervention.⁴ One attendee suggested, ‘The World Health Organization could show that this mutilation has no medical justification and that rather it is harmful

² Some of the most prominent opponents of female genital cutting have similarly spoken out against the cutting of boys, including Nawal El Saadawi (Abdallah and Shaker 2018), Nahid Toubia (1999) and Hanny Lightfoot-Klein (1997). The French sexologist Gérard Zwang labelled FGM a form of gender inequality, but nonetheless argued that, ‘The movement against female sexual mutilation must begin with the eradication of ritual or routine male circumcision’ (1997: 75). Within the UN system, however, foreskin removal is largely treated as harmless or beneficial (see Coene 2018: 140).

³ Among the participants was Ndigwako Bertha King’ori — the first woman appointed to Tanganyika’s Legislative Council (see Tripp 2017: 161).

⁴ Early opponents included Protestant missionaries, who by 1906 were preaching against such procedures in British East Africa (Thomas 2003: 22-26). Save the Children International Union had covered the topic at their 1931 conference in Geneva. In attendance was the future president of Kenya, Jomo Kenyatta. According to Kenyatta, many delegates chose to articulate their opposition to the procedures by describing them as ‘barbarous’ and ‘heathen’ — to which he objected (1953 [1938]: 131). This ‘civilising mission’ rhetoric also affected the 1960 conference, where it was said the customs ‘led to backwardness, not progress’ (UN 1961: 18).

to health and should be abolished' (UN 1961: 18).⁵ The UN's Commission on the Status of Women agreed, formally requesting that the WHO become involved.⁶

Throughout the nineteen-sixties and seventies, whether these procedures should be discontinued was hotly debated across large sections of Africa.⁷ Such acts were already in the process of being abandoned on Mount Kilimanjaro, as discussed in this thesis. They were also ending elsewhere.⁸ When Rebeka Njau published in 1963 her one-act play *The Scar*, with its indictment of Gĩkũyũ

⁵ From the conference report, it is not entirely clear which alterations the attendee wished to include under the category of mutilation. Sigmund Freud's theory of vaginal orgasm was still popular at the time (Rodriguez 2014: 91-122). And British colonial administrators had earlier designated 'simple clitoridectomy' as distinct from 'mutilation' (e.g., Cameron 1931: 47; Mitchell 1931: 57-58). When members of parliament, including the Duchess of Atholl, Eleanor Rathbone and Ethel Bentham, formed in 1929 a committee to fight 'sexual mutilation' in Africa — they disagreed over whether cutting the clitoral glans was even harmful, with Bentham calling it a 'trivial' act (Pedersen 1991: 668). It was through the sexual revolution of the 1960s and 1970s that the clitoris became a powerful symbol of womanhood (e.g., Janssen-Jurreit 1982 [1976]: 239-244).

Nonetheless, by the 1950s, organisations such as St. Joan's International Social and Political Alliance were campaigning against all forms of female genital modification performed in Africa — as a violation of the right to bodily integrity. Their petitions prompted the UN's Commission on Women to issue a resolution calling for blanket abolishment (CSW 1952: 5). Male genital cutting was not addressed.

⁶ The operations were discussed as a matter of concern at the Addis Ababa seminar, but the topic was not actually among its motions passed. Instead, the need to appoint female African delegates to the United Nations was noted (UN 1961: 29). And it was not until 1962 that the Commission on Women included any members representing an African country (CSW 1960: 12; 1961: 7; cf. CSW 1962: 1).

Representatives of France and the United Kingdom drafted the resolution urging the WHO's involvement. The Commission had already made similar requests in 1958 and 1960 (CSW 1958: 8, 21; 1960: 11-12; 1961: 6-7, 31). This was their third attempt. They would have to wait nearly twenty years before the WHO organised a regional seminar on the issue (UN 1979; see Russo 2018: 205-209).

⁷ Male genital cutting came under scrutiny as well. In South Africa, Nelson Mandela observed while a political prisoner on Robben Island, 'One issue that provoked much discussion was circumcision. Some among us maintained that circumcision as practised by the Xhosa and other tribes was not only an unnecessary mutilation of the body but a reversion to the type of tribalism that the ANC was seeking to overthrow. It was not an unreasonable argument, but the prevailing view, with which I agreed, was that circumcision was a cultural ritual that had not only a salutary health benefit but an important psychological effect' (2013 [1994]: 430).

⁸ The Senegalese feminist Awa Thiam remarked, 'Once taboo subjects, excision and infibulation have become issues giving rise today to considerable discussion. Nobody in Africa—at least amongst the informed adult population—can now be unaware of the practice' (1983: 751-752).

initiations, female genital cutting was still the norm.⁹ But by the nineteen-seventies, the majority of Gikūyū girls in Kenya went unaltered (Robertson 1996: 629-630).¹⁰ In August of 1978, the East African women's magazine *Viva* featured 'The Neglected Question of Female Circumcision' on its cover.¹¹

Another magazine named *Viva* existed in America.¹² That publication ran a story in 1975 entitled 'Female Circumcision: Operation Orgasm' — in which a woman explained that after excising her clitoral hood, 'Now at last, I am truly having fun in sex' (Allan 2018: 316 n2). Anecdotal praise for the surgery appeared in *Cosmopolitan*, *Playgirl* and *Penthouse Forum* throughout the nineteen-seventies (Rodriguez 2014: 123-126, 139-144). The cut had become so popular that Robert Kolodny, William Masters and Virginia Johnson cautioned,

[C]laims that clitoral sensations—and therefore female sexual arousal—are enhanced by clitoral circumcision have not been substantiated by any carefully conducted research that has been published to date. However, because some women's magazines have described clitoral circumcision as a magical way of transforming female sexuality, there are many patients requesting such operations (1979: 192).

⁹ Long before 'female genital mutilation' erupted as a cause célèbre in the Global North, African novelists were exploring the issue (see Zabus 2001). Ngūgĩ wa Thiong'o published *The River Between* in 1965. Then there was Ahmadou Kourouma's *The Suns of Independence* (1968), Charity Waciama's *Daughter of Mumbi* (1969), Nuruddin Farah's *From a Crooked Rib* (1970), Yambo Ouologuem's *Bound to Violence* (1971), Muthoni Likimani's *They Shall Be Chastised* (1974) and Nawal El Saadawi's *Woman at Point Zero* (1975).

¹⁰ Female and male Gikūyū initiations, *irua*, were a focal point of anti-colonial resistance from the 1920s to 1950s — associated with both the Kikuyu Central Association and Mau Mau Uprising (Njambi 2007). Through *irua*, Gikūyū adolescents formed shared age-sets solidifying their solidarity in a gerontocratic system. But the relevance of these groups diminished as women began to organise themselves more by socio-economic interests and class, rather than age-based rituals. Once Gikūyū female initiations waned, so too did their attendant genital operations (Robertson 1996). By 2014, it was estimated that only around 15% of Gikūyū women aged fifteen to forty-nine had undergone genital cutting (KDHS 2015: 333).

¹¹ Hosken 1979b: 22-23; see also Williams 2017. A year and a half later, Robin Morgan and Gloria Steinem published their article on the topic in *Ms.* magazine (1980).

¹² Anna Wintour was its fashion editor (Mechling 2023).

Meanwhile, some young women in African were undergoing physically similar alterations.

As a Gĩkũyũ sixteen-year-old in the nineteen-seventies, the sociologist Wairimũ Ngarũiya Njambi wanted to be initiated so badly that she threatened to run away from home. Her Catholic peasant parents objected to female genital cutting, but eventually allowed Njambi to have her clitoral hood cut by a nurse in a local clinic (2004: 293-295).¹³ The influential Austrian American designer turned activist Fran Hosken, who helped popularise the term FGM,¹⁴ refused to believe such a delicate procedure could be performed in Africa.¹⁵

¹³ Njambi recounted, 'During the operation, the hood of the clitoris was cut through its apex which caused the hood to split open and the clitoris to become more completely exposed. Such exposure has been associated with sexual enhancement. However, any generalization here might be unwise as it is likely that women's experience of *irua* varies, perhaps significantly' (2004: 294). Certainly earlier in the twentieth century, the cut had generally been more extensive (see Murray 1974: 289-294).

¹⁴ Inspired by the United Nation's proclamation of International Women's Year, Hosken in January 1975 founded Women's International Network News with support from USAID (Olcott 2017: 97-99). She had earlier learned of female genital cutting while on a fifteen country tour of sub-Saharan Africa, leading her publication to feature a regular column on 'Genital Mutilation' (Paltiel 1980: 93-94; see also Hosken 1976: 6-7). That same year, the World Health Organization announced that it would begin to combat the procedures (WHO 1975: 4).

¹⁵ The WHO issued a medical literature review in 1976, affirming the existence in Africa of this particular procedure — which it argued was 'analogous to male circumcision'. The review further noted that the operation was 'sometimes practiced in the United States to counter failure to attain orgasm' (Cook 1979 [1976]: 54). Nonetheless, at a WHO seminar in Khartoum a few years later, it was unanimously resolved that all forms of female genital cutting in Africa should be abolished, regardless of consent or level of harm (Tabá 1979: 51).

Hosken erroneously claimed that Africans lacked the resources, skill and knowledge of anatomy required to incise only the clitoral hood (1979a: 2).¹⁶ Clitoridectomy has historically been more common on the continent, and various Western writers during the sexual revolution assumed that cutting the clitoral glans was invariably done to destroy female pleasure.¹⁷ African women were depicted in these writings as passive, indistinct victims of patriarchal oppression (Mohanty 1984: 337-339)¹⁸ — defined by their genitals.¹⁹

¹⁶ Rhoda Howard-Hassmann notes that Western reactions to female genital modifications in Africa were not infrequently ‘couched in terms verging on the racist’ (Howard 1982: 50). It is arguably an understatement.

¹⁷ Gérard Zwang, for instance, argued in his 1967 book *Le Sexe de la Femme* that men had near universal hatred of the clitoris. From this assumption, he then speculated that clitoridectomy in Africa must stem from male hostility to female pleasure — making the act an extreme form of discrimination (1977 [1967]: 193-195, 206; see also Daly 1991 [1978]: 158-159; Groult 1975: 92-93; Levin 1980: 204). His theory influenced the current international discourse around FGM, but was mired in racist prejudice.

Hosken included in her book a translated excerpt from one of his articles, which claimed, ‘It is the clitoris that gives to the Western woman that freedom of action, of dress, of manner, which is scandalous in the view of the Islamic believers and the animists of Africa... These men are always attracted to European women with a mixture of hate’ (Hosken 1979c: 7). Zwang and Hosken assumed that excising the clitoris inevitably made sexual satisfaction impossible, but this belief was not based on evidence.

And Zwang continued to repeat his claim decades later, writing, ‘Regardless of the justifications proffered to Westerners by the perpetrators of sexual mutilation, the excision of the clitoris has but one precise goal: to prevent women from experiencing orgasm... to transform these women into enslaved beings’ (1997: 70-71).

During clitoridectomy, the external glans is cut — leaving the crura and body of the clitoris intact. Because these internal erectile structures are present, orgasm remains possible. And women who have been cut do not necessarily experience fewer orgasms (Abdulcadir et al. 2016; Catania et al. 2007). Serious complications are possible (see Obermeyer 2005: 453-457). However, ethnographic research has not found annihilation of sexual pleasure to be the *aim* of these procedures, which vary in meaning depending on the society (e.g., Abusharaf 2001: 127-128; Ahmadu 2000; Goldschmidt 1976: 299; Malmström 2016: 103-117; Oboler 2001: 313).

¹⁸ Western imperialist discourses employed gender to encode societal ‘progress’ during the nineteenth century — operating under the assumption that ‘primitive’ men debased and degraded their wives and daughters, unlike the men of ‘civilised’ nations. These crude social evolutionary theories were eventually rejected, but residues of their legacies remained. It was within this historical context, points out Louise Michele Newman, that white women began using racial Others to reflect on their own sexual oppression (1999: 163, 176; see also Ong 1988).

Newman argues it was Margaret Mead ‘who consolidated the idea for Western feminists that the “primitive” could be used to critique western patriarchy, even as primitive societies themselves were criticised for an even more extreme gender oppression’ (1999: 179). FGM became a potent example of this phenomenon.

By the mid-nineteen-eighties in countries like the United States, university students often knew nothing about African women but that they were ‘victims of genital mutilation’ (Davis 1990 [1984]: 118-119; Robertson 1996: 615; 2002: 55). Most girls and women on the continent had never undergone any such procedure. Millions were meanwhile cut in Indonesia, Malaysia and Thailand²⁰ — yet ‘FGM’ was repeatedly portrayed as an ‘African’ problem.²¹ The Association of African Women for Research and Development firmly condemned not only female genital cutting, but also the latent racism evoked by sensationalist campaigns in the Global North (AAWORD 1983: 218).²² ‘FGM’ is not simply an umbrella term describing

The scholar-activist Tobe Levin for instance, opined, ‘Granted, we may not treat the female sex organs as though they were pieces of cloth, belonging not to a living, sentient being but rather to a lifeless object. And yet, androcentric culture does indeed deny full humanity to women, symbolically castrating them in many ways; genital mutilation merely serves to translate misogyny into fact. For clearly, these operations effect an irreversible reduction of the victim, making her into an acquiescing slave’ (1980: 200-201).

¹⁹ During a seminar in the 1970s, the anthropologist Sondra Hale noted that Sudan was in some ways more progressive than the United States. Sudanese women by 1965 had better established rights to parental leave and childcare services than their American counterparts. She was met with looks of disbelief. One student asked if Sudanese women were circumcised. Hale responded that was true, but not relevant to her specific point. And that was it — ‘Murmurs told me that no one in the room could possibly believe my point’ (2005: 211-212).

²⁰ In Southeast Asia, female genital cutting generally involves pricking, scraping, incising or partially excising the clitoral glans or hood (see Ainslie 2015; Budiharsana et al. 2003; Clarence-Smith 2008; 2012; Laderman 1987: 295; Merli 2008; 2010; 2012; Putrani 2008).

²¹ Statistical overviews of female genital cutting for decades focused on Africa, thereby reinscribing the procedures as ‘African’ (e.g., UNICEF 2013; Yoder, Abderrahim and Zhuzhuni 2004). But an estimated sixty million girls and women in Indonesia have undergone some form of ‘FGM’ — making it quite possibly the most affected country in the world (Belluck and Cochrane 2016).

²² AAWORD’s Senegalese president, Marie-Angélique Savané, specifically noted the unnecessary use of slurs like ‘barbaric’ and ‘uncivilised’ in anti-FGM campaigns (1979: 37). This problem has persisted. *The Guardian* approvingly quoted a school teacher who called the operations ‘primitively barbaric behaviour’ (Meikle 2014). As Prime Minister, David Cameron labelled FGM ‘cruel and barbaric’ (Helm 2015).

And as explained by the Somali-British activist Nimco Ali, how these campaigns are funded often ends up being discriminatory, ‘Those whose lives we want to impact apparently can’t be trusted to get the money directly themselves so we create ridiculous consultant-led consortiums where local organisations are marginalised’ (2023). The UK programme ‘Supporting the Africa-led Movement to End Female Genital Mutilation’ for example, committed £32.5 million out of £40.2 million to Options Consultancy Services — a for-profit, London-based business leading the consortium that implements The Girl Generation (FCDO 2023).

physical acts. It is a concept reified through transnational ethico-legal, activist and academic discourses — unifying only certain practices under a shared label.²³

‘Traditional Practices’

Procedures demarcated ‘FGM’ are commonly defined within the international human rights system as ritualistic ‘traditional practices’ — a coded description that functionally means non-Western (see Boddy 2016: 44).²⁴ Diverse procedures are lumped together under a single rubric, facilitating their management (Njambi 2009: 172). The World Health Organization takes as given that all practices within this rubric are rooted in gender inequality, and therefore uniquely unacceptable (Coene

²³ Physically distinct, non-therapeutic male genital alterations are seldom lumped together. But before the term ‘FGM’ entered common parlance, the anthropologists George Murdock (1967: 53) and Charles Harrington (1968) categorised foreskin removal, supercision and subincision as ‘male genital mutilations’. Ashley Montagu later argued for the cutting of children’s genitals to be viewed as mutilation, irrespective of sex (1995; see also Prescott 1997). Yet being referred to as ‘mutilated’ can be degrading and stigmatising (Urwin 2015). This thesis therefore relies on less alienating descriptors — unless specifically referencing ‘FGM’ as a discursive concept.

In 1996, members of the Reproductive, Educative and Community Health (REACH) programme in Uganda began to popularise the phrase ‘female genital cutting’. Genital modifications had historically been a component of Sabinu girls and boys’ initiations. By avoiding inflammatory rhetoric, the UNFPA supported programme in Kapchorwa fostered a dialogue favouring change. Residents discussed limiting any female cut to a nick and/or setting the minimum age of consent to eighteen. The chairman of the Elders’ Association urged total abandonment and the parliamentarian Peter Kamuron initiated his daughters without cutting (Eliah 1996).

But the programme was not without problems. Their peer mentor project, for instance, largely excluded girls from poorer families. And REACH became embroiled in broader struggles for power; two men affiliated with the programme were murdered in separate incidents (Koomen 2009: 193-194; see Etengu and Okore 2003; Osike and Etengu 2002). The group gained official recognition as an NGO in 2007 and now uses the acronym FGM, in keeping with the UNFPA’s preferred terminology (REACH 2022; UNFPA 2022).

²⁴ These acts vary dramatically by location. And as pointed out by Ellen Gruenbaum, the specific social context in which a procedure is experienced or researched can lead to wildly different understandings of *what* female genital cutting entails and *why* it is performed (2005: 430).

2018: 140).²⁵ An assumption that explains why FGM is so often siloed off from broader discussions of consent and bodily integrity.

In 1977, the NGO Sub-Committee on the Status of Women created the Geneva-based NGO Working Group on Female Circumcision under the auspices of the Commission on Human Rights with support from the World Health Organization (WHO 1998: 60).²⁶ The Anti-Slavery Society in London had been instrumental in the group's formation, and their representative Kati David served as its first coordinator (Korey 2001 [1998]: 135).²⁷ Its official name became the NGO Working Group on Traditional Practices Affecting the Health of Women and Children, although it remained narrowly focused on female genital cutting in Africa (Dorkenoo 1994: 71; Sanderson 1995: 23 n2). The group actively lobbied for the Commission on Human Rights to establish a UN Working Group on Traditional Practices.²⁸

In 1981, the UN Working Group on Slavery began discussing female genital cutting in non-Western countries as a 'slavery-like' practice (UN 1981a: 19; 1981b: 90). The British politician Ben Whitaker, a member of the Anti-Slavery Society, argued as the UN's special rapporteur on slavery that such operations

²⁵ This assumption is partly why proposals to decriminalise procedures that cause no alteration, such as pricking the vulva, have been rejected. Some assume that any such act — if it comes from Africa — would always symbolise the subjugation of women (e.g., Anantnarayan 2010; Macklin 2016). As pointed out by Corinne Kratz, this type of rhetoric draws on 'arguments and images that were also central to colonial and missionary projects, complete with implicit evolutionary scales' (1994: 342). Within this rhetoric, whether or not a procedure is deemed 'barbaric' hinges on its perceived country of origin (see Patterson and Gilliam 1983: 190).

²⁶ These NGOs had consultative status with the UN's Economic and Social Council.

²⁷ However, since the group focused exclusively on Africa, by 1979 it was agreed that someone actually from the continent should take over the role. That person was Isabelle Tévoédjrè, wife of the senior UN official Albert Tévoédjrè from Benin (Sawyer 1986: 109; see also Assaad 1982: 391). Tévoédjrè worked in close conjunction with the Anti-Slavery Society's representative, Margaret Linnander. As did her replacement, Berhane Ras-Work (Dorkenoo 1994: 71-72).

²⁸ Dorkenoo 1994: 72

were a subjugating mutilation done for ‘no logical reason other than tradition’ (UN 1982a: 8; Whitaker 1982: 19).²⁹ In the Sub-Commission on Prevention of Discrimination and Protection of Minorities, the group’s parent body, representatives for Sudan and Nigeria voiced support for abolishment but did not agree the procedures were akin to slavery (UN 1982b: 5, 7-8).³⁰ This comparison to slavery nonetheless created a precedent within the UN system situating ‘traditional’ female genital modifications as grounded in gender inequality³¹ — regardless of consent or degree of harm.³²

In 1983, the Sub-Commission submitted a draft resolution to the Commission on Human Rights requesting a study of ‘female sexual mutilation’

²⁹ The topic had entered the Working Group on Slavery through a report submitted by the London-based Minority Rights Group, a non-governmental organisation led at the time by Whitaker (UN 1981: 17).

³⁰ The representatives were not alone in their objections. Some members of the Working on Group on Slavery argued that female genital alteration, even if deemed a dangerous mutilation, did not fit the definition of slavery (UN 1981a: 19). And one official representative of the Anti-Slavery Society, ‘expressed doubt as to whether this Working Group was the right forum to speak about female circumcision, since no African ever regarded female circumcision as slavery’ (UN 1983a: 5). These speakers supported abolishment, but did not necessarily agree with how the issue was being construed.

³¹ Whitaker positioned the procedures as slavery-like because he viewed them as a form of subjugation, reflecting discrimination against women by making them subordinate to men (Whitaker 1982: 4, 19). The sociologist Kathleen Barry had made a similar argument in her widely read book *Female Sexual Slavery*, suggesting that the operations existed because African men wanted ‘to rob women of their sexual being. Destroying their potential for erotic feelings... They are thus effectively enslaved by their husbands, whose control over them is not unlike that of a pimp’s authority over his stable’ (1981 [1979]: 193).

I do not dispute that in some places, these procedures are embedded within wider systems of patriarchal control (e.g., Hayes 1975; Toubia 1985: 151-153). However, Barry’s sweeping generalisation of all female genital cutting in Africa as a form of marital sexual slavery is simply inaccurate (1981 [1979]: 178, 189). And the accusation that African men enslave their wives can be traced to ethnocentric nineteenth century European propaganda (Beoku-Betts 2005: 22).

³² In his report on slavery, Whitaker notes that girls as minors cannot give valid consent to the alteration of their genitals. He further asserted that if men were assaulted to such a degree, ‘action would have been taken long ago’ (1982: 19). Samba Cor Konaté, the Sub-Commission’s observer for Senegal, pointed out that underage boys’ genitals were also cut for ‘traditional’ reasons — and suggested that a working group be established to more thoroughly consider both practices. Whitaker dismissed the comparison as invalid, arguing that what happened to boys was ‘a totally different phenomenon’ (UN 1982a: 2, 8; see also 1982b: 7-8).

(UN 1983b: 1).³³ But in the Commission, the representative for the United States questioned the study's necessity. The NGO Working Group on Traditional Practices had organised a seminar the previous month in Dakar, and Senegal's representative proposed amending the resolution to focus specifically on 'traditional practices' — leading the US to withdraw their objection (UN 1984a: 16; UN 1986: 17).³⁴ The following day, the Commission approved the resolution to set up a UN Working Group on Traditional Practices Affecting the Health of Women and Children.³⁵

A Limited Typology

The new working group firmly established the procedures as a problem requiring multi-agency coordination within the United Nations. But it was not until over a decade later that the WHO, UNICEF and UNFPA issued a joint statement formalising their typology of FGM — which in theory encompassed any non-therapeutic injury to the female genital organs.³⁶ Except, FGM was also specified

³³ The resolution was entitled, 'Question of slavery and the slave trade in all their practices and manifestations'.

³⁴ The US representative said his reticence was based on budgetary concerns, but the deputy director explained that the resolution would actually be *more* expensive because of the amendment — with the representative for the Union of Soviet Socialist Republics calling the increase 'astronomical' (UN 1984a: 16; UN 1984b: 9-10).

Several years later, the chairman of the UN Working Group on Traditional Practices, Halima Embarek Warzazi, wrote about this exchange. But for some reason, she claimed the holdouts were a 'number of representatives of African countries' — a characterisation that appears at odds with the meeting records (UN 1999: 4).

³⁵ UN 1984b: 9-10; And the Anti-Slavery Society joined the UN Working Group on Traditional Practices as a non-governmental member (UN 1986: 2).

³⁶ By including any prick or scrape to the vulva, this definition formally expanded the typology of FGM. Acts could be labelled 'mutilation' even if largely symbolic.

to be a ‘deeply rooted traditional practice’ (WHO 1997a: 1).³⁷ And a subsequent publication more explicitly stated that, ‘procedures included in the definition of female genital mutilation used in this book are limited to cutting rituals performed exclusively for cultural and traditional reasons’ (WHO 1998: 1).³⁸ As pointed out by Brian Earp and Sara Johnsdotter (2021), this typology was and is ethnocentric in its application.

The United Nations began to embrace a ‘zero tolerance’ approach to FGM in 2004, making unacceptable the idea that an adult might consent to such a

³⁷ During the second half of the twentieth century, a modern illness called *gishiri* (salt) emerged in the Maguzawa Hausa communities of northern Nigeria. Initially characterised by delayed or obstructed labour, the new malady was treated by incising the anterior vaginal wall (Last 1976: 131-136; 1979). *Gishiri* cuts were clearly done with therapeutic intent, but the WHO nonetheless listed them as an example of female genital mutilation (1997: 3). Meanwhile, gynaecological violence in the Global North was not considered ‘FGM’.

In their *Ms.* magazine article on female genital mutilation, Robin Morgan and Gloria Steinem noted with concern that clitoral ‘relocation’ surgeries were being pushed on Americans by the obstetrician-gynaecologist James Burt (1980: 67). Burt, who worked at the Saint Elizabeth Medical Center in Ohio, argued that women were ‘structurally inadequate for intercourse’ and that this was a ‘pathological condition’ (Wilkerson 1988). Between the 1960s and 1980s, he altered thousands of patients’ vulvas without their consent while they were giving birth or undergoing pelvic surgery — leading to painful intercourse, infections, incontinence and other complications (Rodriguez 2014: 152-153). By 1997, legal settlements against Burt and Saint Elizabeth totalled around twenty million dollars and were still ongoing (Modic 1997). But this violence was not deemed ‘FGM’ under the UN’s definition because it was not seen to be ‘traditional’.

³⁸ Cosmetic operations performed on female genitals in the Global North were explicitly excluded from this definition (WHO 1998: 1 n2). But not all non-therapeutic female genital modifications in Africa were particularly ‘deeply rooted’ or ‘traditional’. Lori Leonard highlights one such example from the region of Moyen Chari in southern Chad.

By the end of the nineteenth century, some Sara-speakers in Moyen Chari had taken up the practice of excision from neighbouring populations. The operation spread to different villages along the region’s major trade routes during the twentieth century, with early adopters incorporating the act into initiations. By the 1970s, most girls in Sarh, the region’s capital, were cut. But female genital cutting never became universal (Leonard 1996: 257-260; 2000: 221; 2009: 96-97). Less than 40% of Sara women in a recent survey said they were cut — and 43% of those cut reported that no flesh had been removed (EDHS-MICS 2016: 336).

Leonard conducted fieldwork in a rural Sara Kaba village, where the operations were first introduced around 1980. The act carried no ritual significance there. It conferred neither adulthood nor marriageability — and was seen as a modern fad. Groups of tween girls raised their own funds to collectively hire circumcisers, many in defiance of their parents. Viewed as a challenge to the local power structure, the procedures were banned. But even their opponents attended the girls’ elaborate coming-out parties, in which they showcased their beauty while wearing fashionable clothing associated with life in town (2009: 97-102). These were sporadic events and had by 1998 only occurred on five occasions.

procedure (UN 2004: 60; 2012: 5; see also Shell-Duncan 2008: 233).³⁹ Meanwhile, despite activist efforts, non-therapeutic clitoral reductions were not deemed FGM when performed in the Global North to ‘feminise’ intersex infants (see Angier 1997; Chase 2002: 126-128; Fraser 2016: 63, 67-68). Whether judged by genitals, bones, hormones or chromosomes — biological sex exists on a spectrum (Kralick 2018; see also Fuentes 2022). With differences in development unsettling the culturally constructed notion of a straightforward binary.

By the middle of the twentieth century in countries such as the United States, surgeons were drawing on developments in anaesthesia and asepsis to increasingly intervene in the ‘correction’ of ambiguous genitalia (Karkazis 2008: 7, 43; Tamar-Mattis 2006: 65).⁴⁰ Infants with clitorises perceived to be ‘cosmetically offensive’ — i.e. over a centimetre in length — were routinely cut (Dreger 1998: 28; Kessler 2002: 43).⁴¹ A large clitoris does not endanger health,

³⁹ This position was not uniformly supported by anti-FGM activists. Nahid Toubia of the Research, Action and Information Network for Bodily Integrity of Women (RAINB♀) has argued that adults over the age of eighteen ‘who want to alter their bodies for reasons of religion or culture should not be considered different from those requesting alterations for cosmetic reasons’ (1999: 4). Zero tolerance, in contrast, insists on total ‘eradication’.

It became an arrestable offence in 2011 for an adult in Kenya to willingly undergo FGM (Odhiambo 2018; O’Neill et al. 2020: 271). Ugandan authorities have also imprisoned women for being cut (Byaruhanga 2019; e.g., Asimwe 2015; Hayden 2018). Both countries were praised by TrustLaw for their ‘robust legislation’ (Batha 2018). But it is difficult to see how these incarcerations uphold human rights.

⁴⁰ Less routine ‘correction’ of ambiguous genitalia has a much longer history. For most of the Middle Ages in Europe, the Galenic model of sexual difference reigned supreme — with sex viewed as spectrum. Starting in the thirteenth century, however, the even older Aristotelian model began to take hold — situating sex as either male or female. By the fourteenth century, male surgeons were claiming authority over the regulation of sexual difference, recommending the amputation of ‘masculine-looking’ genitals in patients labelled female — thereby preventing them from accessing the privileges of society reserved for men (DeVun 2015).

⁴¹ Katrina Karkazis found in the early 2000s during her fieldwork that clinicians in the United States primarily relied on visual assessments, rather than measurements, to judge clitoral enlargement. Feminising clitoroplasty was done to create ‘normal-looking’ genitalia, but normal variations within female anatomy were ill defined. The clinicians she interviewed often referred to large clitorises pejoratively, using terms like ‘grotesque’ — with one surgeon telling her, ‘It’s unsettling. It’s repulsive. You just cannot leave them looking like that!’ (2008: 146-147, 151). These appraisals were subjective and aesthetic.

but as noted by Suzanne Kessler, genital ambiguity is rejected ‘not because it is threatening to the infant’s life but because it is threatening to the infant’s culture’ (2002: 32; see also Chase 2002: 131).⁴² These are cosmetic procedures and, like other forms of genital cutting, may produce serious complications.⁴³

In the United States, clitoral reductions have been influenced in part by homophobia and transphobia (Tamar-Mattis 2006: 84). Katrina Karkazis found that the fear of a large clitoris leading to same-sex attraction was fairly widespread among parents and clinicians — overshadowing concerns about sexual pleasure. That its size might upset future male partners was further feared,⁴⁴ as was the idea of questioning gender identity (2008:137-149; see also Johnston 2012: 33).⁴⁵ These ‘treatments’ were meant to make their recipients into one day marriageable women within the narrow precepts of a heteronormative framework.⁴⁶

Until the early nineteen-seventies, surgeons generally amputated the entire clitoral glans (Farnes and Hubbard 1981: 9; Holmes 1994: 12; Karkazis 2008: 150). Newer clitoral reduction techniques have been designed with the intention of preserving sexually sensitive tissue, but evidence for their effectiveness is

⁴² By framing atypical genitalia in terms of pathology, doctors have nevertheless sometimes presented clitoral reduction to parents as a medical ‘necessity’ (Davis and Murphy 2013: 146-147; e.g., Lohman 2019).

⁴³ Creighton and Liao 2004: 660; Minto et al. 2003; Tamar-Mattis 2006: 99

⁴⁴ As Karkazis explains, ‘In effect, a female infant who undergoes clitoral and vaginal surgery is primed to fulfill a particular version of sexuality, one in which her pleasure is secondary to that of future male partners’ (2008: 146).

⁴⁵ In multiple US states, transgender people under the age of eighteen have been prohibited from accessing gender-affirming care — while ‘normalising’ surgeries on intersex infants are permitted (Macaluso 2023).

⁴⁶ Karkazis elaborates that, ‘Whatever the case, the widely accepted measure of successful treatment is that the individual marries and raises children’ (2008: 141; see also HRW 2017: 59).

lacking.⁴⁷ And as pointed out by Karkazis, because the surgical fields have historically been male-dominated, ‘the most vociferous defenders of early feminizing genital surgery are often men... Cloaked in the rhetoric of scientific argument, surgeons discount women’s complaints’ (2008: 167). The reasons behind these biomedical clitoridectomies are ‘cultural’ — but not treated as such.⁴⁸

And although a consensus is beginning to emerge against non-consensual clitoroplasty, the procedures remain legal in most countries (Elders, Satcher and Carmona 2017: 2; see also Danon, Schweizer and Thies 2023). Without personal informed consent, the right to bodily integrity is violated. But the Office of the United Nations High Commissioner for Human Rights does not judge these operations to be ‘FGM’ — because acts classified as FGM are considered impermissible *irrespective* of consent (UN: 2019: 18). They are instead articulated as intrinsically wrong.⁴⁹

The Preoccupations of the UN

Within the United Nations, the issue of female genital cutting in Africa rose to prominence under the category of ‘harmful traditional practices’ (see Merry 2006a: 27-28). It is a category in which women are viewed as a vulnerable group

⁴⁷ Clinicians arguably tend to conflate advances in medical techniques with improved outcomes (Karkazis 2008: 157-158, 169-174; see also Zillén, Garland and Slokenberga 2017: 40-45). And intersex individuals have reported long-term, life-changing complications from their non-consensual operations (e.g., HRW 2017: 58-62). As Karkazis highlights, ‘the nerve pathways of the clitoris, labia minora, and surrounding tissues differ markedly from what surgeons had been assuming. Many surgeons have been cutting exactly the places research suggests are the most sensitive and those central to sexual response’ (2008: 171).

⁴⁸ Ehrenreich and Barr 2005; Sullivan 2007: 401-403

⁴⁹ Earp et al. 2021: 1300

oppressed by their ‘culture’ for the benefit of men — thereby framing the issue in terms of gendered adult power relations (Carpenter 2004: 308, 310; 2014: 146). These practices are considered examples of gender-based violence.

Men are not ‘natural’ victims in this framework (see Boddy 2007: 59). And since ‘harmful traditional practices’ are generally situated as a product of sexism, acts affecting boys do not fit neatly into the category (Coene 2018: 137). This in part explains why activist efforts to incorporate non-consensual, non-therapeutic male genital cutting under the designation have proven unsuccessful.

In the first report of the UN’s Working Group on Traditional Practices Affecting the Health of Women and Children, its chairman-rapporteur Halima Embarek Warzazi observed that some forms of female genital cutting were physically similar to male circumcision.⁵⁰ And that ‘the mere notion of surgical interference in the highly sensitive genital organs constitutes a serious threat to the child’ (UN 1986: 11). But when the UN organised a seminar on the topic a few years later, it was recommended that more should be done to conceptually separate the procedures — with only female genital cutting viewed as a violation of bodily integrity (UN 1991: 6). In 1997, the Swiss Palestinian lawyer Sami Awad Aldeeb Abu-Sahlieh approached Warzazi for clarification over the reasoning behind this division.

She replied that, ‘On the level of the UN, only female circumcision is considered a harmful practice that it is necessary to abolish. The question of the circumcision of the male child is excluded therefore from the preoccupations of the UN’ (Aldeeb Abu-Sahlieh 2006: 47; see also UN 1997a: 4). And within months, the group’s mandate was constricted to ‘traditional practices affecting the health

⁵⁰ Specifically, excision of the clitoral prepuce (UN 1986: 9).

of women and the girl child’ (UN 1997b: 7; see Svoboda 2004: 99-103). Responding to subsequent letters regarding non-therapeutic, non-consensual foreskin removal — Warzazi wrote that her remit pertained exclusively to ‘women and the girl child... the Special Rapporteur is therefore only keeping to her terms of reference’ (UN 2000: 11, emphasis in original).⁵¹ Male genital cutting was considered effectively harmless.

Conducting research at the UN, Charli Carpenter found that advocacy against neonatal circumcision received little sympathy — with global civil servants dismissing the cause as a distraction from efforts to end gender-based violence. The procedures were common within the social circles of human rights elites and widely accepted in their professional networks.⁵² Those who had circumcised their own sons were ‘loath to think of themselves as human rights abusers’ (2014: 134-146; see also Johnsdotter 2018: 41). And the United States, where foreskin removal is prevalent, was one of the Human Rights Council’s largest donors.⁵³

Within this context, as pointed out by Marie Fox and Michael Thomson, the male body is presented as invulnerable and risks are downplayed (2005: 465;

⁵¹ see also Svoboda 2001

⁵² That being said, medical associations in various countries have concluded that the health benefits of routine infant foreskin removal do not outweigh its risks (Earp and Shaw 2017: 13; see also Duivenbode 2023; Frisch et al. 2013). And some Jewish groups argue that the practice should not be viewed as a religious requirement (DuBoff and Davis 2023; see also Glick 2005: 8-10).

⁵³ As noted by the historian David Gollaher, ‘Most Americans, even those who consider male circumcision unnecessary, cannot help but think of the circumcised penis as normal’ (2000: 205). I was filled with horrified outrage upon learning about FGM my freshman year of high school, but did not give foreskin removal a second thought until years later as an undergrad. Seeing a photo of an intact penis in a Canadian friend’s medical textbook, I asked her what disorder it showed. She laughed at my naivety before replying in shocked amusement, ‘He’s just uncircumcised’.

I realised in that moment that I had no clue what male circumcision involved — having nonsensically assumed it entailed no significant alteration, but that not doing it was somehow horribly unhygienic. And the cultural rootedness of female genital cutting is not necessarily so different from that of male genital cutting (see also Ntarangwi 2007: 99).

see also Bell 2005: 136-138).⁵⁴ One Tanzanian clinician I met described being taught to perform male circumcision during medical school in Dar es Salaam. I asked if he had learned of any potential complications. The doctor replied that he had not. Our conversation continued on until a few minutes later, when he suddenly recalled having seen a boy's glans accidentally amputated during one such procedure.

This then prompted him to recall another incident, in which a four-year-old went into cardiac arrest and died during circumcision due to incorrectly administered anaesthesia. The doctor had personally witnessed these tragic events, yet his knee-jerk reaction had been to automatically depict foreskin removal as problem-free.

⁵⁴ The American Academy of Pediatrics Task Force on Circumcision has estimated that acute complications, such as excessive bleeding and infection, occur for approximately 1 out of every 500 newborns circumcised in the United States, which they deem to be an acceptable level of risk (AAP 2012: e772). One task force member later commented, 'It is inconceivable that there will ever be a study whose results are so overwhelming as to mandate or abolish circumcision for everyone' (Freedman 2016: 2).

In 2015, one Florida mother was imprisoned for refusing to allow the circumcision of her four-year-old son. She had previously signed a parenting agreement permitting the procedure, but changed her mind after learning it was not medically indicated (Freeman 2015a; Funcheon 2014). The boy's father, who had taken her to court over the matter, described foreskin removal as 'just the normal thing to do' (Freeman 2015b). Following several days in jail, the mother signed the consent form while crying in handcuffs (AP 2015; see also Joseph 2015).

Beginnings

In the vast majority of societies where female genital cutting is practised, boys are also cut (Shweder 2000: 221).⁵⁵ Many populations regard the acts as symmetrical procedures (Johnsdotter 2018: 32-33). As noted by Ifeyinwa Iweriebor, ‘In Africa, the rationale for genital surgery are as diverse as the continent itself. However, one overriding perspective is that it is conceptualized as a process that applies to both men and women. Hence a framework that differentiates it according to gender is not a useful tool of analysis’ (1996: 2).⁵⁶ But since international bodies have insisted these alterations are inherently dissimilar, institutional expectations exist to treat them as such.⁵⁷

On my ethical clearance application, for instance, a reviewer from Tanzania’s National Institute for Medical Research warned that undertaking a study of both female and male genital cutting ‘may have a negative impact’ since my aim should be to represent ‘male circumcision’ approvingly but ‘FGM’ disparagingly. The reviewer further jotted that I would need to be ‘careful when trying to discourage FGM but at the same time exploring positivities of MC’. My fieldwork plan made no mention of encouraging or discouraging anything, yet this

⁵⁵ The Hadza, a small population of egalitarian hunter-gatherers in northern Tanzania, practised female — but not male — genital cutting during the twentieth century and into at least the early aughts (Power and Watts 1997: 550-551; Power 2015: 337, 339, 345). On the other side of the continent in West Africa, certain communities around the nexus of northern Ghana, north-eastern Côte d’Ivoire and south-western Burkina Faso once performed only female genital cutting, but now operate on boys (Hodžić 2017: 330-331; Knudsen 1994: 82-84). Because of this history, in Burkina Faso’s Sud-Ouest region there are currently more adult women than men who underwent genital cutting as children (BDHS 2023: 386, 469).

⁵⁶ This argument has its limitations, and makes most sense when discussing the socio-cultural context of cutting. Only certain forms of genital alteration are physically analogous. Some members of the Dawoodi Bohra religious community, for example, remove the prepuces of both girls and boys due to their gender-inclusive interpretation of Genesis 17 (Shweder 2022: 12-14). But questions of consent nonetheless remain relevant. Everyone has a right to bodily integrity.

⁵⁷ Fusaschi 2023: 7

intention was assumed to be inevitable and necessary — blurring the boundaries between research and developmentalist intervention.⁵⁸

The Kilimanjaro Region

People living in Tanzania’s Kilimanjaro region once commonly practised female and male genital cutting as part of interlinked initiation rites. But that began to change during the twentieth century, and by 1996 less than forty percent of women aged fifteen to forty-nine in the region reported having been cut. By 2016, it was down to ten percent. Throughout that time, male genital cutting remained nearly universal (TACAIDS 2005: 26; TDHS 1997: 168; TDHS 2016: 82, 363).⁵⁹ This thesis traces how procedures previously considered complementary become regarded as disparate — and incomparably different.

The Kilimanjaro region has one of the highest rates of secondary school attendance in mainland Tanzania, with its capital Moshi home to multiple centres of higher learning — as well as one of only four referral hospitals in the country.⁶⁰

⁵⁸ At the Royal Anthropological Institute’s postgraduate conference in 2015, I presented a paper on the ways in which Maasai interlocutors translated the concept of ‘human rights’ in relation to genital cutting practices. Ignoring the content of my paper, an audience member asked if I had successfully convinced the Maasai to end FGM. When I replied that had not been part of my fieldwork, he seemed disappointed.

⁵⁹ Demographic and Health Surveys are useful, but not without limitations. Their data on genital cutting is self-reported and women may be hesitant to reveal their status (Shell-Duncan 2016: 8). Studies based on clinical examinations offer additional insight. Kilimanjaro Christian Medical Centre is a zonal referral hospital covering approximately eleven million people across northern Tanzania (KCMC 2023). The details of every birth there have been recorded in a registry since the year 2000, further confirming a substantial decline in the prevalence of female genital cutting over time (Sørbye et al. 2011: 4; cf. Suleiman et al. 2021: 4).

⁶⁰ Tanzania’s 2004 Demographic and Health Survey found that approximately 16% of women and 18% of men aged fifteen to forty-nine in the Kilimanjaro region had attended secondary school (TDHS 2005: 30-31). By the 2015-2016 survey, this increased to 38% of women and 43% of men (TDHS-MIS 2016: 61-62) — indicating a substantial expansion in the accessibility of education.

An international airport is located less than an hour's drive from the centre of town,⁶¹ accommodating the tens of thousands of tourists who climb Africa's highest mountain each year.⁶² But the majority of the region's residents worked in agriculture or manual labour (TDHS-MIS 2016: 73, 75).⁶³ And coastal Dar es Salaam, the country's financial hub, was a ten hour bus ride away.

In the diverse town of Moshi, the most common ethnic identity was Chagga — a Kiswahili-speaking population who had largely abandoned female genital cutting by the end of the twentieth century (Thoulouis 1997: 265).⁶⁴ Anti-FGM programmes run by Moshi's non-governmental organisations therefore focused instead on Maa-speaking pastoralists, a relatively marginalised minority in the

⁶¹ When I first began my fieldwork in 2012, the municipality of Moshi had a population of roughly 184,000 (United Republic of Tanzania 2013: 35). Ten years later, this had increased by 20% to over 221,000 (United Republic of Tanzania 2022: 42).

⁶² Moshi town is located to the east of Kilimanjaro International Airport. An hour west of the airport is the city of Arusha, the major tourist hub for those travelling to the Tarangire, Serengeti and Ngorongoro national parks.

⁶³ A vast sugar plantation just south of Moshi town was one large employer (see Norris and Worby 2012).

⁶⁴ The timing of this abandonment varied around the mountain by location. A couple of NGO employees told me that FGM persisted in rural Kibosho, but a survey of the area found that by 1997 only around 40% of women aged eighteen to forty-five had been cut (Chugulu and Dixey 1999: 107). And those affected tended to be older (see also Klouman, Manongi and Klepp 2005: 107, 109). Meanwhile, in urban Moshi less than 5% of Chagga women were reportedly cut (Msuya et al. 2002: 161). And a subsequent analysis of the birth registry at Kilimanjaro Christian Medical Centre between 2004 and 2014 found evidence of genital alteration in less than 9% of Chagga mothers (Suleiman et al. 2021: 6). Some would have undergone the procedure a decade or two before visiting the hospital to give birth.

Foreign organisations, however, continued to present FGM as intractable and deeply ingrained. I was shocked to see the London-based charity 28 Too Many claim that, 'Although the Chagga were able to point to many of the negative impacts of FGM upon women and girls, they contended that it would be difficult (even impossible) for an uncut women [sic] to be respected' — citing 'the majority Muslim districts of Huru and Namuru' as particular hotspots (28 Too Many 2013: 33). But none of the Kilimanjaro region's six districts are named Huru or Namuru. And no district in the region has a Muslim majority. Moreover, at the national level, Christians are more likely than Muslims in Tanzania to undergo female genital cutting (TDHS 2005: 250).

That being said, a (predominantly Christian) village named Narumu does exist within the Hai district of the Kilimanjaro region. Female genital cutting practices had not yet fully ended there when Tanzania criminalised them in 1998. The Inter-African Committee therefore launched an anti-FGM campaign specifically targeting the village. By 2004, the procedures were reportedly stigmatised and uncommon (Lie, Lothe and Ali 2004: 107-115). This past prevalence may have prompted 28 Too Many's misguided claim.

region.⁶⁵ But these dynamics meant that NGO employees generally did not share a common language with the communities in which they campaigned. Those targeted tended to be rural and disadvantaged. Moreover, since only a minority of populations practised female genital cutting in Tanzania,⁶⁶ they were nationally regarded quite negatively — especially in comparison to countries where such procedures are the norm.⁶⁷

Outreach into the Kilimanjaro region's Maasai communities was already in place by 2002,⁶⁸ when the organisation NAFGEM participated in an *olngesher* event.⁶⁹ Maasai representatives reportedly expressed support for the anti-FGM campaign, but explained that people would need clarification as to why such procedures were made illegal (Ihucha 2002a). It was further advised that NGOs

⁶⁵ Neighbouring regions have comparatively larger Maasai populations. And while the Arusha region was already highly saturated with its own NGOs, it was not unusual for Moshi-based groups to work in Manyara. Much like in Kilimanjaro, the recorded prevalence of female genital cutting has rapidly decreased in these regions. In the 2004 Demographic and Health Survey, 81% of women aged fifteen to forty-nine in Manyara reported having undergone genital cutting (TDHS 2005: 250). This dropped to 58% a little over a decade later (TDHS 2016: 363). Younger women are much less likely to be cut than their mothers and grandmothers.

⁶⁶ In 1996, it was estimated that approximately 18% of Tanzanian women aged fifteen to forty-nine had undergone genital cutting (TDHS 1997: 168). Twenty years later, this was down to 10%. Women in their twenties had a prevalence rate that was less than half that of women in their forties (TDHS 2016: 363). And various television programmes, such as *Wanawake Live* featuring Joyce Kiria, have spent numerous episodes spotlighting the harms of such procedures (e.g., *Wanawake Live TV* 2014; 2015; 2019).

⁶⁷ A survey of over fifteen thousand women in Sierra Leone, for example, found that 83% had undergone genital alteration — with the majority saying the procedures should continue (SDHS 2020: 335, 342). Fuambai Ahmadu notes, 'It used to be commonly asserted in Sierra Leone that no person could become a head of state, or even a serious politician, without the grassroots support of Sande and Poro leaders' — institutions whose initiation rites have historically included female and male genital cutting (2010: 172; see also Ahmadu 2000: 299, 311 n15).

⁶⁸ The Network Against Female Genital Mutilation (NAFGEM) began as a project of the German organisation Terre des Femmes, but blossomed into an independent NGO in 1998 through the efforts of the Cologne-based development workers Christa Choumaini and Natalie Klingels-Haji (Choumaini and Klingels-Haji 2002; Treib 2000: 111-112). Basilla Urasa, the group's first executive coordinator, had been the Kilimanjaro region's community development officer (Geiger 1997: xviii, 114 n48, 116).

⁶⁹ The *olngesher* festival celebrates the graduation of young men into mature adulthood (see Spencer 2004 [1988]: 182-186). A special ceremony ritually marking this transition is held by the Kisongo Maasai section and its affiliates at the *Endóinyó oo Lmórùàk* (Hill of Elders) in the Kilimanjaro region.

should incorporate Maa leadership into the design and implementation of their programmes to be effective.

Maasai girls and boys customarily underwent genital alteration during *emuratare*,⁷⁰ an initiation ceremony marking the end of childhood (see Pratt 2002: 191-194).⁷¹ For girls, this included a cut to the clitoral glans⁷² — performed near the entrance of their mother’s house and overseen by women.⁷³ Boys, meanwhile,

⁷⁰ As noted by Jocelyn Murray, certain Nilotic languages — including Maa — adopted the root *mur-* (to cut) from the Cushitic language of Oromo as a reference to genital cutting (1974: 14, 30 n8). In Nandi, for example, *-muratan* means ‘to circumcise’ (Langley 1979: 151). In Maa, this verb is *-murat*. But *emuratare* encompasses the holistic process of initiation more broadly and *-murat* may also be translated as ‘initiate’.

Various East African languages, in addition to Maa, use the same term for both female and male genital cutting. In the Bantu language historically spoken in Kibosho, this was *-dinâ* (Kagaya and Olomi 2006: viii, 257). In Kuria the noun is *esaaro* (Mhando 2018: 302; Prazak 2016: 3, 15), in Gikũyũ it is *irua* (Njambi 2004: 295; 2007: 691), in Gogo *kulawa* (Murray 1974: 12), and in Okiek *tuumto* (Kratz 1994: 94, 135). But much like in Maa, these words do not simply — or even primarily — mean ‘genital cutting’ because they also reference particular rites of passage more broadly.

⁷¹ But as pointed out by Beth Anne Pratt, the boundaries between childhood and adulthood are in practice flexible (2002: 284-289, 303). They are also relational. It was not uncommon during my fieldwork, for example, to hear more senior women call younger men ‘children’ (*inkera*) — even if they had been initiated over ten years prior. Like in many places, however, sexism is a problem in Maasai society. And I occasionally heard men equate ‘women’ as a general category to ‘children’ (see also Hodgson 1999a).

When I asked a group of female interlocutors their thoughts on this matter, one emphasised, ‘*Kirá inkera e ntunganak inkituaak!*’ [We are the children of womenfolk!] Another replied, ‘*Iyióók toi inkituaak amu kitoiutuo enâ dunia*’ [We’re indeed adult women because we gave birth to this world.] Looking at the great-great-grandmother seated next to her, she gleefully joked, ‘*Enâ ntasat etoiuo pookí ayióni!*’ [This old lady begot every boy here!] All men in the village were ‘children’ to her.

⁷² Maasai interlocutors referred to the clitoral glans as an *emowuo* — ‘horn’. A few mentioned that the labia minora were also cut in the past, but that this stopped several years before my fieldwork. It seems likely that cutting the labia minora had not yet ended when Aud Talle worked with Maasai communities in the Kilimanjaro region from 1991 to 1994, since she describes it as the norm (see Talle 2007a: 352 n2, 362).

⁷³ Women in Maasai society historically built their own homes and were considered their owner. As Talle argues, even a wife’s husband was in many respects a ‘guest’ in her house (1988: 190-196). The act of female genital cutting therefore traditionally occurred within the confines of an explicitly ‘female’ space.

Starting in the 1970s, however, the shift from semi-temporary to permanent housing structures meant that men became increasingly involved in their construction (Ndagala 1982: 31-33). And if a house, made of concrete and corrugated iron, was paid for by a man through the purchase of building materials and hired labour — he would likely regard himself as its rightful owner (Hodgson 2004 [2001]: 172-173; Talle 1988: 252-256).

were operated on in the cattle corral of their homestead or that of a neighbour under the observation of men (see also Ole Saitoti 1988 [1986]: 66-76; Talle 1988: 95, 105; von Mitzlaff 1988: 88). During this procedure, their foreskins were partly excised to create a tassel of dangling tissue.⁷⁴

Through the rituals surrounding *emuratare*, each *entíto/olayíòni* (girl/boy) was ‘reborn’ as an *esípólíóí/osípólíóí* (initiate),⁷⁵ who then became an *esiankíkì/olmúrráni* (young woman/man).⁷⁶ The Maasai social structure has historically been highly gerontocratic,⁷⁷ with each new life phase bringing greater *enkanyit* — respect (Rigby 1992: 90-91; Spencer 2003: 30-31).⁷⁸ Unlike girls, however, boys were initiated into specific age-sets. Their time as *ilmúrràn* (pl.) delineated a distinct generation as well as temporal era, sometimes lasting over twenty years (see Spencer 2003: 23-29; 2004 [1988]: 65-70). When first meeting

⁷⁴ Aaron Siegler, Jessie Mbwambo and Ralph DiClemente explain the operation thusly, ‘the foreskin is partially removed, followed by a small slit cut transversely above the glans in the remaining attached foreskin. The glans of the penis is inserted through this slit, leaving a flap of foreskin as a permanent appendage hanging below the penis’ (2012: 1847). This type of alteration used to also be practised in Gikũyũ initiations (see Kenyatta 1953 [1938]: 179-180).

⁷⁵ As Paul Spencer describes, ‘Aspects of initiation bear an unmistakable resemblance to birth and infancy... Initiates must not have sexual relations of any kind... like infants, they are dirty, smelly, and unsexed’ (2004 [1988]: 61; see also Galaty 1998: 227, 232).

⁷⁶ Drawing on the work of popular nineteenth century travel writers — such as Joseph Thomson (1887: 246-258) and Mary French Sheldon (1892: 252-253) — the early ethnographer Alfred Claud Hollis translated *olmúrráni* (pl. *ilmúrràn*) as ‘warrior’ and it became the norm in English-language literature (e.g., 1905: 117-122; see also Hinde 1901: 73). The term, however, comes from the verb *-murat* and actually means ‘the cut/initiated one’ (see Talle 1990: 76).

⁷⁷ But younger people now tend to have greater fluency in Kiswahili than their elders, as well as higher rates of literacy and more employment opportunities. This divide has made parents reliant on their adult children in new ways (Pratt 2002: 303-304). Social status and age are no longer neatly linked (Kituyi 1990: 211-223).

⁷⁸ A mature adult is an *enkitok/olkitok* from the adjective *kitok* — meaning big, important or great (see Mol 1996: 204). Although, I found the terms *olpayian* (husband) and *olmórùò* (old man) to be far more commonly used than *olkitok*. Meanwhile, *enkitok* is often just translated as ‘woman’ in the academic literature.

a man, which age-set he belonged to was commonly inquired. While a woman would instead be asked to name the age-set of her husband and/or father.⁷⁹

A man's children were the 'daughters and sons' of his age-set,⁸⁰ with anyone married to an age-mate deemed their classificatory 'mother' (Spencer 2003: 32-35; Talle 1988: 116-118).⁸¹ This was in part because age-mates have customarily been 'free to have sex with each other's wives' and 'husbands know and accept that wives receive lovers' (Talle 2007a: 364).⁸² Suffice it to say, chastity has not been traditionally important in Maasai culture.⁸³

⁷⁹ Some other societies, such as the Gikũyũ, have historically initiated girls and boys into shared age-sets (see Njambi 2007). That Maasai society does not is arguably sexist (cf. Kipuri 1989: 94-99).

⁸⁰ Women as adults were profoundly respectful when interacting with their father's age-mates. Spencer explains, 'Throughout her adulthood, she will continue to greet them with a bowed head for their palmed blessing like any child. Even when she is a mature woman, they will not call her mother-of-so-and-so, as this would allude indirectly to her capacity to bear children; instead they continue to address her by terms of endearment suitable for small children. She remains their "child", dependent and sexless' (2004 [1988]: 187).

And it was not uncommon for daughters to be named after their father's age-set. For example, if a man belonged to the Seuri — with *séúr* meaning exceptional or outstanding — then he might call his daughter Noo-Seuri, 'of the exceptional ones'.

⁸¹ The Maasai age system thus reinforces ideals of mutual interdependence and relatedness, as further reflected in standard greetings like '*Yieyio, takuénya!*' (Good day, my mother!) — that may be said to even a stranger. Furthermore, the terms *entíto* (girl) and *olayıóni* (boy) also mean 'daughter' and 'son'.

⁸² Spencer similarly details, 'When an age-mate visits him overnight, the husband should sleep elsewhere. Whatever his wife may consent to in his absence is none of his business' (2004 [1988]: 189; see also von Mitzlaff 1988: 139-144). In a survey of approximately one hundred Maasai residents in the Kilimanjaro region, Talle found that most respondents had two or three permanent lovers in addition to their spouse — plus the occasional fling (1995: 76-77). Conversion to Christianity, however, was beginning to change that norm.

At the same time, the risk of HIV infection led community leaders to decry casual sex (see Ihucha 2002a; Mangat 2003). And monogamy has become increasingly popular as more marriages are now based on love matches.

⁸³ But it would be deemed incestuous if a man had a sexual relationship with the daughter of an age-mate, and a matter of serious public censure. A danger could potentially exist that they were biologically related. In contrast, a woman sleeping with her classificatory 'son' was a relatively minor offence (see Talle 1988: 118-119).

Nor was virginity; the Maa language lacks a word for the concept.⁸⁴ It was expected that unmarried girls would have relations with *ilmúrràn* (Coast 2007; Pratt 2002: 214-271; Spencer 2004 [1988]: 112-113; Talle 1994; Talle 2007a; von Mitzlaff 1988: 74-76, 82).⁸⁵ Genital cutting was not performed to preserve their ‘sexual purity’.⁸⁶ That does not mean the operations should continue, but highlights the extent to which media representations of ‘FGM’ are often overly simplistic.⁸⁷

Plan of the Thesis

Those in the Global North frequently assume they already know everything about such procedures — an assumption that would ‘sound intolerably presumptuous

Women were often married to polygamists substantially older than themselves, and affairs with *ilmúrràn* were not uncommon (Pratt 2002: 256-257). Melissa Llewelyn-Davies, who worked in the Loita section of Kenyan Maasailand during the 1970s, speculated that most wives had affairs (1978: 233-234). And the brother of my Maa interpreter was caught in one such relationship. The transgression was formally resolved after he gifted the older man a heifer (see also von Mitzlaff 1988: 141). It was not considered a divorceable matter.

⁸⁴ Under colonialism, British administrators became fixated on and fascinated by Maasai women’s sexuality — blaming the spread of sexually transmitted infections on their alleged ‘low morality’ (e.g., Eliot 1905: xvi; see Coast 2000: 191-195). These types of paternalistic castigations were then used to justify further imperialistic intervention (see Tamale 2011: 14-22).

⁸⁵ This situation was not unique in East Africa. Several other societies practised female genital cutting with no historical expectation of premarital virginity — such as the Gusii (LeVine 1959: 979), Nandi (Langley 1979: 46, 71), Okiek (Huntingford 1929: 351), Pokot (La Fontaine 1985: 166-167) and Rendille (Beaman 1981: 335).

⁸⁶ Women in the past usually married within months of their initiation, but by the time of my fieldwork this gap sometimes lasted years — during which time relationships with *ilmúrràn* continued (cf. Talle 1988: 141). Meanwhile, more men were marrying younger in their twenties. Women’s pool of legitimate sexual partners therefore did not necessarily switch to an older age-set upon marriage.

⁸⁷ For example, in the 2009 documentary *The Cutting Tradition*, Meryl Streep solemnly narrates that the ‘underlying reason always concerns virginity, chastity, purity, marriageability and fidelity’. But as Ahmadu explains, notions of virginity were absent from many of the African societies where cutting was historically practised. Preoccupations with female chastity are instead a prominent feature of Abrahamic religious traditions (Ahmadu and Kamau 2022: 36). Thus, in certain locations such as Sudan, the procedures are ‘bound up with beliefs of honour, shame, purity and cleanliness’ (Parker 1995: 510; see also Boddy 1989: 52-56).

and dogmatic' if applied to a less loaded topic (Sulkin 2016: 109). This introductory chapter has laid the groundwork for demonstrating the ways in which transnational imaginaries of genital operations often differ from their local specifics. The next chapter is focused on methodological concerns, considering the upshot of (mis)translations and (mis)representations that arose during my fieldwork. Chapter two then delves into genital cutting's history in the Kilimanjaro region. Chapter three builds on this background to explore how Tanzanian NGOs translated 'FGM' as a violation of human rights in response to criminalisation.

The fourth chapter then examines the developmentalist discourses pervading anti-FGM efforts in northern Tanzania. While the fifth chapter unpacks how these same discourses acted to propel the medicalisation of foreskin alteration. Finally, chapter six foregrounds the flexibility of rituals under pressure.

Chapter One

Methods, (Mis)translations and (Mis)understandings

I think about my education sometimes. I went to the University of Chicago for a while after the Second World War. I was a student in the Department of Anthropology. At that time, they were teaching there was absolutely no difference between anybody. They may be teaching that still.

—Kurt Vonnegut, *Slaughterhouse Five*¹

The prolonged intimacies of ethnographic engagement make issues of accountability and its consequences more personalised than most other kinds of research. Who one is accountable to is made more complex when ‘the field’ is not a clearly bounded physical space but multi-sited (Hodgson 1999b: 202-204). My positionality as a white, American woman researching the highly polarised and often sensationalised topics of female and male genital cutting shaped my

¹ As an undergraduate at the University of Chicago, I first encountered the myriad, complex issues surrounding genital cutting in Richard Shweder’s class on cultural psychology. It was my great luck that Fuambai Ahmadu soon joined the university as a postdoctoral researcher, and from her I began to better appreciate the nuances of this challenging subject. Different ethical perspectives do not preclude mutually respectful dialogue.

perspective and how I was perceived by interlocutors, whose own agendas on genital cutting varied greatly.

The Egyptian feminist Nawal El Saadawi has decried women from the Global North researching those from the Global South as a form of ‘academic exploitation’ and ‘neo-colonialism in the name of feminism’. A pioneering advocate against genital cutting, she instructs white, feminist researchers to instead listen and ‘don’t speak about my problems’ (Patterson and Gilliam 1983: 187).² To address these issues of neo-colonialism, Sondra Hale calls on white feminists to self-interrogate and work on being invited allies when dealing with ‘FGM’ (1994: 33; 2005: 216). But whose invitation counts?

Multiple people in their role as employees of different non-governmental organisations ‘invited’ me to advocate against FGM, but no interlocutors outside such groups invited advocacy on my part as productive or effective. Furthermore, these NGOs were dependent on the donations of international visitors, so any invitation had to be viewed in that context. Throughout my fieldwork, I was careful not to tell people from communities practising genital cutting what they ought to do about it. As ‘militant anthropologist’ Nancy Scheper-Hughes has advised, women from such communities should be given space to ‘argue this one out for themselves’ (1991: 26). But as Ellen Gruenbaum has said, ‘strategic non-silence’ is needed to address misrepresentations, inflammatory rhetoric and neo-colonial discourses (2014: 124). Despite my best intentions, Maasai interlocutors

² El Saadawi’s work against female genital cutting is internationally well known, but her strong opposition to male genital cutting is rarely mentioned. At the Fourth Annual Arthur Miller Freedom to Write lecture in New York City, she remarked, ‘male circumcision also is very harmful, but people are silent. They don’t speak about it even here because it is mentioned in the Old Testament’ (2009).

concluded that as an American woman investigating the issue — I must have ulterior motives beyond research.

This methodology focused chapter examines the (mis)translations, (mis)representations and silences that arose during my fieldwork due to this (mis)understanding.³ And in doing so, speaks to the relationships between method, reliability and accountability. These issues of positionality inevitably influence the reliability of ethnographic research and establishing such reliability is dependent on the relationships built with interlocutors.

Expectations of Access

I met Kimani at a leaving party a couple of months after moving to Moshi town through his co-worker at an NGO working with ‘street children’.⁴ I had attended the party in the hope of eventually learning more about why the group was organising and overseeing the genital cutting of unhoused, underage boys. Kimani was volunteering at the NGO in the hope it would eventually lead to a paying job. It did not.⁵

³ I bracket (mis)understanding here because — although I was not in Tanzania working to ‘end FGM’ — the assumption of interlocutors that I am personally not supportive of non-consensual, non-therapeutic genital cutting was indeed accurate.

⁴ Kimani is a pseudonym, as are all interlocutors’ names.

⁵ Young, educated Tanzanians often face limited prospects for professional employment, but can ‘enact middle-income identities through dress and taste, capability with technologies like internet phones, and such practices as “volunteering” in development non-governmental organisations’ (Green 2014: 167).

He had migrated within the Kilimanjaro region from his home in rural Pookí Wueji to urban Moshi, earning money in the market as a hair braider.⁶ Kimani sometimes stayed in the apartment of a Chagga friend, much to the annoyance of his friend's mother. And he sometimes squatted in a building under construction with a group of other Maasai migrants, sleeping on concrete floors under blue mosquito nets.⁷ Unable to find an employer who did not expect a voluntary trial period, Kimani's own housing situation in Moshi town was unstable even as he worked unpaid to help children experiencing homelessness.

The party was for an *mzungu*, white person, in her twenties who had been a paid employee of the NGO.⁸ Kimani sat across from me, telling me of his opposition to FGM — explaining that it was a serious problem in Maasai communities causing many complications.⁹ He looked at me gravely, confiding that one of his neighbours had died from blood loss in childbirth due to the procedure. And said he wanted me to visit Pookí Wueji so that women could tell me themselves about these problems.¹⁰ We agreed to meet the following month.

Throughout this fieldwork, there were various gatekeepers to my research and Kimani was one of them. He acted as my interpreter from English and

⁶ Pookí Wueji is pseudonym meaning 'everywhere' in Maa.

⁷ Scrawled across an unfinished wall in the squat was the Kiswahili message, '*Karibu kwetu lakini acheni umbea* (sic)' [Welcome all to our place but stop gossip.] Some probably did not appreciate that Kimani brought me there. And some might not have liked my visits to Pookí Wueji either, although it was never said.

⁸ Translating *mzungu* as 'white person' is somewhat of an oversimplification since 'whiteness' is a complex, cultural concept understood differently by different people. Kimani, for example, described the American President Barack Obama as 'white' and an *mzungu*.

⁹ Kimani used the acronym FGM during this conversation.

¹⁰ I paid Kimani for his work as an interpreter. And being realistic, he first invited me to Pookí Wueji because he hoped I might give his struggling family some money. Economic inequalities inevitably shaped my interactions with interlocutors, and in some cases likely influenced the ways in which they discussed genital cutting.

Kiswahili into Maa, introducing me to a social network that led me to speak with over one hundred and fifty Maasai people about genital cutting practices — in addition to my discussions with others in the region. This included more than forty hours of audio recorded conversations, as well as countless unrecorded hours and of course fieldnotes. I lived in Tanzania from September 2012 until December 2013 and returned for follow-up visits in December 2014 and September 2017.

On Not Living in Pookí Wueji

After we had known each other for a few months, Kimani invited my life partner Rob and me to live with his family in Pookí Wueji. Not much later, however, we were unexpectedly questioned by the police. And it concerned me that moving to his homestead could potentially endanger him and other participants in my research.

Kimani's uncle had been visiting from a neighbouring region and offered us a ride, since he was one of the few people to own a car. Spotting Kimani's family members dressed in 'traditional' clothing, a police officer stopped us and politely demanded to see our identification. He asked what purpose we had for being together and what governmental paperwork we had to prove the legitimacy of that purpose. Although the officer allowed us to continue on our way after a few tense minutes, Kimani was clearly shaken and worried that law enforcement could become aware that he was talking about 'FGM'. Not long after, while chatting with a few of his Maasai friends at a bar in Moshi town, Kimani became so concerned that a pair of smartly dressed men in suits sitting near us might be government employees that we almost had to leave. His anxiety was palpable.

Following these incidents, Kimani instructed me to tell people that we were friends who met while he was volunteering at an NGO, and not that he was helping me with research. If it was widely known that I, an *mzungu* researching criminalised practices, was living in Pookí Wueji with his family, then their participation in my research might become known — particularly to non-governmental organisations active in the area, who were friendly with law enforcement. To create a degree of plausible deniability for interlocutors, I limited visits to day trips and only occasionally stayed over for a night or two at a time.

Verbal rather than written consent was used with the large majority of Maasai participants because it was their preference, and many were functionally illiterate. Bureaucratic consent documents enact a legal relationship between the participant and institution requesting consent (Shannon 2007: 237). The institution in this case was SOAS, but to conduct research in Tanzania I also needed the affiliation of a local institution — Kilimanjaro Christian Medical University College. And I needed clearance from the Tanzanian government through both the National Institute for Medical Research (NIMR) and Commission for Science and Technology (COSTECH).¹¹ It was this local and governmental institutional relationality that was potentially problematic for many Maasai interlocutors.

Research participants who identified as Chagga were in contrast comfortable signing written consent forms in Kiswahili or English. This difference was not surprising, particularly since the practice of female genital cutting had

¹¹ I required medical clearance because my research involved humans and anthropological methodology did not fit neatly into the logics of Tanzania's research permit process (see also Dilger 2011).

already effectively ended long ago in these communities. And so its criminalisation posed little threat or anxiety.¹²

On Not Witnessing Genital Cutting

As a woman, I was not allowed to witness the act of male genital cutting during *emuratare*, but did attend its celebration for a group of initiates.¹³ Even as a woman, however, people more readily discussed with me the specifics of *emuratare* for boys than girls due to the criminalisation of female genital cutting. For example, I was able to record several hours of songs relating to boys' initiation with little difficulty, but managed to hear only a few specifically for girls.¹⁴ Nonetheless, even if given the opportunity to witness female genital cutting performed on a minor, I would not have done so.

Interventions against FGM have intersected with a long history of those from the Global North expecting intimate access to the private parts of African girls and women. Members of media organisations have paid for girls to be cut, so they can be photographed and filmed for newspapers and documentaries condemning cutting (Nnaemeka 2001: 175). To her horror, while making the documentary *Warrior Marks*, the filmmaker Pratibha Parmar was asked by a fixer

¹² Informed consent is an ongoing process, not a one-off event. But as noted by Philippe Bourgois, 'If we recited to our informants their rights to privacy and informed consent — like police officers arresting a suspect — every time we spoke with them we would make terrible fieldworkers' (1990: 52; see also Bell 2014).

¹³ To visually distinguish between text in Kiswahili and Maa (in addition to Kichagga), Maa text is in grey as well italicised. How, when and by whom different languages were used played a significant role in my research.

¹⁴ Girls' *emuratare* celebrations were still happening, but not all people were comfortable sharing specifics about them with me, including the songs performed. Recording other types of women's songs was not an issue.

in the Gambia if she wanted to pay for girls' excisions in order to record their mutilation — something the fixer had done for another American camera crew (Walker and Parmar 1993: 162). More recently, the photographer Meeri Koutaniemi was awarded an honourable mention in UNICEF's 2014 photo of the year contest, and featured in *Time* magazine, for her pictures of two Maasai girls — bleeding as their genitals were cut during a photoshoot organised by an employee of a Kenyan safe house for girls fleeing cutting (Katz 2014; Nousiainan and Koutaniemi 2014).¹⁵ Under a 2011 Kenyan law, the photographed teenagers could be arrested for having undergone the act,¹⁶ while their Finnish photographer has been internationally lauded for 'raising awareness' of FGM.

Female genital mutilation as a transnational construct has been both criminalised and commodified. People from the Global North have been able to engage with and profit from this commodification in ways those othered by it have not (see also Ajayi-Soyinka 2005: 69-70; Robertson 2005: 68-69). In past decades, female anthropologists were invited by their interlocutors to observe instances of girls' cutting as part of their wider accepted and expected participation in community life.¹⁷ But any such request on my part would have been received as a dangerous and coercive intrusion.

¹⁵ Inka Hetemäki, the programme director of UNICEF Finland, criticised the photos for showing the children's faces when it would not be considered appropriate to publish the faces of abused European minors (Hetemäki 2014). These types of racialised privacy violations have been a serious problem in anti-FGM campaigns.

¹⁶ See *Fancy Terer Chelagat and six others v Republic of Kenya*; Kimutai 2016; Nyarangi 2015; Saibala 2016

¹⁷ Some female anthropologists have published reflections on their experiences of being asked to witness genital cutting procedures, such as Aud Talle in Kenya in 1978 (2007b: 93-96), Melissa Parker in Sudan in 1985 (1995: 508-511) and Bettina Shell-Duncan in Kenya in 1996 (Khazan and Shell-Duncan 2015).

I perhaps foolishly chose the topic of genital cutting prior to fieldwork — not because it was a subject my interlocutors were particularly interested in discussing, but because I was. And I am all too aware that writing about Maasai people living around Mount Kilimanjaro performing ‘genital mutilation’ sounds like a game of Mad Libs on how — not — to write about Africa (see Wainaina 2005; see also Gardner 2016: xxii). By the time I arrived in Tanzania, people had already established ways of packaging the construct of ‘FGM’ for *wazungu* (pl.) consumption, which inevitably shaped how they represented initiations involving such procedures.¹⁸

The imagined boundaries between researcher and tourist were also not always clear, only further highlighting the ways in which some viewed their interactions with me as enacting a commodification of Maa culture. Maasai people are cognisant of commercialised fantasies of pastoral life and ‘playing the primitive’ for tourists becomes a job (Bruner 2002: 390). Leuru, one of Kimani’s hair braider friends, for example invited us to his home — but failed to mention he lived in a ‘tourist village’. We met at the bus station in Moshi town, later switching to motorcycles where the bus terminated.¹⁹ To my shock, minutes after arriving in his seemingly remote community, a jeep pulled up and out stepped two tall Scottish and American tourists accompanied by a Chagga hotel guide from

¹⁸ Further complicating matters, to a lesser extent Maasai initiation more generally has also been commodified for tourist consumption. Kimani mentioned that a medical doctor, who was Maasai, was known for inviting international visitors at his hospital to such ceremonies for a fee. And along the road from Tarangire to Ngorongoro, I saw several small groups of Maasai boys dressed in black as recent initiates with their faces painted white — hoping passing tourists would stop and pay to take their photos (see DeLuca 2002: 243).

¹⁹ Inexpensive motorcycles made in India and China have dramatically altered the movement of people and goods in rural Tanzania. *Boda boda* motorcycle taxis provide passengers with local transportation to places previously only accessible on foot without a car (Green 2014: 169).

Moshi. We (the tourists) were quickly whisked inside a nearby home to have ‘traditional’ Maasai clothing pinned over our own.²⁰

Beaming children appeared, grabbing our hands and introducing themselves in English as they led us outside to a group of adults preparing to dance. The children jostled each other to hold my hand, rubbing my lacquered fingernails with amusement. Their overt friendliness was surprising since children in Pookí Wueji initially kept their distance after politely greeting me. While young children in the home of Kimani’s aunt ran away in alarm at my strange appearance, before mustering up the courage to creep back, whisper ‘*shikamoo*’ and flee again in fits of suppressed laughter.²¹ The tourist setting of Leuru’s village fostered a type of conspicuous, immediate intimacy.

When I confided to Kimani that the ‘costumes’ and performances made me uncomfortable, he was surprised and confused. Leuru and Kimani had assumed that as an *mzungu*, I wanted them to perform an ahistorical, interactive, ‘ethnographic present’ representation of Maasai culture.

On Not Interviewing in Kiswahili

I took introductory Kiswahili at SOAS the academic year before beginning fieldwork. It is the national language of Tanzania — spoken in government, hospitals and schools as well as on television and the radio. Colonialism made Kiswahili a lingua franca. But it was solidified as the language of the masses

²⁰ Red chequered and plaid Maasai ‘*shuka*’ (meaning sheet in Kiswahili) are ‘traditional’ in the way that blue jeans, t-shirts and miniskirts are ‘traditional’ European attire. Fashion is always changing.

²¹ *Shikamoo* is a common Kiswahili greeting in Tanzania toward one’s elders and originates from the phrase *nashika miguu yako*, ‘I touch your feet’ (Mngodo 2016).

through the efforts of the Tanganyika African National Union (TANU) and Tanzania's first president Julius Nyerere, connoting equality in citizenship regardless of ethnic affiliation.²²

However, under colonialism Maa-speaking pastoralists were forced to live on a reservation called the Masai Reserve.²³ And a lack of governmental support for education on the reservation meant that by 1951 only ten percent of children there had attended primary school, compared to over sixty-four percent on Mount Kilimanjaro (Hodgson 2004 [2001]: 50-51, 128-129). School children received instruction in Kiswahili and when Nyerere campaigned for independence in the nineteen-fifties, Maasailand was one of the few places where he required an interpreter (Ilfie 1979: 530). More than seventy years later, rural Maa pastoralists continue to have comparatively less access to formal education.

Most older people in Pookí Wueji therefore had limited proficiency in Kiswahili — particularly women. And although many younger people in their teens or twenties spoke it fluently, others did not. But those fluent in Kiswahili usually left the village in search of wage labour.²⁴ For these reasons, in Pookí Wueji and other Maasai communities I visited, conducting conversations in Maa was in most cases more inclusive. The Tanzanian employees of Moshi town NGOs, such as Piga Vita Ukeketaji, relied on Maa interpreters in their outreach with

²² Chacha 2002: 24-27

²³ This later became the Masai district. There were also restrictions on where Maa-speakers could live under German colonialism before British control (Hodgson 2004 [2001]: 51).

²⁴ Substantial numbers of Maasai people in Tanzania have been migrating to urban areas seeking employment since the late 1990s, in part because repeated droughts have diminished herd sizes — decreasing people's ability to support themselves (May and McCabe 2004: 12, 15).

Maasai communities.²⁵ And like those NGO workers, I too relied on an interpreter — in my case Kimani.²⁶

Standard Kiswahili (*Kiswahili Sanifu*) is the formal language of education and government, but how languages are actually spoken varies across geographic and social spaces. This means that the diverse ways people speak Kiswahili are not necessarily mutually intelligible (Githiora 2018: 28-29).²⁷ Kimani, an *olmúrráni* in his twenties at the start of my fieldwork, often code switched between Kiswahili and Maa — with the amount of Kiswahili depending on those present.²⁸

For example, speaking to a Maasai woman in her mid-twenties, Kimani asked, ‘*Kwa sababu eitú kifanyaaki sherehe, kanu iyíé kianza iltunganak ajó aa esiankiki?*’ [Because they didn’t do a ceremony for you, when did people start to say you’re a woman?]²⁹

But she responded almost entirely in Maa, ‘*Ya nini órè aaipotí esiankiki? Atoishe, naaipotoki esiankiki?*’ [Why do they now call me a woman? I bore (children), and they called me a woman.]³⁰ Occasionally, if he drifted too heavily

²⁵ *Piga Vita Ukeketaji* is a pseudonym meaning ‘Wage War on FGM’ in Kiswahili.

²⁶ Other interviews were conducted in Kiswahili with the help of my research assistants, Asimwe and Meshak.

²⁷ Kiswahili is a Bantu language, while Maa is a Nilotic language composed of numerous related varieties (Sommer and Vossen 1993).

²⁸ Kimani spoke Kiswahili with a Maa accent, for example pronouncing *z*, *th*, and *dh* as ‘*s*’ and frequently dropping the ‘*h*’ before vowels at the start of words (see Thompson 2010: 502-503).

²⁹ The Kiswahili verbs *-fanya* (do) and *-anza* (start) are conjugated in this sentence using Maa morphological rules. In this chapter, I have shaded in grey Maa words translated into English to demonstrate the near impossibility of understanding such conversations knowing only Kiswahili, but also to show the ways in which interlocutors intentionally (and unintentionally) shaped my understanding of their speech by switching between languages. I have not done this in subsequent chapters since these colour differences can be distracting.

³⁰ Kimani’s question was not quite correct. Earlier in the conversation, the young woman had explained that her initiation ceremony was held in absentia, since she ran away. Upon returning home, she was forced to marry.

into Kiswahili, a more senior woman would reprimand Kimani with the command, ‘*Tolimú te kutuk ang!*’ [Tell in our language!]

Arbiters of Authenticity

Maasai interlocutors fluent in Kiswahili tended to repeat narratives that aligned closely with (inter)national discourses of FGM. But my audio recordings (inadvertently) revealed them voicing rather different opinions in Maa. They consented to being recorded, but said things they apparently assumed would remain inaccessible to me — with Kimani regularly mistranslating people’s speech.³¹ It took years for me to comprehend the extent of these (mis)translations and (mis)representations due to my slowly increasing understanding of the language.³²

Working in a secondary school in western Kenya in 1988, Christine Walley wondered if her Sabaot students’ voices were ‘authentic’ or ‘colonised’ when their class essays echoed the school’s lessons denouncing female genital cutting. She raises the question of what an ‘authentic’ voice might sound like when objecting to such practices. And the girls’ speech clearly changed depending on who they were speaking with, thus problematising the concept of authenticity (1997: 411-412). Moreover, the search for subaltern authenticity risks ventriloquising the

³¹ Bureaucratised informed consent is conceptualised as applying to the period of data collection, but ethical issues inhabit both ethnography as fieldwork and text (Castañeda 2006: 122-123; Bell 2014: 6). Revealing speech that people expected to remain inaccessible could potentially be experienced as a form of harm, even though people’s identities are anonymised. I have shared this information because not doing so would make me complicit in the perpetuation of silences that replicate discourses used to shame already marginalised peoples — including these Maasai interlocutors.

³² I spoke at length with Kimani about why such problems occurred and how they could be resolved. To address these translation issues, I cut the many hours of audio down to thousands of clips of individual utterances — lasting approximately one to ten seconds each. Kimani then transcribed the Maa spoken in each clip and we worked together to translate these into English, often translating from Maa into Kiswahili and then English.

Other as a ‘voice for hegemonic agency’ (Birla 2010: 94); in Walley’s example either patriarchal Sabaoth authority or Global North hegemony.

Determinations of authenticity are dependent on the arbiter’s perspective — their judgments and desires — rather than on any intrinsic thing within the person being judged (Bayart 2005 [1996]: 78).³³ The construct of FGM as a ‘traveling metaphor’ acts to order and manage Others (Njambi 2009: 172).³⁴ And the voices of those Othered by discourses of FGM are inevitably influenced by their alterity.

To be Othered is ‘to be always on guard, ready to be rejected’ (Fanon 2017 [1952]: 60 quoting Jean Veneuse).³⁵ And it was not unusual in Pookí Wueji to hear Maasai people disparage their history and traditions as worthless. Saying, ‘*ake kimoda apa*’ [we were just stupid in the past], ‘*kijó apa anaake emodai*’ [we always thought ignorantly in the past], and ‘*kimoda apa amu meeta entóki nikiyioló*’ [we were stupid in the past because we knew nothing]. The legacies of colonialism and neo-colonialism must be considered without using or dismissing those Othered as puppets for hegemonic voices. People should be taken seriously when they express an opposition (or not) to genital cutting practices, while acknowledging that such claims may be complicated and/or context dependent.

³³ For example, The political scientist Karisa Cloward goes so far as to argue that any rhetorical commitments against FGM made by Maasai people are indicative of the legitimacy of international norms in their communities (2016: 15-17), thereby dissimulating a wide range of speech strategies as a reification of the transnational construct of FGM.

³⁴ Miroslava Prazak’s research in Kenya, for instance, found that those who claimed most loudly to represent insiders in the Kuria community paradoxically repeated outsiders’ messages intended to shame their families and neighbours, but did little to actually enact meaningful social change (2007: 37).

³⁵ Ngũgĩ wa Thiong’o argues that colonialism acted to annihilate people’s belief in their capacities and heritage, making colonised people ‘see their past as one wasteland of non-achievement’ leading them to ‘want to distance themselves from that wasteland’ (2005 [1981]: 3).

We Are Strangers

The (mis)translations and (mis)representations I experienced during conversations with various Maasai people stemmed from how they wished to be known by me, and their not unjustifiable concern that they would be misunderstood. In this next section, I present a series of vignettes elucidating the ways in which such (mis)communications unfolded. In some cases, the multi-layered meanings of these interactions remain ambiguous.

A Mother and Daughter Against FGM

I first met Nenkai in the lush, private garden of a coffee shop in Moshi town in 2013.³⁶ In her mid-thirties, Nenkai had her daughter Neema as a teenager before working at Kilimanjaro Christian Medical Centre. Nenkai's husband was from Pookí Wueji and she considered it her home, but lived elsewhere for work.

Kimani introduced us and she quickly expressed a strong opposition to FGM, explaining in Kiswahili that there are '*matatizo makuu matatu... anakosewa mtu right yake, alafu pia maambukizi ya magonjwa, alafu pia katika wakati wa mama kujifungua inaweza kusababisha hatari*' [three main problems... she is deprived of her human rights, next also disease infection, then also during

³⁶ Neema means grace, fortune or prosperity in Kiswahili. Neema did not go by her Maasai name and instead introduced herself by the name she used at school, hence she has been given a pseudonym reflecting a common name in Tanzania. Nenkai is also a pseudonym and comes from the Maa word *enkái*, meaning rain, sky or god.

childbirth it may cause danger.]³⁷ Nenkai articulated the clearest opposition to FGM out of all the women I spoke with from Pookí Wueji between 2012 and 2013.³⁸ This did not surprise me since she was a nurse.

So I was interested to meet her daughter upon returning to Tanzania in 2014 with my partner Rob. Neema had recently finished boarding school in another part of the country, and came back to Pookí Wueji to regroup before searching for employment. She waited with some neighbours under the shade of a large tree near her mother's house in expectation of my arrival. The *kitongoji* (sub-village) of Pookí Wueji was relatively poor, but Kimani's family were better off than some. Both Kimani and his elder brother had completed secondary school, although none of his sisters made it past primary education due to pregnancies. One younger brother never attended school at all.

Neema's family were comparatively conspicuously affluent. Their house had plastered walls with large, brightly coloured screened windows and a metal roof — unlike the mud walls and stick thatched roofs of most other homes in Pookí Wueji. Nenkai's house was *maendeleo* (development) materially manifested (see Kamat 2008a: 372).³⁹ Her family eventually got a flatscreen television powered by

³⁷ All translations (and any errors) are my own unless otherwise noted.

³⁸ Nenkai was particularly focused on the idea that genital cutting has been a key site of HIV transmission for both Maasai girls and boys, saying, '*Kwa zamani walikuwa wakitumia kitu chenye ncha kali kwa watu wengi, hiyo hiyo moja. Kwa sasa walikuwa hawaja kugundua kuna maambukizi ya ugonjwa huu*' [In the past they were using a thing with a sharp point for many people, the same one. They had not yet come to discover there is this disease (HIV) infection.]

Ernestina Coast has noted that in Tanzania a common misconception among NGOs working with Maasai people is that female genital cutting is a major source of HIV transmission, but this is unlikely because most girls are cut individually (2002: 2, 13). In contrast, Maasai boys are usually cut in groups. So, Nenkai was repeating an established narrative in Tanzania, even though its accuracy is questionable.

³⁹ Between the 1970s and 1990s, Maasai 'igloo style' houses were replaced with thatched homes in the styles of neighbouring communities, influenced in part by governmental development programmes (see Hodgson 2004 [2001]: 172-173).

solar energy — which dominated one wall of the living room next to a large sofa.⁴⁰ They also had an outhouse in a community where open defecation was the norm. The family's eldest daughter lived in coastal, cosmopolitan Dar es Salaam and Neema did not plan to remain in a backwater like Pookí Wueji for long, like many teenagers itching to leave home.

On the day I first met Neema, Kimani translated as she spoke with her neighbours in Maa. She knew conversational English and was fluent in Kiswahili, but they were not. After about an hour, while discussing my research Neema mentioned her opposition to female genital cutting.

Kimani translated her comment at the time as, 'women now they have come to realise that to circumcise girls is not good. Because in school they taught us that for these girls there's no appetite for sex. There's a lot of blood when she gets a baby and she has maybe sometimes small mental problems'.⁴¹ But I later learned from the audio recording that she had actually said something quite different.

Looking at Kimani, she said, '*Telejaki maiyopo sídái*' [Lie so that we cover it well.] Further instructing him, '*Tiaak: entayiolóito apa intái ajó eeta madhara sapuki*' [Tell them: you should already know it has substantial harms.] Adding, '*Iyioló, taata nji intóyiè niinepú eidíp eisoma... Te nelo secondary, naa taata nji nanu, aashomoki aaelimisha ajó ena madhara eeta circumcision te ntítò*' [You

⁴⁰ Ways of organising domestic space in Tanzania, such as large sofas for guests, 'display a new urban-influenced civility' that connotes a middle-class lifestyle (Green 2014: 178).

⁴¹ Throughout the thesis, Kimani's English speech has been lightly edited for grammar and clarity. English is his third language and minor grammatical errors should not distract from his intended meaning.

know, now girls you meet have already studied... If she goes to secondary (school), for example me, I've been taught this harm circumcision has for a girl.]⁴²

Kimani complied with Neema's instruction to 'lie' and in his translation riffed examples of harms often repeated in Tanzanian media (e.g., Macha 2014; Mushi 2014a; Mwita 2013).⁴³ Minutes later, I was left reeling when Neema announced in English that her mother hoped to have her cut — a claim she has maintained over all these years, even after Nenkai's untimely death.

When Neema informed me of this intention, I suggested that there were several NGOs in Moshi town she could go to for assistance. We had broken off from the larger group together with Neema's cousin and two friends. Kimani chimed in cheerfully, '*mtapata msaada mkubwa sana!*' [You'll all get major assistance!]⁴⁴ He had unexpectedly, abruptly invited all four teenagers to Moshi town to seek protection from FGM as though it were a holiday road trip.

Neema's friend hesitated, '*tiaaki ni lini*' [Ask her when.]

'*Jumatatu!*' [Monday!], Kimani said.

Neema then switched into Maa, '*Emoki! Mikiyéú! Mijokí toí atoliko intái ajó jumatatu irík iyióók*' [A lie! We don't want (to go)! Don't say to them I told you all that on Monday you'll take us.] She glanced at me, 'I don't have *nauli* (bus

⁴² The Maa verb *-isom* is from the Kiswahili verb *-soma*, meaning to read, study or learn. The Kiswahili verb *-elimisha*, meaning to teach or inform, is conjugated in this sentence using Maa grammar rules.

⁴³ Kimani had similarly improvised earlier that week, when I met up with her mother and a group of other women. He claimed that Nenkai had said, 'There are some effects. It destroys sexual feeling'. But she had actually said, '*Ina madhara. Kitoduaá ajó eeta madhara, kákè epuonu apalaa*' [It has harms. We saw that it has harms, but they will come to abandon it.] Nenkai never specifically told me female genital cutting reduces sexual feeling, but she did steadfastly voice her opposition to such procedures.

⁴⁴ *Msaada* also means aid, such as from NGO development projects, and implies material assistance like money or educational access (see Green 2000: 79).

fare)’. I cluelessly offered her five thousand Tanzanian shillings, more than enough to get a bus to and from Moshi town.⁴⁵

Her friend giggled, ‘*Atua*’ [I’m dead (from laughter).]

Neema remarked in a raised pitch, ‘*Eikooro! Kejó toí anaa kipuo?!*’ [She’s arrogant! Why does she think we’ll go?!]⁴⁶

Kimani ended the exchange in a mock threatening tone whose meaning I was oblivious to at the time, ‘*Ayaki toí jumatatu!*’ [I’ll carry you there Monday!]⁴⁷

He did not follow through on this joking threat. And regardless of whether Nenkai or Neema felt particular opposition to female genital cutting, they clearly thought it was necessary to tell me that they did. A few years after this incident, I asked Neema why people in Pookí Wueji occasionally instructed Kimani to lie or otherwise felt uncomfortable speaking frankly. Some people feared I was working for the Tanzanian police, she replied.

Sally Falk Moore was asked if she was from the CIA while researching Chagga law on Mount Kilimanjaro during the late nineteen-sixties (2009: 163). And one long-running rumour I heard in Moshi town alleged that the American government infected condoms with HIV to kill Africans (see also Setel 1999: 240). But in Pookí Wueji, the rumour was that the *Tanzanian* government infected condoms to kill *Maasai* people. And so, some suspected I was an

⁴⁵ In 2014, five thousand Tanzanian shillings was approximately £1.95. The fare for a *daladala* bus from within reasonable walking distance of Pookí Wueji to Moshi town cost one thousand shillings — plus two thousand shillings for the bus back. I figured that the additional cash could buy water and/or top-up her phone.

⁴⁶ I have not found *-ikooro* in Frans Mol’s 1996 dictionary. Kimani described the meaning of *-ikooro* as similar to the Kiswahili verb *-jidai*, meaning to boast, but in this case with connotations of *dharau*, contempt.

⁴⁷ While speaking primarily in Maa, their pronunciation of *jumatatu*, as ‘mararu’, was unrecognisable to how they pronounced it when speaking in Kiswahili.

informant for the Tanzanian government, rather than the CIA. And they gave ‘government friendly’ answers.⁴⁸

Stop the Contamination

The University of Dar es Salaam sponsored Sally Falk Moore’s research, but anthropology was abhorred there as the ‘handmaiden of colonialism’ and it was her law degree that was respected.⁴⁹ Anthropology emerged as a discipline during a time period marked by imperialism between the mid-nineteenth and twentieth centuries, accompanied by increased nationalism and state power in certain North Atlantic countries.⁵⁰ Mistrust of anthropology persists in Africa partly due to this historical legacy.⁵¹

Elucidating the lives of Others for those in the Global North was sociocultural anthropology’s *raison d’être*, filling the ‘Savage slot’ during the institutionalisation of the social sciences (Trouillot 2003: 18-19, 28).⁵² And as noted by Aline Rabelo, the Tanzanian government is now arguably waging a form

⁴⁸ Janice Boddy was asked to become an agent of the state in Toronto by a university ethics review board. Part of her proposed research examined if Sudanese women’s relationship to Canadian society was overdetermined by the issue of FGM. It was. Since excision is illegal in Canada, Boddy would have been obligated to report her research participants to the authorities if she suspected a child might be at risk of FGM, where risk included having a circumcised older sister (2007: 54-55).

⁴⁹ Similarly, a professor at Kilimanjaro Christian Medical University College suggested I would be more useful in Tanzania using my undergraduate degree in psychology instead of pursuing anthropology.

⁵⁰ Africanists within British anthropology during the early twentieth century formed unlikely alliances between colonial policy makers and philanthropists, with colonial officials using social evolutionist theories to rationalise their managerial policies even as individual anthropologists attempted to subvert colonial aims (Kuklick 1993 [1991]: 182-190).

⁵¹ Ntarangwi, Babiker, and Mills 2006: 11, 23-24

⁵² Following Michel-Rolph Trouillot, ‘Savage’ is capitalised because it refers to an abstract category, not historical peoples or individuals (2003: 141).

of ‘internal colonialism’ against Maa-speaking populations (Rabelo 2021). Some interlocutors therefore considered it dangerous to reveal the ‘wrong’ kind of information to me — an *mzungu* anthropologist perceived to be in league with the *ilmeek* (‘Swahili’).⁵³

Certain interlocutors, particularly those fluent in Kiswahili and exposed to national campaigns against FGM, enacted and enforced silences around female genital cutting and initiation more broadly. In one instance — Kimani, Leuru and I were sitting on plastic chairs in the drizzling rain, downing sodas while *dansi* music blared from a nearby bar.⁵⁴ Two other hair braider friends from the market in Moshi town joined us. Neither spoke Kiswahili well.

One friend began explaining in Maa a strategy he had heard people use to avoid police disturbance when celebrating *emuratare*. But Kimani quickly cut him off, laughing, ‘*Ijoito kaja?!*’ [What are you saying?!] Leuru interjected, ‘*Ele lee enyal*’ [This man contaminates it.] Kimani, by this point in uproariously laughter at their friend’s gaffe, exclaimed, ‘*Kainyoo peé enyal?!*’ [Why does he contaminate it?!]⁵⁵

The body can be seen as a symbol of society, where threatened social boundaries are represented and reproduced in bodily ones (Douglas 2002 [1966]: 142). Genital cutting as part of *emuratare* inscribes ethnic identity and full community membership. It is therefore unsurprising that threats to this physical

⁵³ Maa-speakers referred to the primarily Kiswahili-speaking residents of Tanzania as *Waswahili* (Swahili people). However, in some other contexts the term *Waswahili* is used specifically for populations along the coast. And the word Swahili comes from the Arabic *sawahil*, meaning ‘coasts’ (Askew 1999: 70-74).

⁵⁴ Although not necessarily teetotallers, young Maasai men who had migrated to Moshi town for work generally avoided drinking alcohol while in town, which was known as *oséròk*, ‘the bush’ — a nickname that emphasised the wild, ‘uncivilised’ and potentially dangerous aspects of urban living (see May 2002: 274-282; Pratt 2002: 289-295).

⁵⁵ The second friend just stared at the table and whispered, ‘*Etolikio esipata*’ [He told the truth].

enactment of social structure would be experienced as a dangerous contamination. My presence risked pollution.

Kimani had an interesting, but seemingly not unusual, solution to this problem. Give her what she wants, or more accurately, what he assumed I hoped to hear — that Maasai people needed (and wanted) to stop the ‘savage’ mutilation of girls.

The Ways People Wish to be Known

The first time I visited Pooki Wueji, I asked a small group of gathered women, including Kimani’s grandmother and aunt, if they had experienced any problems from genital cutting. Kimani tweaked the question when translating it into Maa, introducing the suggested example of ‘*tatizo epuko osárgé naleng*’ [the trouble of abundant blood loss]. But the women did not comply.

His aunt Tiinoi said, ‘*Tiaaki eitú*’ [Tell her no.] Kimani looked at me, ‘She says, yes. There are problems with lots of blood’. I nodded at Tiinoi sympathetically.⁵⁶ She reiterated, ‘*Tiaaki eitú kata kitum*’ [Tell her we never get that.]

‘*Aidipa. Atoliki*’ [I finished. I told her.]

A minute later, thinking Tiinoi had said blood loss was an issue, I asked if it was also a problem in the past. A neighbour behind Tiinoi let out an emphatic, ‘*A’a!*’ [No!]

⁵⁶ As a side note, since Maasai people do not generally nod their head to indicate agreement or acceptance, my tendency to do so was seen as extremely odd.

Kimani's grandmother replied, '*Meruko apa. Meeta shida*' [It (blood) didn't flow. They don't have problems.] Tiinoi raised her voice, '*Meeta shida!*' [They don't have problems.]⁵⁷

But Kimani translated their objections as, 'In the past there were no problems. It's only now'. The idea of dangerous blood loss was something Kimani repeatedly inserted into conversations and mentioned in mistranslations throughout my time living in Tanzania⁵⁸ — to the point where I left the field under the incorrect impression that it was a key point of focus for many interlocutors.⁵⁹

Just Kidding

To my great displeasure, Kimani would occasionally direct jokes at women about the governmental, parastatal or spiritual repercussions they would face for performing or undergoing genital cutting. During my fieldwork, I attributed these mock threats to Kimani's passionate zeal for ending FGM, which he took every opportunity to remind me of. But in retrospect that assessment was quite

⁵⁷ Although it was not their intention, I only understood the women saying *shida* (problems) and so did not question Kimani's translation. Moreover, this (mis)translation fit into my own preconceptions. I was concerned that as a man, Kimani might downplay women's criticisms of genital cutting and this fear blinded me to the fact that the reverse was happening.

⁵⁸ Women and men did occasionally discuss complications from both female and male genital cutting. That people sometimes bleed heavily was mentioned. And Kimani himself told me that he experienced excessive blood loss after being cut, but this was generally presented as a manageable problem. For example, Kimani's mother said at one point, '*Neatá madhara enkolóng kimurata amu, ee. Neji etumurata entungani enkâi tito newo*' [It has harms on the day we are cut because, yes. It is said someone is circumcised and the other girl bleeds.] Kimani, however, tacked on the word *ometua* (until she is dead) at the end of his mother's sentence when first transcribing it, completely changing its meaning. Although rare, people can die from blood loss after genital cutting. But that was not the point Kimani's mother was making.

⁵⁹ And he initially attempted to maintain this impression when we began transcribing the Maa speech.

incorrect. These women were not the target of his jokes; I had not realised he was being facetious.

Kimani laughed at his aunt Tiinoi, a circumciser, as he told her friends, '*Iyioló, taa toí ena eyiéú neibungám, enkerai! Usho aji! Pae kipiki aji mara moja*'. [You know, this one so wants to be caught, gosh! Dear me, jail! You will certainly be put in jail immediately.]

And when invited to his uncle's village, he called the women there sinners for supporting girls' *emuratare*. Pretending to lecture, '*Ushirika le ijo loo Piga Vita Ukeketaji nepuo aajokí entapal emuratare amu etorrano. Engoki toí! Esipá, engoki. Nanu duoo aaliki intái*' [A cooperative like Piga Vita Ukeketaji will tell us to stop *emuratare* because it's bad/evil. A sin indeed! It's true, a sin. Because I say so.]

Upon hearing this, one woman burst out laughing but another seemed annoyed, '*Metáa irukó aitobirá ajó engoki?*' [Do you believe I committed a sin?]

'*Ee pae! Engoki!*' [Yes, of course! A sin!]

'*Kainyoo toí peé mmè engoki ninye te intái?*' [Why exactly isn't it a sin for you?]

A third woman teased, '*Miyiéú niton mimurata?*' [You don't want to remain uncut?] To which Kimani boasted, '*Páa maa náà toí nanu olmúrráni!*' [Look here, I am indeed a warrior!] Realising that he had not been serious, the women all erupted in laughter.

The law against FGM has been applied sporadically and inconsistently in Tanzania, with marginalised populations disproportionately affected by punitive interventions. Moreover, although the law has been in place since 1998, its application has expanded over the decades due to a carceral turn within the global anti-FGM movement. Not only those accused of performing FGM have been arrested in Tanzania, but also those who have been cut (IPP Media 2019). Enacting

silences around *emuratare* was a protective strategy grounded in fear, but the campaigns were also mocked.

The idea of resistance — when overused — overinscribes the state as the arbiter of what matters, while acts of refusal reject incorporation into hegemonic narratives of acceptability (Simpson 2014: 1, 6, 105). Kimani's jokes can be read as refusals, intended to berate the anti-FGM industrial complex and state, not Maasai women. The jokes hinged on the ways in which interventions to end FGM threatened to bring women under new forms of governmental and religious authority, rather than help them.⁶⁰ But the meaning of these jokes remained unclear to me during my fieldwork, like so many other things voiced by interlocutors.

More than six years after we first met, Kimani told me that he never really opposed female genital cutting. *Emuratare* is an important part of Maasai life, he said, and whether or not a teenage girl undergoes the rite and/or cutting should be her personal choice. He hated people who were trying to end it without asking girls and women what they wanted. I was flabbergasted. Why had he not just told me that earlier?⁶¹

Female genital cutting is criminalised in Tanzania and there are limits to friendships, particularly ones with power imbalances. I do not begrudge Kimani for the (mis)translations and (mis)representations he thought were necessary, but it did take me a long time to understand his reasoning.

⁶⁰ see also The Public Policy Advisory Network on Female Genital Surgeries in Africa 2012: 23

⁶¹ Anthropology as a discipline should be able to tolerate both approaches that are critical of and committed to contemporary human rights regimes (Goodale 2006a: 5; 2006b). But these academic debates were inaccessible to Kimani. His appeal to bodily autonomy and consent was nonetheless drawn from the language of international human rights. And yet, intergovernmental organisations such as the United Nations have dismissed these elements as irrelevant to FGM, for which there is zero tolerance.

Silence, Refusal and Public Opinion

I was a stranger in Pookí Wueji, but most people were overtly friendly and unfailingly hospitable. This congeniality, however, was in part a kind of labour — a form of face work done to please a guest (see Goffman 1967: 12-13). Kimani and I have kept in regular contact.⁶² And over the years he slowly revealed new pieces of information. For instance, he never had a neighbour who bled to death in childbirth.

It would be impossible to conduct fieldwork if anthropologists voiced dismay at every practice they disagreed with (Brown 2008: 367). And throughout my time in the field, I strove to frame my questions and comments in a non-judgmental manner unless specifically asked my opinion. Methodological relativism does not prevent politically committed, ethically engaged ethnography — nor does it necessitate cultural relativism read as moral relativism (see Scheper-Hughes 1995: 410, 415). Aiming to better understand practices, such as female and male genital cutting, is not equivalent to condoning those practices (Boddy 1991: 16; Lewin 1977: 23; Parker 1995: 512).⁶³ But this methodological relativism was insufficient. As an *mzungu*, interlocutors implicitly connected me to international anti-FGM efforts.⁶⁴

⁶² We have talked through his entrance into elderhood, his failed and successful marriage negotiations, the birth of his child, his brother's arrest and the loss of his father. Rob and I accompanied Kimani's father, Koitiamo, to the hospital when he was diagnosed with cancer. Kimani and I argued over the merits of biomedicine and Christian faith healers. I eventually convinced Kimani to seek hospital-based treatment for his father, but it did not help. The cancer was terminal.

⁶³ Clifford Geertz argued, 'I think clitoridectomy is a horrible business... If you're serious about addressing this, you ask people there about the practice and you listen to them. You listen to women from there who justify the practice' (Berreby 1995).

⁶⁴ Interlocutors simply did not believe that my motives on this matter could not be trusted.

In a (failed) bid to avoid this connection, I did not conduct participant observation at any NGOs while living in Tanzania — but did interview employees. And I waited until returning to London before volunteering online for three shelters assisting girls fleeing genital cutting from March 2017 to May 2018.⁶⁵ Despite these precautions, Kimani disclosed that he worried for years I might be an informant for a Tanzanian NGO, such as Piga Vita Ukeketaji.

A few weeks after divulging to me his support for girls' *emuratare*, Kimani posted publicly online in English a plea for Maasai people to join the fight against FGM. You never know who might be watching, he explained. And any opinion said in public other than unambiguous, passionate opposition was dangerous.⁶⁶

On Dialogue, Translation and Text

These (mis)translations, (mis)representations and ambiguities are why quoted speech is central to the thesis text, but even dialogue is not without problems. Dialogue can create texts of polyvocal negotiated realities, unlike the authoritative ethnographic realism popular prior to the nineteen-eighties.⁶⁷ However, anthropologists carefully curate their interlocutors' speech through their role as

⁶⁵ I have given these shelters the combined pseudonym of Wokovu, meaning rescue or salvation in Kiswahili. I assisted with social media, website design, grant writing and Kiswahili to English translations. These shelters were located outside of the Kilimanjaro region and did not primarily work with Maasai people.

⁶⁶ I have also kept in contact with Neema, although more intermittently than with Kimani. Despite being from a more affluent family, her personal internet use has been comparatively limited — which was not uncommon in Tanzania. Kimani frequented internet cafes while Neema did not. She was, however, able to eventually get a smartphone. Neema has been my tutor in Maa and consistently maintained her opposition to female genital cutting (to me at least).

⁶⁷ Well before the *Writing Culture* debates of the 1980s, women anthropologists were crossing the boundary between anthropology and literature — but these experiments in writing tended to be dismissed within the discipline as 'confessional' or 'popular' (Behar 1995: 4).

translator, moderator and author. There is therefore a risk of writing a monologue employing interlocutors' voices (Marcus and Cushman 1982: 44). Texts are imperfect representations and I do not speak for my interlocutors.

Despite these caveats, direct quotations are a necessary form of evidence in this thesis precisely because translation has been part of my research experience, methodology and ethnography. Quoted text in the original spoken language gestures to its authenticity and establishes the text's authority, but does not automatically add value for the reader (Ghodsee 2016: 64-66).⁶⁸ These quotations are useful in part because they tell a multi-layered story. Whether the speech was in English, Kiswahili or Maa — and whether it was initially intentionally (mis)translated — are all part of the social context in which it was generated.

Conclusion

The methodological issues raised in this chapter speak to the value of long-term ethnographic fieldwork. The significance of these issues and their broader context could not have been discerned through one-off interviews or surveys. And particularly when dealing with criminalised practices, building trust can take time — in some cases years.

Key interlocutors often act as gatekeepers and selecting them carefully is important. Although misunderstandings occurred while working with Kimani, these points were also productive and led to insights that I otherwise might have

⁶⁸ And yes, quotes presented in Maa and Kiswahili are unintelligible to most readers and visually cumbersome alongside English translations in brackets.

missed.⁶⁹ The next chapter begins the work of examining why so many Maasai people feel so marginalised in Tanzanian society today — and explores the historical context that explains why initiations involving genital cutting have ended in Chagga but not Maasai communities.

⁶⁹ In some ways, using a non-governmental organisation as my point of entry might have been easier, but as I learned, this would have only furthered Maasai interlocutors' distrust of me.

Chapter Two

Halafu Nikaingia kwenye Serikali: And Then I Joined the Government

Ruthu was born in Marangu on the slopes of Mount Kilimanjaro in 1934. And as the nineteen-forties ended, she trekked northeast to the former kingdom of Rombo with a group of other teenagers to undergo in secret an initiation involving genital cutting. Christian missionaries in Marangu opposed such acts, she explained to me, and the girls made the long journey on foot in defiance of the church. This act of rebellion was not exceptional in mid-twentieth century British East Africa.¹ But according to Ruthu's recollection, by the mid-fifties girls in her neighborhood had abandoned the practice.

She attributed the abandonment of these initiations to the church's influence, and herself came to oppose such acts. Indeed, the Chagga historian Anza Lema notes that most Lutheran missionaries on Kilimanjaro belittled local religious practices, which permeated initiations and other rites, as 'barbaric' and

¹ The historian Lynn Thomas, for instance, recounts cases of adolescent Kenyan girls circumcising each other in opposition to the colonial government (2000: 129; see also Kanogo 2005: 75-78). Thomas notes, 'Whereas the international controversy has largely cast girls and women as victims, examination of adolescent girls' efforts to excise each other situates girls and women as central actors' (2000: 131).

‘savage’ (1999: 50-55).² Ruthu explained in religious overtones, ‘*Tulikuwa kwenye giza. Sasa kuna mwanga*’ [We were in darkness. Now there is light.]³ Her family did not have sufficient funds to continue with her formal education so she dropped out, marrying her secondary school teacher.

We sat in a classroom where her husband had long ago worked and she recalled, ‘*Ninapata mafundisho hapa. Naambiwa kuingia tohara ni mbaya. Ndiyo, akili inafunguka... ilikuwa katika mafundisho ya kidini halafu nikaingia kwenye serikali*’ [I obtain teaching here. I’m told taking part in circumcision is bad. Yes, the mind is opened... It was from religious instruction and then I joined the government.]⁴ Ruthu’s experience was part of a much larger trend on the mountain — initiations that had been rejected by Christian converts further lost relevance as various cultures merged, leading the mountain’s inhabitants to embrace a new ethnic identity called ‘Chagga’ as well as their role as Tanzanian citizens.

In this chapter, I argue that female and male initiations involving genital cutting were disavowed on Mount Kilimanjaro largely because the socio-political and religious structures in which they were embedded effectively ended, although

² Ruthu’s experience existed within a wider historical past of colonial missionary rhetoric, which drew on social evolutionary theories to denigrate African religions in favour of Christianity. The Scottish missionary James Stewart opined, for example, ‘Yet repulsive and unpromising as African paganism looks, it is an excellent field for missionary work... Its utter darkness makes it glad of light’ (1903: 45). The religio-cultural aspects of initiation ceremonies in particular were presented as indecent, obscene and barbaric (see Leakey 1931: 279; Thomas 2002: 95; Welbourn 1961: 136).

³ I was initially surprised by how present this rhetoric remains in Tanzania today. And Kimani as an evangelical Christian at times repeated the idea that local religious rites were mired in ‘darkness’. On one occasion, he (mis)translated a male neighbour as saying of girls’ *emuratare*, ‘We’re following the way of darkness. We don’t know where it’s from but must follow it’. While the man had actually said, ‘*Tiaaki, órè kimila apa oo lmaasai. Amu óre peê nikipuk apa emuratie iltunganak. Emurata loo lakuyia lang — iloopapa ebáiki inooyieyio ebáiki inoókokoó*’ [Tell her, it’s long been a Maasai tradition. Because when we grew up people were circumcised. Our grandfathers were circumcised — from our fathers to our mothers to our grandmothers.]

⁴ Ruthu here used the Kiswahili word *tohara* (circumcision) to mean clitoridectomy. In northern Tanzania, *tohara* (which also means ritual purity) was commonly used for both female and male genital alterations. And even those opposed to such procedures often still call them that, much to local activists’ chagrin.

unevenly and over several decades. Such practices were irrelevant, if not antithetical, to emerging Chagga ethnonationalism. Conversely, initiations in Maasai communities on the plains below have persisted due to the ongoing (but arguably waning) relevance of the socio-political and religious structures in which they are immersed. Acephalus Maasai governance continues to run parallel to the Tanzanian nation-state (see also Kituyi 1990: 114-115). And unequivocally embracing the Government's authority would require a rejection of the 'tribalism' that initiations imply.

Ukabila: Ethnicity and Tribalism

Ukabila can mean either ethnicity or tribalism and eliminating *ukabila*, read as ethnic divisiveness, was a key goal of Nyerere's African socialism that remains relevant in Tanzania today (see Askew 2006: 16).⁵ Political organising along ethnic, religious or racial lines was and is prohibited (Young 2002: 41-42).⁶ And tribalism continues to be one of the worst accusations a politician could face.

Developmentalist ideology called for national unity after independence. And as explained by Thandika Mkandawire, this fervour for solidarity in various newly independent African countries 'was motivated by a genuine desire to rapidly

⁵ As described by Fatma Alloo from the Tanzania Media Women's Association, 'The whole issue of national unity is important. Tanzania has been a relatively peaceful country. Why? It did not happen by accident, it had to do with Mwalimu's [Nyerere's] policies... We could have had a civil war, like Lebanon, or a tribal-oriented conflict, like Kenya or Libya. Mwalimu really understood this from the very beginning. I remember when we started TAMWA, when the women came together, we had no idea who belonged to what tribe. He was that successful' (Khalil 2021).

⁶ Crawford Young found these efforts against 'tribalism' were so successful that when he asked a variety of Tanzanians which ethnic group then President Benjamin Mkapa belonged to, they did not know. But they did know which region he grew up in (2002: 35).

knead together disparate ethnic groups and nationalities into modern states. However, all too often the quest for unity was conflated with a quest for uniformity' (1997: 18, 21). These concerns over 'tribal' affiliations existed in relation and response to colonial constructions.

Tribes undergirded Europeans' racialised conceptualisations of Africa and indirect rule was premised on their existence as discordant, homogenous entities overseen by 'chiefs' (Spear 2003: 16). Early European travellers to the continent spoke mainly of peoples, kingdoms and sultanates but popular images of tribes emerged with 'the development of fairly clear-cut racist stereotypes' (Cohen and Middleton 1970: 2).⁷ This concept of tribal membership was used to organise African subjects into local authorities and appeared on most official documents — including court, police, labour and tax records. Nonetheless, European colonisers in day-to-day dealings tended to lump all Black Africans together, with race trumping ethnicity (Beidelman 2012: 9-10, 30). Colonialism was an inherently racist enterprise.⁸

⁷ This transition in terminology was not specific to Africa. In North America, Elizabeth Colson explains that, 'In the 17th century when English-speaking explorers and settlers dealt with Native Americans as politically independent societies, they commonly referred to them as nations, placing them thus on a par with European nations... As it became possible to ignore and inexpedient to recognize the full sovereignty of native American rivals with whom the English settlements competed for land and political dominion, "nation" gave way to "tribe" which carried implications of lesser political status' (1986: 6). The term tribe was then commonly used during the nineteenth century as populations became incorporated into colonial empires.

⁸ See Elkins 2022: 11-24

Colonial Constructions

British administrators introduced indirect rule to Tanganyika in 1925, after having been granted a mandate to govern the territory by the League of Nations.⁹ Indirect rule was adopted as an expedient and inexpensive method of administration, but never uniformly implemented across the colonial territory (Chidzero 1961: 15; Paget 2018: 700). Local headmen were at times designated based on geography, road access and fluency in Kiswahili as much as tradition. This was because economic exploitation was the basic, although usually unspoken, motivation for colonialism (Beidelman 2012: 6, 15, 67; Pels 2011: 792).¹⁰ The parameters of appointed chiefs' roles were not even always clear.¹¹

Britain's trusteeship over Tanganyika was extended under the United Nations in 1947 with the explicit understanding that the territory would be prepared for eventual independence (Iliffe 1979: 246, 430). But the colonial government used tribalism as an excuse to delay self-governance, leading Nyerere to remark in 1960,

⁹ The British government initially pursued a policy of outright annexation in German East Africa during the First World War, but the United States' entry into the war complicated the situation — as did the Russian revolution. Both Lenin and President Woodrow Wilson objected to the annexation as imperialistic. Britain then reframed their territorial interests as driven by humanitarian ideals (Louis 1967: 6, 77). Former German colonies became 'mandated territories' lightly supervised by the League of Nations. Tanganyika nonetheless continued to be a colony for most intents and purposes (Beidelman 2012: 61). An international League Against Imperialism formed in 1927 to protest this mandate system, and included Albert Einstein as a patron, but was dismissed by the colonial powers as a 'communist front' (Prashad 2007: 19-29).

¹⁰ The British administrator Charles Dundas remarked, 'In tribal areas in which there were no conspicuous leaders, almost any man who brought himself to notice or made himself useful might become a chief' (1955: 133). And it was only men — female power holders were generally neglected (Pels 2011: 792).

¹¹ See Graham 1993: 29. Dundas further commented in his memoir, 'Bogus or genuine, the native authorities we recognised were expected to carry out our behests and be our general agents. But we had not put them in a position to maintain their authority nor equipped them to cope with new conditions resulting from our intrusion in their communities' (1955: 134).

When we have asked for our right to govern ourselves it has been the imperialist who has told us that we are not ready because we still have tribal, religious, communal, and other differences. At the same time it has been the imperialist who has encouraged these divisions in order to continue to rule a weak and divided people (1974 [1966]: 92).¹²

By treating each tribe like its own nation, indirect rule acted to inhibit social cohesion at the state level.¹³ It fostered local, small-scale identities — but supported Kiswahili as a lingua franca useful for a highly mobile labour force (Beidelman 1982: 113; 2012: xx).¹⁴

Edward Twining, who governed Tanganyika from 1949 to 1958, actively promoted tribal patriotism in an attempt to thwart independence efforts (Geiger 1997: 107).¹⁵ And one confidential governmental memorandum from 1956 urged district commissioners to develop village councils that channelled nationalism into tribalism, with emerging Chagga ethnonationalism cited as an example to be encouraged (Pratt 1976: 36). It is unsurprising then that Nyerere and subsequent leaders viewed *ukabila* as antithetical to national unity.

¹² In 1954, the report of the UN's visiting mission to Tanganyika had recommended the need for a clear timetable to independence, suggesting it could be achieved in twenty or twenty-five years. The British rejected this recommendation. In response, Nyerere as president of the newly formed TANU travelled to New York to speak before the UN's Trusteeship Council; it was the first time an African was allowed to do so. There he addressed the idea that tribalism made independence infeasible, saying, 'Tanganyika is tribal, and we realize that we need to break up this tribal consciousness among the people and to build up a national consciousness. That is one of our main objectives towards self-government' (Nyerere 1974 [1966]: 38-39).

¹³ Even the larger agglomerated ethnicities, such as the Sukuma, constituted relatively small percentages of the population in Tanganyika. These groups did not match the political scale and size of kingdoms like the Zulu, Ashanti or Buganda found elsewhere on the continent (Paget 2018: 699).

¹⁴ This promotion of Kiswahili additionally acted to create a social barrier between Tanganyikans and their colonisers. Beidelman notes, 'even when English was taught, nowhere in Africa did the British encourage a commitment to a European language in the way that the French or Portuguese had done' (1982: 113).

¹⁵ Dundas remarked that 'the essence of Indirect Rule was tribalism, and as such it was everything else but a preparation for democracy, the very basis of which is national unity' (1955: 135).

And anthropologists participated in these colonial constructs, with for example, Philip Hugh Gulliver arguing that tribes were the ‘natural’ unit of study for those working in Africa (1965: 65).¹⁶ Carola Lentz notes that earlier ethnographers often relied on units like ‘the Nuer’ or ‘the Tallensi’ in ways that implied homogeneity, even if they ‘paid lip-service in their introductions’ to delimiting such categories (1995: 315-316). But the discipline also led the vanguard within academia to rectify these simplifications. As Aidan Southall remarked, ‘to hammer home the importance of interlocking, overlapping, multiple and alternative collective identities is one of the most important messages of social and cultural anthropology’ (1970: 44). Eventually, the term ethnicity replaced tribe in studies of Africa, but the relationship between these labels remains somewhat nebulous.¹⁷

Fluid Identities Solidified

Colonial names for tribes often began as little more than vague or disparaging descriptors used by outsiders, but became ‘real’ through the active participation of African actors (see Lentz 1995: 317).¹⁸ As John Iliffe quipped, ‘The British wrongly believed that Tanganyikans belonged to tribes, Tanganyikans created

¹⁶ Ronald Cohen and John Middleton softened this point by asserting that ‘anthropologists have always been aware that their methodological isolation of the tribal or ethnic group is in large degree an abstraction’ (1970: 4-5; see also Moore 1994: 92). And researchers had to navigate within the restrictions of colonial administrators, who acted as gatekeepers to the ‘field’ — sometimes blocking access (Pels 2011: 795, 800). But as pointed out by Archie Mafeje, the whiteness of most anthropologists also afforded them advantages and privileges within the racist colonial system (1997: 4).

¹⁷ see Ekeh 1990: 661

¹⁸ For example, Southall describes that, ‘Exploring the East African interior in the 1850s, Richard F. Burton found three great “tribes” called Sukuma, Nyamwezi and Takama, unaware that his interpreters were giving him terms for “those to the North, West and South” of wherever they happened to be’ (1985: 7). Because of this miscommunication, the Sukuma and Nyamwezi are today in Tanzania two of the most populous ethnicities.

tribes to function within the colonial framework' (1979: 318). The rigid notion of discrete, autonomous tribes thus formed through colonialism and its administrators feared 'detrribalisation'.¹⁹

But populations may be connected or differentiated across cultural, social, political or economic lines. As pointed out by Meyer Fortes and E. E. Evans-Pritchard, different political systems can exist within peoples who share the same languages or cultural practices (1978 [1940]: 3, 23). Thomas Spear notes that 'Maasai herders, Kikuyu farmers and Okiek hunter-gatherers spoke the same languages, intermarried with one another and initiated their children into common age-sets' (2003: 25).²⁰ Furthermore, the idea that Maasai populations were purely pastoral arose more from Europeans' social evolutionary theories, which placed agriculture on a hierarchical rung above pastoralism, than peoples' lived experiences (Berntsen 1980: 8; Spear 1997: 48). Cultural affiliations were historically fluid, with for instance people gaining or losing aspects of their Maasai identity based on cattle ownership.²¹

Colonial administrators employed their own criteria to organise Maa speaking populations into different tribes. Maa pastoralists who shared the same age-sets and Iloonkidongi prophets were labelled Maasai, while those who used different prophets, age-sets and family clan names — such as the Samburu and Parakuyo — were viewed as separate peoples (Berntsen 1979:

¹⁹ The detrribalisation of Native Americans was in contrast actively promoted in the United States by the late nineteenth century, but with a similar aim of freeing supposedly 'surplus' land for white settlement and development. Using rhetoric later repeated in post-colonial Tanzania, formal education was seen as a method of severing native children from their allegedly 'backward' tribal traditions, which were presented as incompatible with American citizenship (Rifkin 2011: 149-151).

²⁰ To clarify, people spoke multiple languages.

²¹ Spear 1993: 13

143n1).²² Meanwhile, Maa farmers became ‘the Arusha’ despite describing themselves and their pastoral ‘Maasai’ neighbours as one blood, *osárgé óbô*, with shared age-set ceremonies (see Hodgson 2004 [2001]: 170-171; Spear 1997: 29-30). Kimani considered all of these populations to be types of Maasai, but they were never homogenous.

And Maa speaking populations held substantial cultural sway during the nineteenth century across what is now northern Tanzania (Fosbrooke 1956). This influence can be seen from the many Maa loanwords that were incorporated into different ‘Chagga’ languages spoken on Mount Kilimanjaro (Ehret 1974: 90-92; Nurse 1979: 331). Maasai women were bulk traders along the Kilimanjaro caravan route, selling and buying supplies from the mountain’s inhabitants (Hodgson 2004 [2001]: 35; Wimmelbücker 2002: 132, 355). And these populations lived interspersed in places such as Arusha Chini (Hodgson 1995: 46; 2004 [2001]: 51). Moreover, hereditary descent historically mattered less in Maasai society than participating in initiation, meaning newcomers were widely accepted.²³

A disastrous rinderpest epidemic toward the end of the nineteenth century also led some Maa pastoralists to assimilate into different communities around the mountain (Moore 1986: 97). But after British officials approved the creation of a new Tanganyikan Maasai reservation in 1922, those who refused to reside in it risked legally losing their tribal affiliation. If any Maa-speakers remained in Arusha Chini, for example, then they could be designated as Chagga and subject

²² As noted by Richard Waller, however, the adoption of these Iloonkidongi prophets was in some cases quite recent, coinciding with the start of colonial administration in the 1880s (Spencer and Waller 2017: 478 n 33). Moreover, use of such prophet-diviners (*iloibónòk*) was not bounded by ethnicity and non-Maa peoples also consulted them widely during the nineteenth century (Anderson 1993: 857).

²³ see Spear and Nurse 1992: 487

to the area's appointed 'chief'. In this way, colonial administrators treated tribal membership as both fixed and flexible (Hodgson 2004 [2001]: 54). And ethnic identities formalised in part because colonial definitions hardened the boundaries between peoples.²⁴

In the following section, I contextualise northern Tanzania during the nineteenth century when socio-political instability combined with rising Maa hegemony fostered a striking influence of Maasai culture over rites of passage on Mount Kilimanjaro. I then consider how and why this influence declined due to sociocultural changes brought by colonialism as people began to enact new ethnic and religious identities.

Wamangi, Missionaries and Colonial Officers

On the eve of colonialism toward the end of the nineteenth century, thirty-seven kingdoms existed across Mount Kilimanjaro, speaking not always mutually intelligible languages and dialects (Moore 1977: 1).²⁵ This proliferation of states was likely in part due to the terrain of the mountainside, which is generally easier

²⁴ see Waller 1993: 242

²⁵ There are several distinct but connected Bantu languages classified as Kichagga (Maho 2009: 41; Nurse 1979: 31-32, 74). Not everyone who spoke a Kichagga language became 'Chagga' and not all people who became 'Chagga' spoke Kichagga. For example, those living near the Tarakea river in Rombo used a Nilotic language closely related to Maa called Kingassa, also known as Ongamo, but became 'Chagga' during colonialism (Ehret 2018 [1980]: 74-75; Stahl 1964: 343). Meanwhile, Kichagga-speaking peoples who lived around the northern Pare Mountains and Mount Meru were labelled 'Pare' and 'Meru' because of their geographic locations (see Kimambo 1969: 20; Puritt 1977: 101-102; Spear 1997: 18-19).

to move up and down rather than across.²⁶ Locals referred to themselves as *wakilima* (mountain folk) and *wandu wa mndeny*, meaning ‘people of the banana groves’ (Wimmelbücker 2002: 51, 70-71).²⁷ Meanwhile, the term Chagga was used by those on the coast to reference the geographic area around Kilimanjaro.

And early European missionary-explorers, such as Johann Ludwig Krapf and Johannes Rebmann, popularised this coastal name (Wimmelbücker 2002: 113). German and British colonial officers followed suit, viewing the mountain’s disparate kingdoms as a single landscape populated by ‘the Chagga’.²⁸ The mountain’s inhabitants, however, primarily described themselves in terms of their patrilineages and different kingdoms. People did not begin to widely self-identify as ‘Chagga’ until the nineteen-forties and fifties with the creation of organisations such as the Kilimanjaro Chagga Citizens Union and the election of a *mangi mkuu* (head king) to unify the mountain’s many former kingdoms (Bender 2013: 199-

²⁶ By 1946 this had dwindled down to fifteen colonial ‘chiefdoms’ as some became absorbed by others. In Rombo to the east and north, these included Keni Mriti Mengwe, Mkuu, Mashati and Usseri. While the more central southern zone of Vunjo contained Kirua Vunjo, Kilema, Marangu, Mamba and Mwika. And the western expanse of Hai consisted of Kibongoto (Siha), Masama, Machame, Kibosho, Uru and Old Moshi (Moore 1986: 18). Meanwhile, Arusha Chini and Kahe — located in the plains below the mountain — were lumped into the Vunjo administrative division (Stahl 1964: 23).

²⁷ Of course, the exact phrase would depend on which mountain language was being spoken. For example, in Kibosho I believe this would instead be *wanjo wa minda* (see Kagaya and Olomi 2006: 10, 33). Wimmelbücker does not specify a language, and in the academic literature words are often just glossed as ‘Chagga’. These banana groves are usually called *vihamba* (sg. *kihamba*) in the literature, but as pointed out by Knut Christian Myhre, that is a legalistic term used for enunciating ownership claims over a garden (2018: 50). These garden plots had/have physical and metaphorical significance. They acted as units political capital and symbolised gendered, generational and patrilineal hierarchies (Setel 1999: 30-32).

²⁸ And so, a rather large geographic space became a people. The contradictions within this conceptual shift are particularly clear in a report of the American field naturalist William Louis Abbott to the Smithsonian. He begins by explaining, ‘Chaga stretches from Useri upon the extreme northeast corner of the mountain to Kibonoto on the southwest corner... It is divided into no less than thirty states, each governed by a more or less independent sultan’. After which Abbott suddenly make the homogenising assertion, ‘As a rule the Wa Chaga are not well made physically... The adults are a bad lot, lying and thievish, particularly the men. They compare badly with their forest-dwelling neighbors the Taveita, who are extraordinarily honest’ (1892: 384, 386-387). Through the scientific racism of ethnological classification, individual and societal differences disappeared in favour of essentialising tribe-based stereotypes.

200, 213-219).²⁹ But these kingdoms were themselves relatively new and only really flourished on the mountain during the tumult of the eighteen hundreds.³⁰

Earlier that century, Kilamia Orombo had united the eastern side of Mount Kilimanjaro, creating an empire in the area now called Rombo.³¹ Using this combined military strength, Orombo extracted tribute from the weaker central populations (Stahl 1964: 347-350). But the empire fragmented after his death around 1837 and became more peripheral to its former vassal states, who by the middle of that century were major nodes in inland trade routes — trading slaves and ivory with the Zanzibari Sultanate for cloth and guns (Stahl 1964: 48, 50, 173; Wimmelbücker 2002: 50). This demand for slaves fuelled decades of catastrophic wars.³²

Caravans primarily financed by Arab and Indian traders travelled between the coast and hinterlands with at times over a thousand members (Beidelman 2012: 42). By the eighteen-sixties, slave-trading had become a centralised operation with people taken from the interior to Kilwa, Zanzibar and Mombasa for sale to local grain, coconut and clove plantations — if not farther afield (Cooper 1997 [1977]:

²⁹ In the literature, *mangi mkuu* is usually translated as ‘paramount chief’ following the British colonial government’s convention, where *mangi* is glossed as chief (e.g., Bender 2013: 199; Moore 1986: 19; Stahl 1964: 68). But it can also be translated as king (Marealle 1963: 67). The concept of chieftainship was used during the Victorian era and beyond to conceptually separate African rulers from European kings and queens. In social evolutionist theories, ‘chiefdoms’ were associated with an allegedly lower status of ‘civilisation’ (Farrar 1992: 259-261, 271). I have therefore avoided the term, unless referring to the colonial administrative position.

³⁰ Based on the oral histories collected by Kathleen Stahl, places such as Kibosho may have consolidated during the eighteenth century, but others did not take shape until much later. For example, the kingdoms of Machame and Mbokomu were founded in the second quarter of the nineteenth century. While Kibongoto and Moshi were not united by a single ruler until the second half of that century (1964: 13, 68, 100, 156, 215, 235, 287).

³¹ Kilamia means conqueror in the Rombo language, which is named after Orombo (see Stahl 1964: 348).

³² see Krapf 1860: 196

122).³³ And as weapons from European wars became obsolete, they flooded into East Africa largely unrestricted. After the Crimean War came muzzle-loader muskets later followed by breech-loader rifles, which made their way to Kilimanjaro in large numbers (Beachey 1962: 451-452). More people were then sold into slavery to pay for various kingdoms' munitions.³⁴

And the years surrounding the onset of German colonialism were particularly tumultuous. Repeated inadequate rainfall combined with a smallpox epidemic during the eighteen-eighties reduced food production, leading to a devastating famine across what is now Tanzania and Kenya.³⁵ Out of desperation to survive, people sold their neighbours, children and even themselves into slavery (Cooper 1997 [1977]: 126; Wimmelbücker 2002: 231). Violence between the mountains' kingdoms intensified.

Meanwhile, from the eighteen-thirties to eighties, conflicts between different Maasai political sections had led to an expansion of *ilmúrràn* cattle raiding against neighbouring populations. These raids, which did not involve territorial annexation, demonstrated military dominance and prestige (Shetler 2003:

³³ People captured on Mount Kilimanjaro were usually taken through the Taita Hills to Mombasa plantations exporting grains and sesame oil (Cooper 1997 [1977]: 100, 127). The sale of slaves to European colonies and the Americas had been prohibited in 1822 through the Moresby Treaty between Britain and Said bin Sultan —the Sultan of Oman based in Zanzibar (Sheriff 1987: 29). But slavery was not abolished in Tanganyika until 1922, and Europeans were legally permitted to rent enslaved Africans under German rule (Beidelman 2012: 56; Deutsch 2006: 2). Notices of runaway slaves were even posted in the newspaper (Krautwald 2021: 18).

³⁴ For example, the British missionary Charles New recorded that Mangi Rindi of Moshi sold women into slavery in Mombasa for gunpower (Wimmelbücker 2002: 139).

³⁵ The physician August Widenmann, who worked in Moshi from 1894 to 1895, reported that Maasai communities already practised inoculation against smallpox, unlike agricultural populations on Mount Kilimanjaro (Wimmelbücker 2002: 232, 243). And the Maa verb for variolation is *angám* (Mol 1996: 288).

387-388; Spencer 1998: 171).³⁶ Communities across northern Tanzania began to adopt aspects of Maasai dress, adornment and bodily modification to assert their own social positions and influence — building interdependence with Maa peoples through trade and marriage. Different groups also incorporated parts of the Maasai age-set system into their established forms of governance (Bjerk 2015: 159; Shetler 2003: 396, 405-407). And this cultural hegemony carried into the early twentieth century.

Mountain Initiations Contextualised

It was within this historical context that Kilimanjaro's *wamangi* (kings) solidified their power. Their soldiers were drawn from young men initiated into age-sets adapted from the Maasai system, often assuming the same names. And by hastening or delaying initiations, *wamangi* could change the size of their armies and speed of political succession (Dundas 1968 [1924]: 209-211; Moore 1977: 29-30; Raum 1997 [1940]: 314).³⁷ Even the term *mangi* comes from Maa, where *ilmanki* refers to the senior circumcision-group from any age-set (Nurse 1979: 338, 528; see Mol 1996: 244).³⁸ But it does not imply 'king', and age-sets

³⁶ Maasai *ilmúrràn* were known to take captives during skirmishes, including many from Kilimanjaro. These young men and women were not enslaved, but rather adopted into families and expected to undergo *emuratare* (see Spear 1993: 125; 1997: 46-47).

³⁷ This influence over initiations also impacted male youth's ability to access marriage and reproduction since only initiated men were allowed to have sex or marry (see Dundas 1968 [1924]: 296-297).

³⁸ The Kiswahili term for an age-set, contemporary or peer (*rika*) additionally comes from Maa, and was also incorporated into other Bantu languages — such as those on Mount Kilimanjaro (see Dundas 1968 [1924]: 209; Nurse 1979: 530). The word *olorika* (chair/stool) refers to a ceremony for young, married men settling down and formally breaking away from their past lives as *ilmúrràn*. During the rite, the junior and senior circumcision groups — *olpórrôr*, pl. *ilpórórí* — would merge into one age-set, *olaji* (Mol 1996: 13, 315). And so, the term *rika* comes from the name of the ceremony during which Maasai age-sets were formalised.

functioned rather differently in acephalous Maasai societies than on the monarchical mountain.

Nonetheless, boys from kingdoms as diverse as Marangu, Moshi, Machame and Kibongoto were circumcised into the Nyankusi age-set in parallel with those from Maasai communities — and were ‘warriors’ together from around 1851 to 1871 (Dundas 1968 [1924]: 209-211; Fosbrooke 1956: 202-203; see also Moore 1977: 6, 58).³⁹ Mangi Rindi of Moshi even attempted to establish a special settlement for these initiates modelled after a Maasai *emányátá* (Wimmelbücker 2002: 175).⁴⁰ And during the eighteen-seventies and eighties, Arusha Maasai joined their ‘age-mates’ to fight in Moshi’s army as mercenaries (Spear and Nurse 1992: 487-488). But these age-sets were not entirely in sync with those of Maasai communities, even if they reflected their cultural influence.⁴¹

Furthermore, age-set names were not implemented uniformly across the mountain and existed on top of already established initiation practices, which varied greatly by area.⁴² In the academic literature, ‘Chagga’ initiations are most famous for the fiction of *ngoso* (e.g., Moore 2007a: 103-114). While male initiates

³⁹ In Maa, *ilnyankusi* means ‘those who capture for themselves’ — on the mountain this became ‘Kinangusi’.

⁴⁰ In a Maasai *emányátá*, girls and *ilmúrràn* were allowed to engage in multiple, premarital sexual relationships. And Rindi had lived with Arusha Maasai while in exile during the eighteen-sixties (Spear 1997: 44). But his suggestion was contentious in Moshi, leading some to emigrate from the kingdom. (Wimmelbücker 2002: 176; see also Raum 1997 [1940]: 67-69).

⁴¹ *Wamangi* began age-sets to suit their own political and military purposes, leading to more on the mountain than in Maasai communities. For example, on Mount Kilimanjaro the Kishon preceded the Seuri (Dundas 1968 [1924]: 209). But in Maasailand these were just different names for the same group (Fosbrooke 1956: 195). And before the Kishon there existed a ‘fabricated’ age-set on the mountain called the ‘Mbarinoti’. This group’s name comes from the Maa word *olbarnóti*, meaning ‘shaved one’ and refers to a young man after initiation (see Mol 1996: 43).

⁴² Cultures are always in transition and the situation on Kilimanjaro was not unusual. For example, in Uzaramo near Dar es Salaam, *jando* rituals were adopted during the twentieth century but did not entirely displace older initiation practices (Swantz 1986 [1970]: 186-189; see also Ranger 1972: 224-225).

were away in seclusion, children were told that they were having their anuses plugged (*ngoso*), forming the known fiction that adult men of reproductive age did not defecate.

This created a symbolic dichotomy. Closed men were procreative; open men defecated. Closed women were pregnant; open women menstruated. Pregnancy was the female *ngoso*. Once a man's first child was initiated, he 'removed' the plug and his socially sanctioned procreative period ended (Moore 1976: 357-359, 361).⁴³ This *ngoso* fiction was recorded by the Lutheran missionary Bruno Gutmann, who first arrived on the mountain in 1902,⁴⁴ but its historical prevalence is unclear.⁴⁵

Gutmann associates *ngoso* with *ngasi* initiation camps⁴⁶ — varieties of which were practised in parts of central Kilimanjaro and the North Pare Mountains

⁴³ Categories of gender are situational not fixed. And as explained by Knut Christian Myhre, *ngoso* along with other forms of bodily alteration, such as genital cutting, acted to transform bodies in ways that channelled *horu*, life force, in particular ways for specific purposes. The construct of *ngoso*, for example, allowed men to 'digest' *horu* in the form of certain foods and so create life through the semen produced (2019: 11-12, 15).

⁴⁴ Winter 1979: 46

⁴⁵ And in the literature, seemingly everyone cites Gutmann as their primary source on *ngoso* (e.g., Moore 1976; 2007: 109; Myhre 2019: 13; Raum 1997 [1940]: 318, 347; Setel 1999: 38-39; Stambach 2009: 124; Wimmelbucker 2002: 84). As far as I am aware, he is the only primary source.

⁴⁶ Kathleen Stahl defines *ngasi* as the system of code-words learned during male initiation to be used in the presence of enemies, while the colonial Chief Petro Marealle defines it as the seclusion camp ceremony of initiation (Fosbrooke and Marealle 1952: 263; Stahl 1964: 53, 147). It appears to have been both. And although these particular seclusion camps ended on Mount Kilimanjaro prior to colonialism, they continued in North Pare into the twentieth century. In South Pare, near the Usambara mountains and Shambaa peoples, initiations were historically less important and rain-making ceremonies instead carried substantial socio-cultural significance (Höschele 2007: 273-277; Kimambo and Omari 1972: 119-120; see also Feierman 1990: 245-264).

(Gutmann 1958 [1932]: 4; see Dundas 1968 [1924]: 215; Kimambo 1969: 52).⁴⁷ However, these *ngasi* initiations were long over by Gutmann's arrival.⁴⁸ He reports, for example, that such camps were last held in Moshi during the eighteenth-fifties (1953 [1926]: 292).⁴⁹ The timing of which coincides with the popularisation of Maasai age-sets.

Interestingly, Petro Itosi Marealle — *mangi* of Marangu from 1932 to 1946 — believed that genital cutting practices were actually introduced to the mountain with these age-sets (Fosbrooke and Marealle 1952: 180 n2).⁵⁰ And colonial figures such as Harry Johnston noted that such modifications were not performed universally (1886: 11).⁵¹ But in general, when German colonisers reached Mount Kilimanjaro in the late nineteenth century, it was common for girls and boys to undergo various bodily modifications as part of a larger series of ceremonies and celebrations across the life cycle, shaping their social subjecthood.

⁴⁷ Gutmann makes a point of mentioning that *ngasi* camps were not historically practised across the mountain, and even in central Kilimanjaro were not held in Uru (1958 [1932]: 4). According to oral traditions collected by Kathleen Stahl, these camps were briefly held in western Kilimanjaro during the second quarter of the nineteenth century when Rengua, the first *mangi* of Machame, slaughtered Kibosho's secluded initiates. Fearing retaliation, Rengua's own lands then permanently abandoned the camps (1964: 101, 105). This was not unique to Kilimanjaro, and during the second half of the nineteenth century in southern Ukimbu, boys' initiation camps were also abandoned due to fear of attack (Shorter 1972: 146).

⁴⁸ Gutmann relied on the recollections of older interlocutors born between the 1830s and 1860s to reconstruct historical initiation practices (Winter 1979: 65-66).

⁴⁹ Other initiation practices also existed. For instance, from Uru to Mwika initiates were instructed using a mnemonic, carved teaching stick called an *mregho* (Gutmann 1958 [1932]: 15; Moore 1977: 59; Stahl 1964: 53). The ethnographer Otto F Raum notes that *Mangi* Petro Itosi Marealle tried to revive the *mregho* in Marangu during the nineteen-thirties, which implies it had been abandoned (1997 [1940]: 328).

⁵⁰ Versions of this origin story appear to have been common prior to the popularisation of Chagga ethnonationalism. According to one recorded by Raum, Maasai fighters would circumcise the corpses of their fallen enemies since it was shameful to kill a 'boy'. Communities on the mountain then allegedly adopted their own genital modifications in response, socially making themselves into adults (1997 [1940]: 306).

⁵¹ The German colonial physician August Widenmann additionally reported that in Kibosho not all married men were circumcised (Wimmelbücker 2002: 175).

These alterations mirrored those of Maasai populations and although they carried differing socio-cultural significance, were nonetheless physically similar. Children's central, bottom two incisors were removed not long after their permanent teeth came in. Their earlobes were pierced and stretched, and at initiation their genitalia were cut (Moore 1977: 57-58; Raum 1997 [1940]: 298-311).⁵² The impacts and influences of colonialism changed all of that.

The End of Wamangi Sovereignty

In 1885, Mangi Rindi of Moshi signed a treaty relinquishing the region's sovereignty to Carl Jühlke, a representative of the German East Africa Company.⁵³ In an attempt to consolidate power, Rindi had misled the company's representatives into thinking he controlled all of Mount Meru and Kilimanjaro in addition to the North Pare Mountains (Ekemode 1973: 38).⁵⁴ Moshi was a relatively weak kingdom, but Rindi had in the past parlayed his fluency in Kiswahili and influence over caravan trade into diplomatic connections with the Sultan of Zanzibar and Queen Victoria, as well as Kaiser Wilhelm (Stahl 1964:

⁵² Children on Mount Kilimanjaro had their ears pierced around age six before removing the lower incisors, while Maasai children first had the upper ridges of each ear pierced, followed by the lobes as they became older and the time for *emuratare* drew near (Moore 1977: 57; cf. Spencer 2004 [1988]: 58). For girls genital cutting involved clitoridectomy. But for boys it varied more by location — the foreskin was removed on the mountain while in Maasai communities a dangling tassel was made from the tissue (see also Fleisch 1998: 90-91).

⁵³ The kingdom of Moshi was located in present-day Old Moshi, while Moshi town is at the mountain's base.

⁵⁴ Only a couple of weeks earlier, Rindi and several other kingdoms had signed a treaty declaring themselves subjects of Zanzibar. The Anglo-Zanzibar expedition, overseen by General Lloyd Mathews, aimed to solidify the Sultan's authority and protect British commercial interests. However, a shift in policy led to a rapprochement with Germany, so Jühlke's treaty was not contested (Ekemode 1973: 26-27, 35-40).

177, 249-253).⁵⁵ It was not until two years later that he fully appreciated the treaty's implications when the company established a military station in Moshi, ending his independence.⁵⁶

Rindi had signed the agreement with the stipulation that Jühlke would endeavour to bring to heel the 'rebellious' 'province' of Kibosho — the mountain's actual dominant kingdom and a major source of slave trading (Wimmelbücker 2002: 529-531). True to this, in 1890 Mangi Sina of Kibosho was ordered to become a vassal of Uru, itself a vassal kingdom of Moshi.⁵⁷ Sina in response raised the flag of the Sultan of Zanzibar, with whom he had previously signed a treaty, leading German troops to storm Sina's fortress with grenades and a machine gun — allowing Rindi's soldiers to pillage thousands of livestock from Kibosho (Moore 1977: 14-15; Stahl 1964: 179-185). But Rindi's triumph was short-lived.

Within months of Kibosho's defeat, the Imperial Commissioner for Kilimanjaro Carl Peters reneged on Germany's promise to name Rindi *mangi mkuu* (head king), instead shifting their centre of administration to the then obscure kingdom of Marangu.⁵⁸ Mangi Ndegoruo Marealle of Marangu quickly turned this

⁵⁵ Rindi spoke Maa in addition to Kiswahili and his first language Kimochi (see Lemenye 1955: 44).

⁵⁶ The station's first few years were relatively relaxed. Rindi's concerns were assuaged through monthly gifts and the expectation that he would be named *mangi* of all Kilimanjaro (Geiger Rogers 1972: 131).

⁵⁷ Sina had initially been polite to the Germans and flew their flag from his stone fortress. It was likely Rindi who inaccurately told them that Kibosho should fall under Uru, thus prompting an altercation finally leading to the defeat his rival (Ekemode 1973: 88-90; Stahl 1964: 177-179).

⁵⁸ As explained by Gabriel Ekemode, this decision was made despite Rindi's enthusiastic cooperation. Peters preferred to work with Rindi's son-in-law Marealle, who initially appeared weaker. His kingdom's location was also strategically valuable and allowed the Germans to monitor Britain's outpost in Taveta (1973: 113-114).

to his advantage,⁵⁹ convincing Peters that Rindi's teenage son Meli was planning a rebellion.⁶⁰ Peters' replacement Lieutenant von Bülow subsequently mounted an unprovoked attack against Moshi in 1892, during which he was fatally wounded (Ekemode 1973: 111-133; Geiger Rogers 1972: 125, 135-136). But the German forces eventually prevailed, bestowing Moshi's vassal states of Kirua and Kilema on Marangu.⁶¹

Such acts of armed resistance, combined with Kilimanjaro's potential political and economic significance, led German colonisers to administer the mountain closely (Liebenow 1958: 72). All firearms were confiscated first in Moshi and then the other kingdoms, with the warning that further acquisition would be punished severely (Wimmelbücker 2002: 283-284). The *wamangi* had effectively lost their armies.

Starting in 1895, around ten thousand men from various kingdoms were combined into one 'Chagga' army led by Captain Kurt Johannes on expeditions against Arusha Maasai resisting colonialism (Ekemode 1973: 173; Wimmelbücker 2002: 279).⁶² Marealle accused Meli and the new *mangi* of Kibosho, Molelia, of

⁵⁹ He was first known as Ndegoruo but later called Melyari, meaning 'the indefatigable'. This name was somehow anglicised to Marealle (Stahl 1964: 308).

⁶⁰ Members of the British Church Missionary Society feared that Peters intended to invade Moshi as part of a wider plan to depopulate the mountain for European settlement. They tried to dissuade him, explaining that the accusations against Meli were baseless. And hoping their friendship would save him, Meli allowed the missionaries to proselytise in his court. But this closeness made him seem pro-British, further exacerbating the situation (Ekemode 1973: 120-122; Geiger Rogers 1972: 140).

⁶¹ Germany overwhelmed Moshi with the assistance of Marangu and Kibosho. During the German invasion following von Bülow's death, soldiers from Kibosho pillaged the kingdom while Marangu attacked Moshi's ally Kilema. As thanks, Kibosho was awarded the vassal state of Uru (Ekemode 1973: 131-133). The terms of Moshi's surrender further stipulated that the Leipzig Lutheran missionaries, replacing the British Church Missionary Society, be given an unrestricted amount of land (Geiger Rogers 1972: 142).

⁶² And as Wimmelbücker notes, these 'campaigns can be regarded as the first material underpinnings of a common "tribal" identity which was originally imposed by adopting an external designation' (2002: 279).

plotting with the Maasai to overthrow the Germans. In March of 1900, Johannes executed without trial Meli, Molelia and seventeen other men based on this rumour,⁶³ authorising Marealle to select the new rulers of Moshi and Kibosho (Geiger Roger 1972: 145-148; Stahl 1964: 195-199).⁶⁴ Only a few years later, Marealle was himself accused of conspiring with Maasai forces, leading him to temporarily seek refuge in British East Africa before being exonerated (Stahl 1964: 333-334; Wimmelbücker 2002: 281-282).⁶⁵ By 1905, the colonial administration tolerated few Maa-speakers on the plains below Kilimanjaro, making them trespassers in their own lands.⁶⁶

The German colonial government thus abolished the age-set system's military functions on the mountain. And by 1910, officials were actively working to end collective male initiations, which they found threatening (Wimmelbücker 2002: 374). But *wamangi* had additionally used initiated adults as corvée labour, and this too changed dramatically (Moore 1986: 61, 96).⁶⁷ European settlers producing cash crops for the international market required workers. And as early as 1898, Johannes decreed that all adult African men were obligated to engage in

⁶³ Meli's skull was sent to Germany — one of thousands collected by Europeans in Africa for 'racial research'. Isaria Meli has been trying to locate his grandfather's remains since 1968, so that he may receive a proper burial (BBC 2018b; Ihucha 2002b; Kunze and Orio 2020; Uliwa 2019).

⁶⁴ After Britain took over the territory, Charles Dundas was tasked with compiling an atrocities report on German East Africa. But the British government decided not to publish the results because its primary aim had been to argue against German control, which was by then a moot point (Dundas 1955: 106-108).

⁶⁵ Marealle was accused by the former officer Hans Merkl, who was by then a plantation owner and in a dispute with him over labour (Wimmelbücker 2002: 281). In 1916, the British accused more *wamangi* of conspiring with the Maasai and exiled thirty-six people — including nine *wamangi* (Geiger Rogers 1972: 204 n2).

⁶⁶ Wimmelbücker 2002: 311

⁶⁷ According to Gutmann, men were usually called for corvée labour ten to twenty days a year, while for women it was around six to ten. Some projects involved building public works, such as irrigation canals or stonewalls, but others benefited the *mangi* more personally. Kings were expected to show their workers hospitality. Beer was provided and after larger projects a feast was held (Gutmann 1953 [1926]: 336-348).

wage-labour at least twelve days a year — by 1911 this increased to thirty days (Wimmelbücker 2002: 294-295, 304, 320).⁶⁸ *Wamangi* had become salaried officials charged with tax collection.

The Seuri, who were active from 1896 to 1917, were the last age-set on Kilimanjaro in common with Maasai communities⁶⁹ — and in most former kingdoms the last age-set more generally (Dundas 1968 [1924]: 209; cf. Fosbrooke 1956: 194-195; Mol 1996: 285).⁷⁰ Overtime, as a nascent Chagga ethnicity developed, the mountain's residents began to construct their identities in opposition to Maasai peoples.⁷¹ By the nineteen-twenties and thirties, tooth removal and earlobe stretching were unpopular. And when Sally Falk Moore began her fieldwork in 1968, 'though there were certainly some senior adults with the appropriate tooth gap, many had all their teeth' (Moore 1997: xi; see also

⁶⁸ Payment was abysmal. For example, in 1900 an adult man working for a month on a plantation would only earn enough to pay his hut tax. Families were dependent on what food they could grow themselves. And because wages were so low, it was easier to pay taxes by selling vegetables or a goat than through employment — but such employment was a legal obligation (Wimmelbücker 2002: 316-321).

⁶⁹ *Iséúri* means 'the exceptional ones' in Maa and on the mountain became 'Suera'. This was the name used by the Tuati age-set in German East Africa before their *olngesher*, a ceremony marking the end of murrhood. The creation of British and German East Africa split the Maasai population. Those under German control stopped following the junior/senior *olpórrór* system. However, throughout the colonial period, Maasai in Tanganyika and Kenya continued to use the same blessed age-set names, bestowed after their time as *ilmúrràn* (see Fosbrooke 1956: 195; cf. Mol 1996: 12-15).

⁷⁰ Dundas records two additional age-sets active around the same time, but only in western Kilimanjaro — the Stambuli and Kimakamaka (1968 [1924]: 209). In the 1930s, the Lutheran missionary Georg Fritze introduced annual 'age-set' schools to his congregation in Mamba, during which boys learned how to be Christian men. The year-long training included a seven-week camp influenced by the German Youth Movement, consisting of manual labour, paramilitary drills and confirmation classes. The programme ended in 1939 due to parental complaints (Fiedler 1996: 88-93).

⁷¹ Dorothy Hodgson notes that, 'The perceived opposition between the "progressive" "responsive" Chagga and the "conservative" "obstinate" Maasai was partly maintained and perpetuated by the Chagga themselves, who constructed and projected their own ethnic identity in opposition to this caricature of the Maasai' (1995: 312n4).

Dundas 1968 [1924]: 47).⁷² But the endings of initiations were more complicated — piecemeal and prolonged.

Missionary Spheres of Influence

Following the events of the First World War, German missionaries were deported from Tanganyika and unable to return until 1925 (Fleisch 1998: 99, 111).⁷³ Under African leadership, the Lutheran congregations of Machame and Masama determined in 1922 to abolish the female and male genital cutting procedures associated with initiations.⁷⁴ And during the subsequent Lutheran general meeting held in Moshi, local participants affirmed this decision, which was then ratified by the Augustana Synod and Leipzig missionaries still present in the territory (Fiedler

⁷² Otto F Raum, who was born in Moshi to the Lutheran missionary Johannes Raum, is a problematic source on this issue. Due in part to his father's work with the Leipzig Mission, Otto conducted research on Mount Kilimanjaro in the 1920s and 1930s and went on to publish the tome *Chaga Childhood*, having gained his PhD under the tutelage of Bronislaw Malinowski, Raymond Firth and Audrey Richards at the LSE (Skalník 2004: 225-226). But his work reflects a time when anthropology still valued reconstructions of putative pasts. Sally Falk Moore explains, 'Were all Chagga children still having their lower incisors removed when Raum was doing his research? The answer is "no". Had the practice been universal in the 1930s, in Raum's time, as his statement seems to suggest, then by the time I first visited Kilimanjaro in 1968, all adults over forty-five would have had missing lower incisors' (1997: xi).

⁷³ During the war, the Lutheran congregations of Shigatini, Gonja, Mbaga and Vudee in the nearby Pare Mountains had voted unanimously to end genital cutting (Fleisch 1998: 133). And in 1922, the British administration criminalised the *ngasi/ngasu* initiation camps still active there (Höschele 2007: 275).

⁷⁴ Minutes from the Kidia parish elders' meeting for the Moshi congregation note they had been advised by Machame that, '*kuwaacha watoto wachague wenyewe baada ya konifirmationi; lakini kwanza jambo hili lifike kwa wazazi wa watoto wa kila mtaa*' [to stop them, the children should choose themselves after confirmation; but first this matter should reach the children's parents of each neighbourhood] (Mikutano 22 March 1922).

1996: 77-79; Fleisch 1998: 133).⁷⁵ Once Gutmann returned, however, he immediately began preaching against the ban.⁷⁶

The overtly racist missionary argued that ‘primordial’ forms of social organisation had to be preserved, lest the mountain’s inhabitants be wrenched from the ‘protective securities of primitive existence’ (Gutmann 1935: 17; Kaplan 1986: 179; see also Iliffe 1979: 336). And many missionaries only valued formal education to the extent it supported ‘traditional’ social arrangements (Vavrus 2002: 373) — putting the progressive, educated Tanganyikans leading the ban in a difficult position.⁷⁷ After pressure from Gutmann at the 1925 missionary conference, genital cutting practices were no longer prohibited.⁷⁸

Once the ban ended, Lutheran missionaries in practice vociferously opposed female genital cutting but not foreskin removal (Moore 1986: 232).⁷⁹ That same year, Gutmann began incorporating elements from initiations into boys’ confirmation classes, with the hope of transferring ‘the social aspects of

⁷⁵ Church members who circumcised their children were refused the Eucharist, with their names publicly announced to the congregation. These punishments were reaffirmed during the following year’s general meeting, and from 1924 to 1925 at least twenty people violated the ban (Fiedler 1996: 79-80).

⁷⁶ In 1910, Gutmann’s Moshi congregation had expressed some interest in abandoning both female and male genital cutting. In particular, Gabriele Maro voiced concern over his daughter undergoing clitoridectomy, but Gutmann assured him it was not an issue — so long as nothing ‘pagan’ was involved (Fiedler 2006: 16-17).

⁷⁷ Some proponents of the ban, such as Filipo Njau, had joined the Leipzig Mission precisely because their situation in the ‘traditional’ system was disadvantaged — in his case as a middle son set to inherit little. Njau was an experienced teacher who spoke Kiswahili, English and German in addition to his first language Kimochi (Fiedler 1996: 76; Iliffe 1979: 222-223; see also Lema 1968: 91). But he was not treated as an equal. Colonial rhetoric was replete with such contradictions; it promoted itself as a ‘civilising mission’ while disdaining ‘trousered’ Africans (Spear 2003: 4).

⁷⁸ Johannes Raum, then head of the Leipzig Mission in Tanganyika, noted that the decision to end the ban was bitterly contested (Fiedler 1996: 83). And he later published a letter accusing Gutmann of going against the declared wishes of his own congregation (Winter 1979: 70).

⁷⁹ They also attempted to abolish Maasai style male genital cutting (Fleisch 1998: 134-135). Meaning that the European and American Lutheran missionaries effectively only tolerated foreskin removal practices already familiar to them, in addition to opposing female genital cutting.

circumcision to confirmation’ — thus conceptually linking foreskin removal to the Christian rite. And at the 1927 annual conference the Tanganyikans were forced to concede, ‘We still want to abolish circumcision, but if there is no agreement between us and the missionaries, we can not get anywhere’ (Fiedler 1996: 81-86). Nevertheless, initiations were in the process of ending.

Across Tanganyika, Bantu rites of passage were in crisis (Ranger 1972: 246-247). And during the nineteen-thirties, young Lutheran men on Mount Kilimanjaro increasingly began to undergo without ceremony clinic-based genital cutting, an option not open to girls.⁸⁰ I asked Ndalo, born in Marangu in 1945, about the timing of this transition. He replied, ‘*Ni siku nyingi tangu neno la mungu ilikuja hapa mapema*’ [It was long ago since the word of God came here early.] To my initial confusion, Lutheran men on the mountain repeatedly told me that the medicalised operation was a Christian religious obligation.⁸¹

Matayo, born in 1943, explained this belief with the declaration, ‘Jesus himself was circumcised’. Christianity cleans away the dirt, he elaborated, comparing it to pulling away the outer leaves of a banana plant — a local metaphor for foreskin removal.⁸² Gutmann’s objections to the ban did not preserve

⁸⁰ In other places, however, female genital cutting has been medicalised. For example, Miroslava Prazak reports that in the Kuria district of Kenya in 1998 a Christian mission hired a nurse to perform the procedures as a form of harm reduction (2016: 123-124). Such medicalisation is completely opposed by the United Nations.

⁸¹ Another such man, born in 1940, said with derision that in his youth some men refused to be circumcised. He dismissed them by saying, ‘*waliogopa*’ [they were afraid].

⁸² Unpeeled/peeled and raw/cooked bananas were also symbolic of foreskin removal. Historically in the area, uninitiated children ate raw bananas or those roasted with the skins still on, while adults ate peeled, roasted bananas. Sally Falk Moore notes that even in 1974, men would laugh uproariously if offered raw bananas and refuse them (1976: 362). By chance, Matayo and I happened to be chatting over a lunch of cooked bananas.

‘traditional’ social arrangements, but seemingly helped ensure male genital cutting’s continuation.⁸³

However, not all of the mountain was under a Lutheran sphere of influence. Catholic missions tended to be comparatively tolerant of religious syncretism and local customs,⁸⁴ with initiations continuing publicly in those areas far into the second half of the twentieth century (Moore 1986: 232, 236).⁸⁵ To better map the multiple endings of these rites, I collected the personal histories and memories of five people from Lutheran Marangu born 1934 to 1968, in addition to seven people from Catholic Kibosho born 1922 to 1963.⁸⁶ Based on those interviews, male initiations stopped being ‘normal’ roughly between the nineteen-thirties and sixties in Marangu, but between the nineteen-fifties and eighties in Kibosho — during which time foreskin removal was medicalised and gradually performed on much younger children.⁸⁷

⁸³ This is not to say that Gutmann intrinsically supported genital cutting. According to his contemporary Paul Fleisch, he instead thought a gradual abolition could be pursued later under Christian guidance (1998: 134).

⁸⁴ During initiations, people prayed to both the god *Ruwal/ruva* and Maasai god *Enkái* (Gutmann 1958 [1932]: 7; Raum 1997 [1940]: 318; see also Lema 1999: 41). The prevalence of Maasai religion at the time is unclear, but at least some people were already practising religious syncretism prior to Christian missionaries’ arrival.

⁸⁵ Catholic missionaries on the mountain were Spiritans (Bender 2008). And Spiritans at times not just tolerated but actively encouraged ‘customary’ rituals. In one extreme example, during the 1960s Father Herbert Watschinger, who was also a doctor, offered to perform a Maasai girl’s genital cutting (Hodgson 2005: 238).

⁸⁶ I interviewed three women and two men from the Marangu Mashariki ward, as well as three women and four men from the Kibosho Magharibi ward. Local government officials were extremely generous in helping me locate potential interviewees for this particular task, but it did give the conversations a more formal quality — particularly since they kindly insisted that I use their offices and classrooms, rather than people’s homes.

⁸⁷ Male initiations similarly ended in the Iraqw communities of northern Tanzania during the 1970s. As Shohei Wada explains, ‘The modernization of agricultural villages as envisioned by the *Ujamaa* policy repudiated a social structure drawn along tribal lines, in favor of a unified national (Tanzanian) culture. In this context, preserving the traditional social customs of the Iraqw was tantamount to opposing the national cause... The practice of circumcision in the absence of ritual, however, has endured. Parents with male children began taking their sons to dispensaries or hospitals’ (1992: 168).

Girls and boys' initiations were intertwined religious rites socially sanctioning procreation; their rejection allowed female and male genital cutting to be seen as disparate procedures.⁸⁸ But male initiation's termination was ambiguous since the act of cutting remained. It is therefore unsurprising that female initiations temporarily persisted. Girls' rites and their attendant alterations stopped between the nineteen-fifties and seventies in Marangu, but between the nineteen-seventies and nineties in Kibosho. Their abandonment spanned decades and grew from the gradually changing perspectives of individuals, families and neighbourhoods.

Creating a New Public

Kibosho and Marangu were additionally different in that the usually paternalistic British colonial government showed little interest in Kibosho's socio-economic development, leaving it with only a few primary schools for the first half of the twentieth century (Stahl 1964: 202-204).⁸⁹ While Marangu transformed under

⁸⁸ Historically on the mountain, avoiding pregnancy prior to initiation was extremely important, but not necessarily premarital virginity (Gutmann 1953 [1926]: 312; Raum 1997 [1940]: 67-70). For instance, Dundas recounts that in Marangu under Marealle, if a bride was discovered to have a past male lover, he would offer her father a bull and goat — thus resolving the matter (1968 [1924]: 295; see also Moore 1986: 201-202).

⁸⁹ Due partly to this lack of schools, Ngulisho — *mangi* of Kibosho from 1917 to 1946 — had no formal education and was illiterate. He was known as an old-fashioned, generous ruler and his son Alex continued this legacy until the administrative position of *mangi* was abolished after independence (Stahl 1964: 202).

colonialism into one of the most influential former kingdoms on the mountain, becoming a centre of Chagga ethnopolitics.⁹⁰

In 1951, Thomas Marealle⁹¹ — the grandson of Marangu’s former Mangi Marealle — was elected *mangi mkuu* (head king).⁹² Through this role, he actively encouraged his new subjects to embrace a unified Chagga ethnic identity.⁹³ As Thomas Beidelman explains, under colonialism in East Africa, ‘Each ethnic group was argued to have its unique ways, which merited its being treated on its own by European colonialists’. And so, people ‘increasingly saw language and formal ceremonies as crucial in fashioning a necessary ethnic identity’ (1997: 235). Marealle II commissioned a Chagga flag, anthem and history book.⁹⁴ He even instituted annual Chagga Day celebrations (Bender 2013: 217-218; Hunter 2015:

⁹⁰ Western education was accessible in Marangu compared to Kibosho and Tanganyika more generally. However, the British administration’s early educational policies were influenced by the American Phelps-Stokes Fund, who emphasised only agricultural and vocational training for Black students. As Beidelman notes, ‘Southern racist attitudes entered Africa under the alarming assumption that such Christians in the United States had long experience in producing the “right kind” of blacks’ (2012: 71). And as late as 1949, schools functioned partly as propaganda machines for the British royal family — encouraging students to view the King as their father and gaze admiringly over photos of the princesses’ ponies (Rodney 2018 [1972]: 300-301).

⁹¹ The thirty-six-year-old styled himself as Chief Thomas Marealle II, claiming that his grandfather had been the first *mangi mkuu* (Stahl 1969: 213). Marealle II worked for the colonial administration before being awarded a government grant to study in the United Kingdom, where he attended the University College of Wales, Aberystwyth and London School of Economics. Upon returning to Tanganyika, he became a popular radio personality known throughout the territory (Eckert 2006: 260).

⁹² A few years previously, Joseph Merinyo had co-founded a new, ethnic political party called the Kilimanjaro Chagga Citizens Union, with the aim of electing a *mangi mkuu*. Thomas Marealle was their candidate (Bender 2013: 214-215; Hunter 2015: 117-121, 162-164). The party envisioned a hierarchical society in which land-holding men were the only citizens and patrilineal clans were the basis of political authority. These positions were influenced in part by Merinyo’s former instructor Gutmann, who argued that such patrilineages were the ‘real’ core bonds of Chagga society (Hunter 2017: 261-265; see also Moore 1986: 118-119). In keeping with this, only taxpaying men were allowed to vote in the election for *mangi mkuu* (Mramba 1967: 111).

⁹³ As noted by Emma Hunter, Marealle II worked to create a new polity based partly on Chagga nationalism and partly on residence. Asian and European residents were welcomed as ‘extended kin’ (2015: 164-165).

⁹⁴ Kathleen Stahl at Oxford, a good friend of Meyer Fortes, was invited by the Chagga Trust to write this history with funding from the local government and Kilimanjaro Native Cooperative Union. The project resulted in her monograph *History of the Chagga People of Kilimanjaro* (Stahl 1964: 7-8).

164-165). But the mountain's languages were not mutually intelligible; Kiswahili was its lingua franca.⁹⁵

And Marealle II considered the Kiswahili district newspaper *Komkya* to be part of this nation-building project.⁹⁶ Its pages were dominated by self-consciously progressive, young, educated men — with reader letters addressing their 'fellow Wachagga'. Correspondents wrote of leaving darkness for enlightenment, where 'modernity' in post-1945 Tanganyika meant literacy, active citizenship and Abrahamic monotheism (Hunter 2016: 287, 295-6; Suriano 2011: 41). The new Chagga political elite leaned 'Western', capitalist and Christian (see Samoff and Samoff 1976: 75). Being Chagga was a matter of descent not initiation.⁹⁷

But in the growing struggle for self-governance, the entire territory of Tanganyika had become the relevant political arena, not just the mountain (Samoff 1974: 21). And by the late nineteen-fifties, Nyerere was concerned that Chagga ethnopolitics bordered on ethnonationalism obstructing the movement for independence.⁹⁸ Indeed, Kilimanjaro was one of the last regions to embrace the Tanganyika African National Union — TANU (Bender 2013: 219). In 1961

⁹⁵ see Batibo 1992: 88; Iliffe 1979: 331; Tripp and Young 2001: 266; Whiteley 1969: 12

⁹⁶ Marealle II had initially hoped the newspaper could promote the use of Kichagga languages and envisioned forming a committee who might eventually help create a pan-mountain Kichagga-English dictionary. Like most district newspapers, however, *Komkya* was in Kiswahili (Hunter 2016: 288).

⁹⁷ Interestingly, Amy Stambach — who conducted fieldwork in Machame during the 1990s — writes that some interlocutors viewed initiations as 'a key component of Chagga identity'. And that refusal to be initiated was seen as a 'break with Chagga custom' that jeopardised 'Chagga culture' (2000: 73-76, 180 n20). The examples of interlocutor speech given by Stambach, however, do not actually mention the word Chagga — instead saying things like 'It's a custom'. And she may have incorrectly inferred that such matters were inherently 'Chagga'.

⁹⁸ At the first Chagga Day in 1952, for example, the district commissioner H.F. Elliott praised its potential to 'promote the growth of a healthy local patriotism rather than an arid nationalism' (Hunter 2015: 165).

Tanganyika secured its freedom.⁹⁹ And the Native Authorities of indirect rule were dissolved a couple of years later, leading the administrative role of ‘chief’ to be made redundant.¹⁰⁰

Tribal affiliations were neither officially recognised nor condoned by the new nation (Beidelman 2012: 81). Nevertheless, ‘the Chagga’ gained a reputation for insufficient enthusiasm in TANU and its successor CCM (see Moore 2009: 154).¹⁰¹ Shortly after Tanzania switched to a multiparty system in 1992, the allegedly ‘Chagga party’ of Chadema launched from Marangu (Moore 1996: 591-592; see also Kipuri 2001: 267).¹⁰² And despite many older voters expressing concern that Chadema encouraged tribalism, the party went on to mobilise substantial national grassroots support (Macdonald 2018: 51).¹⁰³ Chagga ethnic identity has thus been highly politicised, but historical initiation practices are essentially irrelevant to it.

⁹⁹ Shortly before independence, the Chagga Democratic Party in close alignment with TANU successfully argued that a *mangi mkuu* had no place in a democratising Tanganyika (Hunter 2017: 266-267). And in 1960, Marealle II was removed from office in favour of a newly elected president — Solomon Eliufoo, who had co-founded the mountain’s first TANU branch outside of urban Moshi (Moore 1977: 19; Samoff 1974: 24).

¹⁰⁰ The removed chiefs were replaced with TANU appointees and sometimes absorbed into other political positions as TANU members outside their home regions (Hunter 2015: 202; Mramba 1967: 110).

¹⁰¹ CCM stands for *Chama Cha Mapinduzi*, meaning Party of the Revolution

¹⁰² Chadema stands for *Chama cha Demokrasia na Maendeleo*, meaning Party of Democracy and Development. Several people around Marangu told Sally Falk Moore that ‘formal universalism of membership aside, Chadema was really a Chagga party’. And an early prospectus for the centre-right party carefully tailored itself toward ‘Western’ donors with plans to increase private property as well as encourage NGOs (1996: 589).

¹⁰³ Its presidential vote share went from six percent in the 2005 general election to forty percent in 2015 — making it CCM’s biggest political rival (Paget 2018: 692-693). Moreover, the party’s 2015 and 2020 presidential candidates were not Chagga (Paget 2021: 64; Tsubura 2018: 63).

Mwananchi wa Tanzania: A Citizen of Tanzania

In contrast, initiations were integral to Maasai identity and continue to be — at least in places such as Pookí Wueji. Kimani’s father went so far as to remark that if a child remained uninitiated ‘*eaku eitú iyíé iishó*’ [it’d be like you never had them]. And unlike Chagga ethnicity, some sense of shared Maasai sociocultural belonging (*olmaâ*) predated colonialism.¹⁰⁴

The concept of *olmaâ* encompasses various Maasai ‘nations’ (*oloshô*, pl. *iloshon*) that extend from Kenya into northern and central Tanzania,¹⁰⁵ bisected by state borders but still socially and culturally connected.¹⁰⁶ Each *oloshô* in this loose confederation has its own rules and elected political representatives, called *ilaiguenak* (see Galaty 1993: 70-75; Hughes 2006: 13-15; Spencer 2004 [1988]: 18-19).¹⁰⁷ British officials incorporated *ilaiguenak* into their system of indirect

¹⁰⁴ This does not mean that Maa-speakers in the eighteenth and nineteenth centuries would have necessarily thought of themselves as one united people, as pointed out by John Galaty (1982: 18 n12). Wars between different political factions were at times common.

¹⁰⁵ In Pookí Wueji, the words *enkóp* (country) and *oloshô* were used seemingly interchangeably — indicating the extent to which people thought of their *oloshô* as its own socio-political unit.

¹⁰⁶ *Iloshon* are administrative areas that people often travel between, like moving to a new county. However, due to major land alienation events, the geographic borders of some *iloshon* have changed dramatically. For instance, members of the Purko *oloshô* migrated to Loliondo during WWI en masse after being evicted from their homes in present-day Kenya to make space for white settlers (Fosbrooke 1948: 7; see Hughes 2006: 15-16). The area of Loliondo consequently now includes parts of the Laitayok, Loita and Purko *iloshon*, sometimes causing tensions (see Gardner 2016: 109, 112-113).

¹⁰⁷ The word *ilaiguenak* (sg. *olaiguenani*) comes from the verb stem *-iguen*, meaning to advise (Mol 1996: 5). And there are many such representatives across different levels of society. For example, one type of *olaiguenani* might be asked to arbitrate disputes between individuals. While another might be called upon to make a decision affecting an entire village or even *oloshô*, particularly when a consensus has not been reached through open forums and debates (Goldman 2020: 198, 202). Each age-set has their own *ilaiguenak* (Rigby 1992: 55). And there are also lower level representatives called *inkopír*, meaning feathers.

rule, but these colonial positions were not prestigious in Maasai society and so generally taken by otherwise peripheral actors.¹⁰⁸

And while those who adopted ‘Western’ dress, Christianity and Kiswahili were more likely to succeed in colonial and postcolonial government politics, they were often ostracised in their own communities as *ilmeek* — ‘Swahili’ (Hodgson 2005: 12-13).¹⁰⁹ The termination of Native Authorities after independence thus had minimal impact on Maasai governance.¹¹⁰ And as colonialism was ending, the Masai United Front briefly petitioned for international recognition of an independent Maasai state (Hughes 2005: 209-213; Rutten 1992: 203).¹¹¹ Despite failure to gain such recognition, Maa pastoralists have continued to adaptively use *iloshon* administration.¹¹² Pookí Wueji was consequently located in both the

¹⁰⁸ One district officer reported that such representatives were ‘in point of fact, chosen by the Masai because they are men who are likely to do nothing’ (Hodgson 2004 [2001]: 63).

¹⁰⁹ Edward Sokoine, who became the Prime Minister of Tanzania in 1977, managed to balance these conflicting expectations. Born in 1938, Sokoine attended secondary school on Mount Kilimanjaro and was selected as an *olaiguenani* of his age-set in 1957, where he gave a speech to his fellow *ilmúrràn* on the importance of formal education. He converted to Catholicism shortly afterward, took the name Edward and then joined TANU. As Hodgson explains, Sokoine remained popular locally by ardently defending Maasai land rights, but achieved national fame ‘by the erasure of his ethnicity in the media’ (2004 [2001]: 198, 201).

¹¹⁰ The English-speaking, Catholic convert Edward Mbarnoti was appointed to the newly created position of ‘chief’ of the Masai Federal Council by the Governor Richard Turnbull in 1959 and transitioned to national politics after independence. But the former colonial figure became a bit of a scapegoat among his Maasai constituents and was roundly defeated by Sokoine in the 1965 parliamentary election for Masai district (Cliffe 1967: 361; Hodgson 2004 [2001]: 199; see also *Time* 1959).

¹¹¹ Maasai representatives in Tanganyika unsuccessfully attempted an appeal to the UN Trusteeship Council (Bjerk 2011: 236). And the Masai United Front’s Kenyan founder John Keen considered pleading their case to the International Court of Justice or United Nations (Hughes 2005: 212; *The Times* 1960). Even decades later, the Kenyan activist Meitamei Olol Dapash wrote, ‘The Maasai people want full recognition as a sovereign nation... we are being treated as second class citizens’ (Dapash 2001).

¹¹² These clearly defined and bounded *iloshon* territories are themselves a historical product. As noted by Waller, this type of *iloshon* may have only become the dominant model of Maasai administration after 1900 (Spencer and Waller 2017: 462, 478: n 33).

Kilimanjaro region and Moipo *oloshô*, whose boundaries include parts of Kilimanjaro, Manyara and Tanga.¹¹³

Chagga ethnopolitics challenged the ruling party, but Maasai identity has been accused of hindering Tanzania as a country.¹¹⁴ It is therefore unsurprising that Maa-speakers have not necessarily felt welcome in national politics. When Dorothy Hodgson polled women from such communities in 1992, over a third claimed to be unaware of CCM's existence (2004 [2001]: 188-190).¹¹⁵ In this section, I argue that decades of state neglect and discrimination have given many Maa pastoralists a sense of precarious citizenship, thereby inadvertently sustaining the relevance of historical Maasai socio-political units and initiations — particularly in disadvantaged, rural communities.

Precarious Citizenship

TANU campaigned little among Maa-speakers prior to independence and even after appeared largely uninterested in their inclusion.¹¹⁶ Moreover, the sudden

¹¹³ Moipo generally coordinates its ceremonies with the more dominant *oloshô* of Kisongo. And in the academic literature, it has been listed as a sub-section of Kisongo (e.g., Goldman 2020: 23; Hollis 1905: 260; Maguire 1928: 12 n1; cf. Fosbrooke 1948: 9-11). But people in Pookí Wueji were adamant that it is a separate *oloshô*.

¹¹⁴ For example, Philip Hugh Gulliver argued that Maasai people's effects 'on national unity, in politics, or in the administration of the new state are negative rather than positive, as they represent the particularism of local, ethnic interests and loyalties' (1969: 224).

¹¹⁵ One Tanzanian news piece alleged, or joked, that some Maasai were so removed from national politics that they hoped to vote for Nyerere in the 2005 election — several years after his death (Phillips 2015: 102). But Hodgson notes that when women replied, '*Kainyoo* CCM?' [What's CCM?], they may have been mocking the state party, not ignorant of it. And the majority of men she polled knew of CCM (2004 [2001]: 189-190).

¹¹⁶ TANU was nonetheless interested in collecting their membership dues. Anyone buying or selling cattle needed a membership card, as well as anyone receiving famine relief supplies (Hodgson 2004 [2001]: 189).

deaths of Prime Minister Edward Sokoine and MP Joseph Lemomo, in 1984 and 1985 respectively, fuelled suspicions that led some to question the state's tolerance for influential Maasai politicians (Hodgson 2004 [2001]: 188, 201). And governmental efforts to 'modernise' pastoralists at times had devastating unintended consequences.

The Maasai Livestock Development and Range Management project, which ran for a decade starting in 1969, aimed to turn subsistence pastoralists into commercial beef producers for urban and international markets.¹¹⁷ But USAID 'experts' advising the programme did not consider that Maasai breeding and management strategies were optimised for milk rather than beef.¹¹⁸ And although some aspects of the project were popular, such as the provision of veterinary services including dips to kill ticks, once it ended so did all maintenance and support (Hodgson 2004 [2001]: 208, 218-221; see also Gardner 2016: 17; Kettel 1992: 34).¹¹⁹ This abrupt neglect led thousands of cattle to die during the economic crisis of the nineteen-eighties.¹²⁰

¹¹⁷ After a major drought in the early 1960s, some Maasai families had begun growing small maize fields to supplement and diversify their food sources, but this actually violated government regulations — 'pastoralists' were not supposed to farm. Meanwhile, 'Swahili' farmers were allowed to settle in lands designated for Maasai ranching (Hodgson 2004 [2001]: 159, 217).

¹¹⁸ The project introduced 'improved' bulls to herds. But these heftier bulls required more food and water, could not trek long distances, and were more susceptible to East Coast fever (ECF) — leading many to die as well as inadvertently injure female cows (Parkipuny 1979: 148-150).

¹¹⁹ Certain bovine diseases, including East Coast fever, are spread by ticks. ECF was already endemic in East Africa before colonialism and immunity was usually acquired during calthood, but had a high mortality rate (Waller 2004: 55). Veterinarians in the 1970s were only beginning to appreciate that asymptomatic animals could be ECF carriers, making dips less effective (Waller and Homewood 1997: 73-74).

¹²⁰ A similar problem happened in the 1930s. During the 1880s and 1890s, contagious bovine pleuro-pneumonia and rinderpest had entered East Africa. Both diseases temporarily devastated the herds of Maa pastoralists, but were later controlled partly through vaccinations and close monitoring. When the Great Depression began, however, cutbacks led the Tanganyikan government to abandon these programmes, causing mass cattle deaths (Waller 2004: 54, 60, 76).

Five years into the USAID supported livestock project, the government additionally launched Operation Imparnati,¹²¹ which forcibly relocated dispersed Maasai populations into villages with the intent of hastening the country's socio-economic development (Hodgson 2017a: 71).¹²² But villagisation neither immediately nor completely changed people's social relations (Gardner 2016: 48-53).¹²³ Initially, almost all village chairpersons were already *ilaiguenak* (McCabe, Leslie and Davis 2020: 156). And it was not until district officials began appointing village executive officers to represent their interests that this leadership became more integrated into the government system during the nineteen-eighties and nineties.¹²⁴

¹²¹ *Impárnati* means 'permanent homesteads' in Maa (see Mol 1996: 326). Maa pastoralists were not included in an earlier phase of villagisation in Tanzania, but it eventually became mandatory (Gardner 2016: 48).

¹²² Villagisation was thought to foster national unity while also better facilitating the provision of government services (Hodgson 2004 [2001]: 153). Government officials further believed that the rotational grazing system used by 'nomadic' Maa pastoralists was 'primitive' and needed changing (Ndagala 1982: 29).

¹²³ A village's assembly includes all adult residents. The assembly elects a village chairperson, secretary and treasurer. Each village is further divided into sub-villages that have their own chairpersons and secretaries (McCabe, Leslie and Davis 2020: 153-154). The sub-village of Pookí Wueji held elections every five years and it was at this level that people not fluent in Kiswahili, particularly women, were able to participate actively.

¹²⁴ Furthermore, it was not until the 2008/2009 drought that some Maasai communities in Simanjiro began using village administration to challenge expectations of inter-*iloshon* hospitality. Historically during droughts, Maa pastoralists and their livestock would be accommodated by another less severely impacted *oloshô*. However, former drought reserves have become increasingly inaccessible due to the expansion of protected areas and private property. These pressures led village land committees to suggest alternative solutions for future droughts — such as designating specific areas for climate migrants, limiting the number of livestock allowed or charging grazing and water fees. The proposed changes were considered by village councils, voted on by village assemblies and formalised into village laws (McCabe, Leslie and Davis 2020: 156-157).

Meanwhile, Maasai-led NGOs started to articulate their grievances against the Tanzanian state using the language of indigenous rights,¹²⁵ thus emphasising their distinct ethnic identity in a country whose national ideology is deeply critical of tribalism (Hodgson 2011: 76; Igoe 2006).¹²⁶ In protest of the government's plan to remove families from their homes in Loliondo, over fifteen hundred Maasai women in 2012 gave up their CCM membership cards.¹²⁷ With evictions still looming the following year, twenty thousand Maasai people gathered in protest — threatening to abandon CCM for Chadema (Gardner 2016: 1, 164).¹²⁸

¹²⁵ For example, the MP for Ngorongoro, Lazaro Moringe ole Parkipuny addressed the United Nations with the declaration, 'Our cultures and way of life are viewed as outmoded, inimical to national pride and a hindrance to progress... we do not advocate separatism, but assert the fundamental human right to maintain our cultural identity' (Parkipuny 1989). The following year, he founded the NGO Korongoro Integrated People Oriented to Conservation — Kipoc, meaning 'we'll live/survive/recover' in Maa (Gardner 2016: 28; see Mol 1996: 334).

¹²⁶ Parkipuny became involved in indigenous rights after being hired to work on the Range Management project with USAID, who sent him on a tour of the United States to view 'proper ranches'. But as Parkipuny told Hodgson, 'at the airport one day, I met a Navajo from Windrock. We talked some and he invited me to visit... It was my first introduction to the indigenous world'. And as Hodgson explains, 'He quickly realized that the Maasai experience of being marginalized—of land alienation, forced settlement, deep disparities in the provision of social services, cultural disparagement, and at times, forced assimilation, first by the colonial and then postcolonial state—was not unique, but part of a global pattern' (2017b: 43-44).

¹²⁷ Tanzania had granted exclusive hunting rights in Loliondo to the Otterlo Business Corporation in 1992, where six villages border Serengeti National Park. The company constructed a private international airstrip on the land and used state police as their personal security guards, allegedly capturing live animals illegally for transport. Prior to the women's protest, Tanzanian police in 2009 began forcibly removing thousands of villagers using the company's vehicles. In 2010, a government plan to turn the disputed land into a protected area and hunting reserve leaked to the public (Gardner 2016: 2-3, 163).

¹²⁸ Also in Loliondo, Tanzania Conservation Limited — a subsidiary of Thomson Safaris — purchased land in 2006 already containing a dispensary and two primary schools in addition to key water sources and established footpaths, with the intention of turning the area into a luxury tourist camp. In 2010, the predominantly Maasai village of Soitsambu brought a landmark case against the company, arguing that the land belonged to the village (Gardner 2016: 107, 118-122). Residents' homes have been burned; they have been beaten, detained and shot at for attempting to access the land (Minority Rights 2015). The case is ongoing.

Unfortunately, the evictions went forward in 2022 — with some Maasai residents accused by the Tanzanian government of being ‘illegal immigrants’.¹²⁹

In response to such pressures, *iloshon* representatives have argued that Maasai governance should mirror Tanzania’s system of decentralised administration — placing *ilaiguenak* at the village, ward, district and regional level to work with government-based leadership.¹³⁰ And as noted by Mara Goldman, *ilaiguenak* often garner more respect within Maasai communities than politicians (2020: 205).¹³¹ Limited fluency in Kiswahili has made political participation beyond the village level inaccessible for many, but this is changing with increased school access.

Despite theoretically universal primary education, Maasai children generally lacked opportunities for formal schooling prior to the nineteen-eighties. Institutions built by Christian missions initially admitted only boys, and it was not until the nineties that Maasai girls began trickling into secondary schools (Hodgson 2017a: 72-73). An older woman in Pookí Wueji told me with regret, ‘*Te*

¹²⁹ AFP 2022; see also Karashani and Tairo 2022; Oakland Institute 2022. According to the lawyer Edward Porokwa, more than 600,000 Maasai-owned cattle in the area were seized or killed by the government between May 2022 and June 2023 — with residents fined over \$2.5 million for grazing on the land. Schools, health facilities and water sources have been closed. Porokwa commented, ‘It is a forcible relocation, denying the locals access to basic social and economic services and making their life unbearable while also ensuring that the Maasai pastoralist way of life is destroyed’ (Karashani 2023a).

¹³⁰ The past few decades have seen a dramatic expansion in village and family clan *ilaiguenak*, in addition to the more traditional age-set representatives. But these newer leaders are sometimes viewed as overly ‘political’ (Goldman 2020: 203-205). And in Pookí Wueji, a corrupt representative would jokingly be called *enkaiguenani e nkisugi* (a spokeswoman of tobacco) or *olaiguenani loo mandazi* (a spokesman of fried dough).

¹³¹ Some constituents have nonetheless demanded that their politicians to be initiated Maasai. During the 1990 Monduli district parliamentary election, for example, the candidate Salash Touré — who had been adopted by President Sékou Touré of Guinea from Maasai parents — lost after being mocked as a ‘boy’ for not having participated in *emuratare* (Hodgson 2004 [2001]: 192). And the Kenyan Maasai politician Peris Tobiko faced a similar situation during her first parliamentary campaign in 2007, when rumours spread that she had not been initiated (Kipuri and Ridgewell 2008: 14). But Tobiko was triumphant five years later, becoming the first female MP of Kajiado East (Kimutai 2021).

nará enkinyi, naaku mwananachi wa Tanzania... Órè taata nji matumoki aatá amu aará moruo. Aará modooni amu eitú aisoma. [If I were little, I'd become a citizen of Tanzania... Now I don't have the opportunity because I'm old. I'm blind because I didn't study].¹³² She was a citizen and yet 'citizenship' felt unattainable.

Being Maasai, Becoming 'Swahili'

Maasai 'tribalism' has remained especially salient in Tanzania partly due to the continued (but not unshakeable) relevance of *iloshon*, *ilaiguenak* and other socio-political structures. Older generations in Pookí Wueji described being Maasai as an ongoing process — enacted through religion, language, clothing, food and bodily modification. Bodies became Maasai; it was not guaranteed at birth. Younger generations, however, were more likely to situate Maasai identity as a matter of descent.¹³³ These differing perceptions created a broadly generational divide over who was (and was not) considered truly Maasai.

Kimani's mother Resiato lamented, '*inkera ang nepuoito ajung iyioók iloréren. Metáa órè sana sana entókì sápuík. Taá mambo oo lmeek eimita*' [The nation is going to inherit our children from us. It's very much a huge thing. They're traversing in 'Swahili' matters.] She further fretted, '*Taata nji nanangare*

¹³² However, such women in Pookí Wueji actually did find ways of participating in national politics. For instance, Kimani's mother Resiato and her co-wife performed for me an *errepeta* (praise song) they had sung in Maa during the 1995 presidential election in support of Augustino Mrema, a Chagga man from Kilimanjaro then running as a candidate for the NCCR-Mageuzi opposition party. By the time of my fieldwork, however, women were no longer creating these *irrepeta* since the Church opposed them as indecent — presumably because the genre included songs that girls and *ilmúrràn* composed to celebrate their lovers (see Pratt 2002: 250-253).

¹³³ This conceptual shift was part of a much larger trend that began in other areas during colonialism. As Elizabeth Colson explains, under indirect rule 'political units were transformed into descent groups' (1986: 17).

emaasinta te nkóitói neji emeeki amu mebúá [Now I meet a Maasai woman on the road and she's called 'Swahili' because she didn't have her teeth pulled.]¹³⁴ But even as Resiato bemoaned the decline of such alterations, the incisors of her own youngest children were intact.

She explained, '*kiibá epuoi aakueniyiéki to shule*' [we hate that they'll be laughed at in school.] Despite viewing such modifications as integral to their identity, parents in Pookí Wueji abandoned them out of fear their children would be bullied by 'Swahili' students and teachers.

Cartilage piercings and earlobe stretching appear to have largely ended in Pookí Wueji around the nineteen-nineties. Members of the Makaa and Landis age-sets, who were *ilmúrràn* from roughly 1971-1987 and 1983-2003 respectively,¹³⁵ were the last groups to have them.¹³⁶ And removing the lower incisors seems to have stopped sometime during the first decade of this century.¹³⁷ The tooth gap was common among members of the Korianga age-set, such as Kimani, but not

¹³⁴ Maasinta is the mythical founder of *olmaâ*. And people often used *emaasinta* (f.)/*olmaasinta* (m.) to reference someone as Maasai. The translation of *emeeki* (f.)/*olmeeki* (m.) is slightly more ambiguous, but generally means a non-Maasai, Bantu person and is particularly associated with the spread of 'Swahili' culture.

¹³⁵ Women are not formally initiated into one *olaji* (age-set), but are in an *esírit* (cohort) with all other women who were initiated during the same period. For example, if a girl underwent *emuratare* when the Landis were *ilmúrràn*, then her *esírit* would be associated with the Landis. One song performed in celebration of girls' *emuratare* that I recorded included the line, '*Ti nilo niirish emurata, naaranyaki osínkólio lang — osínkólio ngejúk eewuo esírit ang*'. [If you go defend initiation, I will sing to you our song — a new song of our *esírit*.]

¹³⁶ For the dates of Maasai age-sets in Tanzania see Goldman 2020: 27; Hodgson 2004 [2001]: 24; Ndagala 1992: 93; Pratt 2002: 48. For Kenya see Mol 1996: 12-15; Spencer 2004 [1988]: 96; 2009 [2003]: 28. The names of age-sets in Kenya and Tanzania diverged in the 1970s after the Seuri, who were *ilmúrràn* from around 1957 to 1975. In other words, this particular coordination between Tanzanian and Kenyan Maasai ended with independence as political borders further hardened.

¹³⁷ Kimani preferred a functionalist explanation for this ending, arguing that removing the lower two incisors made it easier to give liquid in cases of serious illness, but that this was less of an issue now because hospitals were increasingly accessible. Otto F Raum similarly asserted that 'because of the danger of lockjaw, a gap must be made in the teeth through which the patient can be fed' (1997 [1940]: 302).

the Nyangulo — who began their initiations as teenagers in 2011.¹³⁸ Meanwhile, European-style stud earrings have gained popularity among girls.¹³⁹

And during my fieldwork, a campaign to eradicate Maasai-style piercings launched from Kenya — framing it as an issue of tribalism. One news report stated, ‘leaders are now pushing to have the culture abolished, especially in an era where ethnic and tribal affiliations are dividing the country’ (*KTN News Kenya* 2013).¹⁴⁰ Interestingly in both Tanzania and Kenya, the ending of ‘traditional’ ear piercing was further presented as a promising precursor to the elimination of FGM.¹⁴¹

In one anti-FGM song written by S.A.F.E., an organisation that uses art for social change, Maasai performers argued against female genital cutting by singing, ‘We are true Maasai and not foreigners, but see our ears are not pierced. Our children are Maasai, but their ears are not pierced’ (Nick Reding, personal

¹³⁸ Maasai interlocutors generally preferred to configure time in terms of events rather than years, although the use of numerical dates is rapidly becoming more important. The Nyangulo age-set began the year before my initial fieldwork, while the Korianga age-set started in 1997 and had their *olngesher* ceremony marking their transition into full adulthood in 2017 (see also Goldman 2020: 27; Pratt 2002: 222).

¹³⁹ However, not everyone was bothered by the stigma against ‘traditional’ piercings. While visiting a market in the Simanjiro district of the Manyara region, I spoke with one woman selling earrings to accommodate both stretched and unstretched earlobes. And I observed many young Maasai women in the area sporting lightly stretched pierced ears, but not the cartilage piercings common among older adults.

¹⁴⁰ Maasai women face contradictory social expectations in Tanzania and Kenya. They may be ridiculed for their stretched earlobes but then valued as photo ops (see Hodgson 2017a: 124). And Kimani noted that at public events, like choir competitions, Maasai women were expected to perform in their ‘traditional’ jewellery.

¹⁴¹ For instance, the *Daily News* reported that ‘traditional leaders’ say ‘FGM will soon end in the area without using force as it has been the case with other harmful cultures like ear piercing’ (Jacob 2012; see also Jacob 2014a; Kabigi 2002; Kamau v Hon. Attorney General 2021: 6; Odeny 2021).

communication, 16 February 2018).¹⁴² When an updated version in Maa became available online, I shared it with Kimani (SAFEinKenya 2020).¹⁴³ But since its lyrics use *a-pón*, meaning to notch an animal's ear, as a euphemism for genital cutting — he was thoroughly confused and thought the entire performance was just about not cutting girls' ears.¹⁴⁴

Conclusion

As Henrietta Moore notes, 'culture is never simply culture, it is always politics' and what is (or is not) defended in its name 'is not a statement about the past, but about the future present' (2007b: 311). On Mount Kilimanjaro, 'traditional' ear piercing and tooth removal ended as the rites were no longer relevant to the area's changing socio-cultural milieu. The medicalisation of male genital cutting then

¹⁴² While in America, the British actor Nick Reding met Shaffiq Essajee, a physician working to establish a paediatric HIV clinic in Mombasa. Reding accompanied Essajee to Kenya in 2001, where he commissioned a play starring an HIV-positive protagonist. The play *Huruma* (Compassion) was a hit and featured in the 2005 film *The Constant Gardner*. This led Reding to found S.A.F.E., Sponsored Arts for Education, whose trustees have included Alan Rickman, Jane Birkin and Anjelica Huston (Hoggard 2005; MacLeod 2014). As part of this project, Reding and Amos Leuka co-founded the troupe Safe Maa. Their work then shifted to ending female genital cutting — using a programme co-designed by Sarah Tenoi that was publicised in the launch of *The Guardian*'s massive End FGM media campaign (SAFE 2022; Tenoi 2014).

¹⁴³ This version of the song was performed by the organisation's Safe Samburu troupe rather than Safe Maa, but both groups sing in the Maa language.

¹⁴⁴ The song's English subtitles are dramatically inaccurate in places, presenting a message that is more appealing to those in the Global North. For instance, during an exchange one group sings, '*Entoomononi peé erropili. Peé errip olmáréi. Kiyiéú intoomonok naarropili loshó ang pookí*' [A new mother should be blessed/fragrant. She should protect the family. We want across our nation mothers who are blessed.] Another group then responds, '*Kokoó, anaake erropil intóyiè ang to kerreti ngéjúk*' [Grandmother, our daughters are always blessed with the new custom.]

Initiates are seen as blessed by God (*Enkái*) — where to be 'fragrant' (*-rropil*) means to be 'blessed' (see Mol 1996: 352; see also Kratz 1994: 350-351, 446). And the 'new custom' presumably refers to initiation without cutting. But the English subtitles remove this religious context to instead read, 'An uncut woman is not clean and cannot be a leader. If you are a true Samburu woman, you will be cut' followed by the rejoinder, 'Our girls are clean and perfect without the cut'.

severed the interdependence of female and male initiations, leading to the eventual abandonment of female genital cutting. And this sequence of events may be in the process of repeating itself across Maasai communities in northern Tanzania. In the next chapter, I explore the impacts of female genital cutting's criminalisation.

Chapter Three

Mikiyoló Tukul: We Totally Don't Know

When I asked Lemiso, a friend of Kimani's father, why the government had made female genital cutting illegal, he replied, '*mikiyoló tukul*' [we totally don't know.] This was a common response, particularly among Maasai women and men not comfortably fluent in Kiswahili and old enough to have adult children. Everyone I spoke with was acutely aware of the law's existence but not necessarily *why* it existed, despite years of governmental and non-governmental interventions. Here I explore the sources of this genuine confusion and its consequences.

Like many issues that emerged only after careful (re)translation of my fieldwork audio files, it took a long time for me to appreciate the scale of this bewilderment. As my Maa interpreter, Kimani had actively obscured the matter through (mis)translations that reshaped the speech of interlocutors to be more simpatico with governmental and NGO narratives of genital cutting. It was only much later, after my Maa language skills had improved that I grasped these incongruities.

The chapter begins by considering the socio-political context of Tanzanian women's mobilisation and its tumultuous divisions leading up to the criminalisation of FGM in the aftermath of the 1995 World Conference on Women

in Beijing. I then examine how NGOs in Kilimanjaro have ‘translated’ FGM as a violation of human rights, and how this process has been impacted by the ways in which these organisations manifest their authority in practising communities.

Illegal Genital Cutting

Acts of female genital cutting became criminalised in a variety of African countries during the nineteen-nineties, including Tanzania. Jennifer Coffman argues that the passage of these laws ‘was less a response to dramatic shifts in local sentiments and/or practices and more an attempt to placate the so-called international community’ (2007: 68).¹ Indeed, the platform for action emerging from the United Nation’s 1995 World Conference on Women called for the enactment of legislation against FGM as well as the provision of ‘vigorous support’ to non-governmental organisations for its elimination (UN 1996: 52, 97). The following year, the World Health Organization launched its own plan of action further calling on countries to adopt legislation against such procedures (WHO 1997b: 12).² But the global and local are ambiguous, porous categories.

Clear boundaries cannot be drawn here between grassroots initiatives and international agendas (see Bernal 2017: 55). Margaret Snyder has described the

¹ For instance, Senegal outlawed the procedures in 1999 following UN guidance. But the law initially lacked widespread support among local anti-FGM activists, and several of them met with politicians to warn that criminalisation could be counterproductive. The parliamentarians were sympathetic but unable to delay the law’s implementation. MP Jean Paul Diaz commented, ‘The law has not only undermined local efforts to stop female circumcision, it has undermined our democratic process’. Some viewed the legislation as a performance for Western consumption, with the MP Momar Lo — who introduced the bill — reportedly remarking, ‘No one is really going to jail... The government will ensure the courts don’t apply the law’ (Hecht 1999; cf. O’Neill 2012: 62-63).

² The ‘Regional Plan of Action to Accelerate the Elimination of Female Genital Mutilation in Africa’

United Nations as the ‘unlikely godmother’ of the global feminist movement (2006: 24). And Tanzanian women have been vital participants in it.³ The Tanzanian stateswoman Gertrude Mongella led that 1995 World Conference on Women, but it was those from the Global North who made FGM its cause célèbre — with Hillary Clinton telling attendees, ‘It is a violation of human rights when young girls are brutalized by the painful and degrading practice of genital mutilation’ (Shell-Duncan and Hernlund 2000: 27; see Hale 2005: 215-216; Nnaemeka 2005: 13). Moreover, shifting sentiments in the United States may have played an outsized role in bringing to fruition the Tanzanian legislation.

Elizabeth Heger Boyle, Fortunata Songora and Gail Foss connect the timing of Tanzania’s legislation against FGM to pressure from international lenders (2001: 534). The United States passed a law in 1996 requiring American representatives at the World Bank, International Monetary Fund and other financial institutions to oppose loans for anything other than humanitarian aid to countries whose governments were not carrying out programmes to prevent FGM (Dugger 1996a; Shell-Duncan and Hernlund 2000: 32).⁴ This law came in the wake of a young Togolese woman, Fauziya Kassindja,⁵ gaining asylum from FGM in a landmark, headline-making case — triggering an outpouring of public

³ Asha-Rose Migiro, for instance, served as the Deputy Secretary-General of the United Nations and UN-HABITAT was overseen by Anna Tibaijuka (Tripp and Badri 2017: 6-8).

⁴ But even before this law, Melissa Parker learned that the International Monetary Fund had made a loan to Burkina Faso conditional on the country agreeing to take further action to end female genital cutting (Parker 1995: 506).

⁵ also spelled Kasinga

sympathy (Piot 2007).⁶ But the ruling in her favour also necessitated assurances that the US would not see a ‘flood of new claims’ related to genital mutilation, and so methods of limiting the number of successful applicants were sought (Coffman 2007: 63).⁷ By pressuring African governments to adopt language opposing such procedures, American courts could more easily argue that asylum seekers did not face ‘county-wide’ threats in their places of origin.⁸

Nonetheless, members of the women’s movement in Tanzania actively pushed for anti-FGM legislation. These Tanzanian campaigners were supported by external donors and utilised the language of international human rights, but did not act passively or without agency.⁹ They were no less part of the ‘international community’ than Americans or Europeans advocating against such procedures;¹⁰

⁶ The NGO Equality Now began a campaign advocating for Kassindja after learning about her case at the 1995 World Conference on Women (Mann 1996). The teenage asylum-seeker had been imprisoned by the US Immigration and Naturalization Service for over a year, during which time she was at points shackled, tear-gassed, beaten, put in isolation and denied access to menstrual products (Dugger 1996c). Unlike the issue of FGM, her treatment in detention was noted with alarm but did not spark legal change.

⁷ In a *New York Times* article about Kassindja’s case, Celia Dugger explains that ‘Researchers on women’s refugee issues have said that making genital mutilation a basis for asylum claims would be unlikely to lead to a flood of new claims. Most women are subjected to genital mutilation as young girls, before they have the means to escape. Even those who want to flee later often lack the money to do’ (1996b). But the fact that Dugger felt the need to assure readers no such flood was coming implies it was a point of concern — even if unfounded (see Bashir 1996: 451).

⁸ Isabelle Gunning notes that anti-FGM legislation in the United States ‘passed with ease. There was little debate, discussion, research, mark-up, or controversy... A vote for such a bill was a way for conservatives who had little interest in women or people of color, as shown by voting records, to claim concern for racial and gender issues’ (2002: 121). But the efficacy of criminalisation was unclear.

And as Gunning wrote at the time, ‘Micro aggressions appear to be on the rise. There are more and more stories of strangers stopping African women to ask whether they are mutilated and accounts of doctors who decide to perform genital examinations on girl children of African immigrants—even if the health problem they present is a sore throat’ (2002: 122).

⁹ Salma Maoulidi, for instance, characterised the Tanzanian law criminalising FGM as ‘a testament to the implementation of CEDAW and the Vienna Declaration... the Act reflects development in international human rights law and advocacy for women’s human rights’ (2011: 49).

¹⁰ And of course, people circulate globally. The American sociologist Margaret Snyder — known as the UN’s ‘first feminist’ — received her PhD at the University of Dar es Salaam (Risen 2021). And the prolific Tanzanian feminist academic Marjorie Mbilinyi was born in the United States (Bujra 2017; UDSM 2022).

these women also tended to be educated, urban members of the elite (see Hodgson 2017a: 104).¹¹ But noticeably absent from their efforts were women specifically representing communities practising female genital cutting.¹² International consensus against such procedures was seemingly treated as sufficient, negating the need for significant participation or input from locally affected women.¹³

Foreign aid to the state had decreased in favour of funding non-governmental organisations, but such groups were disproportionately located in wealthy areas and often inaccessible to the most disadvantaged members of society (Bernal 2017: 42; Mercer 1999: 249). By the nineteen-nineties, the anti-neoliberal sentiment that dominated the women's movement under socialism in Tanzania had given way to a more free-market friendly version of liberal feminism. As this section will explore, it was within this economic context of defunded social services that FGM became illegal, and its practitioners easy scapegoats for larger developmental failings. This dynamic of blame continues decades later and affects how the law is understood in practising communities.

¹¹ My point here is not to disparage these highly accomplished campaigners, but to consider how their positionality influenced their approach to this topic and engagement (or lack thereof) with practising communities (see also Hodgson 2017: 128n16).

¹² As Dorothy Hodgson details, 'while elite women were increasingly provided some leadership opportunities by the state and party, rural or "grassroots" women were presumed to be too ignorant, constricted by their "culture," and in need of guidance to participate or lead' (2017: 68).

¹³ Female genital cutting was already a matter of public debate among Maa pastoralists at the time. During the first Maasai Conference on Culture and Development, held in Arusha in 1991, some attendees suggested switching to an exclusively symbolic cut. The issue was again raised five years later at the Maa Women's Conference on Culture and Development, but participants deemed it 'not a pressing issue' (Hodgson 2011: 114-120). This in no way implies these women would have necessarily or uniformly opposed the law, but that it was neither a priority nor straightforwardly desired by all.

The Women's Movement in Tanzania

The Women's Research and Documentation Project (WRDP) was the only Tanzanian organisation to hold workshop sessions during the 1985 United Nations World Conference on Women, held in Nairobi. This independent collective started as a reading group in 1978 and formalised under the Institute of Development Studies at the University of Dar es Salaam two years later (Bujra 1990: 50; Meena and Mbilinyi 1991: 852-855).¹⁴ Non-governmental organisations began to become more active in Tanzania in the nineteen-eighties, but popular participation flowed primarily through the CCM party apparatus since independent forms of association were suppressed under single-party rule until the nineteen-nineties (Mercer 2003: 748, 753). Consistent with most work in Tanzania on gender at the time, WRDP framed their analyses in terms of decolonisation and socialist transformation.¹⁵ During the World Conference on Women in Nairobi, as well as the first such conference ten years prior in Mexico City, delegates from the Global South and Eastern Bloc connected women's rights to issues of imperialism, racism, apartheid and wealth redistribution.¹⁶

¹⁴ This does not mean that gender-based studies received an easy welcome at the university during the nineteen-seventies. Professor Marjorie Mbilinyi recounts, 'The progressive left at the university was dominated by dogmatic Marxists who had no conception of, nor tolerance for, the notion of (class/gender/race) intersectionality. They demanded a "purist" static class analysis that could not grapple with the grey areas of structural change and power relations/struggles in post-colonial Tanzania' (Bujra 2017).

¹⁵ For example, WRDP members Ophelia Mascarenhas and Marjorie Mbilinyi wrote: 'the oppression of women is fundamental to imperialist and capitalist exploitation'. And Mbilinyi stressed that 'the question of women must not be seen as merely a sex problem but must be situated in the specific class situation... the struggle against exploitation is a struggle of women and men against exploitative and oppressive capitalist and patriarchal relations' (Mascarenhas and Mbilinyi 1983: 9, 65).

¹⁶ See Ghodsee 2019:7. Moreover, as Kristen Ghodsee describes, 'Until the early 1970s, the Soviet Union and its allies dominated discussion of women's issues at the United Nations'. And the UN's designation of 1975 as International Women's Year, leading to the UN Decade for Women, was first proposed by a delegate from the Socialist Republic of Romania (Ghodsee 2021).

In Mexico City — activists from Chile, Guatemala, the American Indian Movement and Palestinian Liberation Organisation criticised the disproportionate influence of US policies and multinational corporations (Olcott 2017: 2).¹⁷ And the pioneering Ghanaian lawyer Annie Jagge voiced frustration over US attendees who wished to avoid ‘political’ issues, such as their government’s assistance to Augusto Pinochet, in favour of a narrow focus on women’s legal and economic equality (Ghodsee 2021). This discord carried over to the Nairobi conference where the US delegation led by Maureen Reagan, daughter of then President Ronald Reagan, initially threatened to pull out if apartheid was on the agenda (Nnaemeka 2005: 13).¹⁸ The anti-imperialist, anti-neoliberal WRDP’s participation in this milieu was an important moment for Tanzanian women’s mobilisation but also came at a time of national upheaval.

President Nyerere retired the year of the Nairobi conference and his successor, Ali Hassan Mwinyi, quickly embraced sweeping capitalist economic reforms (Hodgson 2017a: 108). Structural adjustment policies accompanied by a new, market-oriented and individualistic ideological mood affected all non-governmental organisations in Tanzania. Income inequalities escalated while public social services were deliberately dismantled in favour of privatisation (Mbilinyi and

¹⁷ This criticism occurred during a Tribune session entitled ‘Women Against Imperialism’. The 1975 event held two parallel meeting types: the International Women’s Year Conference for governmental delegates and the International Women’s Year Tribune for the public. Amanda Ricci notes that, ‘Indigenous women were either absent or tokenized at the first conference... In contrast, Indigenous activists from across the Americas were highly active and visible at the Tribune’ (2017: 278-279).

¹⁸ These political issues were treated as an unproductive distraction by many American delegates. Irene Tinker, for example commented, ‘Did women really have any chance of changing apartheid by voting about it at the conference? The answer is no’ (Ghodsee 2019: 8). Maureen Reagan offered an olive branch during her speech by affirming, ‘Apartheid is abhorrent to the government and the people of the United States. In addition to its demeaning and destructive effect on the black people of South Africa, its effects upon women are especially severe’ (United Press International 1985).

Shechambo 2015: 81).¹⁹ As the real value of wages declined, WRDP's members had to supplement their earnings with side-projects, such as raising chickens or consulting (Meena and Mbilinyi 1991: 855). Two divergent factions developed within the Tanzanian women's movement — those like WRDP demanding societal transformation versus those calling for gender parity in education, employment and government as an end in itself (Mbilinyi 1985: 78; Bujra 1990: 51).²⁰ The latter camp of liberal feminism would eventually dominate.²¹

Some time after the Nairobi conference, former members of the WRDP's mass media subgroup splintered off to establish the Tanzania Media Women's Association — TAMWA (Meena and Mbilinyi 1991: 854; cf. Sheikh 2004: 95).²² This subgroup consisted primarily of young, female journalism school graduates who were concerned by the state of mainstream press reporting on women (see Alloo 2003 [1995]: 303).²³ TAMWA used mass media as a tool to address gender-

¹⁹ This is not to argue things were necessarily functioning well under Nyerere (see Freund 1981; Samoff 1981).

²⁰ Demere Kitunga and Marjorie Mbilinyi have expressed concern over the limitations of liberal feminism, explaining, 'liberal feminism demands that women entrepreneurs have access to bank loans on the same terms as men... This means in practice that a few women will benefit from credit programmes, along with a few men, while excluding the majority of both women and men. Transformative feminism might call for alternative strategies of financing which benefit all classes/genders equally' (2009: 436).

²¹ While liberal feminism gained comparative dominance, the global movement for women's equal rights nonetheless faced a conservative backlash in the 1980s and 1990s (see Faludi 1993 [1991]: 1-18).

²² This point appears to be somewhat contentious and/or political since neither Fatma Alloo (2003 [1995]) nor Leila Sheikh (2004) name WRDP in their origin stories of TAMWA.

²³ In response to these concerns, the subgroup had produced their own radio series in Kiswahili and English. Their episodes on teenage pregnancy were popular but when they tried to cover domestic violence, the broadcast on Radio Tanzania was blocked by a power struggle with management at the Institute of Development Studies (Meena and Mbilinyi 1991: 853-854). Mbilinyi further details, 'We successfully negotiated for a grant from Ford Foundation. Just as we were about to receive the money and the car in 1982, the all-male IDS management team intervened and claimed that all such resources belonged to the institute!' (Bujra 2017). Such disputes led the collective to sever ties with the Institute, thus becoming the autonomous organisation known as the Women's Research and Documentation Project.

based violence — for example popularising the term for sexual harassment in Kiswahili, *unyanyasaji wa kijinsia* (Sheikh 2004: 102) — in addition to publishing the long-running quarterly magazine *Sauti ya Siti*.²⁴ And after Tanzania adopted a multiparty system, TAMWA offered various events to encourage women to stand for constituency seats, including training on public speaking, campaign management and lobbying (Yoon 2008:71). They embraced liberal feminism.

By the 1995 World Conference on Women in Beijing, the political landscape had shifted substantially not only in Tanzania but also globally. As described by Kristen Ghodsee, ‘a certain brand of liberal, bootstrap-pulling, entrepreneurial feminism’ dominated the Beijing conference. And although many leftist and socialist women attended, they no longer held the same sway after the dissolution of the Soviet Union. Women’s rights as human rights became a point of focus, but public provisions of services were downplayed (2019: 236, 239). At the same time, the topic of FGM ‘eclipsed poverty, war, violence against women, maternal mortality, economic opportunity, and education rights as a topic of workshops’ (Gruenbaum 2014: 111; see also Shell-Duncan and Hernland 2000: 27).²⁵ Stopping these procedures became a key priority of the international donor community.

²⁴ The name *Sauti ya Siti* (Women’s Voice) was inspired by the great Zanzibari taarab singer Siti binti Saad. English versions of the magazine were more expensive to help subsidise the Kiswahili version, which was distributed to rural libraries, schools and ministries (Alloo 2003 [1995]: 304).

²⁵ The subject had also been raised at the 1980 World Conference on Women in Copenhagen and the 1985 conference in Nairobi. These previous events highlighted tensions around who could and should take the lead in defining the problem and its solutions (see Çağatay, Grown and Santiago 1986: 407). At the NGO Forum in Copenhagen, representatives from Burkina Faso — a former French colony — were dismayed that a French representative with little direct knowledge of Africa was chosen to chair the session on FGM (Dorkenoo 1994: 62-63; Obiora 1997: 327). The procedures were depicted as ‘savage customs’ from ‘backward’ cultures (Gilliam 1991: 218). As Christine Walley explains, ‘While some of these women themselves opposed female genital surgeries, they objected to the way the issue was being handled by First World feminists and called attention to the troubling power dynamics that existed between the First and Third Worlds’ (1997: 419).

Creating the law

Economic and political liberalisation during the nineteen-nineties fuelled an explosion of new NGOs in Tanzania dependent on the whims of foreign funding (Mercer 2003: 754).²⁶ Even today funding opportunities tend to dictate the activities of such organisations, making it not uncommon for NGOs to switch their aims in search of funds (Green, Mercer and Mesaki 2012: 723-726).²⁷ And after the World Conference on Women in Beijing, foreign donors wanted to fund efforts against FGM.

Using organisational development guidance and funding from two Dutch institutions,²⁸ TAMWA launched a lobbying campaign in 1997 focused on rape, child sexual abuse, sexual harassment and FGM (Sheikh 2004: 98, 104-106).²⁹ They had opened Tanzania's first crisis centre in 1991, offering advice on employment and property rights as well as counselling and legal aid to women and

²⁶ By 1995, the Tanzanian government recorded over eight hundred NGOs active in the country, with 75% registered after 1990. By the early 2000s, this number had skyrocketed to more than 3,000 (Mercer 2003: 754). Around eighty percent of these organisations focused on women (Bernal 2017: 41; Tripp 2000: 200). But in Kilimanjaro, Claire Mercer found that these were primarily small-scale, income-generating groups whose members were mostly middle-class. In this way, such organisations acted to exacerbate existing socio-economic inequalities despite international rhetoric around 'empowerment' and grassroots activism (1999: 252-255).

²⁷ Funding fads also influence which issues get to be investigated. As Achola Pala describes, 'the primary orientation to development problems tends to be created on the basis of what happens to be politically and/or intellectually significant in the metropolises... Such continual redefinition of research priorities means that African scholars are forced into certain forms of intellectual endeavours... when women are asking for access to agricultural credit, a researcher on the scene may be conducting a study on female circumcision' (1977: 10).

²⁸ The Humanist Institute for Cooperation with Developing Countries (HIVOS) and the Netherlands Organisation for International Development Cooperation (NOVIB)

²⁹ Founding member Leila Sheikh describes tensions within TAMWA over the group's direction. A contingent preferred to focus on women's upward mobility within media organisations by facilitating study abroad opportunities and access to advantageous consultancies for its members (2004: 122). Consulting was financially lucrative, with one day's pay equalling the monthly salary of a professor at the University of Dar es Salaam. Moreover, working for an NGO had become an established pathway to employment at foreign foundations and embassies (Bernal 2017: 45, 52).

children experiencing sexual or domestic violence (*Sauti ya Siti* 1993: 111-115). Through this centre in Dar es Salaam, TAMWA had substantial experience dealing with issues of rape, child sexual abuse and sexual harassment.³⁰ But its cosmopolitan members were not all previously familiar with female genital cutting, practised by a minority of relatively marginalised populations primarily located in other parts of the country.³¹

As part of their legislative lobbying, TAMWA held consultations with members of the judiciary, police, mass media and various non-governmental organisations in addition to Christian and Muslim religious leaders. They also organised a symposium in the nation's capital Dodoma, attended by two hundred and seventy-five members of parliament and over two hundred activists. Within a year of the campaign's launch, the Sexual Offences Special Provisions Act was passed (Sheikh 2004: 104-106, 117-119).³² Under the Act, causing anyone below the age of eighteen to undergo 'female genital mutilation' became punishable by five to fifteen years in prison and/or a fine with payment of compensation to the person the offence was committed against.³³

Non-governmental organisations were under substantial pressure from the Tanzanian government to push forward developmentalist agendas while appearing apolitical (Tripp 2000: 203). The year before TAMWA's campaign began, the 'too

³⁰ Sheikh provides a snapshot of the crisis centre in 1999. That year they had 893 new clients, of which 773 were women, 67 men, 43 girls and ten boys. Roughly half of those cases were related to domestic abuse or sexual harassment. The others involved rape, divorce, child maintenance or custody issues and inheritance disputes (2004: 108).

³¹ Salma Maoulidi, for example, first learned of FGM while watching a documentary in France (Maoulidi 2008).

³² The Act brought several major legal reforms, including protecting the anonymity of children and victims of sexual violence in court records as well as broadening the definition of rape.

³³ SOSPA 1998: 169A

political' Baraza la Wanawake Tanzania had been suspended by the government.³⁴ Political liberalisation had its limits, and the law TAMWA lobbied for passed easily precisely because its subject matter was politically uncontroversial, at least at the national level (Lange and Tjomsland 2014: 80). More divisive issues, such as marital rape, ended up not being included (Sheikh 2004: 120).³⁵ And while criminalising acts of genital cutting practised by a minority of Tanzanians was not difficult, actually stopping them has been.

Making Harm Legible

What counts legally as an injury and as reasonable or unreasonable suffering is a socio-political process. Laws make harm legible, giving social meaning and moral significance to some forms of suffering but not others (Kelly, Harper and Khanna 2015: 4, 20-21; Marsland 2015: 27). The criminalisation of female genital cutting in Tanzania inscribed in law the procedures as harmful. This law came in the midst of the Safe Motherhood Initiative, launched in 1987 by the World Health Organization, UNFPA and World Bank — challenging nations to halve maternal

³⁴ Baraza la Wanawake Tanzania (BAWATA) —Tanzania Women's Council — addressed issues such as women's land ownership and inheritance rights. Aili Mari Tripp notes that the group's success in accessing foreign funding placed it in competition with CCM's women's wing, who tried to deregister them. Members of BAWATA faced intimidation from local authorities and even death threats, while their husbands were demoted or fired (Tripp 2000: 205). The group was eventually vindicated, but not until thirteen years later. Their constitutional court case was successfully defended by the renowned University of Dar es Salaam professor Issa Shivji (Tripp 2017: 170).

³⁵ And more controversial issues, such as access to abortion and LGBTQI rights, continue to be non-starters in Tanzania (Lange and Tjomsland 2014: 68).

mortality by the year 2000 (MacDonald 2022: 98). The WHO repeatedly emphasised that cutting harmed maternal health.³⁶

But women who had undergone these procedures did not necessarily agree — and the WHO's assertion was largely based on case studies of infibulation, something not commonly practised in Tanzania (see WHO 1998: 27-31).³⁷ Zubeida Tumbo-Masabo, a founding member of WRDP reported the year that the law was enacted,

[M]ost of the women I talked to know of the campaigns but did not agree with them... Though I tried to explain that the incision of the clitoris had a negative effect on the health of women, especially in childbirth, almost all of them did not believe me.³⁸ This argument lost credibility because with deterioration of health services, the occurrence of maternal death is widespread even among uncircumcised women (1998: 116-117).³⁹

³⁶ In 1989, the WHO's Regional Committee for Africa issued a resolution recommending the adoption of 'appropriate policies and strategies to eliminate female circumcision' due to its 'adverse effects on maternal and child health'. Five years later, the WHO's World Health Assembly urged all member states to 'establish national policies and programmes that will effectively, and with legal instruments, abolish female genital mutilation' under the belief that it causes 'serious problems in pregnancy and childbirth' (WHO 1997b: 35, 39).

³⁷ As Bettina Shell-Duncan notes, 'health information delivered in anticircumcision campaigns is often drawn from medical case studies of infibulation with extreme complications... In some instances, the discrepancy between well-meaning propaganda and the real-life experiences of affected women has been shown to undermine the credibility of such campaigns' (2008: 226).

³⁸ Interestingly, British colonial officials struggled to oppose incision of the clitoris precisely because it was not thought to affect childbirth. As Susan Pedersen explains, 'the medical establishment in Britain seemed unable to imagine any other arguments against the practice... Nothing so debilitated the campaign against clitoridectomy as this silence about women's sexual response' (1991: 667, 670).

Clitoridectomy was deemed 'relatively innocuous' by colonial figures such as John Langton Gilks, then director of Kenya's medical services. Meanwhile, excision of the labia minora was thought to cause scarring that obstructed labour. When the governors of East Africa convened in 1926, they therefore determined to discourage cutting beyond the clitoris — leading at least one physician to begin teaching the operation (Hetherington 1998: 117; Murray 1974: 111; Pedersen 1991: 656-667; see also Thomas 2002). This view persisted into the 1970s, with several doctors telling Myrtle Langley during her fieldwork in Kenya that clitoridectomy was 'not at all harmful' (1979: 60, 67 n29).

³⁹ Tumbo-Masabo additionally noted that in her women's focus group discussions, 'nobody agreed with the argument that female circumcision diminishes a woman's sexual pleasure' (1998: 116).

The macroeconomic situation had declined in Tanzania during the late nineteen-seventies and early eighties due in part to the increased cost of imported oil coupled with the decreased value of exported cash crops, in addition to substantial expenses from the war with Uganda (Vavrus 2005: 180; see also Meena 1991: 169-175).⁴⁰ The national health system struggled.⁴¹

Between 1980 and 1986, per capita governmental spending on health declined by over a third.⁴² Biomedical professionals were no longer paid a living wage, leading to kickbacks for care.⁴³ Devaluation of the Tanzanian shilling caused up to four hundred percent increases in drug prices (Lugalla 1995: 44-46). By the early nineteen-nineties, medication to treat a simple case of malaria could cost half a month's wages (TGNP 1993: 46).⁴⁴ Healthcare had been considered a basic right under Nyerere, but with austerity became a commodity.

The Tanzania Gender Networking Programme concluded: 'Women's health is in a state of crisis'. A crisis that had been exacerbated and spread by the structural adjustment policies of the World Bank and International Monetary Fund (TGNP 1993: 99).⁴⁵ Following the principles of the Washington Consensus, the World Bank called for a reduction in public delivery of health services and the implementation of user-fees, along with increased privatisation (Chorev 2013:

⁴⁰ Uganda had invaded Tanzania and this war led to the dictator Idi Amin's ouster.

⁴¹ In 1983, students at Muhimbili Medical Centre protested that forty prospective doctors were expected to share one cadaver for dissection while learning anatomy (Ilfie 1998: 215).

⁴² Tanzania's health services had dramatically expanded during the 1960s and 1970s out of necessity. When British colonialism ended, there were only twenty-two rural health clinics in the country and just twelve registered doctors of African descent (Ilfie 1998: 202; Meena 1991: 177).

⁴³ Government health workers interviewed in the Manyara region in 2009 said that they had last been paid a living wage in 1978 (Bech et al. 2013: 63).

⁴⁴ Approximately 15 shillings equalled one US dollar in 1984. By 1993, it was 400 shillings (TGNP 1993: 45).

⁴⁵ This time period also coincided with a rapid increase in cases of HIV.

639).⁴⁶ In accordance with World Bank loan conditionalities, Tanzania instituted a public employment freeze between 1993 and 2001. Paramedical staff were retrenched.⁴⁷ No new doctors were employed by the government in 1996 or 1997 due to economic constraints — despite high national demand (Bech et al. 2013: 71, 89).⁴⁸ Maternity services deteriorated.⁴⁹

Under severe financial and political pressure, the WHO adopted the World Bank's cost-effectiveness approach to health — casting aside its prior emphasis on equity to argue that health was good for economic growth. By framing their work in terms of socio-economic impact rather than need, the WHO used neoliberal sensibilities to challenge the World Bank's budget cuts (Chorev 2013: 636-648). But this meant that interventions were expected to further economic development.

It was within this milieu that the World Health Organization's Regional Office for Africa articulated their opposition to FGM in economic terms, arguing that such procedures affected productivity through ill health by causing a 'lack of concentration and poor output' (WHO 1997b: 6).⁵⁰ The Tanzanian official Leoni Msimbe echoed this claim with a twist in his opening speech at a National Female

⁴⁶ The economist John Williamson coined the term 'Washington Consensus' in a 1989 conference paper to describe a set of policy reforms for Latin America popularly agreed upon in Washington at the time, including deregulation and privatisation. The term subsequently became associated with market fundamentalism and minimal government. Williamson, however, was personally critical of neoliberalism and his original list emphasised the importance of using public expenditures to support primary health care, education and infrastructure (Williamson 2000: 251-256; 2005: 195-201). He further argued that the World Bank's advocacy of capital account liberalisation during the 1990s was 'inimical to the cause of poverty reduction' (2000: 257).

⁴⁷ The number of government employees dropped by 28% between 1993 and 1995 (Bech et al. 2013: 88 n170).

⁴⁸ At Muhimbili Medical Centre in Dar es Salaam, doctors took industrial action in 1992, 1996, 1997 and 1998 to protest their poor working conditions and delayed salaries (Bech et al. 2013: 94).

⁴⁹ Approximately 53% of deliveries occurred in health facilities in 1978 — that dropped to 47% by 1996. Staff and drug shortages were common (Meena 1991: 178; TDHS 1997: 110; see also Bech et al. 2013: 88).

⁵⁰ No references were cited to support this claim of poor productivity.

Genital Mutilation Conference, held in Dodoma a year after the procedures were criminalised,⁵¹

Kwa vile alifanyiwa ukeketaji anajifungua kwa taabu na anachukua muda mrefu kupona na hivyo kuchelewa kufanya kazi nyingine za maendeleo na kwa namna hiyo jambo hili litatuendelezea umaskini... Kwa hiyo hapa utaona wazi kwamba ukikumbatia mila basi nafasi yako ya kuingia katika jamii ya kisasa ni ndogo sana [Since she underwent FGM, she gives birth with difficulty and takes a long time to recover and so delays doing the other work of development, and in that way this issue perpetuates our poverty... So here you'll see clearly that if you embrace tradition then your chances of entering into modern society are minuscule.]⁵²

Situating cutting as a problem of productivity furthered the argument that interventions against it were fiscally prudent, but also risked implying that women who had undergone such procedures were deficient citizens — incompatible with the modern state.⁵³

Tanzanians during the nineteen-eighties and nineties experienced increased maternal mortality, intense rural impoverishment, decreased school attendance and immense class stratification (Baregu 1994: 167; Hodgson 2017a: 108-109; Meena 1991: 179-185).⁵⁴ Yet in Msimbe's speech, women whose genitalia had been cut

⁵¹ Msimbe was a director at the Ministry of Community Development, Gender and Children. This UNFPA supported event brought together members of government, non-governmental organisations and mass media — but notably absent were any representatives specifically from communities practising female genital cutting. Such people were seemingly not considered relevant 'stakeholders' (MCDWAC 1999: 2).

⁵² Msimbe 1999: 2-3

⁵³ Kimani heard other Tanzanians denigrate cut women as *dhaifu* (feeble) workers. And one Kenyan news piece similarly included the baseless claim that 'those that underwent FGM are not productive' (Wafula 2022).

⁵⁴ School enrolment rates fell from 92% in 1977 to 40% in 1994. The number of children had rapidly increased with population growth, but budget cuts meant that new schools were not being built. Teachers' real wages plummeted with inflation — leading many to quit. Meanwhile, the introduction of cost-sharing required parents to pay for school attendance (Chintowa 1995; Sitta 2007; Tripp 1997: 77).

were blamed for slowing the progress of national development. That clitoridectomy, the most commonly reported type of female genital cutting in Tanzania (TDHS 1997: 169),⁵⁵ has not been clearly linked to an increased risk of complications in childbirth was almost beside the point.⁵⁶

Other harms are much better documented, but the speech was unconcerned by specifics. It used the menace of FGM to reify and critique ‘tradition’. Msimbe warned the conference delegates, *‘kuna jamii za aina mbili zenye tofauti kubwa: moja ni ile ambayo inafuata mila na desturi na nyingine ni ile ambayo inafuata mamba ya kisasa... Hii ya kisasa inafanya kila jambo wakiwa wanatoa sababu... sio kwa sababu tu babu, bibi na mjomba waliopita walikuwa wanafanya’* [There are two very different types of society: one follows traditions and customs and the other pursues modern things... This modern one does everything for a reason... not just because some past grandfather, grandmother and uncle did it.]⁵⁷

In labelling modernity rational, so-called ‘traditional’ societies became irrational. Women’s daily struggles were presented as primarily the result of ‘culture’ — rather than the product of exacerbated socioeconomic stratifications by class and gender (see also Rigby 1996: 84).⁵⁸ It is within this context that

⁵⁵ Clitoridectomy was defined in the survey as ‘the removal of the prepuce with or without excision of all or part of the clitoris’ (TDHS 1997: 167). This is ‘Type 1’ in the WHO’s FGM classification system.

⁵⁶ See Obermeyer 1999: 92-93; Issues of maternal mortality and morbidity are discussed at length in chapter six.

⁵⁷ Msimbe 1999: 2

⁵⁸ For example, when the Act prohibiting FGM passed, the Law Reform Commission of Tanzania suggested that marriages between women should additionally be criminalised — with a minimum five-year prison sentence (1998: 12). Such marriages were historically practised by a minority of populations in Tanzania, but were branded as immoral and anti-Christian during British colonialism (Mhando 2014; Rwezaura 1982: 207-248). These woman-to-woman marriages continue to be mentioned as ‘harmful traditional practices’ alongside FGM in Tanzanian mass media (e.g., Jacob 2014b; Jacob 2015a; Wantaigwa 2018).

emuratare has been objected to in Tanzanian, not only as a physical cut but also as a socio-culture, religious rite.⁵⁹

And without assigning intentionality, I would contend that the Beijing conference's prioritisation of FGM was not entirely unrelated to its neoliberal turn against publicly funded services.⁶⁰ A singular focus on 'harmful traditional practices' potentially shifts attention away from inadequate access to healthcare and education, while depoliticising these deficiencies by placing blame for their failings on individual citizens and marginalised groups.

Translating Human Rights

The international human rights system uses legal rationality to set universal standards. In demarcating which harms are inherently unacceptable, specific context is often presented as irrelevant. As Sally Engle Merry describes, it is commonly assumed within human rights law that 'local' cultures hinder national compliance with 'global' rights. The work of the human rights process in this framing is to replace discriminatory, local cultural practices with beliefs rooted in modern, global ideas of gender equality. And FGM is the poster child for this bounded, ahistorical view of 'culture' (2006a: 5-12). It was unsurprising then that NGO employees based

⁵⁹ In other words, not only 'FGM' but also the rituals surrounding it have become objects of opposition.

⁶⁰ Relatedly, Ellen Gruenbaum suggests that some of the rhetoric from the Global North focusing on FGM to the exclusion of other pressing concerns has acted as a 'smokescreen to distract us from the plunder, extractions, exploitation, and injustices of the colonial enterprise, thereby allowing post-independence economic "dependency" to be managed without challenge' (2014: 185).

in Moshi town used the language of human rights, with reference to international treaties, to underpin their opposition to such procedures.⁶¹

For the ideas of human rights to be persuasive, however, Merry argues they should be situated within local systems of meaning. As these concepts of human rights travel, they must therefore be ‘translated’ into local vernaculars (2006a: 1-3). But NGOs in Kilimanjaro effectively ignored Maasai people’s common expectation that female and male genital cutting be treated as parallel procedures. Either both ended or both continued.⁶²

Merry posits that a paradox of translating human rights into vernaculars is the disjunction between achieving acceptance by tailoring to and resonating with local frameworks while also remaining part of the human rights system by emphasising equality, bodily integrity, individualism and choice (2006b: 49). And yet it was these very issues — a perceived lack of equality, uneven valuing of bodily integrity and limited individual choice — that led Maasai interlocutors to question or view with confusion this 1998 law which handled female and male genital cutting so differently.

⁶¹ At least when speaking to me. I did not participate in their outreach events with Maasai communities for the reasons discussed in chapter one. NGO employees generally did not talk about which specific rights were being violated, just that FGM was internationally recognised as a violation of human rights.

⁶² This view is certainly not limited to Maasai people in East Africa. Working with Kuria communities in Kenya, Miroslava Prazak was informed by a female circumciser that the campaign to end female genital cutting would only be successful if the procedures ended for both girls and boys. She was told, ‘if they put an end to boys’ circumcision as well as girls’, it would truly end’ (2016: 189). And in Tanzania, Kuria boys threatened to boycott undergoing genital cutting themselves if girls were not also allowed (Mayunga 2012).

Kiingasía Iyióók: We're Astounded

When I asked a friend of Kimani's mother why she thought the government had outlawed female but not male genital cutting, she bristled, '*Kiingasía iyióók péé ejokíni!*' [We're astounded when told it!]⁶³

'Náa serikali inkilikúána amu meyiéú aaikilikúán... metáa serikali inkilikúána kaányó toi péé etegéla kulô tunganak' [And you should ask the government because they don't want to ask us... so you should ask the government why exactly they chose these people.] Frustrated by the law's unequal treatment of girls and boys, she huffed, '*Mafundisho ake iyióók kitangamaitie tene*' [We just get the instructions here.]⁶⁴

Older people in Pookí Wueji generally described female and male genital cutting as equally painful procedures, furthering their confusion over the law. Kimani's mother commented for example, '*Eme pookín amu osésèn*' [It's painful for everyone because it's the body.] These interlocutors did not present one procedure as more severe than the other.⁶⁵

Lemiso similarly said, '*Etúm pookín maumivu, órè baadaye neishiú pookín... Metúm maumivu nincé naláng. Ebá anaa ake maumivu enye anaa etúm*

⁶³ Kimani did not translate this utterance on the day. The friend had quickly been cut off by Esther, a member of local government, who commented, '*Ejoita órè injí intóyiè, eyaki madhara naleng te neishó*' [They're saying for girls like this, it brings great harm if they bear children.] Kimani then translated Esther as saying, 'It's because boys don't give birth' — thus transforming her explanation of the government's position into a statement of personal belief.

⁶⁴ At the time, Kimani translated her as saying that they had received instruction from the government on the need to end girls' genital cutting, but that Maasai people would not accept a law preventing the procedures for boys. He added with an enthusiastic flourish, 'never, ever until Christ comes!' would Maasai people stop cutting boys' genitalia.

⁶⁵ However, Maasai cultural representations of boys' genital cutting at times used more gruesome language than for girls. For example, one song for initiates of the Nyangulo age-set preparing for *emuratare* included the line, '*Na puto lo papa, kiyengi — olcore le ngutunyi*' [Father's chosen one, you'll be flayed/slaughtered by me — your mother's lover.]

nincé ilewa’ [Everyone gets pain, then afterwards everyone heals... They don’t get more pain. Their pain is just as much as men get.] He speculated that since girls were beginning to refuse cutting in larger numbers, soon boys might join them.

‘Ilayíòk ejó, “memurata iyióók” amu oshî mila oo ntóyiè nàa ilayíòk injí enyaanyuka... nepuonu eyamayu intóyiè memurata’ [Boys will say, “don’t circumcise us” because normally the custom for girls and boys on this is alike... and they’ll marry uncircumcised girls.] For these people, it simply did not make sense to end one practice but not the other because they were socially and culturally inextricably linked.

However, Kimani initially (mis)translated Lemiso’s comment as saying the opposite, that women were more affected because their cutting was more severe. Only after his father’s friend repeated himself several times, growing more frustrated with each iteration at my failure to understand, did Kimani translate his statements accurately. We had already known each other for more than half a year at that point. But as discussed in chapter one, Kimani still did not trust me. And as he told me much later, he was worried that I might report them to an NGO like Piga Vita Ukeketaji (PVU) for expressing opinions so counter to the government’s official position on FGM.

Individual Choice

NGO campaigns to prevent female genital cutting often utilise the aesthetic of individual choice, an ideal enshrined in human rights. Maasai girls at the Tasaru Ntomonok Initiative in Kenya, for instance, learned to recite in Kiswahili *‘maisha yangu, mwili wangu, haki yangu*’ — my life, my body, my right (Koomen 2014:

255). Within development discourses, however, exercising agency tends to be articulated as dependent on making the ‘right’ choice.

Individuals’ decisions are valued to the extent they are deemed socially transformative. Girls who resist genital cutting are considered empowered activists while those who make the ‘wrong’ choice are ‘mere slaves to culture’ lacking in knowledge (Lokot et al. 2021: 3; see also Hodžić 2019).⁶⁶ For example, the NGO employee Lilian opined, ‘There are some Maasai girls because of low education and poor understanding, they’re going to their parents asking them to be circumcised’.⁶⁷ Campaigns thus used the language of choice but only allowed for one option — a total rejection of cutting for girls.

Although it is legal in Tanzania for a person over the age of eighteen to undergo such procedures, none of the Maasai people I spoke with appeared to be aware of this during my research. This was because non-governmental interventions in the area presented female genital cutting as illegal regardless of age. The law was intentionally misrepresented to remove consent and choice as legal possibilities.

And some interlocutors contested the law specifically because they perceived it to limit individual choice. Lemiso, proposed for example, ‘*Te neirúk emuratare, nemurata. Órè te eitú neirúk amurata, nepal*’ [If she agrees to *emuratare*, she’ll be

⁶⁶ Or as Jennifer Coffman put it, ‘their enlightened choice to eschew FGM serves to aid their move away from the category of “them” and toward “us”, and in so doing they embrace a modernity that promises an escape from the shackles of tradition’ (2007: 61).

⁶⁷ Kimani also (mis)translated interlocutors’ speech to create the impression that a lack of formal education was responsible for their confusion over the law’s *raison d’être*. For instance, when I asked a group of Leuru’s neighbours from chapter one why the government had outlawed female genital cutting, one woman replied, ‘*Mayioló*’ [I don’t know] while another drily joked, ‘*Eitú iyióók kisujakí aikilikúán*’ [We didn’t go after them to ask.] But Kimani turned to me and instead narrated, ‘she said she doesn’t know anything because she can’t read or write’.

circumcised. And if she doesn't agree to be circumcised, then they'll leave her alone.]

This suggested solution was not uncommon but thought illegal.⁶⁸

When I asked Leuru's neighbours if they knew about this aspect of the law, the question sparked substantial anxiety. After a long pause followed by whispered murmurings, one woman responded, '*Meetai entoki iyióók nikilimú*' [There's nothing for us to tell you.] Kimani assumed I was trying to somehow trick the group with such a seemingly wild assertion so completely counter to NGOs' representations of the law, and said emphatically, '*Etiakiti emonkoi*' [She told you a lie.]

'*Emera inâ!*' [This one's drunk!], a woman joked of me.⁶⁹ Another mused, '*Órè amu kimurat apa eétà ilarin ishirini... Náa kaai duoo, nikipuonu aajó nafuu kipalaa embótór, enkinyi. Nikipuonu aarubare inâ sheria*' [Well because in the past we used to circumcise at twenty years... Anyway, we've come to say it's better to abandon it big, small. We'll follow this law.] The man beside her agreed, '*Tiaaki kiorerie*' [Tell her we've ended it.]⁷⁰ I was a stranger and simply not believed.

⁶⁸ My point is not that any choice to undergo genital cutting would be unproblematic, but that these interlocutors were using the language of choice and consent. Furthermore, for a choice to be genuine, alternative options that are not unduly costly must be available (see Shell-Duncan 2022: 172). But these constraints would also apply to boys, who have not had decades of campaigns working to create such alternatives for them.

⁶⁹ Kimani predictably did not translate this part of the exchange at the time.

⁷⁰ By citing 'twenty years' I believe the woman was primarily trying to convey the cultural ideal that *emuratare* should happen when a person is physically and mentally mature enough for adulthood, but the number should not be taken as a literal average. Nonetheless, some women did mention having been circumcised at or around the age of twenty (see also Archambault 2011: 637; Westervelt 2017: 85).

Refusals of Translation

As Merry notes, ideas are only ‘global’ to the extent they circulate internationally but are nonetheless generally developed somewhere locally (2006b: 39-40). Discussing ideas as international says more about how they move than their places of origin. And the idea that consent and bodily integrity matter to practices of genital cutting only if the person is assigned female has certainly travelled widely.

The introduction of this thesis examined the processes through which female and male genital cutting came to be seen as incomparable within international human rights. Drawing on these discourses, NGOs in Kilimanjaro refused to engage with potential similarities between the procedures raised by Maasai communities. Campaigners arguably had little interest in attending to the complex cultural contexts behind *emuratare* because doing so could lend the rites further credibility, what Saida Hodžić terms refusals of translation.⁷¹

In her work in Ghana, Hodžić found that by crafting omissions and mistakes, the NGO she studied refused to ‘endorse local understandings of cutting in order to redefine which understandings matter and which knowledge counts as authoritative’ (2017: 179). In these overtly hierarchical NGO spaces, refusals of translation existed within a broader refusal of dialogue — a refusal to situate within local systems of meaning (2017: 188-189).⁷² Community outreach then aimed to remake specific

⁷¹ Hodžić 2017: 175-179

⁷² The NGO Hodžić studied screened an anti-FGM film in a language ‘somewhat mutually intelligible’ to the one spoken where it was being shown. But the NGO refused to provide a translation because, ‘Their objections to translation are in part grounded in refusal of dialogue, with its implications of horizontal power relations valued in liberal rationality... Given the fragile nature of their authority, RHI workers try to shield themselves from the analytical gaze; allowing people to ask questions would mean subjecting the workers’ knowledge to excessive contestation’ (2017: 188).

rites into the transnational construct of ‘FGM’.⁷³ Undoubtedly, Piga Vita Ukeketaji aimed to remake *emuratare* into *ukeketaji*, the Kiswahili term for FGM, but its success in Pooki Wueji was limited.⁷⁴ Only one Maasai woman mentioned the term during any of my recordings, and she applied it to both female and male genital cutting — a linguistic act completely counter to the NGO’s intention.

Processes of translation are performative and generative, not replicative. Agendas and ideologies are repeatedly re-contextualised and re-purposed through these acts of translation (Gal, Kowalski and Moore 2015: 612-613). Just as NGO employees refused to ‘translate’ the concepts of *emuratare*, Kimani routinely moulded Maasai people’s speech through (mis)translations to more closely match (inter)national narratives of genital cutting. When Leuru’s neighbour mused about girls being cut at ‘twenty years’ — Kimani (mis)translated her as saying, ‘For us we don’t know anything about age or if the child is old or young’. He had recrafted her response to imply that Maasai people would be incapable of obeying the law because they did not know numerical ages. Meanwhile, he ignored their assertions (accurate or not) that the procedures were no longer practised there. In this way,

⁷³ Similarly, during my master’s research at a London-based NGO dedicated to ending FGM, I found that ‘facilitators expected the women to act as passive audience members. Knowledge was to be absorbed, neither discussed nor contested’. Through these events, the NGO hoped to transform specific practices in the women’s minds into the more politically and morally charged concept of ‘FGM’ (Decatur 2013: 38, 41).

⁷⁴ Campaigners generally use *ukeketaji* to mean ‘FGM’ when speaking in Kiswahili. And the term has been in use since at least the 1999 National Female Genital Mutilation Conference (Msimbe 1999: 1). I am unsure of its etymology, but *ukataji* is a verbal noun meaning ‘cutting’. And *-keketwa* (to be cut) has become popular with activists, instead of the historically common *-tahirwa* (to be circumcised).

Given this, I asked an NGO employee if ‘cutting’ would be an accurate translation of *ukeketaji*. He insisted it would not and that only ‘mutilation’ was acceptable. NGO employees generally used FGM/*ukeketaji* interchangeably. In this thesis, I am more focused on attending to the discursive differences between *emuratare* and FGM/*ukeketaji*, but that does not mean that differences between the latter two do not also exist.

Kimani shaped the interlocutors' speech to match discourses of Maasai intransigence and ignorance.

Anna Winterbottom, Jonneke Koomen and Gemma Burford argue that human rights-based approaches to ending female genital cutting in Maasai communities may be ineffective in part because the 'concept of women's rights in terms of individual choice is not one that readily translates into the Maa language' (2009: 58).⁷⁵ While this may have been true in the past, it is no longer accurate. Furthermore, this perspective risks minimising the ways in which Maasai communities are participating in conversations about human rights,⁷⁶ and potentially conflates confusion over the unequal handling of female and male genital cutting with an inability to understand concepts such as bodily integrity and individual choice.

Manifesting Authority

Non-governmental organisations working to end FGM manifested their authority through threats of arrest — a method not especially conducive to conveying the concepts of human rights. Moreover, women were the ones most often arrested

⁷⁵ They also suggest that the concept of bodily integrity may conflict with Maasai worldviews. The example given in support of this was husbands being described as the 'head' and wives as the 'neck' of families (2009: 58). Indeed, Kimani enjoyed saying things like, 'the husband is the head of the wife as Christ is the head of the church' but that is a Bible verse (Ephesians 5:23). And by that logic, Christians more generally would also struggle with the concept of bodily integrity.

⁷⁶ Land alienation and forced migration have long been articulated as human rights issues by Maasai communities in northern Tanzania (Gardner 2016: 29-31; Hodgson 2011: 25-27; Parkipuny 1989). And the Maasai Women's Development Organisation (MWEDO) has operated from Arusha since 1999 with a focus on human rights and gender equality. Addressing female genital cutting was just not their initial priority, despite external pressure for it to be (Hodgson 2013 [2011]: 144-153).

and imprisoned under the anti-FGM law.⁷⁷ Fear of this law was omnipresent in Maasai communities, with NGOs playing an ambiguous role in law enforcement.⁷⁸

Samson from Piga Vita Ukeketaji explained, ‘We had a conviction, an elderly lady of about eighty years mutilated a baby of one year. And we stood up as PVU and we took them to court. We had very good support from the police and from the court. And this lady has been convicted’.⁷⁹ Samson thus described his ‘non-governmental’ work as instigating and ensuring prosecutions within the Tanzanian legal system.⁸⁰

Eugenia, another NGO worker, raised the possibility of using police escorts for employees during outreach in Maasai communities,

They wanted us to go and talk about FGM. We were a little bit worried because during our campaigns with the pastoral community in some areas we have had problems... And the same Maasai man told us, “Don’t go alone in a certain area, go with police”. Then we said, “Why should we risk our lives?” ... You could be attacked in some areas.

⁷⁷ Women are most often arrested because in Tanzania they perform and oversee the procedures (e.g., Joseph 2017; Kitomary 2012; Mayunga 2018; Jacob 2016a; Nyakeke 2015). But male relatives sometimes also face charges (e.g., Lyimo 2019). The police commander Sebastian Zacharia lamented in TAMWA’s magazine *Sauti ya Siti* that ‘*msichana anayekubali kukeketwa*’ [a girl who agrees to be cut] cannot be prosecuted under Tanzanian law if she is over the age of eighteen (Peter 2012: 11).

⁷⁸ see also Hodžić 2017: 197-198

⁷⁹ This child’s genitalia was cut in an attempt to treat an illness, not for *emuratare* (Kitomary 2012).

⁸⁰ In northern Tanzania, NGO workers seemed to be the ones most enthusiastic about arresting and imprisoning those who violated the law against FGM. In contrast, Saida Hodžić researching female genital cutting in Ghana found that ‘As MPs were starting to articulate arguments for more stringent punishment, civil servants and NGO workers tasked with law enforcement in the Upper East began to question the violence inherent in the existing law’ (2017: 286). And in one case, the same lawyer who was instrumental in a circumciser’s imprisonment fascinatingly went on to help secure her a presidential pardon (2017: 317-320).

She explained the danger by rather opaquely remarking, ‘Some of the old women were bitter’.⁸¹ Orchestrated collaborations between members of law enforcement and NGOs were not unusual. For example, police and members of the military (as well as politicians) were prominent invited guests and speakers at Wokovu’s anti-FGM events.⁸²

Wokovu’s songs and marches aligned its work with state power, thus materialising the NGO’s authority (see Hodžić 2017: 198).⁸³ Girls staying at their shelters performed for audiences the song ‘Je Wajua?’⁸⁴ which included the lines,

*Twajivunia serikali inavyotujali. Wokovu na wadau, tunawatambua.
Elimu twapata: Kukeketwa sasa iwe mwisho* [We are proud of the government who cares for us. Wokovu and the stakeholders, we acknowledge you all. The education we obtain: Now is the end of being cut.]

Although Wokovu did not receive governmental funds, the state was presented as a better caregiver to these teenagers than their own parents or grandparents — who were accused of planning to carry out FGM. And by taking on the work of the state through the provision of social services, Wokovu’s role was parastatal, but one based on and affirmed by their connection to the nation-state — which persisted as their point of reference.⁸⁵

⁸¹ One of Kimani’s older female relatives mentioned physically threatening anti-FGM activists years prior with a group of other women, so Eugenia’s concern was not totally unfounded.

⁸² Wokovu (meaning rescue, liberation or salvation in Kiswahili) is a pseudonym and composite of two organisations running three shelters. As mentioned in chapter one, I volunteered remotely for these shelters between 2017 and 2018.

⁸³ While I critically consider certain aspects of Wokovu — shelters for people experiencing violence, abuse and/or unstable housing are essential. Girls and women in Tanzania need more safe places to stay, not fewer.

⁸⁴ ‘Do You Know?’ in Kiswahili

⁸⁵ see Geissler 2015: 9-10

Wakamfanya Kama Mtoto Wao: They Made Her Like Their Child

One of the clearest ways NGOs in northern Tanzania demonstrated their authority was by gaining custody of children from practising communities. Wokovu generated their own care orders to be retroactively rubber stamped by police — sometimes so belatedly that the child had already returned home, making their legal legitimacy highly suspect. And their guardianship over children was ambiguous, as I saw when the NGO wished to take a girl out of the country on a promotional tour, but could only obtain a passport with the cooperation and blessing of her mother.⁸⁶

Wokovu also practically recruited children, to the point where one employee of another NGO accused them of ‘collecting’ girls with the promise of better educational access.⁸⁷ Indeed, one girl’s care order noted that in addition to ‘having fled FGM’ she was at the shelter because her parents, ‘*wakaamua kumtoa watoto wao hapo ili aweza pata elimu zaidi*’ [resolved to bring their child there so that she could get more education.]⁸⁸ In this way, such organisations threatened to

⁸⁶ This widowed mother was named in her daughter’s care order as the person who intended to organise her cutting. Within months, however, she became an anti-FGM speaker for the organisation and was touted as a success story to their donors. Despite this, she never regained custody and died a few years later. Her now orphaned daughter remained under Wokovu’s care for the rest of her childhood, separated from her siblings.

⁸⁷ Overcrowding was an issue at the shelters with at times three girls to a bed. The care orders generated by the NGO had no time limit and some girls stayed for years.

⁸⁸ Girls living at Wokovu were expected to follow extremely strict rules and needed permission to have visitors, leave the compound or even use a phone. These rules were stipulated in their care orders, which children were required to sign with the warning, ‘*Nakubali kuchukuliwa hatua yeyote endapo nitashindwa kufuata masharti ya kituo, ikiwemo kurudishwa nyumbani*’ [I agree for any measure to be taken if I fail to follow the centre’s conditions, including being returned home.]

remove children from their families, but were tolerated for providing them with much needed access to educational opportunities — thereby filling gaps in publicly funded services. And these tensions were particularly apparent in the case of Namelok, a young Maasai woman who grew up not far from Pookí Wueji.

During my fieldwork, Namelok was living under the oversight of multiple NGOs in Moshi town, where she was presented as having fled FGM. By the time I met her mother and sisters on a return visit, she had resided in institutional care for several years and been renamed Diana.⁸⁹ Her widowed mother, Sinayia, insisted that the situation had nothing to do with *emuratare*. According to her, as a young teenager Namelok (allegedly erroneously) feared she was going to be married off and reported this to the police. A point that Namelok’s older sister, who herself was forcibly married but claimed not to have undergone cutting, confirmed.

Sinayia narrated to me her visit to the police station years prior, ‘*Aatiaakita enâ kerai neisika amu, “etejó incorita”. Najó, “maishorita”!*’ [They told me this child fled because, “she said you’re giving her away”. And I said, “I’m not giving her away”!]

Sinayia continued, ‘*Naajokini, “kipùò iyíóók aisoma”. Órè, taata enâ kerai melotú ang. “Iyíóók kipùò aisoma” neló’* [I was told, “we’re going to educate her”. Well, now this child doesn’t come home. “We’ll educate her” and she’s gone.]

‘*Maa mikiimariri apa isikarini?*’ [So, the police didn’t trust you?],

Kimani asked.

If Wokovu is understood straightforwardly as a refuge for vulnerable children unable to live with their families due to a serious danger of being forcibly mutilated, this warning is deeply jarring. However, if Wokovu is also understood as a site for girls to access educational opportunities and other resources — where gaining external funding is dependent on a perceived risk of FGM — then this stipulation is less alarming.

⁸⁹ As always, these are all pseudonyms. This young woman was given a ‘Western’ name after entering institutional care.

‘Ake aatiaakita, “miló aishó olmórùò”. Najó, “maata olmórùò laishó”!’
[They only told me, “Don’t go give her to an old man”. And I said, “I don’t have an old man to give”!]⁹⁰

‘Kishomo mahakamani?’ [Did you go to court?]

‘A’a, polisi ake’ [No, only the police.]

Namelok’s younger sister chimed in, switching into Kiswahili for emphasis, *‘Walimpeleka kituoni... wakamfanya kama mtoto wao’* [They took her to the station... and they made her like their child.] According to Sinayia, no police investigation or court hearing took place. Nor did anyone explain the steps she could take to regain access to her daughter, who she did not wish to ‘give away’.⁹¹

The family were able to see Namelok occasionally, however, as her sister explained, *‘Oshî ake kama likizo labda neduaá ang anakaa’* [Usually for like the holidays maybe she’s seen at home.] Her mother added, *‘Iyioló, toi, endâ olóng neyaú ang. Nikipuonu aasái einya’* [You know, exactly, that day they bring her home. And we beg that she returns.]

Despite this, Sinayia said she did not wish things had turned out differently. The NGOs allowed her daughter to access educational opportunities far beyond what she would have been able to provide — as a widowed junior wife living in relative poverty. It was a difficult situation and Sinayia pointedly asked, *‘Kaaínýó peê etón ti ang?’* [Why should she sit at home?]⁹²

⁹⁰ The Maa word *olmórùò* (old man) is also used to mean husband. Here Sinayia was joking that, as a widow, she did not have a husband to give.

⁹¹ Namelok did not stay at Wokovu, which is located in another region of Tanzania.

⁹² I had planned to meet Namelok/Diana at a café in Moshi town during my last visit to Tanzania, but this plan fell through because she was unable to gain permission to leave her Christian boarding school’s grounds, despite legally being an adult.

Because she wanted her child to attend secondary school, Sinayia did not contest losing custody.⁹³ Meanwhile, PVU justified removing children from their families by arguing that Maasai parents ‘resisted’ formal education. The NGO’s day-care centre acted ambiguously as both a school and hypothetical shelter. Samson explained, ‘The purpose of having that day-care centre is to remove the children from the community and put them at the centre, so that we can encourage them to like school’.

Possibly reacting to my face drop as he described fencing off the building, he clarified, ‘we hope in the future to make it a safe shelter... the intention is not like keeping the children who run away from their families at the centre forever, but temporarily offering physical protection’. Nonetheless, this goal of removing young Maasai children from their homes was worryingly reminiscent of the ‘residential schools’ that targeted indigenous youths in North America, Australia and elsewhere.⁹⁴

Winterbottom, Koomen and Burford note that, ‘Implicit in the send-them-to-school argument is the idea that girls should be “educated out” of their culture, often to the extent of rejecting their Maasai identity completely’ (2009: 62). Maasai children are taught in school that their ‘misleading traditions’ have ‘no meaning’ and should be replaced with nationally acceptable beliefs and practices

⁹³ Access to secondary school in Tanzania did not become free until 2016, and that was only up to form four (Daily News 2021; Kimati 2015).

⁹⁴ See Lomawaima and McCarty 2006; Nagy and Sehdev 2012 for more on these schools in North American. And for information on such schools in India today, see Gupta and Padel 2020; Santoshini 2022.

(Bishop 2007: 86-87).⁹⁵ These *mila potovu* (misleading traditions) are presented as irrational acts counter to the national ideal of an educated citizenry.⁹⁶ And although female genital cutting has been a focal point of these criticisms, it is part of a much larger constellation of alleged *mila potovu* — including removing the lower incisors and stretching earlobes.

Kimani's mother Resiato viewed these disputes over 'tradition' as partly an issue of religion. She explained, '*Óre peê epuonu nincé ilmáásàì ajíng kanisa... kanisa ejó órè inâ áì eninyi niseremata — nejokí iyióók mila potovu*' [When Maasai people entered the Church... the Church said this god of yours that you worship — they say to us it's *mila potovu*.] All aspects of Maasai religion thus fell under this label of 'misleading traditions'.⁹⁷ And NGOs combatting FGM further asserted their authority through overt connections to Christianity.

⁹⁵ The parallels here to past residential school systems are deeply concerning. Writing on the American context, Nick Estes explains, 'Richard Pratt, a former Indian fighter who marched under Custer against the Oceti Sakowin, was the main architect for the modern off-reservation boarding school system... Pratt experimented with assimilation through education... Complete removal from their parents, it was believed, was the only way to prevent relapse to Indigenous ways. Taken and then returned to their communities, the children were sometimes alienated from their parents and relatives because they could not speak their languages or had no bonds to their kin' (2019: 117-118).

⁹⁶ For example, Kimani's Chagga friend Leah described women who had undergone genital cutting as 'mindless'. She clarified, '*ní fikirá zao* thinking capacity low' [their thinking capacity is low].

⁹⁷ For example, Resiato described being told by 'the Church' that she had to stop singing for *Kilekeny* (the planet Venus) because such prayers were *mila potovu*. And she used to sing a prayer when the moon 'died' each month, sprinkling milk on the ground in gratitude when it was born anew. But Resiato had to discard this practice during the 1990s, due to harassment from Lutheran congregants — who told her, '*Iseremita enkái nemeshúk'* [You're worshipping a god who won't return.]

'Órè peé aainepunye aisuaqyá olapa kule, nepuo aajoki, "Erridu amu iitaá kosa... inkaitín inyi niseremita mila potovu"... Naá taata Yesu eranyak' [When they found us sprinkling milk for the moon, they said, "Repent because you've committed an offence... the gods you worship are *mila potovu*"... And now they sing for Jesus.]

God's Creation

In Kilimanjaro, NGO employees used the presence of circumcision in the Bible to argue for its sacredness, while the reality that Maasai religious practise has historically involved both female and male genital cutting was dismissed as ignorant without being directly acknowledged. Samson commented,

Due to ignorance it's unfortunate that some community members, they tend to relate male circumcision to female circumcision... But we tell them that there's nothing like *tohara kwa wanawake* [circumcision of women] because *tohara* [circumcision], if you say *tohara* it's something which is legal, something which is acceptable to be done, something which is holy.

And Eugenia described teaching Maasai people that the God of Christianity created their bodies, so they must not be altered — unless you are a boy.⁹⁸ She remarked, 'This is God's creation, and this is what man does to God's creation... So, we say God has created each organ with a purpose'.

In a similar vein, the Kenyan company MaaFleva's 2019 song 'Kataa Wembe'⁹⁹ includes the lines, 'Creator divine, created by design... God made you perfect as you are. Stop the cutting. Stop the scars... Be real. Be natural as intended by the supernatural' sung by a white American man going by the name Loworu Keri (Call 2019).¹⁰⁰ Actors within such collaborations between the Global North

⁹⁸ Relatedly, when girls 'graduated' from the NGO Wokovu, they were given a certificate prominently featuring the Bible verse Romans 12:1, '*Itoeni miili yenu iwe dhabihu iliyo hai, takatifu, ya kumpendeza Mungu, ndiyo ibada yenu yenye maana*' [Offer your bodies as a living sacrifice, holy, pleasing to God, it is your honourable worship.] This verse was intended to remind the girls of what they had been taught at Wokovu, that they could not undergo genital cutting because their bodies belonged to God — specifically, the God of Christianity. Male genital cutting, in contrast, was seen as consistent with honourable worship.

⁹⁹ 'Refuse the Razor' in Kiswahili

¹⁰⁰ The song's other performers (Kimintah Call, Saning'o Dimero and Risper Naini) speak in Maa. For example, Dimero sings, '*Nááí, tushukú olkerreti lang. Itunguai kereti elé. Meretisho*' [O God, take back our custom. Make them leave this custom. It is not helpful.]

and South variously used Christianity as a tool to combat female genital cutting, but also the procedures as justification for proselytising.

For example, a partnership between the British charity FORWARD and Tanzanian Children’s Dignity Forum produced the Maasai artist Raphael Mbaula’s 2018 song ‘Ntiai Eembe Koko’.¹⁰¹ Mbaula raps,

*Nanu etegelua Enkái maitabayá enâ ujumbe, peé arét eselenkei
aitapaash enâ eembe... Maingurraki entankile enkài síáàì,
metapala enâ neló enkeper... te nkarna Yesu Kristo, amina milele...
Shómò kanisa. Tiaaki Enkái, ‘Tapalakaki. Aewuo nataasa intorrok.
Aishindwa. Isujaki’* [God chose me to deliver this message, so that
I’ll help a girl avoid this razor... We should find other work for the
old lady, so she’ll stop this and go to heaven... In the name of Jesus
Christ, amen forever... Go to church. Tell God, ‘Forgive me. I’ve
done evil. I’m defeated. Cleanse me’.]¹⁰²

That the ‘old ladies’ targeted by Mbaula’s cocksure lyrics would find them convincing is not self-evident.¹⁰³ Nonetheless, the song acts to align anti-FGM messaging with Christianity in ways that materialise the campaign’s authority, but also risk it being combined with missionary work and attacks on Maasai religion.

¹⁰¹ ‘Throw Out the Razor, Grandma’ in Maa (FORWARD 2018a)

¹⁰² These are my own translations. FORWARD produced videos with English (2018b) and Kiswahili (2018c) subtitles, but these have substantial issues. For example, during the call and response section of the song, Mbaula says, ‘*Aningito entoilo*’ [I hear a voice.] And the women respond ‘*Kanisa epuo, yieyio*’ [Go to church, mother.] But the English subtitles instead have the women say, ‘Belonging to her crying’. This creates the impression that they are lamenting the pain of FGM — rather than demanding conversion to Christianity.

¹⁰³ The song’s upbeat tempo belies its at times threatening lyrics, which also include multiple references to the Tanzanian government, such as the line, ‘*Penyo nimul inkonyék. Te darubini kiilangi. Tapala sũ matoliki Rais Magufuli*’ [Keep one eye open. We’re watching with binoculars. Stop or I’ll tell President Magufuli.]

Meékure Haki: No Longer a Right

Mothers who supported the continuation of genital cutting for their daughters were dismissed by campaigners as simply oppressed (see also Shweder 2022: 10). The NGO worker Lilian described these women as intransigent due to their alleged ignorance and disempowerment, ‘when you speak in front of her, a Maasai woman, they will just boo at you... Those people won’t listen to you’.¹⁰⁴ Given Maasai interlocutors’ framing of female and male genital cutting as parallel procedures, I perhaps should not have been so surprised when some women considered the law a gendered removal of their right to *emuratare*.

While chatting with a group of women in the late afternoon near Kimani’s home in Pookí Wueji, I brought up the subject of *haki za binadamu* (human rights in Kiswahili) and asked their opinion on how the term should be translated into Maa.¹⁰⁵ In what seemed like a bit of a non sequitur, one of Kimani’s neighbours replied, ‘*Klàtà engolón aamurata mara nyingi*’ [Circumcised we often have power.]¹⁰⁶

¹⁰⁴ Samson similarly asserted, ‘The Maasai, which is a strongly male dominated culture, if you mix women and men in one session, the women will never say anything’. While sexism is an issue in Maasai society, I did not find this to be accurate.

¹⁰⁵ On the day, Kimani (mis)translated his neighbours and relatives as saying they had learned from their educated daughters that female genital cutting is a violation of human rights, but their husbands forced them to continue performing it even though they think it should be stopped. What the women actually said was wildly different, as shown. I had already known Kimani for two years at that point, to put into perspective how many years it took to begin to build trust.

¹⁰⁶ For example, in the event of a serious transgression, initiated women would historically be allowed to seek mob justice against men — an act called *olkishuroto* (see Hodgson 1999c: 129; Kipuri 1989: 104-105; Llewelyn-Davies 1978: 226-227; Spencer 2004 [1988]: 205-207; Talle 2007a: 356 n9). One such transgression occurred in Moipo after my initial fieldwork, and different female neighbours of Kimani told me about it on my return in 2017.

A man in the Korianga age-set had raped his young daughter. Upon hearing this, women from Pookí Wueji and the surrounding area gathered to physically assault the rapist as well as slaughter one of his goats. A group of senior men then sacrificed an ox in an attempt to appease the group. But the women remained steadfast and blocked all Korianga in the area from participating in their *olngesher* ceremony to enter full adulthood until the rapist was successfully arrested by local police.

A local *mandazi* seller did not agree such procedures were necessary and interjected,¹⁰⁷ ‘*Órè, enkitok oo lmeek neátà engolón náa meitorisiokino olmúrùò lenyè*’ [Well, a Swahili woman has power and is equal to her husband.]¹⁰⁸

The concept of *haki* (rights) was so overdetermined by female genital cutting that when I had asked another group of women earlier that day what human rights were, Neema’s mother Nenkai promptly instructed Kimani, ‘*Órè tejó etoa haki kwa sababu... órè eitayú, tayari etaasa kosa nezuzua entungani amu eibukoó osárgé lenyé sápuík pesho*’ [Say it reduces rights because... when they remove it, they’ve already committed an offence and made a fool of the person because she spilled lots of her blood for nothing.] Interventions against FGM closely tied the concept of ‘rights’ to practices of genital cutting but did not necessarily convey the broader significance of human rights.¹⁰⁹

Kimani asked the women, ‘*Emurata oo ntóyie, iduaá ajo haki enye ana me haki enye?*’ [Girls’ genital cutting, do you think that it’s their right or not their right?]¹¹⁰

¹⁰⁷ *Mandazi* are a type of sweet, fried dough originating from the coastal areas of Tanzania and Kenya.

¹⁰⁸ The *mandazi* seller’s remark presented ‘Swahili’ (Bantu) women as uncircumcised in contrast to Maasai women. Based on the larger conversation, my understanding of her point was that women do not need genital cutting to access power, not that it reduced their power. And although a minority, of course some Kiswahili-speaking populations do practise female genital cutting. So, it is possible she specifically meant *emuratare* rather than genital modification more generally.

¹⁰⁹ I asked Nenkai her thoughts on why genital cutting was against girls but not boys’ human rights and she replied in Maa slightly vexed, ‘*Órè, olee eidím atanapa imueyiaritin kumok alang te nemurati*’ [Well, a man can carry more diseases than if he was circumcised.]

¹¹⁰ This choice of phrasing initially confused me, but the framing of FGM as ‘not a right’ appeared to be not uncommon in Tanzania. For example, the song ‘Enyi Ndugu Zangu’ performed by girls at Wokovu begins with the lines, ‘*Enyi ndugu zangu, kwa nini mnioze? Kukeketwa si haki. Haki ni kusomeshwa. Malengo yangu nipate elimu nikatumike katika jamii yangu*’ [Oh my brothers, why do you marry me off? To be cut is not a right. A right is to be educated. My goals are to get an education and serve my community.]

His mother Resiato began, ‘*Apa ti apa, órè apa mikiyioló* —’ [Long ago, in the past we didn’t know —] before being interrupted by her mother-in-law, who confidently declared, ‘*Náà haki*’ [It is a right].¹¹¹ Resiato continued unperturbed,

Kákè órè taata inji amu ake eyioló, meékure eyiéú intóyìè. Órè taata inji te nimurat entító, nikiilany. Elimu anaake ake — intóyìè naa tijínga shule, nepuo aafundishi te shule nedól ajo meeta haki, meeta maana [But now just because they know, girls no longer want it. If you circumcise a girl nowadays, she runs away from you. Education always just — girls who have entered school, they’re taught at school to see that they don’t have the right, that it doesn’t have meaning.]

The women voiced in unison what seemed to be a familiar refrain, ‘*Meeta haki. Meeta maana*’ [They don’t have the right. It doesn’t have meaning.] Another neighbour clarified, ‘*Meékure haki*’ [It’s no longer a right.]

Rather than cite the extensive instruction Tanzanian schoolchildren receive on possible biomedical complications of female genital cutting,¹¹² Resiato pointed with displeasure to the idea that the rite of *emuratare* was meaninglessness — a ‘misleading tradition’ done ‘for nothing’. For her this was the most salient and upsetting issue.¹¹³

¹¹¹ In 2014, over five hundred Maasai women in Kajiado, Kenya held a street protest in favour of girls’ genital cutting (see Githaiga 2014). Lotte Hughes interviewed some of the women who participated in the protest, where they expressed ‘the belief that FGM is a women’s right and enhances women’s social status, and is not forced on them by men’ (Hughes 2018: 287-288n18).

¹¹² For example, all of the Maasai primary schoolchildren Galukande et al. surveyed reported having been taught that FGM caused complications such as excessive bleeding, difficult childbirth, painful intercourse, HIV infection and death (2015: 6-7).

¹¹³ These narratives exist nationally in Tanzania, but also within Maasai communities across borders. Maryanne Naipasoi Tutuma, a Kenyan Maasai evangelical gospel singer that Kimani and his relatives listened to, rejects not only female genital cutting but also the *ilmurràn* life stage as ‘meaningless’ in her 2012 song ‘Enkisumá’ (Education). She sings, ‘*Órè enkisumá oyie, kiiitayú olkuak liijó ajó meeta tipat... Órè emurrano ena meeta tipat neiyo emurata e entító*’ [Education oh, it removes you from behaviour that has no meaning... This murranhoo has no meaning just like a girl’s circumcision.]

Ejó ni ujinga: They say it's stupid

Maasai interlocutors were highly aware that campaigners routinely dismissed them as ignorant — that their understandings did not count. Kimani's great uncle, a staunch supporter of *emuratare*, remarked disdainfully that female genital cutting was only illegal because '*ejó ni ujinga*' [they say it's stupid].¹¹⁴ This reaction should perhaps be unsurprising when community members were not treated as intelligent equals worthy of mutually respectful dialogue. And this issue was not specific to such campaigns, Maasai culture more generally has been derisively dismissed in Tanzania as a bastion of 'stupidity'.

The *rap katuni* (cartoon rap) artist Abel Loshilaa Motika, known as Mr Ebbo, gained widespread popularity in Tanzania with his 2002 song 'Mi Mmasai' (I'm Maasai).¹¹⁵ Motika performed in a Kisongo Maasai costume while rapping in 'broken' Kiswahili (Thompson 2010: 498).¹¹⁶ He described the song as parodying anti-Maasai discrimination, but as pointed out by Katrina Daly Thompson,

[W]hile Ebbo strategically disrupts the sociolinguistic order that privileges Standard Swahili, the Maasai persona he projects is

¹¹⁴ The accusation that Maasai people unthinkingly followed 'traditions', such as *emuratare*, was common among non-governmental organisations. For example, one NGO employee proclaimed to me with conviction, 'they do it just as robots... but once you educate them, they realise'.

¹¹⁵ *Rap katuni* is a musical sub-category of *bongo flava* (brain flavour) known for its extensive use of parody and satire (Thompson 2010: 495). Dar es Salaam's nickname *bongo*, from *ubongo* meaning brains, references the cunning needed to live in the city when low wages necessitate participation in informal economies. *Bongo flava* emerged in the nineteen-nineties from the first generation of postsocialist youths, who used hip hop to address social inequality, corruption and the spread of HIV (Stroeken 2005: 488-492).

¹¹⁶ Motika grew up in urban Arusha and spoke Kiswahili fluently — his outfits and speech were components of a character. And although Motika identified as Maasai, it is not uncommon for non-Maasai East Africans to appropriate Maasai dress. For example, in 2021 the Tanzanian musician Naseeb Abdul Juma, popularly known as Diamond Platinumz, wore a Maasai costume to the BET Awards in Los Angeles after being nominated for best international act. This choice was particularly problematic given the artist's failure to show any solidarity with Maasai communities over ongoing issues such as land rights, while actively supporting the CCM party's authoritarian turn under Magufuli (Singo 2021).

humorously stylized as unable both to speak Standard Swahili and to engage with the urban lifestyle associated with Tanzanian's de-ethnicized Swahili modernity, thereby leaving dominant ideologies of language and ethnicity intact (2010: 493).

Tanzanians used the song to celebrate negative Maasai stereotypes, jokingly changing the line, '*Nadumisha mila ile wengine lishashindwa*' [I preserve the traditions others have failed] to '*Nadumisha ujinga ile wengine nakwisha acha*' [I preserve the stupidity others have abandoned].¹¹⁷ Tradition (*mila*) was read as stupidity (*ujinga*) and the enemy of modernity.

Conclusion

Maasai interlocutors' distrust and confusion over the anti-FGM law stemmed from multiple sources. A concerted effort to include the perspectives and concerns of women specifically from practising communities was not made during the law's creation. And NGOs have refused to translate local systems of meaning around *emuratare*, instead labelling it a 'misleading tradition' to be abandoned with other aspects of 'tribalism' — in favour of an anti-syncretic embrace of Christianity and 'modernity'.¹¹⁸

In the next chapter, I consider further the discursive intersections between ethnic identity and 'development' (*maendeleo*) in campaigns to end FGM. Within developmentalist discourses around the Kilimanjaro region, 'ignorance' was

¹¹⁷ Thompson 2010: 511, 517

¹¹⁸ Kimani explained that he understood *haki* (rights) when applied to practices of genital cutting to be a proxy for the *desturi* (customs) of *wazungu* (white) and 'Swahili' peoples. He therefore thought that girls did not have a 'right' to *emuratare* because adopting *haki* here meant assimilating into the cultural practices of more dominant others. In other words, he believed the procedures were opposed for being different, not because they violated bodily integrity or autonomy.

considered the preserve of those lacking ‘development’ (see Mercer 2002: 114). While Maasai interlocutors hoped NGOs could fill gaps in public services, NGO employees blamed socio-economic inequalities on the ‘misleading traditions’ (*mila potovu*) of Maa culture.

Chapter Four

Maendeleo Kiyiéú: The Development We Want

Developmentalist discourses in Tanzania tend to explain away socio-economic problems in Maasai communities as an issue of *mila potovu* (misleading traditions), making them appear overdetermined by culture.¹ Such ‘culturalistic interpretation’ inevitably finds any problem’s cause within the target population rather than broader economic factors (see Fassin 2001: 301-309). Consistent with this, the employees I interviewed at Moshi-based NGOs articulated *maendeleo* (development) in Maasai communities as first and foremost about correcting their ‘culture’ — focusing particularly on FGM but not exclusively.²

Maasai interlocutors in contrast primarily approached *maendeleo* in terms of access to infrastructure services such as water, schools, health facilities and

¹ See Marsland 2007: 754 for more on *mila potovu* and discourses of development in Tanzania.

² This phenomenon is not limited to Tanzania. Shauna LaTosky found in Ethiopia that the organisation AMREF prioritised ending certain cultural practices, such as women wearing lip plates, over the need for emergency services. As LaTosky explains, ‘despite a decade-long request from the Mursi for free ambulance service in their area at the time of writing, transportation had only been offered to Mursi women who accepted a small payment from AMREF to have their stretched lower lips stitched’ (2016: 159).

electricity.³ NGOs were viewed as gatekeepers to socio-economic development, with campaigns against FGM seen as disruptive but also productive.⁴ These NGOs were top-down organisations led by local elite, based in urban centres and dependent on funding from the Global North (see Shivji 2007: 54).⁵ Gaining potential access to resources and assets from such organisations required people to assert a desire to ‘end FGM’, but the continuation of their access necessitated the possibility of the procedures’ presence.

FGM had to be both there and not there. And the persuasiveness of material incentives created ambiguity over people’s claims of opposition. Development was invested with multiple, intertwined meanings negotiated across local, national and international discursive fields. From these dynamics emerged two interrelated uses of the concept *maendeleo*, one socio-economic and the other a homogenising nationalism — where Maasai people were expected to denounce their ‘misleading traditions’.⁶ This chapter explores the ways in which prejudice and economic

³ In a clear example of this phenomenon, an NGO employee told me that their work to end FGM in a particular village would increase school attendance. But when I spoke with people in the village, they emphasised that the nearest school was too far away — with no free bus service available for students. And as I witnessed, primary school children had to hitchhike to class. These two perspectives were not necessarily entirely incompatible, but showed distinct differences in focus.

⁴ These NGOs treated the specifics of *emuratare* as largely unimportant because FGM as a transnational construct was their primary point of reference — as discussed in the previous chapter. This made *emuratare* (as a specific practice) effectively invisible in local as well as national discussions about the need to ‘end FGM’.

⁵ And some foreign funders expected that their substantial donations would allow them to oversee the projects they had funded. One staff member complained of their British donors, ‘*Hatupendi kupata misaada ya masharti kwa sababu tuko huru. Mwalimu Nyerere alisema tumekuwa huru sasa*’ [We don’t like getting conditional aid because we’re independent/liberated. Teacher Nyerere said we’ve been freed now.]

⁶ Kimani defined *mila potovu* as things that were locally believed, but no longer needed or allowed. He thus understood people’s desire to end *emuratare* (the rite as well as cut) as part of a much larger project to stop various practices associated with ‘tribalism’. Being ‘developed’ meant embracing the national and global.

inequality entangled, shaping developmentalist discourses pervading efforts to end FGM in northern Tanzania.⁷

The Onus of Development

As mentioned in chapter three, Tanzania underwent widespread neoliberal privatisation during the nineteen-nineties — done as part of structural adjustment to repay debts accrued over the two decades prior. The World Bank and International Monetary Fund implemented these structural adjustment programmes across the continent, under the belief that prosperity depended on liberalising economies by decreasing the state’s role in the health, welfare and safety of its citizens (Norris and Worby 2012: 354, 356). The onus of development in postsocialist Tanzania therefore moved from the state to its subjects, and was privatised through civil society (Green 2012: 312; Mercer 2002: 102).⁸ Non-governmental organisations in many ways thus set the agenda for how ending FGM, a goal officially encouraged by the state, was approached.

During this process of privatisation, development became conceptually linked to the consumption of ‘modern’ things — such as ‘Western’ attire and

⁷ FGM has been labelled a ‘harmful traditional practice’ within the UN system for decades (see OHCHR 1995: 3-5). And anti-FGM advocates in Tanzania often describe the procedures as cultural. Nonetheless, a group of foreign donors attempted to oust a member of Wokovu for using this descriptor — with one donor asserting that calling FGM a ‘cultural matter’ indicated a disregard for human rights. The Tanzanian supervisor appeared confused and offended by the accusation.

⁸ Under Julius Nyerere’s African socialism, *maendeleo* was a key objective that aimed to bring national progress through education and a rationalised peasantry (Marsland 2007: 753). Entrepreneurial activity was negatively associated with capitalism and self-interest. Following the collapse of state services, however, this conceptualisation of development shifted and personal economic aspirations unconcerned with equity became socially acceptable (Green 2000: 68, 80; 2012: 312). These changes arguably made ‘development’ an individualist enterprise.

electric homes. This made *maendeleo* partly a project of consumerism in an economically poor country, where for many such material acquisitions were an impossibility (see Marsland 2007: 753-754).⁹ Without educational qualifications or vocational training, options for salaried work are limited. Even those highly educated may struggle to find employment.¹⁰

And as noted by Rebecca Marsland, embedded within this consumption of the modern exists a rejection of the local — *ya kienyeji*, where critiquing tradition has been framed as a moral imperative to achieving *maendeleo* (2007: 754). Moreover, morality in this imperative took on another dimension, given that renouncing ‘local religions’ in favour of the ‘world religion’ of Christianity was also regarded as part of development (see Snyder 1994: 32).¹¹ It was within these discursive dynamics that NGOs repudiated historical genital cutting practices as one ‘misleading tradition’ among many.

⁹ see also Green 2014: 158-159; Kamat 2008b: 372; Myhre 2009: 119; Snyder 1994: 315; Spangler 2011: 489

¹⁰ For example, Lilian, a trained lawyer in her early thirties from Moshi town, volunteered as an unpaid intern at her NGO for several months before becoming an employee — an impractical option for many. This situation did not appear to be unusual. Adrienne Strong notes that nurses in Tanzania often work for free after graduation, sometimes for over a year before being officially hired (2020: 31).

¹¹ Henrietta Moore notes that in Kenya, ‘repudiation of FGM was strongly associated with a rejection of traditional culture understood as what is local, and with a desire to be seen as part of a larger world’ (2011: 47). Consistent with this, consumerism and Christianity feature prominently in the influential Kenyan politician Linah Jebii Kilimo’s personal narrative of how she came to oppose female genital cutting. Her conviction began when a teacher ‘urged girls to shun FGM so that they can drive big cars’ and solidified when she determined, ‘I would not accept to miss heaven by allowing my body to be circumcised’ (Ndanyi 2014; Ogutu 2011).

Depoliticising the Problem

Practices involving female genital cutting are commonly portrayed in Tanzanian mass media as causing a chain reaction of school dropout, marriage before the age of eighteen and poor career prospects — all hindering the nation's economic development.¹² Apparent here are the conceptual slippages between cutting as a physical act and the social-cultural significance of various ceremonies.¹³ Rites that confer marriageability are social barriers to marriage as well as gateways. And removing them would not in itself automatically address issues such non-consensual or underage marriage without other attendant cultural and socio-economic changes.

Looking at the Tanzanian government's Demographic and Health Survey data, there is no correlation between the prevalence of female genital cutting in different regions and girls' secondary school attendance or marriage before the age of eighteen. In 2010, for example, the Manyara and Arusha regions bordering Kilimanjaro had two of the highest rates of female genital cutting in the nation,¹⁴ but incidence of child marriage was below the national average of thirty-seven percent.¹⁵

¹² Drawing on these tropes, one news article described genital cutting as 'shattering their dreams to live a full and productive life, or plan a future of their own choice in career and marriage' (Masha 2015).

¹³ Moreover, the procedures' criminalisation has led the act of cutting to often precede the ceremonial aspects of *emuratare* in Maasai communities. This meant that in Pooki Wueji, even if a young girl had been cut, she was not considered marriageable until the rite was celebrated at a later date — possibly several years in the future.

¹⁴ Manyara and Arusha respectively reported that approximately 70% and 59% of women between the ages of fifteen and forty-nine had undergone genital cutting (TDHS 2011: 296).

¹⁵ Child marriage was defined by the number of women between the ages of twenty and twenty-four who were married by eighteen. Manyara and Arusha reported that 34% and 27% of women had experienced child marriage (UNFPA 2014: 4).

Meanwhile, the Shinyanga and Tabora regions had the highest reported prevalence of child marriage, but rates of female genital cutting far below the national average of fifteen percent (TDHS 2011: 296; UNFPA 2014: 4).¹⁶ And roughly only around ten percent of women in Shinyanga or Tabora had attended secondary school compared to seventeen percent in Arusha (TDHS 2011: 34). These issues are exacerbated by the fact that it remains legal for an adult man to marry a girl as young as fourteen (Mosenda 2022a; Nachilongo 2022).¹⁷ Female genital cutting is prevalent in a minority of Tanzanian populations, but teenage marriage is common nationally while secondary school attendance has historically not been.¹⁸

It is more likely that a girl would undergo a coming-of-age rite, such as *emuratare*, after facing limited options for further formal education than this ceremony alone being the catalyst for leaving school or work (see Archambault 2011; Pratt 2002: 201-209; Prazak 2016: 267 n17; Stambach 2000: 76-77). The

¹⁶ Shinyanga and Tabora reported that less than one percent and six percent of women had undergone genital cutting, while 59% and 58% were married by the age of eighteen. Meanwhile, Dodoma had both a high rate of reported cutting and child marriage at 64% and 51%, respectively (TDHS 2011: 296; UNFPA 2014: 4).

Looking more broadly across Africa, UNICEF found child marriage and ‘FGM’ to be concentrated in different parts of the continent. Most girls and women who underwent genital cutting were not married before the age of eighteen. And the majority of those married before eighteen were not cut (UNICEF 2022: 9).

¹⁷ Tanzania’s Marriage Act of 1971 allowed girls to be wed at fifteen with parental permission and at fourteen with court approval. In 2016, a high court ruled that this was unconstitutional and ordered the legal age of marriage be raised to eighteen. The government appealed this ruling, and despite it being upheld in 2019, no update had been implemented by 2022.

¹⁸ Moreover, a 2017 study by the Tanzanian government found no correlation between social acceptance of marriage before the age of eighteen and female genital cutting. The study nonetheless stressed that ‘FGM is viewed as a key driver of child marriage’ — suggesting that such practices give girls ‘a considerable amount of confidence’ that supposedly makes them less attentive in school (United Republic of Tanzania 2017: 54-56). An article in *Mwananchi* similarly speculated that if a girl undergoes cutting, she is more likely to become *mkorofi* (rude) and refuse teachers’ punishments (Mwijarabi 2015). Cut students were thus stereotyped as ‘out of order’ and therefore presumed to do poorly. Such perspectives are an important reminder that discourses circulating at the national level at times differ dramatically from popular international ones.

Tanzanian government limits the number of students able to attend secondary school by requiring them to pass a primary school leaving exam. In 2012, the year my fieldwork began, almost seventy percent of students failed that exam (Kippenberg 2014).¹⁹ This does not mean that genital cutting practices should continue, but that they have been used as a convenient scapegoat for wider structural issues.

And Maasai boys' *emuratare* is also commonly presented in Tanzania as causing school dropout (e.g., *Arusha Times* 2012; Nkwame 2012; see also Bishop 2007: 100; Pesambili and Novelli 2021: 4, 6).²⁰ Situating 'misleading traditions' as the source of children's inability to access educational opportunities risks shifting the blame onto ordinary poor citizens, thus depoliticising the problem (see also Marsland 2006: 70).²¹ Many NGOs are hesitant to be seen as critical of the government for fear of reprisal.²² And when there is a strong disincentive to point out structural violence, the cultural practices of minorities become an easy target — particularly ones problematic and objectionable for other reasons.

¹⁹ The pass rates of the primary school leaving exam vary a lot by year, but have been much higher recently. In 2020 and 2021, around 82% of students who sat the exam passed (Mhagama 2021). This still means that many students were unable to continue on to secondary school and these numbers do not include all those who did not sit their exam for whatever reason.

²⁰ The *ilmurràn* system is similarly criticised. In the 1980s, the Kenyan government actually attempted to ban this life stage. As described in an Associated Press article, with the 'government preaching nationhood and denouncing tribalism, the warrior class of the proud Masai has become obsolete... They said these young men, known as "Morans," were missing education and job training' (AP 1985; see also Rigby 1989: 436).

²¹ This also assumes that schools are uniformly experienced as safe environments. But as pointed out by Joseph Pesambili and Mario Novelli, for some children these institutions are places of intimidation and suffering due to corporal punishment. And students may be physically reprimanded for speaking Maa on school grounds, where only Kiswahili and English are permitted (2021: 5, 7). As the scholar Leiyo Singo describes, 'I was beaten up in school several times for speaking my mother tongue! Anything Maasai, be it language, name, dress, food, livelihood, and way of life was and still is presented as something backward and primitive' (Abalaka 2022).

²² The Minister for Home Affairs Mwigulu Nchemba, for example, threatened to deregister any NGO that campaigned for students to be allowed to return to school during or after pregnancy (Sauwa 2017).

Mabinti wa Kisasa: Modern Daughters

Wokovu called girls staying at their shelters *mabinti wa kisasa* (modern daughters) for having ‘refused’ genital cutting.²³ Through the NGO, these teenagers accessed substantial resources intended to further their socio-economic development. In addition to being given food and clothing, those still in formal education were enrolled in nearby schools with all expenses paid.²⁴ While those who had failed their primary school leaving exam were given free vocational training, and gifted a sewing machine under the expectation that they would become entrepreneurs. Some older teenagers were awarded professional training opportunities in other regions of the country.²⁵

Wokovu staff explicitly articulated these ‘modern daughters’ as models of development, conforming to the Government and Christianity.²⁶ Girls hoping to

²³ Residents at Wokovu were almost all classified by the NGO as having run away from FGM. But their level of risk was not always clear, as touched on in the previous chapter. Vocational training students, for example, were en masse deemed safe to return home after their graduation. And this situation was partly the product of external donors in a system of privatised development.

Foreign donors were more interested in funding sensationalised projects than quotidian support addressing socio-economic inequity. It was not enough for a girl's family to be poor, she had to be in imminent danger of mutilation. As pointed out by Henry Louis Gates Jr, there are ‘Westerners who are exercised over female circumcision but whose eyes glaze over when the same women are merely facing starvation’ (Gates 1994).

²⁴ And in at least a couple of instances, girls were enrolled in local private schools.

²⁵ As previously mentioned, Wokovu was based outside of the Kilimanjaro region and did not deal primarily with Maasai communities, but is nonetheless a useful example of the broader context in northern Tanzania.

²⁶ Moreover, shelter residents were enjoined to participate in the Christian Girls’ Brigade Ministries.

stay were required to undergo gynaecological examinations ‘proving’ their genitalia remained unaltered.²⁷ Pregnant teenagers were barred from joining.²⁸

Furthermore, girls living at Wokovu’s shelters were compelled to participate in marches and community outreach performances against FGM, including learning choreographed songs affirming their commitment to God and CCM.²⁹ For International Women’s Day in 2018, children from one shelter marched with a poster carrying the government-approved message, ‘*Kuelekea uchumi wa viwanda, tuimarishe usawa wa jinsia na uwezesaji wa wanawake vijijini*’ [To head for an industrial economy, we should strengthen gender equality

²⁷ One staff member described these exams as ensuring that cut girls were not ‘cheating’ by accessing the organisation’s resources, which were intended only for those who remained uncut. In Kenya, forty-nine students were expelled from Soila Maasai Girls Centre after such genital inspections. The stated reason for their expulsion was that the British charity sponsoring the school earmarked funds only for girls who had not undergone FGM (Kiraithe and Soila Maasai Girls Centre v Attorney General et al. 2014).

²⁸ While I was volunteering at Wokovu, then President John Magufuli declared that pregnant students would be officially barred from returning to primary or secondary education (*The Citizen* 2017a). Former first lady Salma Kikwete supported the decree, arguing, ‘Allowing teen students to continue with studies after giving birth would mean that the government is legalising child marriage’ (*The Citizen* 2017b). And the Rukwa regional commissioner, along with the Mlele and Tandahimba district commissioners, directed police to begin arresting students for becoming pregnant (*The Citizen* 2018a; Siyame 2018; Siyame and Odunga 2018). The ban was fortunately struck down by Samia Suluhu Hassan — Tanzania’s first female president (Nдалу 2021; Wambura 2021). Additionally, students who failed their leaving exam will now be able to resit it (Nдалу 2021).

²⁹ For example, the song ‘Enyi Ndugu Zangu’ (Oh My Brothers) included the lines: ‘*Taasisi za dini, dawati la jinsia — daima mwaungana na serikali yetu. Twajivunia kuwa Wokovu. Jamii yote leo hii twawasihi ukeketaji hakika una madhara*’ [Religious institutions, the (police) gender desk — you’re forever united with our government. We are proud to be Wokovu. All the community today we urge you FGM certainly has harms.]

and rural women's empowerment.]³⁰ Their work was promoted as advancing the state's goal of industrialising the nation.³¹

And the NGO's vocational training aimed to expedite transformations to the regional economy. Instead of participating in systems of cattle exchange between families through marriage, 'modern daughters' were expected to earn money for their families through paid labour like piecework sewing.³² Wokovu thus objected not just to the physical cut, but also the socio-cultural rite of initiation embedded within local subsistence livelihoods — which were viewed as hindering capitalist development.³³

These issues of *maendeleo* took on another dimension when elaborated around ethnicity as well as class. During my fieldwork in the Kilimanjaro region, NGO employees in Moshi town working on anti-FGM interventions predominantly identified as Chagga, the area's largest ethnic group. Central to their ability to attract foreign donors were claims they represented the 'voices of

³⁰ A few months later, to commemorate the International Day of the African Child, the girls marched with a banner containing a similar message, '*Kuelekea uchumi wa viwanda: Tusimwache mtoto nyuma*' [To head for an industrial economy: We shouldn't leave a child behind.] And a couple of years later, children supported by Wokovu marched for Tanzania's Law Week with a poster declaring, '*Wajibu wa mahakama na wadau kuweka mazingira wezeshi ya uwekezaji*' [The obligation of courts and stakeholders is to maintain an investment enabling environment.]

³¹ Similarly, in the novel *Blossoms of the Savannah* by the Kenyan author Henry Ole Kulet, girls at the fictional school *Intapuka-e-Maa* (Flowers of Maa) perform a song about rejecting genital cutting — in which they sing, 'We shall not be found in the dingy, dirty huts... We shall be building our nation together' (2008: 286).

³² While assisting a Wokovu staff member with a grant application, I realised that I had unconsciously reshaped their narratives of entrepreneurship to more closely match foreign donors' (and my) social expectations. In the application, I portrayed girls' potential income earned after vocational training as benefiting them individually. Being financially independent would make it less likely that family members could force them to undergo cutting, I argued. But the NGO employee had actually said that training would allow the teenagers to financially support their parents and siblings.

³³ This distinction was not absolute. For example, one poster used by Wokovu declared, '*Kaka, nikisoma utapata mahari nyingi*' [Brother, if I study, you'll get much bridewealth.] And Wokovu also objected to boys' initiations — but not the act of male genital cutting, which it encouraged.

the marginalised’ (see Mercer 2003: 749). Relatively affluent, urban employees thus presumed to ‘speak for’ disadvantaged rural Maasai communities — resulting in highly uneven power dynamics.

Negotiating Development

Maasai populations, a minority in Kilimanjaro, have been cast by successive governments as the noncontemporaneous Other.³⁴ This ‘developmentalist temporality’ imagines politically marginalised Maasai as icons of traditionalism resistant to modernity (Galaty 2002; Schneider 2006: 102-103). While Chagga are generally regarded in Tanzania as one of the country’s most educated, affluent and ‘modernised’ populations (Edmondson 2007: 49).³⁵ Leah — a Chagga woman in her twenties — described it as, ‘Chagga have adopted the modern life, but Maasai have their local life’.³⁶

I conducted semi-structured interviews with twelve employees from eight non-governmental organisations based in Moshi town.³⁷ The employees I met

³⁴ Maasai people as the ‘noncontemporaneous Other’ is borrowed from Leander Schneider (2006: 103).

³⁵ These perceived superlatives were due in part to the comparatively high density of schools on Mount Kilimanjaro, many built by missionaries, that led these communities to become some of the most highly educated during colonialism and beyond (Samoff 1974: 37-38). As pointed out by Walter Rodney, schools in Tanganyika were most available in areas of major cotton and coffee production, while ‘those whom the colonialists could not readily exploit were not offered even the crumbs of education’ (2018 [1972]: 296).

³⁶ Leah was friends with Kimani and made this statement in front of him. It was not considered controversial.

³⁷ Given their small staff sizes, these organisations have not been named in an effort to protect participant anonymity. Four of the NGOs conducted anti-FGM outreach in Maasai communities, while two others assisted them. The two remaining groups facilitated the circumcision of underage boys experiencing unstable housing, done in the name of health and hygiene. Their work is discussed in the next chapter.

were mostly fluent in English and held advanced degrees, some from European universities. Some also had substantial international work experience. As discussed in chapter two, initiations involving genital cutting effectively ended on Mount Kilimanjaro at different points during the twentieth century. None of the NGO employees reported being initiated, and none of these organisations were conducting outreach related to FGM in Chagga areas.³⁸

Nonetheless, several of the employees were one generation removed from the procedures.³⁹ Eugenia, who grew up in Moshi town in the nineteen-fifties, was one such individual. Her mother had undergone genital cutting before getting married. But Eugenia did not become professionally involved in the topic until the nineteen-nineties. While working as a healthcare provider, acquaintances at the UNFPA introduced her to members of the Inter-African Committee on Traditional Practices and she visited their headquarters in Ethiopia — later deciding to establish an NGO herself in Tanzania.⁴⁰

However, none of these employees indicated that their interventions were informed by the ways in which female genital cutting ended in their own families — instead preferring to use international bodies, such as the United Nations, as

³⁸ Some groups did outreach on Mount Kilimanjaro in the late 1990s and early 2000s. A few employees claimed that certain Chagga communities — always more rural and less affluent than their own — were still conducting FGM post-2010. But they did not claim to be aware of any actual incidents. After asking a member of one organisation if the ethnic dimensions of their interventions were potentially problematic, their website was updated to include Chagga areas. However, I am unaware of any such projects being carried out.

³⁹ One NGO employee, a nurse originally from Marangu, had an elder sister who underwent genital cutting as a teenager sometime before 1960. Other than that, people mentioned parents and grandparents as the closest relative to have undergone initiation.

⁴⁰ Eugenia explained, ‘Even my mother had FGM done to her. But she never did it to us... She was a little bit learned and she did not do it to us’. As Eugenia’s own daughters were growing up in the nineteen-eighties, she had worried that perhaps one of her elderly female relatives would try to have them cut, but they never did. Remembering decades past, she said, ‘I take care of my own children. I don’t give them to my grandma. They must just visit and come back. And they don’t visit alone. They visit with me!’.

their point of reference. But talk of human rights mixed conspicuously in our conversations with perceptions of ethnic difference. And in this section, I consider how these largely Chagga-led organisations mediated Maasai people's access to socio-economic assistance through their anti-FGM outreach.

Socio-Economic Inequalities Contextualised

Under British colonialism, Maa-speaking pastoralists were intentionally excluded from wider socio-economic and cultural changes in the name of protection, as well as isolated from communities with whom they had established histories of trade, residence, friendship and intermarriage (Hodgson 2000: 65, 67). They were removed from productive agricultural land, and forced onto a reservation that reinforced their dependence on pastoralism (Hodgson 1999d: 51; Waller 1999: 26-27). When Maasai people left the reservation, they were considered racially distinct and required to sit in the back of public buses (Schneider 2006: 106).⁴¹ An image of Maasai people as icons of traditionalism solidified after decades of enforced isolation.

Their ethnic 'difference' was then perceived by colonial administrators as a barrier to modernisation and progress.⁴² By forcibly removing the majority of Maa-speaking people from Kilimanjaro, colonial officials shaped their Othering.

⁴¹ Even decades after independence, some of the more expensive bus companies in Moshi town refused to take Maasai passengers at all due to their allegedly unpleasant 'smell' (Talle 1999: 114).

⁴² British officials initiated a five-year 'Masai Development Plan' in 1951 — stipulating annual quotas for cattle sales, while further decreasing the reservation's land. To pay for these gifts of development, Maasai people had the highest taxes of any Africans in Tanganyika. The zealous colonial ideologies of modernisation presented the plan as a matter of 'development or death' but the project intensified poverty in Maasai communities, thus reinforcing their presumed need for developmentalist intervention (Hodgson 2000: 55-71).

And it was not unusual to hear Chagga people dismiss Maasai as unwanted migrants to the region.

Meanwhile, because coffee grows well on Mount Kilimanjaro the area became an economic centre.⁴³ Charles Dundas, a British officer in charge of the district from 1919 to 1924, successfully pressured the mountain's *wamangi* to have their subjects grow it as a cash crop. Production grew rapidly. Twenty tons of coffee were exported from Kilimanjaro in 1923; by 1935 this number increased to 1,275 tons (Moore 1986: 119-120).⁴⁴ But coffee farming exacerbated socio-economic stratification within and between the mountain's former kingdoms.⁴⁵

Coffee brought wealth to some. The money from its production allowed the Native Authority to build schools, courts, dispensaries and roads. The Kilimanjaro Native Cooperative Union was able to invest in auxiliary businesses, including a hotel, press and agricultural school.⁴⁶ Individual coffee farmers paid for their children's formal education and purchased consumer goods (Moore 1986: 129). But the growth of coffee as a cash crop combined with a growing population

⁴³ When Bronisław Malinowski visited Moshi town in 1934, he remarked in a letter to his wife, 'Here I am among the Djagga who are among the most progressive tribes of East Africa – all European dress, Christianity, new houses, cooperative societies etc. The mixture is interesting though, for in spite of all the progressiveness they still practice clitoridectomy' (Wayne 1995: 200). And when Sally Falk Moore told Meyer Fortes her plan to do fieldwork on Mount Kilimanjaro in the 1960s, he said with evident disdain, 'I bet they all wear pants' (Moore 2009: 155-156).

⁴⁴ The railway line had expanded from the port city of Tanga to the new town of Moshi in 1911. And this railway terminus town at the base of Mount Kilimanjaro became the German and then British colonial government's administrative headquarters for the district, as well as a convenient central collection point for the transport of coffee (Samoff 1974: 17).

⁴⁵ One in three men were growing coffee on the mountain by 1930, but 96% of them had less than a thousand plants. The other 4% owned plantations of a hectare or more and employed labourers. Rombo on the eastern side of the mountain, for example, was too dry for optimal coffee production and so became a source of labour. Plantation owners included *wamangi*, who were initially able to command tributary labour, and mission-educated Christian converts (Iliffe 1979: 274-275). In this way, coffee farming replicated and reinforced already established economic inequalities, but also created benefits for certain well-connected Christians.

⁴⁶ This coffee union remains an important institution and I stayed at their hotel in Moshi town for a few weeks before finding a place to live.

put immense strain on the area's agricultural systems, leading to substantial out-migration from the mountain's slopes throughout much of the twentieth century.⁴⁷

Popular Tanzanian perceptions of Chagga affluence and modernity tend not to focus on these internal class stratifications (Mercer 2002: 105).⁴⁸ Such divisions, however, shaped who was considered 'developed'. And during my fieldwork, certain 'elites' in Moshi town were quick to single out less affluent Chagga communities as allegedly lacking in development. NGO workers nevertheless drew on their identity as Chagga, and its attendant associations with modernity, to justify their outreach in Maasai communities.

An Entry Point

To the best of my knowledge, none of these Moshi-based NGOs had any paid Maasai employees handling their anti-FGM interventions during my fieldwork.⁴⁹ But Piga Vita Ukeketaji did run a jewellery making business employing Maasai women.⁵⁰ They provided the women with beads, instructed them on desired

⁴⁷ see Setel 1999: 51, 65-73

⁴⁸ Socio-economic inequalities led to increased poverty and high rates of child malnutrition on Mount Kilimanjaro during the twentieth century, even as the middle-class expanded (Howard and Millard 1997: xiii, 29). Institutions associated with development and modernity — such as formal education — came to be seen as escape routes from poverty on the crowded mountain, but also as possible paths to HIV infection in the 1980s and 1990s (Setel 1999: 3, 204, 216; see also Vavrus 2005: 179-180). Modernity was not uniformly desired; development was experienced unevenly.

⁴⁹ Maasai 'members' of PVU were required to pay an annual fee. Community based organisations (CBOs) are common in Tanzania and these membership groups are funded through the collection of dues (see Dill 2010). PVU was not a CBO but seemed to collect dues like one.

⁵⁰ Income generation projects aimed at Maasai women often involve beadwork, and Dorothy Hodgson met at least one woman who equated *maendeleo* with beads (1995: 305-307).

bracelet designs, paid for their labour and then sold the products to a European NGO — who distributed them internationally.⁵¹

One social media post about the project included a photo of an older Maasai woman in ‘traditional’ clothing working on a bracelet with the English caption, ‘Regardless of my age I can support the campaign’. And the jewellery was marketed in Moshi town with the message,

Handcrafted by Maasai women who stood up to say “No” to FGM. They have partnered with PVU to increase awareness and education, and to support others who are being subjected to FGM and other forms of gender-based violence.⁵²

One might surmise from all this that the women staunchly opposed female genital cutting. But when I spoke with a PVU employee overseeing the project, he explained, ‘it is a kind of entry point to be able to meet with them and talk to them’.⁵³

Throughout our conversation, the business was presented as a lure to attract Maasai women in order to broach the topic of FGM — something they were not necessarily interested in discussing. In places like Pookí Wueji, locating potential

⁵¹ Courtney Carr observed how girls deemed at risk of FGM were expected to produce beaded jewellery and other goods for one Moshi-based NGO while staying under their care. The organisation rationalised this free child labour by arguing the girls were being taught a skill. Carr describes, ‘I witnessed the girls spend hours of their day when they weren’t completing their schoolwork producing bracelets’ (2020: 42, 74).

⁵² Similarly, the website of the European NGO selling the bracelets specifically stated that they were created by women who ‘used to practice FGM’ but ‘now want to stop for good’. And this message was later updated to specify that only women who expressed opposition to FGM were allowed to participate.

⁵³ The business was further framed as economically ‘empowering’ the women. The majority of formal women’s groups around Mount Kilimanjaro engage in income generation. And ‘empowerment’ is a popular buzzword attractive to foreign donors, but on the ground such projects tend to be valued more for their potential to benefit entire families, not individuals (see Mercer 2002: 107, 122, 125).

sources of income was a constant, pressing concern for many.⁵⁴ Maasai women actively participated in local markets by selling milk, eggs, tobacco and beaded jewellery among other products.⁵⁵ But they also experienced at times devastating discrimination in these spaces for being Maasai.⁵⁶ It was therefore unsurprising that people wanted to participate in PVU's business. And as a strategy to increase engagement with the NGO, it was probably very effective.

Piga Vita Ukeketaji was well known locally as an anti-FGM organisation. It is unclear, however, if these women consented to their images being used for campaign purposes. And it is debatable how freely such consent could be given since the group was their employer.⁵⁷ That the business functioned primarily to establish contact with Maasai communities was obscured. Marketing instead gave the impression that women already opposed to such procedures spontaneously

⁵⁴ People engaged in various income earning strategies. For example, women in Pooki Wueji participated in a Village Community Banking (VICOBA) project, where they could in theory take out small loans from their pooled savings. However, the village chairman reportedly used his influence to ensure that his wife was the primary beneficiary. The social dynamics of such projects are complicated and there is a history of village government 'eating' development in Kilimanjaro (see Mulligan-Hansel 1999: 163-170; cf. Ott 2022: 392-397).

⁵⁵ Maasai women are no stranger to the marketplace. In the nineteenth century, extensive trade networks enabled communities to sustain their specialised, cattle-based production by connecting them to regional and global commerce. Their mobility, sexual freedoms and autonomy were criticised by priggish European explorers, such as Harry Johnston, who in 1902 condemned them as 'very immoral' (Hodgson 2004 [2001]: 30, 35). However, Maasai women became more economically dependent on men during colonialism due in part to British economic projects that viewed 'the market' as an exclusively male domain. Furthermore, colonial taxation classified Maasai women as 'property to be paid for by men' thereby creating 'attendant associations of ownership, possession, and control' (Hodgson 2004 [2001]: 92).

⁵⁶ For example, Kimani messaged me about a murder in the area committed by a Maasai man over a land dispute. Due to this event, Maasai people in Pooki Wueji were blocked as a group from buying or selling in the local market. And just as the situation was cooling down, flyers appeared warning that anyone found trading with a Maasai person would see their home burned. Although things eventually returned to normal, these threats spoke to ongoing ethnicity-based tensions and the discrimination people faced for being Maasai.

⁵⁷ Kimani told me that, several years before we met, he confronted a member of this NGO after witnessing them photograph women against their wishes during an outreach event. The employee allegedly refused to stop.

approached PVU to plan the project together. Buying a bracelet from a woman who might in the future oppose FGM — was not marketable.⁵⁸

Governmental and non-governmental bodies in Tanzania continue to use the presence or absence of FGM as a measure of Maasai people's development (Hodgson 2017a: 98). And PVU represented these women as primarily concerned by the procedures, despite it not necessarily being their interest or priority.⁵⁹ Through this framing, the NGO situated the women's struggles as principally a problem of Maasai 'culture'.⁶⁰

She had Demands

Even Maasai 'elites' have experienced marginalisation in the NGO sector. For example, when the organisation Aang Serian invited the internationally acclaimed Kenyan activist Agnes Pareyio to Tanzania in 2005, they assumed that as a 'simple Maasai mama' she would be paid a few thousand *shilingi*, worth as little as one

⁵⁸ In my opinion, this fiction was likely influenced in part by the expectations of PVU's foreign partners. International organisations often seem to prefer supporting narratives in which people (secretly) yearn for abandonment but need assistance (from the Global North) to 'empower' an already present opposition.

⁵⁹ Toward the end of my initial fieldwork, Kimani and I had a long chat about why he thought ending girls' *emuratare* would benefit women's development. We met in a church-run coffee shop in Moshi town popular with middle-class Tanzanians — the embodiment of *maendeleo*. Kimani speculated that if initiations ended, women would not spend so much time socialising and planning celebrations, thereby making them more attentive to their domestic duties.

This answer initially shocked me. But as described by Claire Mercer, expectations of women's industriousness and domesticity pervaded discourses of *maendeleo* in Chagga communities around Kilimanjaro (2002: 112, 114). Drawing on these discourses, Kimani hypothesised that people took issue with *emuratare* because it made women less diligent homemakers — an interpretation that speaks to the ways in which anti-FGM messages can become repackaged through different socio-cultural lenses.

⁶⁰ Marketing of the bracelets defined FGM as a form of gender-based violence, but the PVU employee I spoke with located this violence narrowly within Maasai society — not Tanzania or the world more generally.

dollar, for facilitating their anti-FGM training — the same compensation given to event attendees (Koomen 2009: 33-34).⁶¹ Pareyio's team of professional facilitators ended up having to wave their usual fee.⁶²

A little over five years before, Aang Serian had formed as a diverse youth collective in the city of Arusha, working to document indigenous knowledge and history in order to expose and resist commercial exploitation from the Global North (Rafiki, Knight, and Power 2002: 25).⁶³ The group was active in the city's music scene and closely affiliated with X Plastaz — a hip hop crew who did not originally contain any Maasai members, but appropriated Maasai chanting and dress into their music videos (Thompson 2008: 35; see X Plastaz 2005). This organisation's somewhat fantastical shift into rural anti-FGM outreach speaks in part to how overdetermined Maasai identity is to the Tanzanian body politic by the topic.⁶⁴

Maasai oriented organisations are under intense pressure nationally, as well as internationally from donors, to prioritise the subject regardless of their initial aims. For instance, when the activist Maanda Ngoitiko from the Pastoral Women's Council declined to collaborate with TAMWA on an anti-FGM campaign, she was

⁶¹ NGOs in Tanzania often compensate people for seminar attendance.

⁶² Agnes Pareyio is the founder and director of the community-based organisation Tasaru Ntomonok Initiative, which focuses on rescuing girls from FGM. *Tasaru ntomonok* means 'save new mothers' in Maa, and this rather incongruous name choice may speak to a different initial *raison d'être*. Pareyio went on to chair Kenya's Anti-FGM Board before becoming a member of parliament.

⁶³ *Ang na-serían* means 'home at peace' in Maa.

⁶⁴ A British volunteer and Maasai boarding-school graduate affiliated with the collective began using it for anti-FGM outreach in 2005, with funding from the US-founded NGO Equality Now. Jonneke Koomen describes the time before this shift as 'members were initially reluctant to tackle the historically and politically charged issue of female circumcision' (2014: 249-250). But the idea that the group inevitably should have covered the topic, and were simply reluctant, appears to be based purely on their aesthetic associations to Maasai identity.

condemned as ‘just an uneducated woman’ (Hodgson 2017a: 121).⁶⁵ But people have also used the spectre of FGM strategically to gain better access to public services and resources. Some in Pookí Wueji even attempted to negotiate with me in this way.⁶⁶

Within thirty minutes of meeting me, Kimani’s father — assuming I had come to there to lecture them on the dangers of female genital cutting — announced in a weary deadpan, ‘*Meékure iyíóók kírúku metumurata intóyìè ang ake duoo neló aye. Kijokí intái, ashê. Eyaúki iyíóók enâ elimu eleng. Órè péé eidimá, niyaú órè enâ shule nikiyiéú*’ [No longer will we believe that our daughters should be cut just to go die. We say to you, thanks. This education was brought to us abundantly. If it’s possible, now bring this (secondary) school we want.]⁶⁷

He elaborated, ‘*Tiaaki, ina péé kiyiéú shule... péé eyauni ear ina tóki nemena*’ [Tell her, that’s why we want a school... and when it’s brought they’ll beat this thing and it’ll be despised.] Kimani added bluntly, ‘The government hasn’t brought it... maybe some organisation can bring the school here’.

Later that day, Kimani’s grandmother commented, ‘*Ake kupal amu maendeleo kiyiéú, amu etejó te nipalapala, nikiyaú intái maendeleo*’ [We would only end it for the development we want, because they said if you all leave it,

⁶⁵ Ngoitiko did not refuse out of support for the procedures, but because it was not her organisation's priority and could hinder their work (Hodgson 2017a: 121).

⁶⁶ Indeed, when I first visited Pookí Wueji, my audio recorder caught his neighbours debating if they should tell me that girls were still being cut — an illegal act. Kimani convinced the group to be forthcoming by saying, ‘*matiaaki etí amu enakatopùò ayaú iltunganak*’ [Let me tell her it’s here because she’s one who’ll bring people.] Where ‘people’ meant a development organisation. But I never did bring one, nor did I say I would.

⁶⁷ Kimani artfully recrafted his father’s comment to more directly present the abandonment of cutting as contingent on the construction of a school. He claimed Koitiamo had said, ‘The problem is if it's one of them. All the community looks at her and says, “What happened?”. But if they get education while they're children... then they can leave it’. Although, as I learned later, this was not an argument that Kimani necessarily supported.

we'll bring you development.]⁶⁸ She situated the possibility of ending girls' *emuratare* as a negotiation — and she had demands.⁶⁹ But NGOs working in the area often had a very different view of what bringing 'development' to Maa pastoralists meant.

Wash Your Hands of FGM

When I first moved to Moshi town, a lecturer at Kilimanjaro Christian Medical University College joked that if a group of three Chagga, two Pare and one Maasai were standing together in a room and someone asked, 'How many people are present?', they would reply, 'Five people and one Maasai'. The 'joke' being that Maasai are not people.

To say that Maa pastoralists face discrimination in Tanzania is an understatement. As Leiyo Singo describes, 'stereotypical representations of the Maasai have made marginalization, exclusion, discrimination and dispossession legitimate in government policy making circles' even as the nation commodifies

⁶⁸ 'They' presumably refers to the various NGOs who have sporadically stopped by Pooki Wueji since the early 2000s to conduct anti-FGM outreach. At the time, Kimani claimed his grandmother had said that she would end it only because the procedures have harms (*madhara*). And that if a cut woman gives birth, 'she is dead' from blood loss. This was a particularly brazen (mis)translation. But when I raised the issue with Kimani, he brushed off my concerns — saying he had simply missed a couple of words. The speech he had fabricated conformed to my own expectations, leading me to take the answer at face value when I should have questioned it further.

⁶⁹ Despite my repeated insistence to the contrary, Kimani's family thought I might secretly be working for an NGO. And when I returned the year after my initial fieldwork, his mother asked, '*Kama ntái entodól ajo kiààta embàè nikiasita... kaaínyo iyíé msaada nitayú iyióók aaliki?*' [If you see an issue we're doing... what aid will you provide to tell us?]

Maa identity and culture to promote tourism (Abalaka 2022).⁷⁰ Within the discursive field of development, Maasai people continue to be envisioned as insular and provincial, with their very nature (*asili*) often conceptualised as *uchafu*, ‘filth’ (see Talle 1999: 117).⁷¹ And since *uchafu* can mean both dirt and immorality, with its inverse and antidote *usafi* meaning cleanliness and purity — it can be difficult to disentangle criticisms of ‘filth’ from accusations of immorality.

Various NGO workers equated a perceived lack of development to *uchafu*. One person, for instance, reacted with amused shock and disgust on learning that I ate with Maasai people.⁷² And it was not unusual for employees to spontaneously mention this issue of alleged dirtiness during our interviews.⁷³ Lilian suddenly remarked, ‘Cleanliness on their bodies is still a problem for them’.

‘And is that a problem because of access to water or for some other reason?’

‘No, it’s their habit... keeping them clean is hard... And during the market day you’ll see them and they are very, very dirty... I really don’t know what’s wrong with them’, she replied emphatically. Later adding, ‘I don’t know how we’ll try to work with these people’.

⁷⁰ Maasai people are called a ‘natural resource’ (*mali asili*) in Tanzania due to tourism, but some bars and restaurants in cities like Dar es Salaam ban their entrance (Singo 2021). The anthropologist Aline Rabelo (2021) recently saw one such sign reading, ‘*Tangazo: Ni marufuku wamasai kuingia ndani ya bar hii. Ni amri sio ombi*’ [Announcement: Maasai are prohibited from entering this bar. That’s an order not a request].

⁷¹ The word *asili* can be translated as origin, ancestry or foundation and depending on how it is used, can carry ‘within it the full force of the ethnic paradigm, in which descent is imagined to determine not only one’s social identity, but also one’s behavioural characteristics and most essential qualities’ (Glassman 2000: 414).

⁷² But this disgust was also directed at impoverished Chagga people living in the densely packed rural suburbs of Mount Kilimanjaro. While visiting Kibosho with a friend from Moshi town, an elderly widow invited us to have lunch in her admittedly dilapidated home. Sharing food is part of basic politeness on the mountain (see Moore 2009: 152). But my friend curtly refused. And when I asked why, she replied that the food would inevitably have been ‘dirty’ — there was no way she would eat it.

⁷³ These were one-off interviews, not informal conversations between friends. I did not have previously established relationships with these employees, which speaks to how socially normalised their comments were.

It perhaps should be unsurprising then that various NGOs operating in Moshi town placed the topic of FGM within their health education seminars — next to lessons on hygiene and subjects like hand washing or food preparation.⁷⁴ And in this section, I strive to elucidate the social context that led such employees to see female genital cutting as just another example of Maasai ‘filth’.

‘Dressing-Up’ Was Never Enough

Colonial settler writings tended to characterise African bodies as ‘filthy, depraved, and ugly’ — but made ‘civilised’ through the adoption of European hygienic norms (Burke 1996: 193). Ideas of physical and spiritual purity were linked to Christianity, where purification acted as a form of social control in which regimes of cleanliness communicated expectations of discipline (McClintock 1995: 226; see also Boddy 2003: 68). Sanitary inspectors working for the Tanganyikan government associated disease with ‘filth’ and ‘barbarism’ — criticising everything from modes of dress to building materials as ‘unhealthy practices’ (Setel 1999: 192; Vaughn 2007 [1991]: 158). These colonial logics created discursive dichotomies of tradition/filth/sin versus modernity/cleanliness/morality that persist in Tanzania today.⁷⁵

⁷⁴ For the record, despite limited access to water, Kimani’s family fastidiously washed their hands before every meal. A few years after my initial fieldwork, a water pump was constructed in Pooki Wueji as part of a development project. But because the water was not free, women continued to also collect from the river. Soap was yet another expense for families on extremely restricted budgets.

⁷⁵ During Amy Stambach’s fieldwork on Mount Kilimanjaro in the 1990s, a church official from Machame told her that, ‘Uneducated women brew banana beer [*mbege*], but school educated women drink Coca-Cola’. *Mbege* was derided as dangerously unhygienic, because its brewers were associated with ‘the traditional lessons of female initiation’ — rather than formal education. As Stambach explains, the ‘church leader implied that schooling transformed backward, beer-brewing women into self-aware nutritionists’ (2000: 61).

And the ways in which the Tanzanian state has approached peoples deemed ‘backward’ is not entirely dissimilar to the situation under colonialism (Snyder 2005: 12).⁷⁶ From the late nineteen-sixties to mid-seventies, Nyerere’s government supported the Masai Progress Plan — later renamed Operation Dress-Up. The plan aimed to modernise Maa-speaking populations through the ‘objective’ rationale of hygienic clothing and body care reform.⁷⁷ The use red ochre on clothing, skin or hair was prohibited. Wearing cloth or leather robes in government buildings, shops and buses was banned. *Imúrràn* were expected to cut off their long braided hair and women were required to remove their jewellery (Schneider 2006: 104-108). Schoolchildren were encouraged to ridicule all those not in ‘contemporary’ attire.⁷⁸

Many Maasai people left the towns and cities of northern Tanzania in response to these discriminatory restrictions (Hodgson 2004 [2001]: 149). And the Kenyan Maasai politician Stanley Oloitiptip accused the campaign of attempting to coerce Maa pastoralists out of Tanzania in order to take their land (*The Times* 1968).⁷⁹ Maasai fashion underwent dramatic changes during that time, with beadwork gaining favour over coiled metal jewellery and imported cloth patterns

⁷⁶ Zubeida Tumbo-Masabo was told by a group of women, ‘independence has not changed the disregard for traditional culture that characterized government in the colonial era’ (1998: 117).

⁷⁷ Operation Dress-Up existed alongside Operation Vijana, meaning youth. During the late 1960s, Tanzania’s Youth League attempted to prohibit women from wearing things like mini-skirts, tight dresses and wigs — labelling them ‘indecent’ and ‘decadent’. As Andrew Ivaska explains, the campaign reflected anxieties around women’s mobility, sexual liberation and entrance into salaried employment. Detractors noted that the two campaigns were both driven by calls for ‘modern decency’, which stemmed in part from ‘the mission-school culture within which Tanzania’s political elite of the 1960s had largely come of age’ (2002: 594, 597).

⁷⁸ *The Times* 1968; According to this news piece, some Maa pastoralists were forcibly bathed and had their clothing publicly burnt.

⁷⁹ The prominent Tanzanian Maasai politician Edward Sokoine, then a member of parliament, advocated in favour of Operation Dress-Up and was publicly cursed by a group of women for it (Hodgson 2004 [2001]: 149).

adopted in place of leather (see Schneider 2006: 110). But these sartorial shifts were not accepted as ‘modern’ or ‘hygienic’ because they fit neither ‘Western’ nor ‘Swahili’ modes of dress.⁸⁰

There are Maasai doctors, lawyers, professors, judges and parliamentarians who wear ‘traditional’ clothing as they see fit. Maa-speakers were not and are not homogenous. But people may also use ‘modern’ apparel, such as shirts and trousers, as signifiers of progress and cleanliness (Talle 1999: 110).⁸¹ Putting on such clothing, however, does not necessarily protect against discrimination. Kimani wore jeans and button up shirts in town, but was recognisable as Maasai when speaking Kiswahili and faced frequent microaggressions.⁸² Maasai people experience prejudice for being Maasai, regardless of their clothing choices.

A Cyber Vignette

In October 2012, user Nazjaz posted on the popular Tanzanian social media platform Jamii Forums, ‘*Wanawake wa kabila gani wanaongoza kwa uchafu?*’ [Women of what tribe lead to filth?]⁸³

Asulo replied, ‘*Mi naogopa kusema maana nitakuwa nimetukana kabila la watu... kwa kweli kuna hili kabila ni wachafu kweli, ni wam ____ i*’. [I’m afraid to say since I’ll have insulted the tribe’s people... in fact there’s this really filthy tribe, it’s M ____ i.]

⁸⁰ Operation Dress-Up ended in the nineteen-seventies but dress code restrictions in schools and workplaces have continued. Due to decades of such restrictions, no *ilmúrràn* in Pookí Wueji had braided hair for example.

⁸¹ Because ‘modernity’ has become tied to style and consumption in Tanzania, rather than ‘radically different production strategies or ways of living’, being seen as modern or traditional is context dependent and not mutually exclusive (Green 2000: 78). Maasai material culture, bodily practices, religion and language are labelled ‘traditional’ but not necessarily every individual.

⁸² In one situation I witnessed, a café server refused to give him Wi-Fi access despite being a paying customer.

⁸³ Jamii Forums 2012; *Jamii* means community or group in Kiswahili.

User C.T.U. Simply wrote ‘*Wamasai*’ [the Maasai]. To which Paka Jimmy responded, ‘*Jamani acheni mzaha na makabila ya watu. uchafu wa Wamasai uko wapi? Kudumisha mila ndiyo uchafu? Wamasai sisi si wachafu, ndo hvhv tulivyo asilia*’. [Dudes, stop ridiculing people’s tribes. Where is the filth of Maasai people? To maintain tradition is dirty? We Maasai aren't filthy, this is the original way.]

C.T.U. retorted, ‘*Kwahiyo asili yenu ni uchafu?*’ [Therefore your nature is filth?]

Some have internalised this prejudice. Neema in Pooki Wueji espoused the idea of Maasai culture as ‘filth’. She eschewed robes in favour of t-shirts paired with *kanga*, and wore her hair braided instead of shaved.⁸⁴ The boarding school graduate aspired to marry a ‘Swahili’ man and instructed a group of other young women, ‘*Ilewa le taata nji meyiéú entitò na-mchafu. Msafi le kisuma olee kitunza kákè mirá mchafumchafu*’ [Modern men don’t want a filthy girl. A pure man of education will care for you if you’re not dirty.]⁸⁵ Modernity was clean; tradition was filthy.

⁸⁴ Historically in Maasai society, young men would have braided hair, while women would shave their heads. That this is considered unhygienic, but the reverse is not, emphasises the absurdity of these cleanliness regimes.

⁸⁵ Statements like this made it difficult to disentangle Neema’s opposition to *emuratare* from her rejection of ‘Maasai life’ more generally. She supported the medicalisation of male genital cutting, but would not marry an intact man because, ‘*Oltungani olememurata kwanza anaweza kupata maambukizi*’ [A man who is not circumcised firstly can get an infection.] I explore this fear of uncut men in chapter five.

Lawalawa

The NGO worker Samson at PVU speculated that Maasai people practised female genital cutting in a misguided attempt to rectify their alleged ‘dirtiness’. A hypothesis that ignored the socio-cultural significance of *emuratare*. He posited, ‘They see it as someone being clean... It goes with I think poor hygiene in their communities... lack of hygiene education or something like that’.⁸⁶ His assertion centred on the idea that Maasai girls were cut out ignorance of proper cleanliness — as supposedly exemplified by the illness *lawalawa*.

In July of 1970, Mbura Irumba from Ngimu in the Singida region of central Tanzania noticed a pustule on her daughter’s private parts and took her to Makiungu Hospital — believing the inflammation required medical intervention. She was told it did not, but Irumba remained concerned. A neighbour then referred her to the circumciser Sita Kiteu, who drained the pus and allegedly joked, ‘I have removed the *lawalawa*’, meaning candy (Omari 1974: 12).⁸⁷ Out of this minor incident, the Nyaturu population would soon become gripped by fear over a new illness called *lawalawa* said to infect small children.

During the preceding two decades, the area’s diviners had predicted a series of epidemics, which their adherents dutifully attempted to ward off by wearing copper wire, then coins and later hessian sacks. But things took a turn in 1970. A diviner foretold that children would be stricken with fever, vomiting and diarrhoea unless their foreheads were marked with a hot nail. Parents were

⁸⁶ Although people in Pooki Wueji would almost certainly describe the cut genitals of women and men as ‘cleaner’ — they did not list this as a key reason for performing *emuratare*. It was NGO workers who mentioned cleanliness as motivating their support of *male* genital cutting, as discussed in the next chapter.

⁸⁷ Why she called the pus candy and why that was funny — are unclear to me.

additionally warned that every child was at risk of *nkiiri*, an illness treated by tooth extraction (Omari 1974: 14-15, 17).⁸⁸ Within months, over four thousand girls and boys had their gums cut and/or teeth removed in response to these exhortations.

At the same time, news spread that babies, toddlers and other small children were in mortal danger of *lawalawa* unless incisions were made to their genitalia.⁸⁹ By January of 1971, over five thousand girls and boys were cut in this manner.⁹⁰ Police intervened to stop the mass tooth extractions and genital cutting, imprisoning those found guilty of administering such ‘treatments’ (Omari 1974: 15-17).⁹¹ Nonetheless, belief in *lawalawa* expanded north and it became a recognised illness in several populations.

Many maladies, such as *lawalawa*, were described in Pookí Wueji as caused by *ilkuru* (maggots). The term *ilkuru* was used in the vernacular like ‘bug’ in English — encompassing various viruses, bacteria and parasites. Certain disorders caused by *ilkuru* were referred to as *enamuratuni*, ‘a cuttable one’. These were thought to be cured by genital incisions, which were said to remove the ‘bugs’ (see

⁸⁸ *Nkiiri* appears to be related to — or possibly the origin of — the concept of ‘plastic teeth’ (*meno ya plastiki*), in which a worm/insect is said to infect a child’s tooth (cf. Omari 1974: 11 n2; Weiss 1992: 540). This illness was called *ilala loo lówúárák* (lions’ teeth) in Pookí Wueji and was vaguely associated with *lawalawa*.

⁸⁹ It is unclear from Cuthbert Omari’s description what exactly the ‘treatment’ for *lawalawa* entailed. He rather euphemistically calls it ‘circumcision’. Nyaturu communities historically practised female and male genital cutting as part of initiation, but *lawalawa* cuts were not performed by the usual circumcisers and did not involve initiation rites. Moreover, the treated children were considered too young for initiation (Omari 1974: 11).

⁹⁰ Thirty girls and boys reportedly died from these genital incisions. Sixty-three died following tooth extractions and gum cutting (Omari 1974: 17).

⁹¹ Chiku Ali and Agnete Strøm write in the journal *Reproductive Health Matters* that, ‘The term *lawalawa*, used to describe certain vaginal and urinary tract infections, appeared soon after 1968, following the ban on FGM in the Arusha Declaration... It seems that the natives invented *lawalawa* to legitimate FGM’ (2012: 69-70). The Arusha Declaration, however, makes no mention of genital cutting. And Omari’s timely research into the origin of *lawalawa* shows no indication of it being a reaction to anti-FGM efforts, which were minimal at the time.

also May and McCabe 2004: 19-20). *Lawalawa* was described as *enamuratuni* and may have popularised or even originated the category.

One of Kimani's neighbours explained, '*Iyioló lawalawa — te náà tasat enkerai au eétà udhaifu, nimikimurat. Ake kidungu ake duoo enâ mueyian*' [You know *lawalawa* — if a child is thin or frail, we don't circumcise them. We just cut out this disease.]⁹² She clarified, '*Elê mdudu epuku duoo enâ aibalá anaa oltudutai. Idól ajo etupuko jipu ti wueji, nidungu elê jipu*' [This bug grows to be conspicuous like an abscess/boil. You see that it grew into an abscess on the area, and you cut out this abscess.]⁹³ This treatment was not specific to girls.

Kimani's father additionally revealed, '*Nedung olewaisho*' [They incise the penis.]⁹⁴ '*Páa, ake engám?*' [So, they just nick it?]⁹⁵

'Neiteleikí olcani' [And they put medicine on top.] Another man interjected, '*Nepuo kulô kuru pookí amu te nipik ilkeek, nesuju*' [And all these bugs leave because if you apply medicines, they'll be drawn out.]

These descriptions resembled the original manifestation of *lawalawa* in central Tanzania, although not as a pervasive danger afflicting most children. Meanwhile, in Moshi town a nurse and paediatrician both defined *lawalawa* as a colloquial name for 'fungal infections' affecting uncircumcised boys — remedied

⁹² Most women in Pookí Wueji were reticent to discuss *lawalawa* with me due to the criminalisation of female genital cutting. In another conversation, one woman commented, '*Enâ ugonjwa e lawalawa, neibá te siî nijó kimurat*' [This illness of *lawalawa*, she'll dislike it if you say we cut them.] Esther therefore instructed Kimani, '*Miitaá taani tukul — kiàtà ilarìn ishirini*' [Don't make it very recent — twenty years ago.] This puzzled Tiinoi, who noted, '*Órè, taa ti aji nebaikí dé*' [Well, it happened in my house recently.] Esther replied in annoyance, '*Toi atejó kiàtà ilarìn ishirini taata nji!*' [That's exactly why I said to her it last happened twenty years ago!]

⁹³ The neighbour in this vignette used the Kiswahili word for bug (*mdudu*) in her explanation.

⁹⁴ Rather than flay and tie the foreskin as usually done to boys during *emuratare*.

⁹⁵ The verb *a-ngám* also means inoculate.

through foreskin removal.⁹⁶ And in Kibosho, when I asked one man why boys underwent genital cutting so much younger now than in the past, he replied, ‘*Kuna ugonjwa ambao wanapata sijui — lawalawa... mtoto mdogo kama yule lazima apelekwe katika tohara*’ [There’s a disease they get that I don’t know — *lawalawa... a small child like that must be sent for circumcision.*]⁹⁷

Statements connecting *lawalawa* to Chagga boys were non-judgemental, blaming the foreskin’s presence. Removing it ‘cleaned’ them. Samson assumed that Maa pastoralists believed girls required a similar procedure. And NGO workers, such as Samson, postulated that *lawalawa* also referred to a ‘fungal infection’ in Maasai communities — but they attributed it there to ‘poor hygiene’.⁹⁸ Eugenia averred, ‘these babies are not taken care of... they claim it’s *lawalawa* and then they circumcise even newborns’.⁹⁹

⁹⁶ Local biomedical healthcare professionals reportedly sometimes told parents in Pookí Wueji to circumcise their young sons for ‘*lawalawa*’ in cases of penile irritation. The *emuratare* rite would then be held years later.

⁹⁷ I was surprised to see Ali and Strøm write that: ‘The then Kilimanjaro IAC chapter, now ACTPEW, Tanzania, informed us in 2005 about unrest amongst the Chagga people of Moshi town and the widespread performance of FGM due to *lawalawa*’ (2012: 71). Nobody I interviewed mentioned being aware of such an incident, and Agnete Strøm later clarified that the year of the alleged unrest was unknown to them (personal communication, 13 November 2013). They also reference a *lawalawa* clinic at the Kilimanjaro Christian Medical Centre, the existence of which I could not confirm.

⁹⁸ Symptoms of *lawalawa* I heard mentioned in Pookí Wueji included: the presence of an abscess, fever, vomiting, weakness and loss of weight or failure to gain weight. These descriptions did not neatly correspond to a fungal infection like thrush (cf. Winterbottom, Koomen and Burford 2009: 71 n7). And this disconnect has existed since at least the 1990s. Zubeida Tumbo-Masabo’s research participants in the Dodoma region told her that *lawalawa* was a deadly illness requiring ‘intense hospital care’ — but she defines it without explanation as a ‘fungal disease’ (1998: 116; cf. Mabilia 2007 [2005]: 78). I would argue that *lawalawa* is not one thing, and people appear to be connecting the same name to very different maladies.

⁹⁹ The cut to treat an illness was not considered interchangeable with the cutting of *emuratare* by Maasai interlocutors. However, the verb *-murat* (to ‘circumcise’) was sometimes used for both. For example, one man mentioned, ‘*Ti atúa ilmakaa kwa aji enye, nemurata enkitok eigila aré*’ [Amongst the Makaa age-set, a woman was circumcised twice.] Once as a medical intervention and once for initiation. He warned, ‘*Peé ebaiki inâ mueyian anaake etoyio osárgé náa niye*’ [When this disease happens, the blood becomes dry and you die.] At the time, Kimani told me the man had said, ‘Women want sex more and more if they’re not circumcised’. Because of this (mis)translation, I lost a valuable opportunity to follow up on his point.

Samson and Eugenia further maintained that Maasai people used *lawalawa* as a pretext to mutilate infant girls, with Samson asserting, ‘They get scared, and this is why they shift now and mutilate babies. Because babies cannot stand up and go to the police’.¹⁰⁰ Treatment for *lawalawa* that has existed for decades was thus depicted as a ‘new’ criminal strategy.¹⁰¹ That this cutting was unrelated to *emuratare* appeared irrelevant to him — both were FGM.¹⁰²

And some NGOs have actively obscured coverage of these illness beliefs. In 2017, the death of a Tanzanian newborn made international news. The reported facts were sparse. At five-days-old, the infant underwent some form of genital cutting. Less than two weeks later, she arrived with her teenage mother at Kilimanjaro Christian Medical Centre — a tertiary referral hospital several hours drive from their home. Two days after being admitted, the baby died. Her mother and grandmother (or great-grandmother) were then arrested for FGM.¹⁰³

When I discussed the case with Kimani, he noted that, ‘the baby must have been very sick’ with *enamuratuni* for her Maasai family to attempt treatment by cutting. From his perspective, the act represented a desperate effort to save the life of an already gravely ill newborn. Francis Selasini from NAFGEM,¹⁰⁴ however,

¹⁰⁰ In this bad faith narrative, people were simultaneously accused of 1) being so ‘backward’ that they did not know *lawalawa* was ‘actually’ a minor fungal infection and 2) just pretending to believe it was something more serious. One piece in the *Daily News* argued, ‘Lawalawa is a myth and an excuse to validate FGM among backward tribal settings... Medical doctors say that the so-called “lawalawa” is thrush’ (Mwita 2016).

¹⁰¹ Even in the early 2000s, Tanzanian organisations were decrying belief in *lawalawa* as a cause of infant genital mutilation (Evans 2003: 124-125; Lie, Lothe and Ali 2004: 28-29). This concern is not new, but may be presented by organisations as such to create a heightened sense of urgency.

¹⁰² While conducting fieldwork in a central Tanzanian from 1989 to 1992, Mara Mabilia also found that *lawalawa* was treated in a Gogo community with a small incision unrelated to initiation (2007 [2005]: 78).

¹⁰³ Joseph 2017

¹⁰⁴ The Network Against Female Genital Mutilation (NAFGEM) is an NGO based in Moshi town.

told the Thomas Reuters Foundation of the incident, ‘Those who are still cutting are performing it on girls who are younger to avoid prosecution... Some see FGM as a tradition that must be kept’ (Makoye 2017).¹⁰⁵ Treatment-seeking behaviour was in this way recast as ‘tradition’.¹⁰⁶

Tanzania privatised its healthcare system in the nineteen-nineties — patients now have to pay out of pocket (Kamat 2008a: 373-374; 2008b: 69; Tripp 1997: 162-163).¹⁰⁷ Substandard and counterfeit pharmaceuticals are common. Some are fake or have falsified packaging, while others are genuine but expired. When the quality of no drug can be taken for granted, citizens must learn each substance’s proper colour, texture and taste (Meek 2018; 2023: 104, 106).¹⁰⁸ And the fact that

¹⁰⁵ Certain populations in Tanzania historically cut small children, while others cut teenagers. Based on the Demographic and Health Surveys, it would appear that the timing of female genital cutting actually trended older after the procedures were criminalised in 1998. Forty-four percent of cut girls aged fifteen to nineteen in 2010 said it happened when they were less than one year old — during what would have been the first half of the 1990s (TDHS 2011: 298). By the 2015-16 survey, only 21% of cut girls aged fifteen to nineteen said it happened when they were infants (TDHS-MIS 2016: 364). Moreover, the number of teenagers who reported being cut at age thirteen or older increased from 29% to 36% between these two surveys.

¹⁰⁶ Although people in Pookí Wueji insisted that infants and toddlers were not cut for *emuratare*, some primary school aged children *were* cut years in advance of their ceremony (cf. Van Bavel, Coene and Leye 2017: 1351). One woman explained, ‘*Órè náa peé meponu akosana o serikali, náa bora kifanyaki inkerá mapema*’ [So as not to increase disagreement with the government, it’s better to do it to kids early.] Another added, ‘*Ee, esipá. Peé emurat inkerá kunyinyi, nibáki é máshô. Iná vita kiure serikali*’ [Yes, it’s true. They should cut small children, and may you reach the celebration. We fear this war with the government.] For this strategy to work, however, any alteration would seemingly have to be very minor so as to be later indiscernible to a medical professional.

¹⁰⁷ Tanzania has an estimated 0.5 biomedical doctors per 10,000 people. The UK has sixty times that at 30: 10,000 — and that number is low compared to most of Europe (Gregory 2022; WHO 2022a).

¹⁰⁸ As Laura Meek (2018) notes, these pharmaceuticals destabilise the boundary between medicine and poison. Such drugs are ‘volatile and potentially dangerous, and yet also unreliable and potentially impotent’. The regional hospital where she conducted fieldwork in the Iringa region had a mini-lab for detecting counterfeit drugs using Thin-Layer Chromatography, but for years lacked sufficient funds to purchase the iodine reagent needed to actually perform the test (2023: 104-105).

not everyone can access timely or adequate biomedical care is not unrelated to alternative medicine's sustained popularity.¹⁰⁹

In some cases, parents try cutting to treat *lawalawa* after unsuccessfully visiting a biomedical practitioner.¹¹⁰ One mother in Singida told the news, 'When my four year-old daughter fell seriously sick, I took her to the hospital but it did not help' (*The Citizen* 2019).¹¹¹ A few days after being cut the child recovered. And the mother again tried cutting when her baby became similarly ill— that child too survived.¹¹²

As noted by Vinay Kamat, 'positive' experiences of this type act as a cultural model for others in the community (2008a: 74). The mother from Singida, however, was soon arrested for FGM and spent almost two months in jail before making bail. During which time, her husband abandoned their children. Their son disappeared and was still missing two years later (*The Citizen* 2019). Her narrative ends with a pledge to never try such a treatment again — not because she now questions its efficacy but because 'prison is horrible'.

¹⁰⁹ Langwick 2011: 70

¹¹⁰ Stacey Langwick describes parents in southern Tanzania interweaving biomedical and 'traditional' treatments when healing children afflicted with malaria/*degedege* (2011: 177-188).

¹¹¹ The idea that alternative treatments persist simply because people do not think to see a doctor is both inaccurate and offensive. A puff piece in the *London Evening Standard* on a project run by the Christian aid organisation World Vision, declared, 'Many of the girls Ngaiseri cut were suffering from what the Maasai call "lawalawa", a urinary tract infection caused by unhygienic conditions. For years Ngaiseri and others believed that the only cure for little girls was to cut off their external genitalia. But Elizabeth busted this myth by taking a girl suffering from "lawalawa" to hospital, where she was cured by doctors using medication. This sent shockwaves through the community' (Davis 2014b).

¹¹² This mother had five daughters, and none underwent any other form of genital cutting (*The Citizen* 2019).

Treatment for *lawalawa* in some instances may involve an intervention consistent with biomedicine, such as an incision to drain an abscess.¹¹³ Biomedical discourses in Tanzania, however, tend to depict the boundaries between ‘local’ healers and ‘modern’ doctors as impermeable, with the supposition that ‘traditional’ medical practices inevitably ‘put patients at mortal risk’ (Marsland 2007: 755).¹¹⁴ And since the World Health Organization defines even ‘pricking’ the genitals as mutilation (WHO 2008: 26-28), whether a treatment for *lawalawa* is deemed ‘FGM’ could depend more on the practitioner than the procedure itself.

Conclusion

Prejudiced stereotypes of Maa pastoralists shaped the ways in which affluent, urban employees of non-governmental organisations approached the topic of ‘development’ in their anti-FGM outreach. Maasai people were characterised as ‘dirty’, with acts of cutting (mis)attributed to a ‘lack of hygiene education’. While illness treatments were conflated with initiation practices.

But the ceremonial and religious aspects of *emuratare* were also portrayed as ‘dirty’ within developmentalist discourses that equated tradition to filth/sin, and blamed structural inequalities on ‘misleading traditions’. NGO workers

¹¹³ I am not suggesting this would include all *lawalawa* cutting, or reflect what happened in the Singida case.

¹¹⁴ Despite the marginalisation of healers, ‘traditional’ medicine became part of Tanzania’s national strategy to manage the impact of structural adjustment — with the World Bank promoting the local production of herbal medicines as cost effective (Langwick 2011: 69). Into the late aughts, people testing positive for HIV were at times guided to take herbal remedies instead of antiretroviral therapy (see Langwick 2015: 497; cf. Langwick 2018: 418). And during the COVID-19 pandemic, herbal tonics were touted as therapeutic by public officials under President Magufuli (Karashani 2023b; Materu 2021).

nonetheless emphasised that boys ‘needed’ to be cut — a stance informed in part by international efforts to scale-up ‘voluntary medical male circumcision’ for HIV prevention, as explored in the next chapter.

Chapter Five

Medicalisation and Meaning

Early in my fieldwork, I learned that two NGOs in Moshi town were organising and overseeing the genital cutting of young boys experiencing homelessness and unstable housing in the Kilimanjaro region. A nurse who worked for one group explained, ‘We needed to circumcise all boys... HIV is very, very dangerous for boys who are not circumcised’. After family members were located for consent, children as young as eight were taken to a hospital to have their foreskins removed. The new patients were then able to access medication, shelter and food from the organisation while healing — and for possibly longer.

These NGOs’ actions were influenced and informed by the recommendation of the World Health Organization (WHO) and Joint United Nations Programme on HIV/AIDS (UNAIDS) that ‘voluntary medical male circumcision’ be used in various southern and eastern African countries as a strategy to reduce the spread of heterosexually acquired HIV. Within months of the recommendation’s announcement in 2007, the Tanzanian government formed a task force to begin a mass scale-up of male genital cutting in partnership with the United Nations Children’s Fund (UNICEF), United States Agency for

International Development (USAID) and Johns Hopkins Program for International Education in Gynecology and Obstetrics (Jhpiego).¹ Fifteen years later, the campaign continues.²

Over forty percent of Tanzanians circumcised in the scale-up have been under the age of fifteen, and the incentives sometimes offered to minors could potentially be coercive — raising issues over consent (Hines et al. 2017: 1289; see Gilbertson et al. 2019: 9-10).³ Moreover, numerous serious adverse events have been documented, including glans amputation and urethral fistula, leading some sponsored programmes to rethink interventions targeting young children (Lucas et al. 2020; 2021).⁴ It is also questionable how significantly these efforts have reduced HIV incidence. New infections have trended downward in both cut and uncut men. And this is likely due to a number of factors, including a dramatic increase in the availability of antiretroviral therapy (Luseno, Rennie and Gilbertson 2021; cf. Loevinsohn et al. 2021: e1949, e1951-1952). These life-saving medications decrease viral load, but had long been considered too ‘cost-ineffective’ for Sub-Saharan Africa by many working in international public health.⁵

¹ See WHO and UNAIDS 2009: 13

² For example, from 2020 to 2022, USAID ran a project called *Tohara Salama* (Safe Circumcision) that aimed for 95% of males aged ten to twenty-nine to be circumcised in five regions of Tanzania (USAID 2021).

³ Cases have also been reported of young children being circumcised as part of the campaign without parental consent. In 2015, approximately seventy Kenyan boys were allegedly forcibly circumcised after being lured with sweets by a Kisumu-based NGO (Ndanyi 2015), and over twenty Ugandan children were reportedly circumcised by the Baylor College of Medicine Children’s Foundation-Uganda without their parents’ knowledge (Onyango 2015; cf. Kekitiinwa 2015).

⁴ Adverse events appear to be severely underreported in at least some locations (see Brito et al. 2019; Herman-Roloff, Bailey and Agot 2012; Marongwe et al. 2019). The United States President’s Emergency Plan for AIDS Relief (PEPFAR) has funded the genital cutting of around fifteen million boys and men across fifteen African countries. They decided in 2020 to change their eligibility policy, due in part to these complications, by raising the minimum age to fifteen (Lucas et al. 2021).

⁵ see Farmer 2003: 199

And although the campaign aimed for eighty percent of men in the targeted countries to be circumcised by 2017, this goal was reached only in Ethiopia, Kenya and Tanzania —places where male genital cutting was already a social norm (Cork et al. 2020: 10). Policies to scale-up foreskin removal have recoded familiar anxieties, with cutting historically mapping onto ethnic and religious affiliations (see Fox and Thomson 2013: 105). The socio-cultural reverberations of these policies have therefore varied by locality as well as nation.

For example, in eSwatini where male genital cutting is uncommon, many viewed the campaign’s messaging as offensive and its arguments illogical, since condoms were still needed to prevent infection (Golomski and Nyawo 2017; Mkhwanazi 2016: 2; 2020: 145). Meanwhile in Kenya, where politicians had spent decades denigrating the foreskin as a sign of immaturity, the campaign’s launch coincided with men from non-practising communities being forcibly circumcised during the 2007-2008 postelection violence (Ocobock 2017: 254-258).⁶ And in Tanzania, discrimination against those who wish to remain unaltered has been amplified in new ways.

Across Scales

This chapter moves across scales — from the international, national and regional to the local. I first explore at the international level how the plan to scale-up male

⁶ The scale-up campaign has also arguably incited further instances of forced alteration within circumcising communities in Kenya, such as in 2015 when thirty-nine-year-old James Asega was forcibly cut in a market centre surrounded by a throng of strangers, after his wife revealed he had an intact foreskin. The Bukusu elder who performed the cut justified the assault to a reporter in an explanation that conflated ‘James’s circumcision and maturity with preserving Bukusu cultural traditions and protecting the community from HIV/AIDS’ (Ocobock 2017: 247-248).

genital cutting in Africa was made persuasive to the UN system through the use of randomised controlled trials (RCTs). These trials came out of a much larger history of circumcision as a medical intervention, where the foreskin has at times been portrayed as a ‘harbour for filth’. Traces of these historical logics are apparent in American-led public health messaging for Tanzanian audiences, in which genital cutting is presented as a moral duty — with ideas of ‘cleanliness’ conveying spiritual as well as physical purity, but also modernity. And possibly as a result of this campaign, it was not unusual to hear interlocutors denigrate the foreskin as ‘dirty’ during my fieldwork.

But genital cutting practices embedded within initiations were also vilified as ‘unhygienic’ by various organisations across northern Tanzania. And as in the previous chapter, ideas of tradition, filth and sin became conceptually entwined. In Pookí Wueji, members of the neo-Pentecostal church Kilakuno International Ministries advocated for a more medicalised form of foreskin modification — an unpopular stance in the community. This nod toward the clinic, with its attendant associations to modernity, was used to signify both Christian piety and a rejection of custom — thus challenging the socio-cultural and religious significance of *emuratare* as a rite.

An International Campaign: Scaling-up Foreskin Removal

The WHO and UNAIDS recommendation to promote foreskin removal is generally explained as a response to three randomised controlled trials, which were said to show that the ‘efficacy of male circumcision in reducing female to male transmission has been proven beyond a reasonable doubt’ (WHO and UNAIDS

2007: 4).⁷ But whether findings gain authority within the research-policy nexus is dependent on how wider processes of evidence making are enacted within social relations (Biruk 2018: 170). And these UN entities expected evidence of circumcision's efficacy to be in the form of randomised trials.

Such trials, however, are only intended to reliably measure simple interventions under controlled circumstances over a relatively short period of time and do not necessarily reveal generalisability (Nguyen 2015: 57). The researchers' acceptance of genital cutting as an intervention was influenced by their socio-cultural positionality. And the afterlives of their findings were shaped by those targeted for intervention as the international campaign to scale-up foreskin removal moved through sub-Saharan Africa.

Randomised Controlled Trials

Results of the randomised controlled trials were treated within the UN system as objective, numerical facts (see Adams 2013: 57). The expansion of the evidence-based medicine movement during the nineteen-nineties had fuelled a fixation on RCTs as the 'purest form of research evidence' in public health, making them attractive to programme developers and policy makers (Bell 2015: 559). Evidence-based global health rhetoric privileges the idea of 'clean' numbers. Appeals to the authority of such numbers, however, risk obscuring the subjective aspects of

⁷ In these three trials — conducted in South Africa, Kenya and Uganda — thousands of men were randomly placed into control or intervention groups and periodically tested for HIV; men in the intervention groups had their foreskins removed. The first study was published in 2005 and reported an approximately 60% reduction in the relative risk of HIV infection (Auvert et al. 2005: 1112). The other two studies were published in 2007 and showed similar results (Bailey et al. 2007: 643; Gray et al. 2007: 657).

knowledge production — because ‘numbers do not stand alone but require cultural, social, and other scaffolding and negotiation to be propelled through the world’ (Biruk 2018: 168, 173). The RCTs came at a particular moment in time whose broader context made their numerical findings persuasive.

When the RCTs were published in 2005 and 2007, vaccine and microbicide trials were producing disappointing results and PrEP was still controversial (Nguyen 2015: 55).⁸ Meanwhile, the major funder PEPFAR was eschewing condom promotion due to conservative religious influences, but was amenable to circumcision as a ‘cost-effective’ solution.⁹ Genital cutting appealed to programme developers in part because it sidestepped debates over structural versus behavioural approaches, by arguing that foreskin removal reduced risk of infection regardless of individual sexual behaviour or socio-economic background (Bell 2015: 562-563; see Kahn, Marseille and Auvert 2006). These factors likely helped propel the influence of the RCTs’ numbers. Nevertheless, calls to increase circumcision in Africa predated the trials and planning started in Tanzania before their findings were complete.¹⁰

Observational studies considering an inverse correlation between male genital cutting and HIV status had increased throughout the nineteen-nineties,

⁸ PrEP stands for pre-exposure prophylaxis

⁹ PEPFAR is the United States President’s Emergency Plan for AIDS Relief and was launched by George W Bush in 2003. Bush framed the initiative in religious terms and attributed its creation to the influence of the evangelical pastor Franklin Graham, son of Billy Graham and founder of the Christian humanitarian aid organisation Samaritan’s Purse (Suri et al. 2013: 282-283). When the scale-up began, over 90% of Tanzania’s funding for HIV/AIDS programmes came from foreign donors — and PEPFAR made up a large portion of that (UNAIDS 2009: 5). The institutional preferences of PEPFAR were therefore highly influential.

¹⁰ A country stakeholder consultation on ‘male circumcision and HIV prevention’ was held in September 2006 in Dar es Salaam, organised by the WHO and UNAIDS in collaboration with the Tanzanian government. The meeting was held in anticipation of positive results from the two unfinished RCTs and explored preparedness for a scale-up, although a WHO representative clarified that they were not ‘promoting’ circumcision as an HIV prevention strategy at that time (Kaare 2006: 16).

situating the foreskin's presence as a risk factor (Halperin and Bailey 1999; Moses et al. 1994). At the time, Robert Bailey argued, 'The hour has passed for the international health community to recognise the compelling evidence that show a significant association between lack of male circumcision and HIV infection' (Halperin and Bailey 1999: 1814). Bailey then went on to serve as one of the RCTs' principal investigators. The trials were thus seen as a necessary step to bolster the validity of pre-existing arguments favouring the promotion of foreskin removal.

In 2002, Jhpiego organised the conference 'Male Circumcision: Current Epidemiological and Field Evidence' with sponsorship from USAID. Attendees of the event concluded that although cutting should not be advertised as an HIV prevention strategy without positive trial findings, 'it is not necessary to wait for the RCT results to begin developing the required infrastructure for providing safe and affordable MC services' (USAID 2003: vii). To the extent that male circumcision was articulated as a medical intervention, positive RCT results were required — but were not considered a prerequisite for encouraging foreskin removal in Africa more generally. And to better understand why this was the case, it is instructive to consider the history of genital cutting as a biomedical intervention.

Sanitary Science

Not long after the human immunodeficiency virus that causes AIDS was identified, suggested associations between foreskin removal and a reduced risk of infection began appearing in research journals, particularly from Americans. In one 1986 letter to the editor, the physician Valiere Alcena speculated that uncut African men 'constantly develop balanitis as a result of the heat and other problems' — creating

a port for viral entry (1986: 446). Aaron Fink proposed that removing the foreskin would prevent HIV because the ‘veritable laundry list of medical benefits that ensue following circumcision all stem from the removal of a preputial harbour’ (1989: 695).¹¹ The suggestion that the foreskin acts as a ‘harbour’ for viral infection was in some ways yet another iteration of much earlier medical theories touting its removal for disease prevention.

In England, the United States and beyond during the mid-to-late nineteenth century, medical practitioners removed boys’ foreskins and occasionally performed clitoridectomies to prevent masturbation (Darby 2005: 138-139; 201-207; Rodriguez 2014: 13-30; Sheehan 1981).¹² The rise of germ theory had shifted hygiene’s connotations from the moral to physical, and the principles of sanitary science were extended from the street to the body. Doctors began describing the uncut penis as a ‘harbour for filth’. And in the eighteen-sixties, the notion that syphilis could be prevented through cleanliness gained popularity (Darby 2005: 246-249, 273). Visible dirt was vigorously identified as a pathogenic agent despite theories of bacterial action becoming available.

But British doctors most extolled the virtues of routine foreskin removal from the eighteen-eighties to nineteen-thirties — a period particularly influenced by the bacteriological theories of autointoxication and focal infection, which

¹¹ These early suggestions came at a time when circumcision was decreasing in the United States and its proponents, such as Fink, were advancing justifications (see Glick 2005: 206-208). After the American Academy of Pediatrics issued a 1971 statement concluding that there were ‘no valid medical indications’ for its routine performance, some insurance companies discontinued payments and the estimated rate of neonatal circumcision decreased from over 90% to less than 60% (Parachini 1986; Thompson et al. 1975: 610).

¹² The famous French physician and early anthropologist Paul Broca, for example, performed clitoridectomy on a five-year-old girl diagnosed with ‘inveterate nymphomania’ in a failed attempt to prevent her from masturbating (Schiller 1979: 99). While clitoridectomy performed to prevent masturbation lost favour in Europe, it persisted as an uncommon but medically allowed practice in the United States until at least the 1960s (Rodriguez 2014: 48).

proposed that many systemic diseases arose when the waste of microorganisms become trapped in the body. Tonsils, teeth, appendixes and foreskins were viewed as fertile sites of infection and their prophylactic removal became medically accepted (Darby 2005: 249; see also Bynum 2002: 1795; 2008: 113). Enthusiasm for foreskin removal waned in Britain but not the United States, where by the mid-twentieth century the majority of infant boys were undergoing genital cutting — although the explanatory impetus continued to evolve.¹³

And while foreskin removal was sold to the general public in medical narratives that connected (a lack of) hygiene to disease and male sexuality, these discourses in late nineteenth century America were distinctly preoccupied with Black bodies — depicting Black masculinity as out of control. Male genital cutting was then presented as a cure to Black men’s assumed bad hygiene and low morals (Fox and Thomson 2013: 102-103). These attitudes continued overtly into the mid-twentieth century, with one 1947 *Newsweek* article featuring a claim from Dr Eugene Hand that ‘promiscuous’, uncircumcised Black men were ‘almost 100%’ infected with venereal diseases (Gollaher 1994: 25).¹⁴ Remnants of these logics echo throughout the contemporary campaign to cut African men, particularly in its preoccupations with ‘filth’ and ‘promiscuity’.¹⁵

¹³ Various socio-historical factors may help elucidate why foreskin removal increased so dramatically in America. As childbirth became medicalised in the United States, babies began to be routinely delivered by physicians rather than midwives, who rarely performed circumcisions. Private health insurance also covered the procedure’s costs — while the National Health Insurance in the UK decided against this (Gollaher 1994: 23-25).

¹⁴ A subsequent medical article by Hand contained the odious claim that ‘In Negroes there is little circumcision, little knowledge or fear of venereal disease and promiscuity in almost a hornet’s nest of infection’ (1949: 346).

¹⁵ see Fox and Thomson 2013: 98; see also Fish et al. 2021

Unstated Assumptions

There is no consensus on *how* removing the foreskin decreases HIV risk, but one popular hypothesis hinges on the idea that foreskin tissue is ‘vulnerable’ on a molecular level because it contains cells targeted by the virus (see Prodger and Kaul 2017; Prodger et al. 2022; Weiss et al. 2000: 2361).¹⁶ And this hypothesis arguably fits within the larger biopolitical trend toward the classification of disorders in molecular terms, as delineated by Nikolas Rose and Paul Rabinow (Rabinow and Rose 2006: 204-215; Rose 2007: 11-15). But the highly individualised interventions directed at stem cells and genetic material that so exemplify biopolitics are expensive and unavailable to most of the world’s population (Marsland and Prince 2012: 453-456). Meanwhile, this articulated risk of foreskin tissue is neither individualised nor expensive to ‘treat’. It is the normal, functioning cells of all foreskins that are deemed dangerous (Norton 2017: 658-660, 667-668). And yet it is specifically Black male bodies that are being constructed as promiscuous sources of infection in need of medical intervention.¹⁷

International measures to prevent the spread of HIV in Africa tend to target entire populations and often rely on specific sets of assumptions, such as that transmission is largely heterosexual and that ‘gender norms’ make men resistant

¹⁶ For example, Langerhans cells capture pathogens so that specific immune responses can be tailored, but if a high concentration of HIV is present then these cells might become infected and transmit that infection to T-cells (de Jong and Geijtenbeek 2008: 18). But as pointed out by Gary Dowsett and Murray Couch, these target cells are present in the clitoris and labia as well as the foreskin, and international medical authorities are not calling for their removal in the name of HIV prevention (2007: 36).

¹⁷ To clarify, the campaign to scale-up foreskin removal does not reflect the ‘molecular deployment of race’ informed by genomic thinking that Rabinow and Rose describe (2006: 205-208). African men in these campaigns have been targeted by nationality (e.g., for being Tanzanian or Kenyan), not biological difference. Nonetheless, these efforts cannot be divorced from wider historical and socio-cultural discourses of race.

to behavioural prevention strategies. As noted by Vin-Kim Nguyen, such assumptions ‘homogenize and stereotype a highly diverse continent and its social realities as a kind of mirror image of the West’ (2015: 50). Marge Berer, former chairwoman of the WHO’s Gender Advisory Panel in their Department of Reproductive Health and Research, attended the 2007 consultation in Montreux, Switzerland — where United Nations agencies officially endorsed foreskin removal for HIV prevention. She notes, ‘There was an unstated assumption in the WHO/UNAIDS consultation that unprotected, unsafe sex on the part of men in sub-Saharan Africa cannot be changed’ (2007: 46; see also Bell 2015: 564-565). It is not irrelevant that the majority of the consultation’s participants came from the United States and Europe.¹⁸

The campaign to scale-up foreskin removal has been an unequal partnership between those in the Global North and South.¹⁹ And as noted by Crystal Biruk, evidence constructed with the Global North as its metropole is too often privileged as objective, transparent and desirable in ways that map onto ‘racialized hierarchies informed by the postcolonial politics of collaboration’ (2018: 175). Moreover, not all numbers travel equally.

¹⁸ See Giami et al. 2015: 599

¹⁹ Daniel Ncayiyana has commented, ‘It is curious and even worrisome that the campaign to circumcise African men seems to be driven by donor funding and researchers from the North’ (2011: 775-776). And Nolwazi Mkhwanazi examines how these inequalities have played out in eSwatini (2020: 139-144).

Another RCT

Numbers from the three RCTs cited by the WHO and UNAIDS travelled widely, particularly the statistic that circumcision reduced HIV risk by sixty percent, but these studies looked only at female to male transmission among HIV-negative men. Another randomised controlled trial ran parallel to the study in Uganda, looking at foreskin removal among HIV-positive men and its impact on risk of infection for their female partners. This trial concluded that circumcision did not reduce men's transmission of the virus to women (Wawer et al. 2009: 235). And the finding was generally consistent with observational studies, but these numbers failed to travel as widely.²⁰

Wawer et al. noted that another such RCT examining male to female transmission would unlikely be undertaken since the suspected efficacy of foreskin removal in protecting women was low and so would require a very large population over a long period of time to hope to find a statistically significant, positive result.²¹ There were also concerns that women appeared to be at greater risk of infection while their partner's wound healed. And so 'costs, logistics, and limited expectation of efficacy probably render such a trial unfeasible' (2009: 235). The very fact that a considerable protective effect was not anticipated meant that more RCTs — and their attendant 'clean' numbers — were not generated.

²⁰ Several observational studies have found no statistically significant difference in male to female HIV transmission between women with cut versus uncut partners (e.g., Baeten et al. 2010: 740; Gray et al. 2000: 2380; Lawi et al. 2015: 5; Quinn et al. 2000: 924; Turner et al. 2007: 1784). A few have reported a decreased risk for women with cut partners (e.g., Fonck et al. 2000: 420; Hunter et al. 1994: 96; Kapiga et al. 1998: 80), but uncut men were a minority in these studies. In Kapiga et al., less than 2% of the women tested had an uncut partner. And in another study, women were found to be at increased risk (Chao et al. 1994: 377, 379).

²¹ Weiss, Hankins and Dickson (2009: 675) estimated that it would take 10,000 HIV serodiscordant couples.

Despite the absence of numerical evidence demonstrating a direct protective effect of foreskin removal on women's risk of HIV infection, the idea that men who have not undergone cutting are a dangerous source of transmission *has* travelled widely in southern and eastern Africa (see Maughan-Brown et al. 2015: 1176). Nolwazi Mkhwanazi explains that in eSwatini, 'men were unquestionably expected to line up and accept having skin removed. They were supposed to do this in order to not be a danger to others in the country, the region, and ultimately the world' (2016: 200). In this biopolitical distortion, the molecular 'vulnerability' of foreskin tissue turns African men into both potential patients and perpetrators.

The Campaign in Tanzania: Jambo la Kisasa (A Modern Thing)

Following an 'awareness raising session' led by Jhpiego in 2018 to promote foreskin removal among Tanzanian legislators, the National Assembly Speaker Job Ndugai encouraged all male members of parliament to undergo the cut.²² This call was backed by the MP Jacqueline Ngonyani (*The Citizen* 2018b), who revisited the suggestion rather forcefully less than a year later:²³

'Mheshimiwa speaker, mkono sweta ni janga... Mimi nilikuwa nashauri tuanze na wabunge wote humu ndani ambao pengine watabainika hawajafanya hiyo tohara. Basi wafaniwe tohara mara moja' [Honourable speaker, a sweater sleeve is trouble²⁴... I advised we should begin with all the parliamentarians in

²² The MP Khatib Said Haji had previously called on all male members of parliament to undergo genital cutting in the name of HIV prevention (Mwakalebela 2012).

²³ A recording of this exchange in Parliament is available at *Mwananchi Digital* 2019.

²⁴ *Mkono sweta* (sweater sleeve) is a euphemism for foreskin.

here who perhaps will turn out to have not yet done circumcision. Then they will be immediately circumcised.]

Chatter spread through the legislature and Speaker Ndugai playfully interrupted, '*Hoja yake haikuungwa. Mkono kwa bahati mbaya*' [Your motion was not supported. An unlucky hand.]²⁵ His joke led to an eruption of laughter, which Ngonyani joined.

She continued, eventually concluding, '*Kwa kweli sasa naongea kwa masikitiko sana, pale unapoona kwamba hawa wanaume wenye mikono sweta wanakwenda kuambukiza wanawake wenzetu*' [Truly I now speak with great sadness, when you see that these men with sweater sleeves are going to infect/contaminate our female colleagues.]

Ngonyani's plea was infused with a sense of overwhelming urgency and fear that men who have not undergone cutting are dangerous, uncontrollable sources of infection. The first cases of AIDS were diagnosed in Tanzania in 1983. And for a time in 1995, more cases were being reported than in any other country in Africa (Setel 1999: 18). In 2000, an estimated thirteen percent of pregnant women who delivered in healthcare facilities were infected (NACP 2000: 10). Since then, the national prevalence has decreased to around five percent, with those in middle age most impacted (TACAIDS and ZAC 2013: 109; 2018: 66). Concerns over HIV were and are a serious issue but even before the campaign to scale-up foreskin removal

²⁵ Here Ndugai is playing on *mkono* meaning both hand and sleeve, where 'sleeve' here means foreskin.

began, around seventy percent of Tanzanian men were circumcised (TACAIDS 2005: 26) — a rate not far below that of the United States.²⁶

Through this campaign, narratives of hygiene, disease and sexuality have intermingled in Tanzania with developmentalist discourses of modernity and its meanings. Cleanliness is next to godliness — but also modernity. Being ‘clean’ can refer ambiguously to hygiene, HIV status and/or moral purity.²⁷

Kwa Sababu Nampenda: Because I Love Her

American-led media messages in Tanzania have stressed the idea of male genital cutting as ‘modern’ and circumcised men as *wasafi*, meaning clean/pure but also fresh/cool. In the 2015 film *It’s About the People*, organised by USAID and directed by Lisa Russell, the narrator Fid Q says of foreskin removal,²⁸

Wameamua kufanya hivi ili kujikinga na VVU — kuwa wasafi. Na wanapenda kufanya tohara kwa sababu inachukuliwa kuwa jambo la kisasa... Pia wanatambua kwamba siku hizi wanawake wanatarajia wenzi wao kuwa wametahiriwa’ [They’ve decided to do

²⁶ This increased to 80% by 2016 (TDHS-MIS 2016: 82). Interestingly, before the WHO and UNAIDS announced that foreskin removal reduces men’s risk of HIV infection, the Tanzanian government’s statistics showed that 6.5% of cut versus 5.6% of uncut men were HIV-positive (TACAIDS 2005: 79). Only a few years after the announcement, the government reported that 3.7% of cut versus 6.4% of uncut men were now HIV-positive (TACAIDS and ZAC 2008: 118) — a dramatic and highly improbable change in demographics.

²⁷ Before the international campaign to scale-up foreskin removal began, a UNAIDS report from 2000 warned against the proposal, in part because rumours had already begun circulating that circumcision kept men ‘clean’ of HIV. The report quotes a sex worker from Kisumu, Kenya repeating the misconception — saying, ‘I can sleep with circumcised men without a condom because they don’t carry a lot of dirt on their penis’ (2000: 71).

²⁸ Fid Q is a Tanzanian hip hop artist.

this to protect themselves from HIV — to be clean.²⁹ They love doing circumcision because it's considered to be a modern thing... They also recognise that these days women expect their companions to be circumcised.]³⁰

This (heteronormative) claim, part of an attempt to create demand for clinic-based circumcision services, portrays foreskin removal as the responsible choice.

The 2012 to 2014 Tanzanian television series *Siri ya Mtungi*,³¹ produced by the Johns Hopkins Center for Communication Programs with funding from USAID and PEPFAR, also makes this connection between foreskin removal and cleanliness — while presenting the procedure as men's duty to women. In an early episode, the unlucky in love Dafu approaches his friend Cheche to ask about circumcision.³²

Dafu, considering undergoing the procedure explains, '*Lakini utafiti wangu mimi nagundua wanawake wanapenda wanaume wenye mazunga masafi*' [But in my research I'm discovering women love men with clean foreskins.]

Cheche, himself circumcised, snickers at Dafu's confusion. The concept of a clean foreskin is treated as somewhat of an oxymoron and Cheche laughs, '*Sikia nikwambie wewe mpumbavu kweli, ukisha tahiriwa unakuwa huna zunga!*' [Listen to me dumbass, when you become circumcised you don't have a foreskin!]

²⁹ The film's English subtitles gloss *kuwa wasafi* as 'for hygiene reasons' but a more direct translation would be 'to be a clean/pure/fresh person'. This particular campaign's slogan, headed by the Tanzanian government with support from USAID, was *Maisha ni sasa! Kuwa msafi. Pata kinga. Wahi tohara!* [Life is now! Be clean. Get protected. Get circumcision!]. An American-led investigation into scaling-up infant foreskin removal in Kenya was similarly titled *Mtoto Msafi*, meaning clean child (Bailey et al. 2017).

³⁰ For a discussion of how in Uganda the 'Stand Proud, Get Circumcised' campaign drew on hegemonic masculinity to exploit men's anxieties around sexual performance, see Rudrum, Oliffe and Benoit 2017.

³¹ Secrets of the Pot

³² *Siri ya Mtungi* 2012: episode 7

Several episodes later, Dafu meets someone he hopes to marry, but as he explains to Cheche — she will only agree if he removes his foreskin. Cheche offers his sympathies, to which Dafu replies earnestly, ‘*Usinipe pole. Nitafanya hivyo kwa sababu nampenda*’ [Don’t give me sympathy. I’m going to do it because I love her.]³³ Dafu’s story arc then ends when he runs into Cheche at the hospital after just having been cut.

‘*Mimi na Gladys tumepima VVU na tupo salama. Naamini tutaendelea kuwa hivyo*’ [Me and Gladys have been tested for HIV and we’re fine. I believe we’ll continue to be so.]

‘*Au siyo?*’ [Or not?] Dafu looks at Gladys, holding her hand.

She replies enthusiastically, ‘*Ndiyo!*’ [Yes!]

He turns to Cheche, explaining, ‘*Halafu pia nimetahiriwa kwa ajili ya tahadhari*’ [I’ve also been circumcised for the sake of caution.]

‘*Tahadhari ipi?*’ [Which precaution?]

‘*Wataalamu wanasema tohara kwa wanaume inapunguza maambukizi kwa asilimia kubwa. Nitapona baada ya kama wiki sita kisha namuoa Gladys*’ [Experts say male circumcision reduces infection by a big percent. I’ll heal and after like six weeks I’ll marry Gladys.]³⁴

Even though they are both HIV-negative and entering into a monogamous marriage, the programme presents foreskin removal as a prudent precaution to prevent future infection. And because Dafu’s decision to be cut is depicted as an expression of his love for Gladys, the implication for audience members is that she

³³ *Siri ya Mtungi* 2014: episode 21

³⁴ *Siri ya Mtungi* 2014: episode 24

will be protected by it. The unstated insinuation of these media messages is that men who have not undergone cutting are not *wasafi*, ‘clean’.³⁵

Wanatuletea Sana Madhara: They Bring Us Great Harm

In the Kilimanjaro region, almost all men have undergone some form of genital cutting.³⁶ And for some, an adult man who has not is almost unthinkable.³⁷ Rather than pointing to the cleanliness of cut men, numerous Chagga interlocutors speculated instead on the presumed dirtiness (*uchafu*) of these imagined others.

One such example came from Yohane, born in Mamba in 1929. He was circumcised without fanfare at Mawenzi Hospital (then a dispensary) in 1953 while working in Moshi town as a twenty-four-year-old. He remembered clinic-based male genital cutting as already the norm by his childhood. But after initiations ended, why did boys and young men continue to be circumcised at all, I pressed.

Yohane smirked, ‘*Mvulana ambaye hajatahiriwa akipitia mahali ana harafu harafu*’ [A young man who has not yet been circumcised passing by a place has an odour.] He continued, ‘*Ndiyo, wanatuletea sana madhara katika njiani*

³⁵ In the 2018 documentary *In the Name of Your Daughter*, directed by Giselle Portenier, a young girl is shown educating a classroom in northern Tanzania about FGM. A boy in the class asks how female and male genital cutting are different, to which she replies, ‘*Msichana anakeketwa lakini mvulana anaondelewa uchafu. Lile ganda, yaani ngozi ya juu, wanamtoa — wanamwondelea uchafu*’ [A girl is cut but a boy is removed from filth. That husk, I mean the skin on top, they take out — remove dirt.] But the film’s English subtitles (mis)translated this as ‘Boys are not mutilated, only their foreskin is removed’.

³⁶ Government estimates put prevalence of male genital cutting in the Kilimanjaro region at around 97% (TACAIDS 2005: 26; TACAIDS and ZAC 2013: 87).

³⁷ Kimani’s Chagga friend Leah, for example, asked me if uncut men were physically capable of having sex.

kuchafuachafua wasichana wasichana’ [Yes, they bring us great harm along the way sullyng girl after girl.]

As discussed in chapter two, male genital cutting became medicalised in communities on Mount Kilimanjaro during the twentieth century. And ideas of cut/uncut men as *wasafi/wachafu* did not originate in the current campaign to scale-up foreskin removal, but have nonetheless been informed by it. Yohane described men who remain uncut as promiscuous and dangerous, sullyng (*kuchafua*) women.³⁸

NGO and healthcare workers in Moshi town also emphasised men’s presumed need for cutting. Eugenia remarked, ‘All men, if possible, should undergo circumcision’. And she thought the procedures directly helped prevent male-to-female HIV transmission, a belief I heard repeated by many. Another NGO employee described the foreskin as a ‘harbour’ for infection, saying, ‘If the foreskin is removed then there’s no — the risk of the virus or any other germs being stored below the foreskin is reduced... then the virus will just go away instead of hiding below the skin’. For others, however, the very ubiquity of male genital cutting in Kilimanjaro made them question its efficacy at preventing HIV.

Doctor Devotha, a physician in her sixties, mused, ‘I just wonder how they prove this thing’ and referenced the many people who have nonetheless been infected. The Kilimanjaro region’s reported HIV prevalence is now substantially below the national average (TACAIDS and ZAC 2013: 110; 2018: 62-63). But as the new millennium was about to dawn, twenty percent of pregnant women in rural Kibosho Umbwe and over a quarter of female hotel and bar staff in urban Moshi

³⁸ Of course, Yohane was himself not particularly young when circumcised but also not especially old compared to others during that time. That he judged these hypothetical young men so harshly but saw no problem in his own age at cutting speaks to the ways in which perceptions of the procedures have shifted.

were testing positive (Kapiga et al. 2002: 413; NACP 2000: 8). Male genital cutting was no less common during that time.

Tradition/Filth/Sin Revisited

During my fieldwork, almost all Chagga but very few Maasai boys in the region were undergoing clinic-based procedures.³⁹ Development professionals across northern Tanzania drew on the discursive dichotomies of tradition/filth versus modernity/cleanliness to oppose the cutting involved in boys' *emuratare* and other initiations as 'unhygienic'.⁴⁰ Genital modifications were deemed 'safe' to the extent they were seen as 'a modern thing' existing in contrast to 'traditional' procedures.

While interviewing Samson at *Piga Vita Ukeketaji*, I mentioned the campaign to scale-up foreskin removal. Misunderstanding my question, he eagerly responded that because Maasai people perform cutting under 'traditional' and 'unhygienic' conditions this invariably increased risk of HIV infection. Conversely, when I asked a Maasai physician about male circumcision for HIV prevention — he misheard me in the crowded café where we were chatting and somewhat defensively replied, 'not in our area because usually we say one knife one person. So, one razor blade is for one person and the chance of getting

³⁹ Emily Bent and Heather Switzer found that Maasai boys in Kajiado, Kenya are increasingly undergoing genital cutting in clinics (2016: 137) — a transition that began in the 1980s (Kibutu 2006: 213). This may also be the case in more affluent and/or urban Maasai populations in Tanzania, but change has been contentious.

Shortly after the Nyangulo age-set began, *ilmúrràn* in the Kisongo section launched a campaign against the medicalisation of cutting. In 2012, this opposition reportedly led over one hundred young men to storm the home of fort-eight-year-old Saiboku Milanyi in suburban Arusha for bringing boys to a hospital for circumcision. One person died and several were injured in the ensuing fight (Ubwani 2012).

⁴⁰ Although this issue lacked the substantial funding and attention of anti-FGM initiatives.

infection is very small'. Both had assumed I was asking about *emuratare* as a *source* of infection for boys.⁴¹

Claims that cultural practices, such as initiations, have fuelled the epidemic are commonplace but largely unsubstantiated (Biruk 2018: 184-185).⁴² And anxieties around ritual cutting as a source of HIV transmission predated the scale-up campaign.⁴³ But in a country where a large minority of male genital cutting is not clinic-based,⁴⁴ the campaign has also heightened these tensions by calling for medicalisation (e.g., WHO and UNAIDS 2011: 6). The Tanzanian government determined that as part of the scale-up, 'Existing traditional male circumcision practitioners will be assisted and sensitized to refer male circumcision procedures to health units for safety' (NACP 2010: 14). The campaign thus reinscribed imaginings

⁴¹ The vast majority of Maasai people I spoke with did not make any direct connections between genital cutting and HIV, but a few did repeat the idea that uncut men were dirty. Kimani's cousin for example said, '*Kákè iyioló, oltungani le memurata eshum enjoni uchafu*' [But you know, a person who isn't circumcised stores dirt in the foreskin.] As mentioned previously, Maasai male genital cutting involves the creation of a tassel of tissue rather than foreskin removal. So, Kimani's cousin was comparing the intact foreskin (*enjoni*) to the cut foreskin (*endigolo*). Interestingly and importantly, he used the Kiswahili word *uchafu* for dirt, not a Maasai term.

⁴² For example, Henrietta Moore recounts a song from an 'alternative rite of passage' to FGM organised by World Vision in the Kerio Valley of Kenya during the early 2000s that included the lines, 'But circumcision have many dangers; namely bleeding, tetanus and Mr Slim... But I tell you Mr Slim is AIDS' (2011: 49-50).

⁴³ The 2003-2004 Tanzania HIV/AIDS Indicator Survey warned, 'Both forms of [female and male] cutting put those who are circumcised at higher risk of being infected with HIV because the procedure is usually performed in Tanzania on groups of children in non-sterile environments. If one of the members in the group is HIV positive, there is a high chance that others may become infected' (TACAIDS 2005: 25).

⁴⁴ The 2010 Tanzanian Demographic and Health Survey reported that about a third of circumcised men aged fifteen to forty-nine had been cut by a traditional practitioner, family member or friend. While 57% were cut by a biomedical professional. The remainder were unsure — mostly because it happened at a young age (TDHS 2011: 230).

of male genital cutting's necessity in new ways — but by articulating the act as a medical intervention, cutting as a ceremonial rite became problematic.⁴⁵

Harmful Traditional Practices

In response to the WHO and UNAIDS consultation in Montreux, Marge Berer pointedly asked, 'Does the concept of "genital integrity", which is one of the most potent reasons put forward for opposition to female genital mutilation, apply also to men's genitals, even if there would be public health benefit from removing men's foreskins en masse?' (2007: 47). Rather than engage with this ethical question, the consultation's report advised policy makers and programme developers to emphasise 'that male circumcision is very different from female genital mutilation' (WHO and UNAIDS 2007: 5, 7).⁴⁶ Integral to this appears to be the assumption that if medicalised, (male) genital cutting will be consensual and safe.⁴⁷

Leading up to the Montreux consultation, Robert Bailey and Omar Egesah published a special report for USAID comparing complications arising from 'traditional' versus clinical foreskin removal in western Kenya. To their surprise,

⁴⁵ A WHO guide for training healthcare professionals specifically instructs people to argue that 'male circumcision' is a 'surgical' procedure, but 'FGM is not a surgical intervention. It is the cutting and removal of healthy genital tissue' (WHO 2022b: 108, 145). In this way, the foreskin is pathologised as unhealthy. And its removal is supported as a biomedical procedure — even when non-therapeutic.

⁴⁶ The 2002 Jhpiego conference similarly instructed that female and male genital cutting 'must be de-linked' in practising populations — with the rather paternalistic argument that the international community should 'discuss the issues rationally' to conclude that 'FGC is a harmful practice while MC may provide various health benefits and advantages' (USAID 2003: 18).

⁴⁷ The report for instance remarks, 'Taking a human rights-based approach to the development or expansion of male circumcision services requires measures that ensure that the procedures can be carried out safely, under conditions of informed consent and without coercion or discrimination. Such measures should already be features of good medical care' (WHO and UNAIDS 2007: 6). Failure to achieve these conditions is thus positioned as a problem of irresponsible or inadequately trained individuals.

the clinic-based cutting they observed did not produce appreciably fewer or less severe adverse events than in ritual settings.⁴⁸ In both cases, roughly half of the children developed infections requiring antibiotics. And none had fully healed within thirty days (2006: 11-14).⁴⁹ Moreover, the distinction between ‘medical’ and ‘traditional’ care was not absolute.⁵⁰

One of the practitioners Bailey and Egesah studied had no official qualifications despite running a clinic. They additionally witnessed instances of minors, who had refused the procedure, being forcibly cut under general anaesthesia by medical professionals (2006: 11-12). The belief that ritual circumcisers are uniquely incompetent, however, has led ceremonial male genital cutting to be criminalised in parts of Tanzania.⁵¹

A camp to rescue boys from ‘unsafe circumcision’ began in the northern Tanzanian region of Mara in 2014. Organised by the Tanzania Gender Networking Programme with assistance from the United Nations Population Fund, over two hundred boys joined girls in an ‘alternative rite of passage’ hosted by the Catholic Church in Sirari (Karol 2014; see also Wamunza 2015). The camp, run by the Termination of Female Genital Mutilation centre, was an alternative to the rituals

⁴⁸ Bailey and Egesah’s team directly observed twelve medical and twelve non-medical foreskin removals. A much larger group of over one thousand people were also interviewed post-circumcision by their research assistants. In that group, significantly more adverse events were self-reported among those circumcised by someone other than a medical practitioner (2006: 11, 16).

⁴⁹ In one of the clinic-based cases, a teenager bled so profusely that he required intravenous fluids from a nearby health centre — where a ‘traditional’ circumciser was then called to finish removing the foreskin. The wound became infected and necrotic, leading the researchers to bring him to the district hospital. Their report notes, ‘the subject would likely have died had there not been an immediate intervention’ (2006: 12-13).

⁵⁰ For example, penicillin powder was commonly incorrectly applied to wounds by both ‘traditional’ and ‘medical’ circumcisers — inadvertently delaying healing (2006: 29).

⁵¹ The criminalisation of ritual cutting following medicalisation is neither new nor specific to Tanzania. When American physicians began routinely performing neonatal foreskin removal in the 1890s, they attacked the Jewish ceremony of *brit milah* as ‘primitive, unsanitary, and potentially dangerous’ — and proposed laws to prohibit the practice (Gollaher 1994: 16).

of Kuria initiation.⁵² And while female participants avoided being cut, boys were expected to undergo medicalised foreskin removal before leaving.⁵³

The UN Resident Coordinator Alvaro Rodriguez triumphantly informed the camp's graduates, 'You have stood up against harmful traditional practices' (Nyakeke 2015).⁵⁴ Two years later, the District Commissioner Glorious Luoga warned parents that they would soon face legal repercussions for ritually circumcising their sons — exhorting, 'We need to protect girls and boys against these brutal acts' (Jacob 2016a; 2016b). Police made good on Luoga's threat and began arresting people (IPP Media 2019). The procedures, however, were not opposed on strictly biomedical grounds. The ceremonial aspects of Kuria initiation were stifled in favour of Christianity. And the camps were overtly religious.⁵⁵

The Termination of Female Genital Mutilation project began in Kenya as a Catholic initiative after Sister Ephigenia Gachiri learned of FGM while attending the UN's Fourth World Conference on Women in Beijing (Piazza 2016). She went on to develop alternative rites of passage for girls and boys, with the intention that

⁵² Aspects of ceremonial foreskin removal had already been medicalised in the area. Nandera Mhando observed that Kuria circumcisers in 2014 wore gloves and used a new razor blade for each boy (2018: 306). But ritual procedures were seemingly uniformly judged 'unsafe'. For an in-depth discussion of the politics and contestations around Kuria initiation practices involving female and male genital cutting, see also Prazak 2016.

⁵³ However, as Miroslava Prazak learned, girls sometimes undergo cutting shortly after leaving NGO-sponsored alternative rites of passage (2007: 20).

⁵⁴ The context around this camp is further complicated by the fact that Kuria leadership in the area was already coordinating with the district government on anti-FGM efforts, and had agreed that year to hold initiations without female genital cutting (Jacob 2014c).

⁵⁵ Lotte Hughes (2018) describes the role of Christian religious instruction in 'alternative rites of passage' run by the organisation World Vision. Hughes observed trainers in Kenya make claims such as, 'The devil wanted blood as an offering from you, so that is why people perform FGM' (2018: 281). Claims of this type speak in part to the enduring echoes of early colonial missionaries, who denigrated all 'heathen' customs and beliefs as the 'works of the devil' (see Beidelman 1982: 106). But they also reflect the current influence of the global Pentecostal movement, as discussed later in this chapter.

both sexes forgo ‘traditional’ initiation ceremonies.⁵⁶ Gachiri’s programme proposes that boys be cut surgically,⁵⁷ followed by a graduation ceremony including the sacrament of confirmation (2006: 13, 97, 117, 141).⁵⁸ Male genital cutting is not only moving into the clinic across northern Tanzania — its historical socio-cultural meanings are being excised to create something new.⁵⁹

Adaptable and Impermanent

These losses matter. But as James Clifford notes, ‘It is easier to register the loss of traditional orders of difference than to perceive new ones’ (1988: 15). This is not a straightforward narrative of disappearance and disintegration — the kind of story of ruin and decay that led Susan Sontag to call anthropology ‘necrology’ (Sontag 1963).⁶⁰ Such changes are neither necessarily nor uniformly experienced as an

⁵⁶ More specifically, Gachiri hoped to replace initiations’ allegedly ‘negative’ aspects with Christian religious instruction and ‘scientific’ knowledge (2006: 13).

⁵⁷ Although foreskin removal is portrayed as a choice, programme participants are guided to pray over Biblical passages that present it as a religious obligation, such as ‘For the sake of the Lord be circumcised’. And the programmes’ manual emphasises that — for men — the cut is considered a sign of holiness (2006: 106, 175).

⁵⁸ Connecting circumcision to confirmation in this way is reminiscent of Bruno Gutmann’s work discussed in chapter two. And Gachiri’s promotion of strenuous physical exercise echoes Georg Fritze (2006: 19, 21).

⁵⁹ The Tanzanian Termination of Female Genital Mutilation centre was established by the Roman Catholic Diocese of Musoma in 2008 and run by the Daughters of Charity in Masanga. Tellingly, their motto is *Maendeleo ya Kisasa* — Modern Development (Jacob 2015b; Ngowi 2014). Cleophas Chacha, an associate of the centre, commented, ‘Girls are being mutilated because their brothers are also circumcised in the backyard. If boys would go to hospital for circumcision instead of home, there would be no more FGM’ (Kennedy 2014).

⁶⁰ Clifford further explicates, ‘Everywhere individuals and groups improvise local performances from (re)collected pasts, drawing on foreign media, symbols, and languages. This existence among fragments has often been portrayed as a process of ruin and cultural decay, perhaps most eloquently by Claude Lévi-Strauss in *Tristes tropiques*... The great narrative of entropy and loss in *Tristes tropiques* expresses an inescapable, sad truth. But it is too neat, and it assumes a questionable Eurocentric position at the “end” of a unified human history, gathering up, memorializing the world’s local historicities’ (1988: 14-15).

external imposition, even when connected to the legacies of imperialism. Rituals have always been adaptable and impermanent.⁶¹

In Pookí Wueji, spiritual rather than physical concerns were the most salient driver of medicalisation. And changes to male genital cutting were preceded by the obsolescence of *emuratare*'s related rites — *olkiteng loo lbaa*, *olkiteng le ntomoni* and *olker kitupukunyet* — under pressure from the growing number of residents joining anti-syncretic evangelical Christian churches led by Maa-speakers.⁶² These were religious rituals and their rejection signified Christian piety.⁶³ Opinions within families and between neighbours were at time starkly divided.

These feasting rituals have historically been moments associated with a particular closeness to *Enkáí*, God⁶⁴ — featuring animal sacrifice, prayerful

⁶¹ see Kratz 2002: 313

⁶² Numerous rites had become unpopular due to changing religious beliefs — such as *eokoto oo nkipot* (the drinking of blood and milk), in which uninitiated girls selected and honoured their favourite *isanjan*, sweethearts (see Talle 1994: 281; von Mitzlaff 1988: 77). Non-Maasai Tanzanians pointed to this sexual permissiveness as a sign of backwardness (see Pratt 2002: 224-228). And although some of Kimani's younger sisters held an *eokoto oo nkipot*, the ceremonies appeared to have stopped in Pookí Wueji by 2017. When I asked why, Resiatio commented, '*Mikiyioló apa iyíóók Kanisa*' [We didn't know the Church in the past.]

⁶³ Religion as a comparative term can be problematic, with indigenous African cosmologies both homogenised and conceptualised within Judeo-Christian templates — particularly in earlier literature from the Global North (Horton 1993: 169-181; Shaw 1990). But when Maa spiritual beliefs were repudiated as 'not a religion' by Christian converts in Pookí Wueji, this was in my opinion less a good faith argument and more a polemical product of historical missionary discourse (see Mudimbe 1988: 44-64). In Kiswahili, acts associated with Christianity and Islam were labelled *ya kidini*, religious. While non-Abrahamic practices were called *mila*, and glossed as cultural (see Caplan 1982; 2017).

⁶⁴ Dorothy Hodgson defines *Enkáí* as 'predominantly although not exclusively female' — with women in Maasai society generally considered more spiritual than men. In the past, as Hodgson describes, 'From the first early morning milking to their final step inside the doorway at night, women prayed constantly' (2005: 22, 37; see also Hollis 1905: 345 n1). However, nowadays when speaking in Maa the word *Enkáí* can alternatively refer to the god of Christianity. Kimani perceived that god to be unambiguously male.

invocations and blessings (Hillman 1993: 58; Spencer 2003: 73).⁶⁵ *Enkái* means ‘the originator’ but also refers to the sky and rain.⁶⁶ Kimani’s aunt described the stars as ‘*inkonyék e Nkái*’ (the eyes of God). And the Pleiades, named *Inkókùà* in Maa, held special religious significance.⁶⁷ Major ceremonies, such as *emuratare*, were avoided in this star cluster’s absence from around April until June — when they reappeared in the early morning hours.⁶⁸

As explained to me by a member of the Landis age-set, this was because those days ‘*mmè naa-sinyáti*’ [were not holy] and such celebrations should be done to ‘*neutakí Enkái enashé*’ [show God gratitude]. For the same reason, *emuratare* feasts were further limited by which days of the moon’s cycle were deemed auspicious (see Spencer 2003: 135-137).⁶⁹ But because the ‘secular’ and ‘sacred’ were not conceptualised as easily separated categories prior to colonialism, the

⁶⁵ In his ethnography *The Maasai of Matapato*, Paul Spencer describes these sacrificial events as, ‘a religious expression of the symbiosis between people and cattle and their relationship with God’ (2004 [1988]: 141).

⁶⁶ Eugene Hillman, who in the 1950s became the first Spiritan missionary to work full-time in a Maasai community, remarked, ‘If religion is understood as a matter of praying to a deity, then the Maasai are quite religious’ (1993: 51; see also 1994: 163; Hodgson 2005: 86-93). Evoking the deity’s connection to rainfall, Kimani lovingly called *Enkái*, ‘*yieyio nashal inkilani*’ (my mother of wet clothes) in his boyhood prayers. But of course not everyone is equally interested in or persuaded by belief in a supernatural power.

⁶⁷ *Inkókùà* means downpour. This star cluster descends below the night sky’s western horizon in Tanzania and Kenya around April, during the long rains, but re-emerges toward the east after sunset in November — during the short rains. A member of the Makaa age-set mentioned that women in Pookí Wueji used to sprinkle milk in prayer when the Pleiades disappeared, but have since stopped due to the influence of Christianity.

⁶⁸ This avoidance was still observed in Pookí Wueji during my fieldwork (see also Spencer 2003: 72, 138-139).

⁶⁹ The Maasai calendar is lunar. The first half of the month is referred to as *aibór* (white). While the second half is called *enaimin*, meaning darkness, as the moon wanes (see Mol 1996: 29). Major ceremonies were limited to this ‘white’ period, which was described to me as *sinyáti* (holy).

Maa language lacks a distinct word for ‘religion’ (Hodgson 2005: 14, 37).⁷⁰ And how contemporary Maa-speakers articulate the notion of ‘God’ has been shaped in part by several decades of Christian missionary intervention.⁷¹

The Church Hates These Matters: Kanisa Neibá Kuna Báà

Formerly, before a Maasai man could initiate any of his children, he was expected to hold the ceremony of *olkiteng loo lbaa* (ox of the wounds) — a personal event that was ‘considered one of the most important moments in a man’s life’ (Spencer 2004 [1988]: 252).⁷² The feast celebrated his newly acquired prestige as the father of a soon-to-be adult, but also ritually marked his transition further into the family sphere as his age-set ties decreased with seniority (Talle 1988: 144-145). His past misdeeds were cleansed, bringing him closer to *Enkái* (Spencer 2003: 74).⁷³ By

⁷⁰ Maa is nonetheless filled with words people today generally associate with ‘religion’ — such as *aomon* (to pray), *aserem* (to worship) and *amayián* (to bless). Many languages lack a word for religion. Ancient Hebrew and Aramaic did not have one. This was because the present-day concept of religion versus secularism did not begin to develop until the sixteenth and seventeenth centuries in Europe. These ideas were not universal, but rather coalesced out of a particular socio-political context (Asad 2001: 221; Nongbri 2013: 6, 26).

⁷¹ Hillman understood *Enkái* to be perceived as, ‘unique and universal, immanent and transcendent, powerful and righteous, yet personal and helpful’ — not unlike the god of Christianity (1993: 51; cf. P’Bitek 2011: 42). And to distinguish between these two gods in speech, people in Pookí Wueji sometimes called the Maasai deity *Enkái Narok* (the Black God) or *enkái o dóinyó* (god of the mountain) — while the Christian one might be referred to as *Yesu* (Jesus), *Kristo* (Christ) or *enkái e Musa* (the god of Moses).

⁷² The term ‘ox’ is used broadly here to mean a castrated bovine, but steer may be more accurate.

⁷³ Belief in *Enkái* spread beyond Maa-speakers. For instance, the deity was adopted into the Gĩkũyũ religion as its ‘supreme power’ (Muriuki 1969: 118; Sandgren 1976: 26-27; see also Karangi 2013: 613). The Gĩkũyũ *Ngai* was broadly male, however, while *Enkái* occurs only as a feminine noun in Maa (Payne 1998: 169).

the time of my fieldwork, however, the *olkiteng loo lbaa* had become an uncommon rite in Pookí Wueji.⁷⁴

Kimani's father Koitiamo decided against holding the ritual for himself in the late nineteen-nineties.⁷⁵ He had not grown up Christian, but became a devout follower of the influential Lutheran evangelist Isaya Orishi Ole Ndokote after meeting him in Kenya.⁷⁶ Resiato explained that because '*Kanisa neipoo*' [the Church cleansed him], the rite would have been both unnecessary and inappropriate. The event was considered *engoki* (a sin).⁷⁷

These feasts 'weren't of the Church' [*mmè husikana oo Kanisa*], clarified his first wife Soipan. Their participants were celebrating *Enkái* — not the god of Christianity, argued evangelical Protestants.⁷⁸ And when an age-mate of Koitiamo tried to attend an *olkiteng loo lbaa* in Pookí Wueji around the time of my fieldwork, converts forbade him.⁷⁹ Anyone who continued to follow the Maasai faith risked being labelled, '*olpagani ake sîi*' [just a pagan].⁸⁰

⁷⁴ *Olkiteng loo lbaa* feasts were already a lapsed custom during Spencer's fieldwork in Kenya from 1976 to 1977 (2003: 174; 2010: 36). The rite persisted for decades longer in Pookí Wueji.

⁷⁵ Kimani's father-in-law, who was from another part of northern Tanzania, in contrast did have the rite.

⁷⁶ Isaya Orishi Ole Ndokote is not a pseudonym since this Seuri age-set member was an internationally known religious figure associated with the Evangelical Lutheran Church in Tanzania (see Fischer 2001: 301-363).

⁷⁷ According to Koitiamo, Ole Ndokote did not want this rite to end completely — but instead wished to create an alternative Christian celebration called *olkiteng lo mayian* (ox of the blessing). Kimani's father nonetheless held no event. Another follower commented of the rite, '*Kristo apa netàrà, kákè eitú éár Ole Ndokote*' [Christ killed it, Ole Ndokote didn't kill it.]

⁷⁸ As discussed in chapter two, Catholics tended to be considerably more tolerant of synthesis and amalgamation in religious practice than Protestants (cf. Priest 1990: 3-5). Consistent with this, Dorothy Hodgson found that Catholic converts did not necessarily see the Christian and Maasai deity as separate entities (2005: 154-158, 238, 252-255).

⁷⁹ The age-mate explained, '*Nelotú taata Kanisa aajokí, "Meékure kiyiéú"... epuonu aamitiki*' [Now the Church tells us, "We no longer want it"... they came to forbid us.]

⁸⁰ To circumvent these issues, Kimani's neighbour butchered an ox without ritual — which his guests '*ake duoo enya*' [merely ate]. Everything else is *esakutoto* (witchcraft), he said with derision.

Unsurprisingly then, the feasts of *olkiteng le ntomoni* (ox of the new mother) and *olker kitupukunyet* (sheep of emergence) had also become highly contested. These were rituals associated with children's transition into adulthood, customarily performed near the threshold of their mother's home shortly before initiates were 'reborn' through *emuratare* (Spencer 2004 [1988]: 58-63; von Mitzlaff 1988: 83-84; see also Hodgson 2004 [2001]: 243-244).⁸¹ None of Koitiamo's children observed either rite due to his religious opposition.⁸²

Kimani's younger brother Amosi explained, '*Kanisa neibá kuna báà*' [the Church hates these matters]. They accuse people of '*aabuda ilkerra*' [worshipping sheep], he added in exasperation.⁸³ The ceremonies of *olkiteng loo lbaa*, *olkiteng le ntomoni* and *olker kitupukunyet* were once crucial prerequisites for *emuratare* — a core rite with its own animal sacrifice called *olkiteng lo sinkólio* (ox of the dance). People would travel hours to attend an initiation celebration, partying late into the night (see Hodgson 2004 [2001]: 246-248; Talle 1988: 106). And somewhat paradoxically, this paramount social event remained popular with many Protestant converts during my fieldwork.

As Rosalind Shaw and Charles Stewart note, 'all religions have composite origins and are continually reconstructed through ongoing processes of synthesis

⁸¹ This rebirth came with a new adult name, bestowed during the *olkiteng le ntomoni*. And despite not having the rite, Kimani and his siblings were nevertheless re-named upon initiation.

⁸² Others in Pookí Wueji were still observing these rites into the 2000s. Kimani's wife did not have an *olkiteng le ntomoni* or *olker kitupukunyet*, but her older siblings did. Her family had joined an evangelical church, she explained, and '*Kanisa neibá amu eitajeuoki... einguáá áàpùò asúj Biblia*' [The Church hates it because they're saved... they've abandoned it to follow the Bible.]

⁸³ Interlocutors in Pookí Wueji often described 'the Church' in monolithic terms — usually in reference to a variety of evangelical Protestant groups, some of which were Pentecostal. People were at times highly critical of Christianity, with one song created by members of the Nyangulo age-set including the lines, '*Kirá Inyangulo, kisokor. Te shúmátá Kanisa edoku. Nadoiki mchungaji empiding*' [We're the Nyangulo, we masturbate. The Church is boiling over. And I slam down on the pastor's spine.]

and erasure' (1994: 7). Even as religious actors may be antagonistic to porous boundaries, fluidity exists. What was previously a devotional act may be pragmatically reinterpreted as an innocuous cultural occurrence (Shaw and Stewart 1994: 10). And if Christians did not articulate *emuratare* as a Maa religious ritual, then their participation in it was not considered 'a sin'.

Nonetheless, the initiation celebration I attended with Kimani's family for two boys in 2013 included ritually slaughtered oxen, along with the customary observance of who could eat which meats — even as soda rather than alcohol was served in deference to the teetotaling evangelical guests.⁸⁴ The hair of the initiates and their parents had been ceremonially shaved (see Hurskainen 1984: 219; Spencer 2004 [1988]: 60; Talle 1988: 105).⁸⁵ And the boys wore black sacramental robes as they recovered in seclusion (see Talle 1988: 107-108; von Mitzlaff 1988: 94).⁸⁶ Moreover, in keeping with tradition,⁸⁷ four sacred *elatim* tree branches were planted in front of their house (see Hurskainen 1984: 230; Talle 1988: 106).⁸⁸ In

⁸⁴ In the past, honey beer (*enaisho*) in particular was usually brewed for initiation feasts (see Hodgson 2004 [2001]: 247; Ole Saitoti 1988 [1986]: 67; von Mitzlaff 1988: 84-85).

⁸⁵ Hair was historically connected to wild animals and grown out by people in liminal states, such as after initiation or childbirth. The head and eyebrows would be shaved in preparation. These periods of liminality were associated with vulnerability but also closeness to *Enkái* (Hodgson 2005: 25; Spencer 2004 [1988]: 41; Talle 1988: 123; von Mitzlaff 1988: 92).

⁸⁶ The colour *arok* (which includes black to dark blue) is holy in the Maasai faith and worn by those in liminal states, as well as female and male prophets (Hodgson 2005: 32). *Arok* evokes heavy rains and the night sky — it is associated with wisdom, fertility and blessings from *Enkái* (Hurskainen 1984: 220). Well over a hundred guests attended the celebration at the family's homestead and they hired a professional photographer. Had I not been asked to also photograph the initiates by their mother, I would not have seen them since they were recuperating indoors during the feast.

⁸⁷ These branches are called *elatim* only when used ceremonially in *emuratare*, and may come from different trees depending on the family. *Oloirien* (African olive) and *enkoilalei* (buffalo thorn tree) are common choices and considered holy (Mol 1996: 222; Westervelt 2017: 124, 131-132). Various trees and shrubs are associated with *Enkái* (Hodgson 2005: 28-30). For example, women have historically gone to certain strangler fig trees (*oreteti* pl. *iretet*) to pray for fertility and rain (Goldman 2011: 70).

⁸⁸ The number four carries particular significance in Maa religious rituals. Four people cut the *elatim* branches, four people receive the branches at the homestead's gate, and the initiate is led around the branches four times (Hurskainen 1984: 230).

Kimani's opinion, one of the primary reasons why parents still carried out initiation was for their children to receive the blessings of *Enkáí*.

Spiritual practices therefore appeared to be more amalgamated than interlocutors initially professed in speech. But these rites were also about social relations between people. And multiple religious affiliations existed within families, particularly across generations. Many had grandmothers who were disinterested in Christianity, but concerned that their descendants should be blessed by *Enkáí*. And the presence of male circumcision in the Bible was enough for some converts to deem *emuratare* feasts sufficiently Christian — if only celebrated for boys.⁸⁹ Gospel songs could always be incorporated into the festivities.⁹⁰

Denominational Differences

During my initial fieldwork, most Protestants I met in Pookí Wueji identified as evangelical Lutherans. By the time I returned in 2017, however, the neo-

⁸⁹ Kimani 'joked' that perhaps the *emuratare* we attended had also been in celebration of a girl or two — it was not as though anyone would have told me, he pointed out. And although not the norm, even in the past joint initiation celebrations were occasionally held for girls and boys, since the feasting and dancing portion of the event was traditionally the same regardless of gender (see Ole Saitoti 1988 [1986]: 72-73; Spencer 2004 [1988]: 60).

⁹⁰ For some Protestants, such rituals were acceptable only if the Maa religious elements were removed in favour of Christianity. Tensions over this point developed during the 2017 Korianga *olngesher*, a ceremony attended by delegations from Kisongo, Moipo and elsewhere to transition *ilmúrràn* into full adulthood. Normally, the group's *oloibóni* (prophet/diviner) would be consulted over their age-set's new name, among other matters (see Ndagala 1992: 93-101; Spencer 2004 [1988]: 141, 182-186). Some of the Moipo elders, however, wished for the Lutheran preacher Ole Ndokote to instead oversee the event.

He ended up being too ill to participate and died not long after. But as Amosi described, the ceremony was '*eitarroro naleng*' [really bungled] — with some participants refusing to attend and others arguing over religious affiliations. This situation was not unprecedented. In 2003, for example, an *olngesher* held in the Ngong division of Kenya near Nairobi went forward without the blessing of an *oloibóni* due to pressure from Christian adherents (Kibutu 2006: 221-224). My understanding is that Ole Ndokote was also involved in that event.

Pentecostal church of Kilakuno International Ministries had gained substantial popularity — particularly among residents in their twenties, thirties and forties.⁹¹ Both groups believed that the Bible was infallible and aimed to take it literally.⁹²

The Pentecostal movement began in the United States at the turn of the twentieth century, developing out of earlier ‘Great Awakening’ religious revivals. Since the nineteen-eighties, followers from Africa, Asia, Latin America and the Pacific have grown exponentially (Robbins 2004: 119-120; 2014: S161).⁹³ These neo-Pentecostal congregations in Tanzania are diverse but tend to share certain characteristics, including an international outlook and focus on material wealth. The promise that adherents need ‘only’ follow the Bible has made prosperity gospel appealing to those struggling with socio-economic hardship (Dilger 2007: 62; 2009: 97-98; see also Marshall 2009: 8).⁹⁴ And the movement’s greater expansion into urban hubs, such as Dar es Salaam, dovetailed with the country’s neoliberal metamorphosis.⁹⁵

⁹¹ *Kilakuno* means ‘we are free’ in Maa. This neo-Pentecostal sect is headquartered in the northern Tanzanian region of Arusha, adjacent to Kilimanjaro. And as far as I could tell, their name spoke more to their global outlook than an actual multi-country presence.

⁹² Many congregants, however, were functionally illiterate and so unable to directly read the Bible themselves.

⁹³ Pentecostal missionaries first entered Tanzania in the early twentieth century. The Holiness Mission, for instance, was present in Mbeya by 1927. Their work was later taken over by the Assemblies of God, who began commissioning preachers in 1959 through their Bible School. They started to gain significant follower numbers during the 1970s, due partly to the proselytising opportunities created by villagisation (Ludwig 1996: 222).

⁹⁴ Naomi Haynes clarifies that, ‘Simply put, in the context of the prosperity gospel the resurrection of Jesus means not only that Christians will receive eternal life after death but that all aspects of death that affect life on earth—poverty, sickness, barrenness, broken relationships—have also been undone. A believer should therefore not experience these things but should instead live a victorious life marked by success, prosperity, health and strong social ties. The only things keeping Christians from these blessings are, first, their failure to actualize them by faith and, second, the influence of the Devil’ (2014: S359).

⁹⁵ see Hasu 2009: 71

By receding, the state made space for religious actors to become its agents of modernity (Kalu 2002: 128).⁹⁶ And as discussed in the previous chapter, ‘being modern’ has become conceptually linked to consumerism in capitalist Tanzania.⁹⁷ Personal economic success carries evangelistic value (see Haynes 2012: 134). Church members are encouraged to dress ‘smartly’ (Maxwell 1998: 354; 2005: 24) — with men expected to wear polo or button-down shirts to Kilakuno’s services.⁹⁸ Such clothing signals income, but also a break from ‘the past’.⁹⁹

Both through their participation in church activities and rejection of ‘traditional’ practices, Pentecostal converts are resocialised into a community of the saved (Maxwell 1998: 353-354). As pointed out by José Casanova, ‘It is in their very struggle against local culture that they prove how locally rooted they are’ (2001: 438).¹⁰⁰ Ideas of ‘spiritual warfare’ situating daily life as a battle between God and the demonic are popular among Pentecostals worldwide (Hasu 2009: 74; Robbins 2004: 122).¹⁰¹ And I heard at least a few converts in Pooki Wueji refer to

⁹⁶ Tanzania under Nyerere aimed to keep education secular. However, this policy shifted after the 1980s. And by the early 2000s, public-private partnerships promoted by the World Bank enabled US evangelical Christians to enter state schools as English teachers. State schools also allow for regularly scheduled religious instruction (Stambach 2004: 96-97; 2009: 5-10). ‘Bible Knowledge’ had been Kimani’s favourite class.

⁹⁷ The home of one Kilakuno member I visited included an expansive mural of a man in a suit holding up the Bible as he stood next to a bus. Across the opposite wall ‘Jesus for Success’ was written in large block letters.

⁹⁸ Women were expected to dress modestly, preferably in ‘Swahili’ or ‘Western’ attire.

⁹⁹ Researching in Ghana, Birgit Meyer explains that ‘time’ as an epistemological category allowed Pentecostal converts to create conceptual rifts between God/modern/us and the Devil/tradition/them. As she states, ‘In this way pentecostalist discourse takes up the language of modernity as it spoke to Africans through colonization, missionization and, after Independence, modernization theory’ (1998: 317).

¹⁰⁰ Joel Robbins sums this up neatly by stating, ‘Pentecostalism is at once extremely open to localization and utterly opposed to local culture’ (2003: 223).

¹⁰¹ Ruth Marshall notes, ‘One of the things that makes Pentecostals and charismatics distinctive and so successful is their development of an extremely robust paradigm for thinking globally, which is to say “global spiritual warfare”... The spiritual warfare Pentecostals engage in with their own uprooted cultural roots—attempting to make a complete break with the past—is the local manifestation of this universalizing project’ (2014: S352).

Enkái as *shetani*, a demon (see also Van Bavel 2023: 170-171).¹⁰² Taking part in rituals such as *emuratare* could potentially endanger their immortal souls — an issue not taken lightly.

Kilakuno International Ministries

People's religious affiliations in Pookí Wueji were neither entirely stable nor exclusive, with movement between Protestant denominations and churches common.¹⁰³ Kilakuno members, however, were generally more opposed to religious amalgamation than the Lutheran followers of Ole Ndokote, who appeared to skew older. These Pentecostal converts wholly rejected *emuratare* as a ritual, but not male genital cutting.¹⁰⁴ Their refusal was explicitly theological.¹⁰⁵

Lengorika, a young man at the end of his teen years, had joined Kilakuno with his parents. He told me, '*Kákè órè taata nji te nisúj Biblia, nikimuratie te sipitali*' [Well nowadays if you follow the Bible, they circumcise you at the

¹⁰² This phenomenon is not limited to Pentecostals. As Meyer clarifies, 'missionaries of other denominations and nationalities in other places on the African continent followed the same device and preached that Satan was the Lord of the known gods' (1994: 64).

¹⁰³ Pentecostalism has significantly influenced other Protestant denominations, particularly the Evangelical Lutheran Church in Tanzania (ELCT). By the 1990s, beliefs in visions, prophecies and faith healing had achieved widespread acceptance among Lutherans (Ludwig 1996: 223). Ole Ndokote, for example, was said to have the 'charismatic gift' of healing — according to people in Pookí Wueji.

¹⁰⁴ In one Kilakuno sermon posted online, the Reverend Ibrahim Olelemao (2019) instructs his congregants, '*Lazima peé kiirúk aiminie ilcoreta li-miirúk aasúj... Peé nemurata olalashé lino, entany iló... mikiyiéú isiruai le nkóp*' [We must lose the friends who don't agree to follow us... When your brother is initiated, refuse to go... we don't want earthly feasts.]

¹⁰⁵ Moreover, rejection of female genital cutting was described first and foremost as an issue of salvation. Only boys were cut in the Bible, and so only their cutting was religiously acceptable. Lengorika for instance explained, '*Étà ti atúà Biblia nesirá ajo muhimu peé emurat ilayiók... metí ewueji nesirá ti Biblia ajo encòò amurat intóyiè*' [In the Bible it's written that circumcising boys is important... nowhere in the Bible is it written that it's permissible to circumcise girls.] This was the totality of his argument.

hospital.]¹⁰⁶ And so, when other teenage boys were undergoing *emuratare* and entering the Nyangulo age-set, he decided to instead participate in an alternative procedure organised by members of his church.¹⁰⁷

Like many Protestants in Pookí Wueji, his family did not observe the preceding ceremonies of *olkiteng loo lbaa*, *olkiteng le ntomoni* or *olker kitupukunyet*. That was not unusual. Much more controversial was their decision to not hold a public celebration after Lengorika was circumcised — meaning that none of their oxen were sacrificed to share with the community.¹⁰⁸ When I asked a pastor from the church why they opposed these feasts, he said they were *engoki* (a sin). Lengorika agreed, reiterating, ‘*Biblia asujita*’ [I’m following the Bible.]

Kimani was sceptical of cutting without ritual — despite being an on-again, off-again member of Kilakuno himself. And he incredulously asked Lengorika, ‘*Metáa ake duoo nikimurati nigír ake alo?*’ [So, they merely circumcised you and you just pass on by?]

Lengorika replied nonchalantly, ‘*Ee*’ [Yes.]

‘*Anaa enkerai o lmeeki?*’ [Like a Swahili child?]

‘*Ee*’ [Yes.] ‘*Kimurat anaa enkerai o lmeeki?!*’ [They circumcised you like a Swahili child?!]

‘*Aamurata anaa Yesu*’ [They circumcised us like Jesus], Lengorika said proudly. Kimani appeared pleased by the comparison and chuckled. Nonetheless

¹⁰⁶ Kimani’s older brother was also a member of Kilakuno, and similarly commented about his son, ‘*lazima peé amurat te sipitali... te nkaraki dini*’ [I must circumcise him at the hospital... because of religion.]

¹⁰⁷ This alternative was referred to as ‘*emuratare Huduma oo Lkilakuno*’ (Kilakuno Ministries *emuratare*). Kimani contrasted what Lengorika underwent to ‘*emuratare oo lmaasai*’ (Maasai *emuratare*) — implying that Lengorika’s experience was not ‘Maasai’.

¹⁰⁸ Nor did they place a sacred *elatim* tree in front of the house where he was recuperating, As Lengorika explained, ‘*Órè ilkilakuno, nimikiranyakinye nimikirikie elatim. Ake kimurat*’ [Well the Kilakuno, we don’t sing/dance for you or lead with the *elatim*. We just circumcise.]

perturbed he pressed, ‘*Idól iyíé ajo sahihi nemuratie olayíónì metíí émáshô?*’ [Do you think it’s right to circumcise a boy when there isn’t a ceremony?]

‘*Me sahihi*’ [It’s not right], Lengorika reluctantly capitulated.

‘*Eyiéúni netíí émáshô?*’ [So is a ceremony desirable?]

The younger man paused to consider and replied, ‘*Eyiéúni netíí émáshô. Peé etumoki elé tungani eyioló ajo etumurataki*’ [A ceremony is desirable. They should know that this person has succeeded at circumcision.]¹⁰⁹ But then Lengorika corrected himself — there must not be a ‘ceremony’. ‘*Émáshô naa entókì oo loibónòk*’ [A ceremony is a thing of diviners.]¹¹⁰

Kimani’s rather aggressive line of questioning belied his own ambivalence. He had on numerous previous occasions (mis)translated the Maa word for ceremony (*émáshô*) as ‘witchcraft’ — prayers to a ‘demon’.¹¹¹ When male evangelical Christians in Pookí Wueji spoke of the Maasai faith, they often referenced male diviners (*oloibónì*, pl. *iloibónòk*),¹¹² men who have historically played an integral role in certain male age-set rituals (Rigby 1992: 57; Spencer

¹⁰⁹ People are said ‘to succeed at’ (*atumoki*) genital cutting if they face the excruciating act with stoicism.

¹¹⁰ Instead, the Maa term *osirua* (celebration/feast) or Kiswahili word *sherehe* (celebration) should be used for any gathering marking the event, he clarified — if such an event were held.

¹¹¹ *Émáshô* means feast as well as ceremony.

¹¹² The word *oloibónì* stems from the verb *aibón*, meaning to foretell or ritually treat (Mol 1996: 91, 299). In northern Tanzanian, these spiritual advisors come from the Iloonkidongi patrilineage and use a special calabash with stones as part of their divination (Spencer 1991: 334). *Enkidong* means calabash and *il-oo-nkidongi* translates to ‘those of the calabashes’ (Mol 1996: 180). David Anderson notes that *iloibónòk* diviners were ‘widely consulted by non-Maa peoples’ prior to colonialism (1993: 857). And this point is a valuable reminder that such practices were never strictly bound by ethnicity.

2003: 194-197).¹¹³ These anxieties around divination, although largely irrelevant to personal ceremonies, fit neatly into global narratives of ‘spiritual warfare’.¹¹⁴

Lengorika added, ‘*Midupá atasayia Enkái isujita mila*’ [You can’t successfully pray to God following tradition.]¹¹⁵ Unsurprisingly, he did not become an *osípóllói* (initiate) after genital cutting.¹¹⁶ Fixated on the idea that abandoning Maasai customs meant assimilating into ‘Swahili’ culture, Kimani asked, ‘*inoo lmeeki esujita?*’ [Are they following Swahili ones?]

‘*Me inoo lmeeki, Biblia inji esujita*’ [Not Swahili ones. They follow the Bible.]¹¹⁷ Lengorika elaborated, ‘*Ilkarash loo Imáásàì neyiéúni amu ilkarash duoo torrôk te nishóp... Ilkilakuno nemuratie ake olee neishopokinó ilkarash sidân*’ [Maasai clothing isn’t wanted because the clothes are evil to wear... Kilakuno only circumcise men dressed in good clothes.] And by ‘good’ he meant trousers and button down shirts.

But Lengorika did not actually undergo genital cutting in a hospital. He was cut by a local practitioner with six others in the *olosinkó* (corral) of one of the boys’ families, as is customary. And the circumciser created the usual *endigolo*

¹¹³ This focus was androcentric since *iloibónòk* played a relatively limited role in women’s religious lives (see Hodgson 2005: 20). And a diviner would not normally participate in individual *emuratare* feasts anyway.

¹¹⁴ These diviners were controversial not only for religious reasons. *Iloibónòk* expanded their authority during the tumultuous late nineteenth century through frequent requests for gifts of livestock and brides. This led them to have significantly larger herds and higher rates of polygyny than the average man (Rigby 1992: 57; Spencer 1991: 336-337). Their peak influence then coincided with the entrance of colonialism, with early administrators granting *iloibónòk* chiefly roles (Hodgson 2004 [2001]: 61-62). Some have therefore come to view them as exploitative figures. And I heard multiple men in Pookí Wueji complain that *iloibónòk* were demanding too many cattle to perform their services (see also Ndagala 1992: 119-120).

¹¹⁵ When speaking Maa, whether *Enkái* refers to the god of Maasai or Christian faith is context dependent.

¹¹⁶ He explained that Kilakuno, ‘*mesujita inji mila aishopó ilkarash oo rok loo sipóllò*’ [don’t follow the custom of dressing in the black clothing of initiates.]

¹¹⁷ Lengorika switched into Kiswahili for emphasis, saying, ‘*Wameamua kuacha mila kufuata Biblia*’ [They’ve decided to abandon tradition to follow the Bible.]

tassel of tissue, rather than remove the foreskin. However, Lengorika did receive local anaesthetic — something antithetical to the idea of *emuratare* as a display of stoic bravery.¹¹⁸ By eschewing the ritual aspects of initiation, he had been metaphorically circumcised ‘at the hospital’.

And this ‘hospital cut’ made his social status ambiguous. Kimani asked, ‘*Itaa olnyangulo baada peé kimurati?*’ [Did you become a Nyangulo after they circumcised you?]

‘*Ee, ataa... Yaani, ataa olmúrráni te sheria Biblia... Ake órè ilajijik náà kimila*’ [Yes, I did... I mean, I became an *olmúrráni* by Bible law... Age-sets are just traditional.]

His church preached against the age-set system and encouraged its end.¹¹⁹ This stance was not entirely limited to Pentecostals and had been under debate among Maa-speaking Christians for decades. During colonialism, the Lutheran Church instructed congregants to shun all non-Christian ceremonies. Boys caught being initiated were suspended and required to do hard labour as penance. Referring to one’s age-set was forbidden (Flatt 1972: 6).¹²⁰ These restrictions were eventually relaxed, but undoubtedly influenced opinions.

¹¹⁸ One Nyangulo in Pooki Wueji commented of anyone who used anaesthetic, ‘*eitú eduáá kéwón tipat aishú. Olmúrráni eaku kákè me o shuda*’ [His self-worth isn’t seen. He’ll be an *olmúrráni* but not brave.] Neema disagreed, responding in Kiswahili, ‘*mimi nitafurahi nikisikia ametumia ganzi kwa sababu itakuwa imesaidia kupunguza maumivu*’ [I’ll be happy if I hear he used anaesthetic because it’ll have helped reduce the pain.]

¹¹⁹ A Kilakuno pastor’s assistant in his early twenties said of the age-set system, ‘*Nikiibá sū mila amu etomode ilkumok. Ina peé kiirúk aiulokino Enkái*’ [We only hate the culture because it made the masses dim-witted. That’s why we follow God directly.] When I asked an adherent of Ole Ndokote in his seventies what he thought of Kilakuno’s opposition to age-sets, he explained, ‘*Metíí toi naa-rá sahihi, kákè epuo taá ààrà... Mikinotoki aitoré*’ [There’s nobody who’s exactly right, but they go on fighting each other... It’s out of our hands.]

¹²⁰ These policies were not exclusively imposed by ‘outsiders’. The Arusha Maasai pastor Lazarus Laiser was ordained in 1934 and went on to become vice-president of the entire Lutheran Church in Northern Tanganyika, before dying in a car accident in 1958 (Flatt 1972: 6).

Lengorika argued that if a person undergoes initiation, ‘*iaku shetani itumikiaita*’ [you’ll be serving the demon.] Kimani countered, ‘*Páa kamaa náa peé kimurati itaa olnyangulo?*’ [So then how did you become a Nyangulo when they circumcised you?]¹²¹

‘*Ataa ilò aji, kákè ará olaisiaayiani*’ [I joined that age-set, but I’m a servant of the Lord].¹²² Living in Pookí Wueji as a young man without an age-set affiliation was effectively impossible. And so Lengorika emphasised that he joined the Nyangulo on the Christian god’s authority. But this did not prevent him from being bullied. He confessed that his non-Pentecostal peers, ‘*eibá peé amurati te Huduma oo Lkilakuno*’ [hated when I was circumcised by Kilakuno Ministries.]

Pentecostal conversion can bring expectations of a radical separation from ‘the past’ (see Meyer 1998; Robbins 2004: 127). But this rupture is a dialectical process and born-again Christians are still social beings. While some relations might be severed, religious transformations create opportunities for these ties to also be reworked (Daswani 2013: 468; Lindhardt 2010: 240-242). As noted by Joel Robbins, ‘breaking with the past becomes an enduring project’ in which creating discontinuity is central to the sense of self (2003: 225). Through critical engagement with rituals and their associated forms of authority, converts in Pookí Wueji subjected their social worlds to re-evaluation — thereby (gradually) rendering permissible new ways of being.¹²³

¹²¹ Kimani was in the age-set above and asked accusatorily, ‘*Itaa olmúrràni neaku mioko kule ópèny? Amu injí oshí sheria oo lmúrràn loo lmáásàì*’ [Since becoming an *olmúrràni* you haven’t drunk alone? Because usually this is the Maasai *ilmúrràn* law.] He repeated, ‘*Mikiokie ilnyangulo kule?*’ [The Nyangulo don’t drink milk with you?] Lengorika conceded, ‘*Etíí ile aokie netíí ile maokie... Maaitiéú aatenga kákè maanyor naleng*’ [There are some I drink with and some I don’t drink with... They don’t dare ostracise me but they don’t like me much.]

¹²² *Olaisiaayiani* directly translates to ‘servant’ but is understood here to mean a Christian ‘servant of the Lord’.

¹²³ see Marshall 2009: 7

Conclusion

The ritual aspects of *emuratare* were rejected to varying degrees by Christian converts in Pookí Wueji as incompatible with their new faith. Meanwhile, male genital cutting was explained as acceptable due to its presence in the Bible.¹²⁴ And while some sought to incorporate Christian elements into initiation, Pentecostal members of Kilakuno explicitly rejected ‘the past’ by calling for purely ‘hospital-based’ procedures — surgeries that had been emphatically promoted in Tanzania as ‘modern’ by the international campaign to scale-up voluntary medical male circumcision for HIV prevention.

Emuratare acted to re-establish the place of the individual in the social order, affirming and celebrating their entrance into Maasai adulthood. Components could be taken away and exchanged without it losing this social significance. Prayers to Jesus replaced prayers to *Enkáí*. Cutting was sometimes done beforehand or not at all. The rite was and is adaptable.

For some Christians, however, the rite itself was the problem. They wanted all initiations to end. And as I explore in the next chapter, it was this loss of ceremony rather than cutting that many older female interlocutors found intolerable. But because local NGOs refused to engage with the ritual significance of girls’ initiation, defending *emuratare* was equated to supporting ‘FGM’.

¹²⁴ That cutting in the Bible involved a physically different procedure was pragmatically ignored.

Chapter Six

Presence and Absence

Rituals involving female genital cutting have become increasingly segmented, with practitioners across various cultures debating the merits of each deconstructed component (Kratz 2002: 313). Henrietta Moore shows that in Marakwet, cutting became objectified in new ways — ‘disembedded from its original context of use and value, and placed on public exhibition as something to be analysed’ (2011: 36-37). In Maasai communities, the religious elements of initiation have similarly faced reification and scrutiny.

Women in Pookí Wueji consistently argued that the ceremonial aspects of *emuratare* mattered as much or more to them than the cut itself.¹ And due to criminalisation, the operation was sometimes performed years in advance of the

¹ The Maasai activist Maanda Ngoitiko similarly told Dorothy Hodgson, ‘it is about cultural survival. You can change the cutting, but you need to keep the ceremony’ (2017: 122).

feast or omitted entirely.² These two events could be temporally detached, but cutting without ritual was socially meaningless.³

One woman explained, ‘*Te náa metáa ajo kitumurata enkerai — iatá uhakika iidipá apa atumurata enkerai ino neyioló pookí tungani — kákè lazima ake peé kifanyaki sherehe. Aatá te nechelewa, kákè elotú ake. Kiponu afanyaki sherehe peé ejíng atúà ukubwa*’ [If it happens that we cut a child — you’re already certain I cut your child and everybody knows it — we still must do a ceremony. Even if it’s delayed, it’ll come. We’ll do a ceremony so that she enters into adulthood.]⁴

The temporal decoupling of cutting from the feast of *emuratare* allowed the operations to be imagined as both present and absent — an ambiguity that was socially tolerated in Pookí Wueji given the intense (inter)national pressure for abandonment. But all aspects of *emuratare* had become contentious. As discussed in previous chapters, different groups opposed initiations as alleged sources of ‘tribalism’ and ‘demonic’ worship. Moreover, public broadcasts in Tanzania warned against the performance of such rites, lest they be used to conceal FGM

² Neema noticed this trend becoming more common around 2015. She texted me in 2018, ‘Nowadays, they are circumcised when they are young and have a celebration years later’ — usually at age fifteen or sixteen.

³ In other words, the act of cutting was not enough to confer socially recognised adulthood. As Neema explained, ‘Our tradition does not allow someone to do circumcision without a celebration’.

⁴ Kimani’s mother-in-law similarly said, ‘*Enkerai erá ilarín oongan au ilarín imièt... neidím oltungani aitasioki amurat... náa peé ebúl neaku embótór, peé emayíán*’ [A four or five-year-old child... someone can swiftly cut her... and when she grows up and becomes mature, they’ll bless her.] These mothers cut their daughters with every intention of holding a later ceremony. But the future is uncertain, and perhaps few families will still be hosting such celebrations by the time the children cut today are ready for adulthood.

(see Declich 2018: 548). *Emuratare* as a coming-of-age event was thus under threat even when individuals renounced cutting.⁵

Much like the previous chapter, this chapter considers an influential medical study and how its numbers travelled. The obstetric outcomes of FGM described by the World Health Organization indirectly (but profoundly) impacted Kimani's (mis)translations. By articulating girls' *emuratare* as an epidemiological issue, he obscured the ways in which Maasai women rejected cutting in order to uphold initiation.

The Suffering Slot

Kimani moved to Moshi town in search of paid employment not long before my fieldwork began. Through his volunteer position at a local NGO for unhoused children, he met various tourists and development workers from the Global North. A few of whom he invited back to his home — an act that ambiguously mingled friendship with tourism and networking.⁶ But Pookí Wueji is not a tourist village and these visitors evidently drew the ire of his neighbours, who complained of their allegedly disrespectful behaviour.⁷ And yet Kimani's livelihood hinged on nurturing

⁵ The UN Secretary-General António Guterres has called FGM, 'one of the most vicious manifestations of the patriarchy that permeates our world... rooted in the same gender inequalities and complex social norms that limit women's participation and leadership' (UN News 2023). Since the motivations for such procedures are so often portrayed as deeply discriminatory, it is unsurprising that scant international support exists for upholding the rituals in which they are embedded.

⁶ Maasai village tours exist at different established sites around northern Tanzania, as touched on in chapter one.

⁷ One issue raised was that certain white visitors were overly familiar with children whose families they had not met. These strangers gave children candy without parental permission; something they would probably not do in their own countries.

such potentially useful contacts. This relationality is instructive when considering how and why he extended a similar invitation to me, a foreign anthropologist.⁸

Within minutes of meeting me at a party, Kimani spontaneously announced that one of his neighbours had died from blood loss in childbirth due to FGM — and encouraged me to visit Pookí Wueji expressly so that women could speak for themselves about this issue.⁹ His female relatives, friends and neighbours had no real interest in discussing the sequelae of genital cutting. But it took me quite a while to realise that point, since he routinely (mis)translated their Maa speech for the remainder of my fifteen months living in Tanzania.

On one occasion, his great aunt tried to tell me of a recent *emuratare* celebration for two girls, ‘*Órè taata endâ émáshô neitaá máate, eitú emurat inkera... Kákè mepalaa Ilmáásàì enya endaa. Mepalaa enya ake nepik soda neok*’ [Now that ceremony they did, they didn’t cut the children... But the Maasai can’t abandon the feast. They can’t abandon just eating and putting out soda to drink.]¹⁰ However, Kimani told me she had said, ‘There were problems because of blood loss. It led to death’. And that despite these harms, women were allegedly unable to stop the cut.¹¹

⁸ And I did assist him with CV writing and job applications, as well as English language and computer skills.

⁹ The context of this meeting is discussed in chapter one.

¹⁰ As Kimani’s mother-in-law later remarked, ‘*Órè kulô ltunganak, iyioló, engená... eás ake inâ apa émáshô oo lmáásàì*’ [These people, you know, are smart... They just do this historical ceremony of the Maasai.] She reiterated, ‘*megusa ninyé*’ [they don’t touch her.]

¹¹ He further claimed she said cutting was becoming less invasive in response to these adverse events. And although she had not, a couple of other interlocutors did mention this shift — but attributed it to female genital cutting’s criminalisation. In 2002, the Tarime-based organisation SACHITA began promoting ‘milder’ clitoridectomy as the ‘CCM style’ in reference to the country’s ruling political party. The NGO’s leader chose the nickname because it sounded modern, *kisasa* (Mayombo 2002; see also Magoke-Mhoja 2005: 88). And this more moderate cutting was called *kisasa* in Pookí Wueji.

Through this (mis)translation, he erased her enthusiastic support for *emuratare* as a celebratory feast. In its place, Kimani created a story of physical trauma. She emphasised the absence of cutting; he made it present.¹²

Within humanitarian imaginaries, the ‘Savage slot’ has been rearticulated into one of suffering.¹³ As Greg Beckett explains, this formation provides ‘liberal humanitarianism with a particular kind of subject to be administered, saved, governed, killed, or converted. For those in need of aid and assistance, the suffering slot is now the primary mode by which they can appeal to others for care and compassion’ (2017: 37; see also Rosa and Bonilla 2017: 205).¹⁴ Those in the Global North experience sympathy for the afflicted, but in the process potentially replicate the racialised tropes of colonialism.¹⁵

Kimani knowingly navigated these dynamics in the hope that I might bring a foreign development project to Pookí Wueji — preferably one that would employ him.¹⁶ But this meant that our aims were neither entirely overlapping nor always

¹² His (mis)translations can also be read as a type of refusal — in which an outsider was initially blocked from access to contentious intra-Maasai debates around the social significance and religious future of *emuratare*.

¹³ Joel Robbins (2013) describes this transformation within anthropology, drawing on Michel-Rolph Trouillot’s concept of the ‘Savage slot’ to argue that the ‘suffering subject’ has become the discipline’s new object of interest. And the discipline is certainly not immune to self-righteous voyeurism (Kelly 2013: 213). But as Sherry Ortner details, the turn toward ‘dark’ anthropological theory concerned with issues of power, exploitation and inequity developed partly in response to the rapid global rise of neoliberalism (2016: 48, 50). Fernando Villanea adds to this point, writing, ‘Indigenous and minority scientists have had to step up and take control of their own communities’ data, interests, and narratives... We do not *choose* to portray our communities under a dark light; this is the *reality* they live under and wish the public to understand’ (2023: 1-2).

¹⁴ As Margaret MacDonald notes, ‘It has been said that humanitarianism needs a suffering body—ideally an apolitical one’ (2019: 270; see also Kleinman and Kleinman 1996: 7-8; Malkki 1996: 384-390).

¹⁵ Nahid Toubia, the first female surgeon in Sudan and a pioneering campaigner for bodily integrity, has criticised Westerners who use concerns over FGM to justify prejudiced beliefs in ‘the barbarism and vulgarity of underdeveloped countries... the primitiveness of Arabs, Muslims and Africans all in one blow’ (1988: 101).

¹⁶ Multiple development organisations were actually active in Pookí Wueji at different points during the 2010s, but these projects did not provide stable, salaried employment for people like Kimani.

compatible.¹⁷ His (mis)translations steered me to overly centre my questions around the hazards of *emuratare* as an operation, when the cut was only one component of Maasai initiation.¹⁸ The terms *emuratare* and ‘genital cutting’ were not actually interchangeable.

And the significance of initiations as ceremonies, as well as the pain of their loss, tends to get ignored in the globalised panic over cutting (Hughes 2018: 278). Kimani was an active participant in this obfuscation¹⁹ — fabricating the story of his neighbour’s death and repackaging interlocutors’ speech into lists of complications.²⁰ In this section, I explore why.

¹⁷ A couple of people in Pookí Wueji approached me about starting an anti-FGM organisation together, with the suggestion that I could secure international funding. My offers to connect them with already established NGOs were strongly rejected. Their opposition to cutting was not disingenuous, but what they needed was a consistent income source — something I could not provide. Anti-FGM interventions were seen to be lucrative.

¹⁸ And my carefully neutral questions were (mis)translated into leading statements, thereby influencing interlocutors’ perceptions of my aims and expectations. When I tried to ask a neighbour if she had ever seen any problems following cutting, Kimani instead informed her, ‘*Etejó, metáa iduáa ajo etíí tatizo tukul te netoishe entasat*’ [She said, maybe you’ve seen that there’s totally a problem if a woman gives birth.] His neighbour questioned which women I was talking about. He replied, ‘*naa-tumuratare*’ [who were circumcised], and then claimed she had said cut women experience more problems in childbirth.

¹⁹ On yet another occasion, I tried to ask a group of women their thoughts on governmental messages that said ending the cutting of girls would decrease bleeding during childbirth. But Kimani told them, ‘*Etejó, metáa kama enâ tókì nejoita serikali entapalai — emitoki aamurat intóyiè. Kepalaa aás intasati oo Máásàì ana anaake eendelea ake?*’ [She said, maybe like this thing the government is saying to abandon — it’s forbidden to circumcise girls. Will old Maasai ladies abandon it or just continue as always?] A few replied, ‘*Epalaa*’ [They’ll abandon it.] And one explained that children these days refuse the cut by saying, ‘*Mayiéú nanu enâ modai*’ [I don’t want this stupidity.] Kimani then turned to me and said they agreed complications would decrease.

²⁰ Relatedly, one of Kimani’s sisters required a caesarean section during labour and haemorrhaged. He first told me it was because she had undergone FGM a few years earlier, but later confided that he never thought her complications were due to cutting. When she became unexpectedly pregnant by a friend as a teenager she was too small, he explained — too young and undernourished. Her subsequent births were then also by C-section.

Laundry Lists

From Kimani's perspective, I was supposed to study 'FGM' — not *emuratare*. Possible complications of FGM were repeated ad nauseum in Tanzanian schools, newspapers and on the radio — with fatal blood loss at either the time of cutting or during childbirth a particular point of focus (e.g., *Daily News* 2012; Kiishweko 2013; Macha 2014). The Moshi-based radio station *Sauti ya Injili*, Voice of the Gospel, regularly aired messages listing such dangers.

A typical segment warned, '*Ukeketaji unaweza kusababisha matatizo makubwa ya kiafya kwa wanawake na wasichana — pamoja na kusababisha matatizo wakati wa kujifungua na wakati mwingine hata kifo kutokana na kutokwa damu nyingi*' [FGM can cause serious health problems for women and girls — altogether causing problems during childbirth and at times even death due to heavy blood loss.]²¹

The programme positioned these complications as motivating the government's ban, explaining, '*Kwa sababu hizi, ukeketaji — ambao hujulikana pia kama kutahiri wanawake au kukata sehemu za siri — kumepigwa vita sana nchini Tanzania*' [For these reasons, FGM — which is also known as circumcising women or genital cutting — has been strongly fought in Tanzania.]²² Concerns around childbirth had been heightened by a well-publicised World Health Organization study looking at obstetric outcomes in over twenty-eight thousand

²¹ This warning came immediately after the host, Helen Madijongo (2013), introduced the segment: '*Karibu msikilizaji katika kipindi hiki cha kampeni dhidi ya tohara kwa wanawake. Katika kipindi hiki, tutapata elimu ya namna ya kuepukana na tohara kwa wanawake, ambao imekuwa na madhara mbalimbali ikiwemo kifo*' [Welcome listener to this programme on the campaign against female circumcision. In this programme, we'll be educated on methods of rejecting female circumcision — which has various harms including death.]

²² Madijongo 2013

women across six African countries (WHO 2006a). Press releases hailed it as the ‘first’ evidence that FGM exacerbated the perils of labour and delivery.²³

It was already evident that pain, bleeding, infection, swelling and delayed wound healing were possible short-term complications (see Berg and Underland 2014). But these adverse events also applied to male genital cutting.²⁴ Some long-term risks were more contested, and practising communities viewed hyperbolic claims with incredulity.²⁵ According to Elizabeth Heger Boyle, a 1995 statement drafted by the WHO, UNICEF, UNFPA and UNDP cautioned that ‘much of the medical discourse — at least as it was applied locally — was exaggerated and consequently counterproductive’ (2002: 55). Laundry lists of harms were alarming, but generally did not provide a sense of relative risk.²⁶

The World Health Organization aimed to address these credibility gaps by making the obstetric dangers of female genital cutting tangible through statistical

²³ UN 2006; WHO 2006b; This evidence was used to modify and bolster claims the World Health Organization was already making. A joint statement from the WHO, UNICEF and UNFPA nearly a decade earlier asserted, ‘Although few reliable data exist, it is likely that the risk of maternal death and stillbirth is greatly increased, particularly in the absence of skilled health personnel and appropriate facilities. During childbirth, the risk of haemorrhage and infection is greatly increased’ (WHO 1997a: 7-8).

²⁴ As the physician Tatu Kamau has said, ‘during circumcision, both males and females run the same immediate surgical risks of uncontrolled bleeding, shock and sepsis’ (Ahmadu and Kamau 2022: 32). But how these risks are framed differs. The World Health Organization emphasises that any harms from female genital cutting are unacceptable because the procedures have ‘no health benefits’ (WHO 2023). Meanwhile, adverse events from male genital cutting get contextualised — shifting responsibility. Potentially fatal blood loss is presented as a problem of inadequate screening for bleeding disorders. Deaths from tetanus become an issue of ‘traditional remedies’ and insufficient immunity due to limited vaccination (e.g., Lucas et al. 2022: 512-513).

²⁵ As Claudie Gosselin found in Mali, people ‘felt insulted by the statements of anticircumcision activists because the information presented contradicted their own knowledge and common sense’ (2000: 210).

²⁶ see Parker 1995: 513-516

knowledge.²⁷ Its researchers determined to counter sensationalist discourses with scientific objectivity. But as the 2006 study moved through the organisation's bureaucracy and then mass media, it acted to reinscribe rather than disrupt alarmist claims (Hodžić 2013: 92-95, 103-104). In northern Tanzania, these claims dominated and defined the ways in which 'educated' people were expected to talk about Maasai girls' initiations.

Being at Risk

The WHO's most dramatic finding was that genital cutting could elevate the risk of stillbirth, depending on the type of alteration (2006a: 1835, 1838).²⁸ This finding was particularly associated with infibulation, which is practised primarily in the Horn of Africa and Sudan — and involves narrowing the vaginal opening.²⁹

²⁷ Another factor motivating the WHO's study was the work of epidemiologist and medical anthropologist Carla Obermeyer. She published a meta-analysis of the available literature in 1999, showing that research-based evidence for the long-term consequences of FGM was scarce and insufficient. As Obermeyer explained, 'the harmful effects of female genital surgeries are so often assumed to be indisputably true that they are rarely posed as questions to be investigated' (1999: 97; see also Obermeyer 2003; 2005).

²⁸ Previous studies had been unable to establish a statistically significant association (p -value < 0.05) between genital alteration and increased risk of stillbirth (e.g., Essén et al. 2002: 629; Hakim 2001: 255; Larsen and Okonofua 2002: 264; Morison et al. 2001: 648). And the WHO conceded that the 'mechanism by which FGM might cause adverse obstetric outcomes is unclear' (2006a: 1840). It was hypothesised that inelastic scar tissue from cutting could prolong or obstruct labour. However, Birgitta Essén warns that, 'anatomically this is implausible because prolonged labor is caused by dysfunction of the uterine muscle: obstructed labor is explained by a mechanical obstruction due to disproportionality in size between the fetus and the birth canal, rather than to scar tissue outside the birth canal' (2023: 1; see also Browning et al. 2010; Essén et al. 2005).

²⁹ The WHO estimated that — all else being equal — having undergone infibulation increased the risk of a woman's infant dying by 55%. But in the data they collected, 3% of infants with infibulated mothers died compared to 4% of infants with uncut mothers. Infibulated participants happened to be on average more educated, affluent and urban. They also had more antenatal care (2006a: 1836-1837). These socio-economic factors appear to have had a larger impact on perinatal mortality than cutting, and had to be controlled for in order to make the increased risks of FGM statistically visible.

Excising the clitoris alone was not found to increase perinatal mortality, but such distinctions were often lost in media reporting.³⁰

The study travelled widely — and as it circulated more harms were surmised.³¹ Years after its publication in the *Lancet*, Tanzanian news sources continued to cite it as proof that women whose genitalia had been altered were ‘much more likely to die during delivery’ (e.g., Mushi 2014a; 2014b; 2015a; 2015b). Yet the WHO’s researchers did not conclude that FGM increased maternal mortality (2006a: 1838).³² As Saida Hodžić explains,

Notably, the researchers agreed that the numbers of maternal deaths were too small for a meaningful analysis... Rather than highlighting the insufficiency of data on maternal mortality, the article “fills the gap”... The maternal deaths are then counted, adjusted, analyzed, translated into relative risks, and thus endowed with the ability to “speak” (2013: 98, 100).³³

³⁰ The study did not find a statistically significant association between clitoridectomy and increased risk of stillbirth or early neonatal death (2006a: 1835). The WHO press release nonetheless presented the numbers as consequential. As Saida Hodžić writes, ‘To construct cutting as a cause of mortality, the release relies on a mix of scientific figures, rhetorical strategies, and popular discourses. In a rhetorical feat, it frames risks as “significant” by lifting the notion of significance from the realm of statistics to the realm of value and meaning’ (2013: 101-102). And many commentators made the press release, not the published article, their primary text.

³¹ The WHO study was large. As sample size increases, so too does the likelihood of finding statistically significant results, but not all such results are necessarily clinically significant (see Norman and Streiner 2012; Streiner and Norman 2012). And although the size of the data set gave the study authority within international discourses, epidemiologists considered the strength of its risk associations to be overall modest or weak (Conroy 2006: 106; Hodžić 2013: 98, 101-102).

³² These reporting inaccuracies were equally present in the United States, where a *New York Times* article claimed the study found genital cutting raised ‘by more than 50 percent the likelihood that the woman or her baby will die’ (Rosenthal 2006). Hodžić notes that, ‘Understanding the productive power of the press in shaping meanings about cutting as a “killer” is particularly important, as the *Times* article supplanted the original publication, becoming a reference point for various publics’ (2013: 102).

³³ Hodžić further observed that, ‘As the study travelled toward publication, it acquired a new form and with it, a meaning, setting the stage for the narrative about deadly harm... the draft aims at objectivity and is shot through with uncertainty whereas the published article presents a confident argument... The *Lancet* article tells a linear and streamlined story’ (2013: 99-100).

Once quantified, these numbers were readily constructed by various institutions and publics as proof that the procedures were ‘a killer of women’ in childbirth.³⁴

The Moshi-based development worker Samson thought that clitoridectomy caused fatal blood loss from perineal tearing, saying, ‘the scar doesn’t have any elasticity... it’s risky for the life of the mother’.³⁵ But this assertion did not appear to be supported by data.³⁶ An analysis of over thirty thousand births at Kilimanjaro Christian Medical Centre between 2004 and 2014 found that approximately fifteen percent of mothers had undergone genital cutting,³⁷ the majority of whom had their clitoral glans or prepuce cut.³⁸ These women did not experience significantly more postpartum haemorrhaging than other patients (Suleiman et al. 2021: 8-9).³⁹ The

³⁴ This seems to have functioned a bit like a game of telephone. For example, the American activist Adrienne Germain remarked in a news piece that the study proved FGM was a ‘health issue, a killer of women and children, as well as a human rights issue’ (Rosenthal 2006). One of the study’s principle investigators subsequently repeated this quote during a UNFPA technical consultation. The UNFPA then published a report claiming the procedures ‘contributed to the high rates of maternal death reported in Africa’ (UNFPA 2008: 1, 14; see also Hodžić 2013: 91, 102-103).

³⁵ A young doctor in Moshi also described being taught that any scar from FGM would cause the vaginal opening to become inelastic — ‘which may cause terrible, deadly bleeding’.

³⁶ The WHO study did report that clitoridectomy increased the risk of perineal tearing, but the frequency and degree of this tearing was not specified. These women were not found to be at greater risk of haemorrhaging or death (2006a: 1836, 1838). And the most common cause of haemorrhage was uterine atony — not perineal tearing (Adam et al. 2010: 282). Some other studies have also found a significant or borderline association between clitoridectomy and perineal tearing (e.g., Kaplan et al. 2013: 327; Lawani et al. 2014: 127), but this finding has not been consistently replicated (e.g., Gebremicheal et al. 2018: 8; Jones et al. 1999: 226; Larsen and Okonofua 2002: 262-263; Slinger, Snow and Okonofua 2002: 179; see also Berg and Underland 2013: 39-43).

³⁷ In 2005, roughly 24% of women in the birth registry were recorded as having undergone genital cutting. This dropped down to less than 11% by 2014. Half of these women were over thirty years old, meaning that many had likely been cut during the 1990s or earlier (Suleiman et al. 2021: 6, 8).

³⁸ This is ‘type 1’ in the WHO classification system. A 1999 survey of primary health care clinics in Moshi urban district also found that the majority of cut women had undergone ‘type 1’ (Msuya et al. 1999: 162).

³⁹ Once factors such as maternal age were considered.

finding was consonant with the WHO's research, but entirely inconsistent with the narratives their study had generated.⁴⁰

The Maasai novelist Caroline Lanoi Nampaso decided to schedule an elective caesarean section when she became pregnant due to her fear that death was probable. She recalled, 'I started researching like the effects of FGM on pregnancies and I was scared. It was terrifying... here is me, scared of even getting pregnant because I think when I give birth I'll die' (Kipainoi 2019).⁴¹ Being labelled at risk fostered anxiety.⁴²

A Particular Kind of Subject

Evaluations of risk are political and aesthetic (see Douglas 1990: 10). In northern Tanzania, talk of these risks could not be disentangled from efforts to medicalise childbirth. During the nineteen-eighties and nineties, the World Health Organization urged states experiencing biomedical staff shortages to train 'Traditional Birth Attendants' in the management of uncomplicated deliveries

⁴⁰ Unlike the WHO study, they did not find a significant increase in risk of early neonatal death among infants with mothers whose labia minora had also been cut (Suleiman et al. 2021: 9). More broadly, Tanzanian regions with higher rates of female genital cutting do not appear to have more cases of perinatal mortality. The 2015-16 Demographic and Health Survey reported that over 45% of women in the country's Central zone had undergone cutting, compared to 1% in the Southern zone. However, the Central zone recorded a perinatal mortality rate of 36 deaths per 1,000 pregnancies — while the Southern zone had 73 per 1,000 (TDHS-MIS 2016: 165, 363; see also TDHS 2005: 129, 250; TDHS 2011: 124, 296). Numerous factors contribute to these deaths.

⁴¹ And a caesarean section is a major operation that itself potentially increases risk of postpartum haemorrhage (Al-Zirqi et al. 2009; Bateman et al. 2010; Seligman et al. 2017; Sylla et al. 2020: 8).

⁴² See Lock 1998: 8

(Cogburn 2020: 2; see WHO 1992: 2).⁴³ Policy developers assumed that TBAs existed throughout the Global South as an established profession — whose ‘harmful practices’ required modernising (Allen 2010 [2002]: 108; MacDonald 2022: 104; cf. Davis and Akhiemokhali 2023).⁴⁴ But only certain Tanzanian communities even had lay midwives.⁴⁵

More people nationally were assisted during delivery by a relative or friend than a lay midwife.⁴⁶ This meant that when UNICEF began funding TBA training workshops across Tanzania in 1986, most attendees did not fit the profile envisioned by programme planners (Allen 2010 [2002]: 111; see also Langwick 2011: 122-124).⁴⁷ Many women became ‘TBAs’ through their participation in these public health projects.⁴⁸

⁴³ This decision was influenced in part by the primary health care movement that launched from the Alma-Ata Declaration of 1978 at a WHO/UNICEF conference in the USSR (see Allen 2010 [2002]: 108; MacDonald 2022: 98). This conference emphasised health as a human right, and called for an explicit policy ‘whereby the affluent countries commit themselves to a more equitable distribution of international health resources’ (WHO 1978: 43). Traditional practitioners were mentioned in the declaration as a potentially appropriate component of primary health care — working in cooperation with physicians, nurses and others.

⁴⁴ Tanzania’s National Anti-FGM Strategy and Implementation Plan correctly identifies that the Maa word *enkamuratani* refers to a female circumciser, but incorrectly defines it as a ‘Maasai word for traditional birth attendants’ (United Republic of Tanzania 2020: 2 n5). A lay midwife is instead *enkaitoyioni* (see Mol 1996: 10, 25). And while some overlap exists between the people who perform these activities, the terms are not interchangeable. Condensing them vilifies lay midwives as ‘mutilators’.

⁴⁵ As Megan Cogburn, Adrienne Strong and Summer Wood note, the term TBA is somewhat derogatory (2019: 50). It is an essentialising label used to exclude those in the Global South from the category of ‘midwife’ if they lack professional biomedical qualifications. Moreover, as Denise Roth Allen found from her fieldwork in Tanzania, in some cases the term ‘TBA’ just acted as a synonym for ‘rural African woman’ — raising additional questions over its usefulness (2010 [2002]: 115).

⁴⁶ In Tanzania’s 1991-1992 Demographic and Health Survey, only 13% of those who had delivered in the previous five years were attended by a TBA — while 27% reported being assisted by a relative or friend and 53% were seen by a biomedical provider. Six percent gave birth alone (TDHS 1993: 85).

⁴⁷ Stacey Langwick further explains that established lay midwives were seemingly ‘the least likely to be interested in the training workshops’ since they were loath to relinquish ‘their techniques for addressing problems in childbirth in exchange for an active link with their local dispensary’ (2011: 126).

⁴⁸ TBAs are called *wakunga wa jadi* in Kiswahili.

Trainees with limited experience were expected to become proficient birth attendants after a ten-day workshop — an impossible task (Allen 2010 [2002]: 112, 115).⁴⁹ Then came the Millennium Development Goals, whose guidance indicated that only accredited health professionals should deliver babies (see Cogburn 2020: 3).⁵⁰ Tanzania in response changed its policies to move toward the elimination of all home births, regardless of risk level.⁵¹

The maternal body has often served as a site of modernising intervention — a starting point from which governments have sought to transform populations (Allen 2010 [2002]: 13).⁵² Birth's location is now prioritised by the Tanzanian government above all else.⁵³ As Adrienne Strong describes, 'the power of biomedicine is instantiated over and over again, effectively creating these facilities as the only safe

⁴⁹ When Denise Roth Allen interviewed forty-four such participants in the Shinyanga region, she found that 30% had never previously assisted a birth. Meanwhile, nearly half had learned from helping staff in a hospital or clinic. In other words, the majority of the attendees with hands-on experience 'acquired their "traditional" midwifery skills via the biomedical system' (2010 [2002]: 111-112; see also Langwick 2011: 140).

⁵⁰ In support of its Millennium Declaration, the United Nations General Assembly recognised a set of eight Millennium Development Goals to achieve by 2015. Number five was the improvement of maternal health. Two indicators were selected in 2003 for this goal: 1) the maternal mortality ratio and 2) the percentage of births attended by skilled health personnel. TBAs were not deemed 'skilled' (WHO 2004: 1-7).

⁵¹ No longer allowed to attend uncomplicated births, TBAs may only guide expectant mothers to a health facility. Some facilities compensate TBAs for each patient they bring (Barozi 2016).

⁵² Under British colonialism, officials during the interwar period questioned if certain forms of genital alteration might negatively impact the labour force. The Secretary of State for the Colonies, Sidney Webb, sent a despatch in 1930 to the governor of Tanganyika and others — wondering if such procedures were contributing to slow population growth. His suggested panacea to address genital cutting, women's welfare and demographic decline? Medicalised childbirth. As Lynn Thomas explains, 'The Colonial Office reasoned that through the agency of state-trained African nurses, midwives, and welfare workers, reproductive crises could be abated and degrading customs curbed' (2003: 52-53; see also Boddy 2016: 52-55).

⁵³ Women have been fined in some areas for giving birth at home, with regulations varying by district (Cogburn 2020: 2; Strong 2020: 192). But decreases in home births have not straightforwardly translated into decreases in maternal deaths. Even as the reported national prevalence of home births fell from around 50% to 36% between 1996 and 2016, the maternal mortality ratio remained relatively stable – going from 529 to 556 deaths per 100,000 births (TDHS 1996: 110, 137; 2016: 181, 317).

place for a woman to give birth' (2020: 190).⁵⁴ But increased demand has not been met with commensurate investment. Biomedical services frequently operate under scarcity — without sufficient staff, medications or equipment.⁵⁵

Due to staff shortages, women at times deliver in health facilities unattended.⁵⁶ And although public services for pregnant patients are officially free, expectant mothers are usually instructed to bring their own supplies — which in addition to surgical gloves and a razor blade, may include items like disinfectant, umbilical cord clamps or oxytocin injections (Spangler 2011: 480, 485-486; Strong 2020: 20).⁵⁷ Patients experiencing complications have been forced to navigate confusing bureaucracies, retrieving stamped forms and receipts before accessing care (Strong 2020: 29). These are hierarchical spaces in which poverty, lack of fluency in Kiswahili and illiteracy are serious disadvantages.

NGOs in Kilimanjaro advised Maa pastoralists that being cut meant delivery would be dangerous and so must be hospital-based.⁵⁸ But this requirement was not always feasible. One clinical officer I spoke with at a Moshi-based NGO

⁵⁴ The language around preventing home births has been surprisingly similar at times to that of local anti-FGM campaigns (e.g., *The Citizen* 2018c) — with both acts labelled 'bad cultural practices' (see Cogburn 2020: 3, 5). Government reports have even used the term 'TBA' as a synonym for 'female circumciser'. Tanzania's National Anti-FGM Strategy and Implementation Plan includes a proposal to train TBAs 'on alternative income generation activities other than FGM' (United Republic of Tanzania 2020: 20). The category 'traditional birth attendant' is so loose that it is largely useless.

⁵⁵ Strong 2020: 190, 196

⁵⁶ Overcrowding has been a major problem in places like Amana Regional Referral Hospital in Dar es Salaam. Two or three women would commonly share a bed in the maternity ward. Nurses generally oversaw up to thirty deliveries per shift. And although the maternity department had its own operating theatre, the operating lamp needed replacement — making the room unusable (Barozi 2015).

⁵⁷ In some cases, patients delivering in public facilities have been required to purchase their drugs from private pharmacies due to shortages (Spangler 2011: 486). Oxytocin injections may be used to induce labour, increase contractions or reduce bleeding after birth.

⁵⁸ The government encourages women with low-risk pregnancies to deliver at a local dispensary, while those deemed high-risk must go to a district hospital — as marked by a star on their maternal health card. It is national policy to consider all first pregnancies 'high-risk' (Cogburn 2020: 3).

had done extensive outreach in the neighbouring Manyara region with a Maasai community located more than an hour's drive from the nearest hospital.⁵⁹ He described instructing his patients through a Maa interpreter to wait by the facility days in advance of their expected due date — knowing that in practice transportation and other costs would be prohibitive for many.

And those who made it to the hospital may have experienced unnecessary interventions. At Kilimanjaro Christian Medical Centre, women who had undergone clitoridectomy were significantly more likely to be given episiotomies and C-sections — a pattern not consistently found in other locations (Suleiman et al. 2021: 9; cf. Berg and Underland 2013: 43-49; Sylla et al. 2020: 5-6).⁶⁰ These surgical procedures depend in part on the judgments and perceptions of health care providers (see Rodriguez et al. 2017: 25-26).⁶¹ One medical practitioner told me that, on the few occasions she had assisted a cut woman give birth, an episiotomy was automatically performed under the belief that it would prevent perineal tearing.⁶²

The World Health Organization has argued that increased obstetric costs have made FGM an economic drain on health systems (Adam et al. 2010; see

⁵⁹ The 2015-16 Demographic and Health Survey reported that less than ten percent of births occurred at home in the Kilimanjaro region, compared to over fifty percent in Manyara (TDHS-MIS 2016: 181).

⁶⁰ Women who had undergone clitoridectomy (type 1) experienced more C-sections than uncut patients. But *why* this would occur is unclear, and it has not been the case at several other health facilities (e.g., Davis and Jellins 2019: 314; Kaplan et al. 2013: 327; Larsen and Okonofua 2002: 263; Slinger, Snow and Okonofua 2002: 180; WHO 2006a: 1836).

⁶¹ Rodriguez et al. suggest, 'It is possible that providers have a lower threshold for performing caesarean deliveries in women living with FGM' (2017: 25).

⁶² Sylla et al. explain that 'Even though episiotomies are minor incisions that can facilitate delivery in certain cases, the literature highlights that these interventions involve substantial risks such as pain, perineal tears and excess blood loss if performed too early' (2020: 7). They emphasise the need for more research to assess the benefits of episiotomies and caesarean delivery for patients with modified genitalia.

Hodžić 2013: 95).⁶³ Intended to present anti-FGM efforts as fiscally responsible, their argument inadvertently implied that women who have undergone such procedures are a burden to the state.⁶⁴ Being labelled at risk carried social and political consequences.⁶⁵

Counterproductive Claims

There are many reasons to oppose clitoridectomy — one major concern being that it can seriously impair sexual pleasure (see Berg, Denison and Fretheim 2010: 22-23)⁶⁶ — even if that is not its socially intended purpose.⁶⁷ But focusing on childbirth appealed to evangelical Christians. It was a way of rejecting cutting

⁶³ Relatedly, the WHO launched an ‘FGM Cost Calculator’ in 2020 — with the message ‘FGM is a financial burden for countries’ (WHO 2020).

⁶⁴ In Ghana, Hodžić highlights how women who had undergone cutting were ‘simultaneously constructed as irrational, noncitizens, and less than human’ — leading to tensions around the extension of care (2017: 12).

⁶⁵ This may help elucidate why the Kenyan government has aggressively arrested adult women for ‘consenting’ to cutting (e.g., Kipkemoi 2020; Kirui 2020; KNA 2021; Mutethia 2019; Omondi 2020). Women have been judged guilty or innocent based on whether or not they allowed themselves to be cut (see Odhiambo 2018).

⁶⁶ In Tanzania, concerns over sexual pleasure were sometimes flipped to centre men in ways that stigmatised cut women. One news article described the ‘suffering and trauma’ of an unsatisfied husband after marrying a woman subjected to FGM. His wife’s perspective is wholly absent from the piece, in which he compares her unfavourably to his uncut mistress (Mosenda 2022b). When Kimani attended a development training course, the instructor allegedly told his class that FGM made women bad in bed and lousy wives.

⁶⁷ Not all societies that practise clitoridectomy think of it as sexually suppressing women (Korieh 2005: 113; Shweder 2009: 16). Aud Talle has pointed out that, ‘Maasai women themselves often verbally reject the theory that clitoridectomy infringes on their sexual enjoyment’ (1988: 122-123). And since neither virginity nor chastity or biological paternity were historically valued in Maasai society (see Talle 1988: 110, 115) — it is not entirely clear what social function curbing sexual pleasure would serve.

without discussing sex.⁶⁸ And although anti-FGM campaigners at the (inter)national level connected their work to the progressive causes of increasing women's participation in formal education and employment, at the local level their messaging often seemed to be more about motherhood and familial duty.⁶⁹

When Maasai interlocutors were able to offer an explanation for the government's criminalisation of female genital cutting, childbirth complications were almost invariably mentioned.⁷⁰ This rationale, however, was not necessarily perceived as sound or sincere. One of Leuru's neighbours told me, '*Órè, sheria nabô nayioló, ejó kwamba peé entapalaki emurata oo ntóyiè órè taata nji araki neishó*' [Well, the one law I know says the cutting of girls must be stopped immediately because they give birth.]

A few women interrupted him, all protesting, '*Meeta madhara!*' [There aren't complications!] Another elaborated, '*Ejoito serikali entapal, kákè mikiata iyióók madhara*' [The government is saying it must be abandoned, but we didn't have any complications.]⁷¹ And the WHO's research did not really refute this view. Cutting off part of a person's clitoris will probably not cause catastrophic

⁶⁸ Certain organisations have counselled Maasai men to refuse marriage with any woman whose genitalia has been altered (see Chimbi 2015; Marindany 2014; Muhindi 2017; Nkwame 2008). Relatedly, UNFPA Kenya approvingly tweeted the quote, 'I wouldn't marry any girl who has undergone FGM because I don't want to live with the health complications' (@UNFPAKen 2017). Such comments demeaned women affected by cutting by depicting them as unfit spouses and a burden.

⁶⁹ One poster from TAMWA I saw in Moshi town during my fieldwork carried the message, '*Mke wangu hakukeketwa, ni mwaminifu, tuna watoto na tunafurahia ndoa yetu. Wewe je?*' [My wife wasn't cut, she is faithful, we have children and enjoy our marriage. How about you?] This framing did nothing to challenge patriarchal structures — it situated women's value in terms of their fidelity and fecundity in matrimony.

⁷⁰ In contrast, Kimani's mother-in-law said that government representatives '*meyiéú emuratare oo ntóyiè amu netoduaaki mehusika apa — metíí atùà Biblia*' [don't want girls' *emuratare* because they've seen that it didn't involve — it's not present in the Bible.] And it is certainly possible this was what village-level officials told her.

⁷¹ Kimani talked over the women during part of this exchange and tried to downplay their disagreement.

complications in childbirth.⁷² Campaigners' sensationalised claims of maternal morbidity were therefore arguably counterproductive.⁷³ Interlocutors widely agreed that genital modification could be dangerous, but not that childbirth made the harms of female and male genital cutting entirely dissimilar — causing confusion over why only the former had been criminalised.

Female genital cutting had nonetheless begun to end in places like Pookí Wueji. The birth registry at Kilimanjaro Christian Medical Centre showed that over a third of mothers who identified as Maasai had no evidence of genital alteration (Suleiman et al. 2021: 6).⁷⁴ Yet, I met no uninitiated Maasai women.⁷⁵ A sizeable number of girls appeared to be participating in *emuratare* without cutting.

The Significance of Ceremony

As this next section demonstrates, female genital cutting is no longer uniformly considered a requirement of *emuratare*. But even when cutting is abandoned, those who find meaning in these coming-of-age rituals face serious suspicion. Some assume

⁷² see also Public Policy Advisory Network on Female Genital Surgeries in Africa 2012: 24

⁷³ As Bettina Shell-Duncan, Walter Obungu Obiero and Leunita Auko Muruli note, 'it has long been recognized privately but not declared publicly that the dissemination of distorted, exaggerated, or incorrect information to target communities undermines the credibility of anticircumcision campaigns' (2000: 110; see also Boddy 2007: 53-54; Shell-Duncan 2008: 226). Hodžić suggests that such 'claims are not meant to reflect evidentiary facts but serve as metaphors for the gravity of invoked consequences' (2017: 111). NGOs do not necessarily take hyperbolic claims literally, but rather use them to elicit outrage and alarm.

⁷⁴ It is possible that some of these women were 'nicked' without causing physical alteration — an act that is still classified as FGM under the 'zero tolerance' approach supported by the United Nations (see Kimani and Shell-Duncan 2018: 30; O'Neill et al. 2020: 267; WHO 2022b: 64).

⁷⁵ Namelok's older sister was an unusual case. In addition to avoiding the cut, she ran away from her own initiation celebration — which was held in her absence. She explained, '*Inâ kátá péé efanya sherehe, naisik. Óre péê eidíp sherehe, naitó*' [While they made the feast, I fled. And when the feast finished, I returned.] She was unfortunately married against her will shortly afterward, but later successfully separated from her husband.

that Maa pastoralists — so often imagined as the noncontemporaneous Other — are incapable of adapting their ceremonies to address ‘modern’ ethical concerns.

This prejudiced assumption was apparent in Tanzania’s first truly high-profile court case against FGM, which began in early 2002 and received substantial media coverage as it dragged into the following year.⁷⁶ A Maasai father was accused of orchestrating the cutting of his three daughters, then aged thirteen and fourteen (LHRC 2004: 35).⁷⁷ But the evidence was circumstantial at best — and hinged on the idea that his guilt had been revealed by the hosting of an *emuratare* feast. That Maa pastoralists could hold initiations without cutting was unimaginable to the prosecution.

Selemani Ning’oli lived with his daughters in the ward of Mvuha near the Uluguru Mountains. Against his wishes, they joined a Pentecostal congregation. When the sisters informed Ning’oli that their new religious beliefs prohibited participation in *emuratare*, he confronted the church’s pastor — Zakayo Katungo — and demanded they leave it. Shortly afterward in August of 1999, the girls fled their home to seek sanctuary in the church.⁷⁸

⁷⁶ The trial was widely reported on by newspapers such as *Nipashe*, *Mwananchi* and *Mtanzania*, in addition to Radio Tanzania, Radio Free Africa and Radio Ukweli as well as various television stations (LHRC 2004: 15). But it was not the only court case related to FGM at the time. In June of 2002, Amina Jumanne — an orphaned teenager who had been living with a woman named Mwanaiasha Mwenda — was allegedly cut by Asha Ramadhani. Her wound became dangerously infected. She was brought to the home of her grandmother, Halima Jambau, before sadly dying in hospital. These three women, then aged forty-two, fifty-one and seventy-one, were sentenced by a Singida court to thirty years in prison for manslaughter (Ismailly 2003).

⁷⁷ The sisters had different biological mothers.

⁷⁸ This summary is drawn from interviews conducted by the lawyer Helen Kijo-Bisimba, then director of Tanzania’s Legal and Human Rights Centre (LHRC 2004: 33-40). Kijo-Bisimba calls the Maasai ceremony *ngoma* in her report — a Kiswahili word meaning dance or drum. Mvuha had a largely Luguru population, who historically used the term *ngoma* in reference to various rites of passage across the life cycle — including initiations. Missionaries deemed these *ngoma* of puberty overly licentious and forbid converts from participating (Pels 1996: 165, 177-178). The translation of *emuratare* as *ngoma* thus conveys not only the idea of initiation, but also this local history of Christian opposition to rites of passage.

Pastor Zakayo, accompanied by two visiting preachers, immediately reported to an administrative official in Mvuha his concern the children would be subjected to FGM. He was told to inform the local police. Two detectives questioned Ning'oli the following day, explaining that such procedures had become illegal the previous year. The father confessed he had intended to cut his daughters and pledged to abandon the practice — agreeing to hold their *emuratare* without it (LHRC 2004: 7, 35, 96, 102).⁷⁹ But as discussed in chapter five, these initiations have been opposed in general by Pentecostal adherents on religious grounds — regardless of the person's gender.⁸⁰ And the pastor was dissatisfied with this outcome.

The Pentecostal leaders transported the girls to the city of Morogoro, where they visited the Criminal Investigation Department — who ordered them to return the children to the local police. They instead went to one of the city's courts to take out a summons against Ning'oli.⁸¹ To the group's dismay, their efforts to legally remove the children from their parents' custody were quashed (LHRC 2004: 36-37, 97-98).⁸² The sisters returned home.

⁷⁹ In a January 2001 interview with Kijo-Bisimba, Pastor Zakayo alleged that Ning'oli told him — as they were leaving the police station — that he was still going to cut his daughters and had bribed the officers. This is quite an allegation and apparently not repeated by the pastor when he testified in court (LHRC 2004: 35, 96).

⁸⁰ In one example of this, the Reverend Ibrahim Olelemao (2019) instructed his congregation at Kilakuno International Ministries, '*Peé nemurata olalashé lino, entany iló... mikiyiéú isiruai le nkóp*' [When your brother is initiated, refuse to go... we don't want earthly feasts.]

⁸¹ Pastor Zakayo personally delivered the summons to Mvuha's village chairman, but was subsequently detained by the local police for abducting the sisters — who from their parents' perspective had been missing for well over a week. The police escorted Ning'oli and the pastor back to Morogoro. Ning'oli was released after medical examinations showed his daughters to be uncut. Meanwhile, Pastor Zakayo was accused of sexually abusing the girls — but was freed after a doctor said he did not think they were raped (LHRC 2004: 7, 36-37, 98). The LHRC's report portrays this as a spurious claim concocted by their father. Nothing is mentioned, however, of the girls' perspective on the matter.

⁸² While in the city, the sisters stayed for nine days at the home of a Pentecostal congregant known to Pastor Zakayo. She had never met the girls' family, but pleaded with the Morogoro police that they would surely be mutilated if given back (LHRC 2004: 34, 37, 105).

Two detectives and an officer observed their *emuratare* celebration. Pastor Zakayo did not attend the event, but began telling people the girls were mutilated. Based on his later court testimony — nobody told him this. The pastor instead testified that he ‘knew’ cutting was a required component of Maasai initiation (LHRC 2004: 102-103, 105).⁸³ And since the girls were initiated, he believed they must have been cut.⁸⁴

In December of 1999, Pastor Zakayo contacted the Legal and Human Rights Centre headquartered in Dar es Salaam.⁸⁵ The non-profit subsequently filed a private criminal prosecution against Ning’oli with the pastor as the complainant.⁸⁶ Two of

⁸³ The pastor identified as Maasai.

⁸⁴ During the trial against Ning’oli, a legal team associated with the prosecution interviewed two Maasai men in Mvuha about the case. These men did not think the girls were cut and said the father simply performed the ceremonial aspects of initiation (LHRC 2004: 23).

⁸⁵ The LHRC did not have sufficient funds to follow up on this claim until a year later. An initial fact finding mission was led by the lawyer Helen Kijo-Bisimba between the 29th of December 2000 and 4th of January 2001. Only one of the sisters was interviewed. It is unclear from the lawyer’s report if anyone else was present during that conversation or if a Maa interpreter was required. Kijo-Bisimba was a colleague of the prosecutors and the trial’s only witness to mention hearing any of the girls say they were cut. The judge noted in her ruling that this evidence was hearsay (LHRC 2004: 33, 40, 101, 106).

⁸⁶ In May of 2001, the LHRC conducted a second fact finding mission led by Athanasia Soka, Alex Mgongolwa and John Wallace Daffa — the team who would later prosecute the case. When they interviewed the three sisters, the girls denied being cut. In March of 2002, the Director of Public Prosecutions informed the LHRC that the state would not be pursuing the case due to insufficient evidence. That same month, Mgongolwa filed an application on behalf of Pastor Zakayo to privately prosecute Ning’oli (LHRC 2004: 9, 82, 84, 109, 113) — with funding from the international NGO Equality Now (Equality Now 2002: 18-19, 22).

the three sisters participated in the eventual trial (LHRC 2004: 84, 99-100).⁸⁷ Both testified they were not cut.⁸⁸

With no physical evidence or eyewitnesses, the prosecution claimed that Maasai coming-of-age rites ‘cannot be conducted’ without cutting (LHRC 2004: 88) — a groundless assertion that had lasting implications.⁸⁹ Despite the acquittal of Ning’oli in 2003, all aspects of *emuratare* had now become suspect — even when supervised by the police.⁹⁰ And I heard at least a couple of people in Kilimanjaro argue in favour of legally prohibiting Maa pastoralists from holding any initiation celebrations for girls — just in case.

⁸⁷ Before the trial began, the LHRC held a workshop for residents around Mvuha that characterised the police as ‘inactive in assisting the girls due to their ignorance as well as corruption’ — with the facilitators telling community members the girls were ‘sent back to their parents and were mutilated’ (LHRC 2004: 48, 62). That same year in June of 2001, the LHRC’s New York-based funder Equality Now initiated a letter-writing campaign requesting that the Tanzanian authorities ‘investigate and bring appropriate disciplinary action against the policemen involved in this incident’ (Equality Now 2001). It was unclear, however, what they thought these officers *should* have done to safeguard the girls.

⁸⁸ After the girls testified, the prosecution asked for their genitals to be examined by a doctor. The children refused and the judge noted that such a request should have been made before the trial began (LHRC 2004: 100, 106-107). It is possible the sisters had been cut but did not want to send their father to prison. They may also have been put off by the LHRC’s plan to move them into institutional care in Kenya — far from their friends and family (LHRC 2001). Or perhaps they simply wished to avoid yet another medical inspection and their refusal was indicative of nothing.

⁸⁹ The prosecution further asserted that since the daughters of Ning’oli were married, ‘it goes without saying that they were all mutilated’ (LHRC 2004: 88). The judge was unconvinced by this argument, but it speaks to another issue. Kijo-Bisimba’s fact finding mission reported that the girls were married off within a month of their *emuratare* (2004: 38, 76-77). Marrying someone under the age of fourteen was unambiguously illegal in Tanzania (see Read 1972: 27, 36). But the LHRC did not push for criminal charges against the men who married the two younger sisters. This decision may have been influenced in part by funding concerns — their grant was specifically for the pursuance of an anti-FGM conviction (see Equality Now 2002: 19).

⁹⁰ Following the trial, the police reportedly coordinated with Pastor Zakayo to halt at least one initiation ceremony (Equality Now 2006). Whether that family was allowed any coming-of-age celebration is unclear. Either way, a notable number of Maasai families moved away from Mvuha (LHRC 2004: 14).

Lexical Ambiguities

During my initial fieldwork, Kimani played into stereotypes of African women's subjugation⁹¹ — distorting interlocutors' speech to support the claim that *emuratare* 'cannot be conducted' without cutting. In one instance, I asked his mother Resiato what would happen if a woman's husband insisted against her wishes that their daughter be cut. She replied, '*Nemeyioló elde mórùò. Nenya sikukuu nejó ake emurata entító. Etón ti atúà aji*' [That old man won't know.⁹² They'll have the festival and just say the girl is cut. She'll sit inside the house.]⁹³

Her friend Esther attempted to reassure me, '*Órè taata nji ake sikukuu ake eás entító*' [Nowadays they only hold the festival for the girl.] As a sub-village official, her motivations for making such a claim were complicated and its veracity was partial.⁹⁴ She ordered Kimani, '*Tejó nelo memurata*' [Say they go uncut.]⁹⁵

But he (mis)translated her, instead declaring, 'Women fear that their husbands need their children to be circumcised, so they have to do as ordered by their husbands. There is no way out; they have to follow what their husbands say'. Kimani cast the women as passive victims of male power,⁹⁶ and in the process

⁹¹ see Obiora 1997: 302-304

⁹² And she characterised any man who would make such a demand as a drunkard, commenting, '*etíí ilmórùàk oo-okisho*' [there're old men who drink.] Women, not men, were expected to control the cutting of girls.

⁹³ On a later occasion, Kimani's mother-in-law similarly commented to him, '*Meyioló anaa sií olupayian amu iisilig anaa ake te neirrág enkamuratani te nkang. Nekenyu neasishó te kutuk aji neji etumurata entító*' [A man just won't know because you'll always be satisfied if a circumciser sleeps at the homestead. At dawn she's occupied in the house's entrance and it's said she cut the girl.]

⁹⁴ Another woman emphasised girls' own agency in the matter, commenting, '*Órè eyiéú nelo amurat kéwón, nelo amurata*' [If she wants to circumcise herself, she'll go be cut.] Kimani did not translate her remark.

⁹⁵ Within this exchange, Resiato and Esther used the verb *amurata* to mean cutting.

⁹⁶ see Mohanty 1984: 338-339, 355n13

conflated initiation with cutting. While Resiato and Esther had actually spoken of *emuratare* as a valued ceremony, from which the cut could be deleted — and men easily fooled if needed.

Resiato explained, ‘*amurat entito náà inkituaak ake neyioló*’ [cutting a girl is only known to women.] So long as the ceremony was performed, men were expected to treat a woman as initiated.⁹⁷ Whether this meant she had been cut could be ambiguous and open to interpretation, because the ceremony itself was the more socially relevant factor.⁹⁸

Dictionaries gloss *emuratare* as ‘circumcision’ (Mol 1996: 264; Tucker and Ole Mpaayei 1955: 265). But this Maa word also conveys the concept of initiation.⁹⁹ And being ‘circumcised’ (*amurata*) additionally/alternatively refers to being an adult.¹⁰⁰ These two meanings were historically interconnected in that Maasai puberty rites traditionally involved genital cutting, but one definition does not necessarily imply the other.¹⁰¹ In Pookí Wueji, the verb *amurata* and its nouns

⁹⁷ That Maasai society has not historically prized virginity seems particularly pertinent here. Traditionally, a husband would neither expect nor want a virgin bride — and cutting was not associated with being a ‘virgin’ (see Talle 1994: 282; 2007a: 361-362). In some other parts of the world, however, female genital cutting was primarily performed for the specific physical alterations it produced. Such as in northern Sudan, where women were socially recognised as ‘virgins’ following infibulation — regardless of their past sexual activity (Boddy 1982: 687; 1989: 54-55; Hayes 1975: 622-623). This difference may help elucidate why no one in Pookí Wueji ever mentioned the possibility of a man angrily ‘discovering’ that his bride had not been cut. People did not appear to consider it a relevant scenario (cf. Cloward 2016: 85).

⁹⁸ For example, one of Kimani’s Korianga age-mates described his wife by saying, ‘*Emurata toi. Emurata amu aajokí papa lenye eyaú emuratare*’ [She is indeed cut/initiated. She’s cut/initiated because her dad told me they brought her for *emuratare*.] Another young man added in explanation, ‘*Enyai sikukuu neji entito emurata*’ [They had the festival and called the girl cut/initiated.] The festival was their point of focus.

⁹⁹ Kimani likened *emuratare* to *unyago* in Kiswahili.

¹⁰⁰ These nuances are apparent in Maasai proverbs such as, ‘*Memurata olayióni o-atá menye*’ [A son who has his father is not ‘circumcised’.] Meaning that children are never fully adults in relation to their parents (see Kipurú 1983: 167; Masek and Sidai 1974: 15).

¹⁰¹ For example, someone in Pookí Wueji might use the verb *amurata* to describe a Chagga boy who had his foreskin removed in the hospital — an act unrelated to Maasai initiation.

emurata/emuratare were used by interlocutors to describe initiated women — irrespective of cutting.¹⁰²

Neema and her cousin Nashipai were initiated without cutting in 2013, during the December break before their secondary school graduation.¹⁰³ To avoid disrupting their studies, they did not go through a prolonged liminal phase as initiates (*esípólíólí*, pl. *isípólíò*).¹⁰⁴ And their celebration was combined with that of two boys — an economical choice that doubled as a strategy to avoid police harassment.

When I spoke with them in 2017, Neema flipped between Maa, Kiswahili and English as she emphasised that their *emuratare* involved no physical alteration, ‘*Te nkang ang tulifaniwa wavulana walipotahiriwa. Tulifanya tu sherehe sisi*’ [We were done in our homestead when the boys were circumcised. We only did the ceremony.]¹⁰⁵ ‘It is like a party’.¹⁰⁶

Their guests were under no illusion they had been cut. Neema and Nashipai actively participated in the day’s festivities. And unlike the boys, they were clearly

¹⁰² Context clues were key. One interlocutor commented, ‘*emurata nememurata*’. This could mean, [s/he’s initiated and not cut] or [s/he’s cut and not initiated]. I knew from her other speech that she meant the former.

¹⁰³ Neema and Nashipai were initiated about a week after I left Tanzania. Since they had been at boarding school during my initial fieldwork, I only met them briefly on a short follow-up visit a year later. And it was not until I returned to Pookí Wueji in 2017 that they told me about their *emuratare*.

¹⁰⁴ Nor did they shave their heads as customary because it would have destroyed their stylish braids.

¹⁰⁵ Here Neema used for the boys the Kiswahili verb *kutahiriwa* (to be circumcised). Then when later describing parents who had ‘*etumurata*’ [initiated] their daughter, she added in clarification, ‘*efanya sherehe*’ [they did a ceremony.] By supplementing her Maa speech with Kiswahili, Neema eliminated lexical ambiguities.

¹⁰⁶ Since neither Neema nor Nashipai were interested in ‘traditional’ things, their *emuratare* was not especially meaningful for them. Even years later in their early twenties — they preferred to be called ‘girls’ rather than women (cf. Bent and Switzer 2016: 137-139). Nashipai had a child from an ex-boyfriend but insisted, ‘*Bado mimi ni msichana maana sijaolewa*’ [I’m still a girl since I haven’t married.] And she was in no rush to marry.

not recovering from a recent operation.¹⁰⁷ To explicitly express this rejection of female genital cutting, some residents felt the ceremony's name should be updated — but struggled to agree on an alternative appellative.¹⁰⁸ While others, such as Resiato, preferred to continue using the term *emuratare*.¹⁰⁹

Bridewealth

That Neema and Nashipai eschewed cutting appeared to have no impact on their number of suitors. And Neema attested that, '*kuna naa-memurata eyámita inkumok*' [many of those who aren't cut are marrying.]¹¹⁰ To back up this assertion, Nashipai pointed to her own arranged marriage — which failed to proceed only

¹⁰⁷ This arrangement had apparently become the norm by 2023. Kimani's aunt Noo-Seuri explained, while graciously answering a few follow-up questions remotely, that it was widely known girls were no longer being cut on the day of their *emuratare* celebration because, '*Kidól iyióók intóyiè emanaaita. Ilayíók ake kiyioló ajo emuei ti atúà aji*' [We see the girls walking around. We know that the boys are unwell inside the house.]

¹⁰⁸ Noo-Seuri suggested that people should just say, '*Duo kiatá sikukuu amu kigirá atubulua entító ang*' [We had the festival because our daughter is growing up.] Here she used the Kiswahili word for festival, rather than the Maa term *émáshô* — in a sentence otherwise entirely in Maa. I noticed that people did this quite frequently, seemingly to stress the innocuous normality of the celebration sans cutting.

¹⁰⁹ The non-governmental organisation S.A.F.E. Kenya has tried to encourage Maa-speakers in the Loita Hills away from the terms *emuratalemuratare* with their slogan, '*Erikoo Iloitai Empalata Emuratare oo Ntoyie*' [Loita Leads Abandonment of Girls' *Emuratare*]. But they have also called their alternative rite of passage, '*orkuaak ng'ejuk lemurata oo ntoyie*' [a new method of girls' *emurata*] — which is potentially confusing (Zhu 2019).

¹¹⁰ Couples in Moshi now often delay marriage until they have a child together (see Hollos and Larsen 2008: 168-169). True to this trend, Neema married her Chagga boyfriend a couple of years later — after giving birth to their son. But as she explained to me over text, her mother-in-law was deeply prejudiced against Maasai people. The woman refused to attend their wedding and the marriage broke down within months. Neema then moved to Dar es Salaam as a single mother and started a second-hand clothing business.

because she rejected the groom.¹¹¹ The bridewealth negotiations, she noted, had been unaffected by her decision to remain intact.

Marriages in Maasai communities have historically functioned to create alliances between families, establishing relationships of mutual support.¹¹² As Caroline Archambault explains, ‘Daughters do not disappear from their natal homes into their new families but remain central nodes of sociality and security between families’ (2011: 636-637).¹¹³ Bonds cemented through livestock transfers were marked by special terms of address based on the animal given (Talle 1988: 69-70, 88, 134).¹¹⁴ And these connections were not limited to bridewealth. In-laws of similar ages in Pookí Wueji also addressed each other by their livestock gift-relationships.¹¹⁵

¹¹¹ Nashipai was able to successfully refuse her parents’ plans because forced marriage is illegal in Tanzania (see Read 1972: 28). And since she spoke Kiswahili fluently, she knew legal help was available if necessary (e.g., Hodgson 2017: 80-93). In contrast, when Paul Spencer conducted fieldwork in Kenya during the nineteen-seventies, he found that Matapato Maasai women had ‘no alternative’ but to marry the spouse chosen for them (2004 [1988]: 26). Differences in location, time and law are particularly relevant here. It was not until 2010 that Kenya made the consent of both parties a legal requirement for all marriages (Mbogoh 2023: 251-253).

¹¹² Arranged marriages have been the norm. But even in the late-nineteenth century, love marriages were not necessarily unusual among Maa pastoralists. And the expansion of paid employment over the past several decades has given young people greater freedom to choose their own spouses (Hodgson 2017: 43, 78).

¹¹³ There was a great deal of individual variation, but women in Pookí Wueji regularly visited their relatives.

¹¹⁴ These terms of address were formed by adding the vocative *pa-* to the animal name. For instance, a female calf is called an *enkáshê*. So, if one person gave another a calf then they would refer to each other as *pa-áshê* (see Mol 1996: 324). *Ashê* also happens to be the word for ‘thanks’ in Maa.

¹¹⁵ For example, Resiato was gifted a calf by her brother-in-law when she married. So, they called each other *pa-áshê*. And when her husband’s younger brother married, she gifted her new sister-in-law an adult cow. They therefore addressed each other as *pa-kiténg*. Relationships were socially (re)produced through this culturally choreographed movement of gifted livestock, which is arguably one reason why Maa pastoralists have historically been reticent to view cattle as a purely capitalist commodity.

These tensions were apparent when I visited Pookí Wueji in 2017. Kimani’s father had sought guidance from a Maa-speaking Christian healer after his cancer diagnosis. She told him that the cancer was due to a curse — because he once sold for money several cattle that had been gifted to him.

Matrimony is a process, with the groom normally taking years to fully transfer the agreed upon bridewealth that finalises their union (Spencer 2004 [1988]: 25, 33).¹¹⁶ After which, all children born to a woman are traditionally recognised as members of her husband's lineage — regardless of their biological paternity (Talle 1988: 143).¹¹⁷ Even if she leaves him.¹¹⁸

But before the bridewealth transfer is complete, what has been given may be returned and the union dissolved. A man cannot demand the entire bridewealth back, however, without losing custody of his current children (Spencer 2004 [1988]: 37 n3, 229-230; Talle 1988: 137-142; von Mitzlaff 1988: 147-148).¹¹⁹ Similar rules around paternal kinship can be found in a variety of societies across different parts of Sub-Saharan Africa.¹²⁰ These regulations maintain the principle

¹¹⁶ Spencer describes the relationship before the full transfer of bridewealth as a 'trial marriage' — and notes that 'many marriages do not survive the trial period' (2004 [1988]: 32-33).

¹¹⁷ Kimani's family situation became precarious after the death of his father. They had sold or given away most of their cattle in attempts to cure his cancer, and owned no land suitable for farming. When Kimani married, his bride already had a son from an ex-boyfriend. They soon had a second son together and were struggling to feed themselves. Kimani considered giving their infant up for adoption but never the older child — whom he viewed as his eldest son in a clear example of social trumping biological paternity (see also Pratt 2002: 159-168).

¹¹⁸ A wife may permanently leave her husband through an institution known as *kitalâ*, meaning sanctuary (Hodgson 2017: 44; Mol 1996: 198; see also Straight 2013: 137). However, her husband would technically be allowed to claim custody over any children she has with future partners (see Spencer 2004 [1988]: 32). This is hugely disadvantageous to women and not adequately addressed under Tanzanian law, since courts are allowed to accommodate the 'customs of the community' when deciding custody (Ezer et al. 2006: 362).

¹¹⁹ Some women — particularly those in families without sons — would never marry. They were given livestock from their mother's herd to support themselves and dated whom they pleased after undergoing *emuratare*. They would live in their parents' homestead and any children they bore were considered members of their father's lineage (Hodgson 2017: 44, 79; Talle 1988: 84-85, 147-148, 159). But this does not mean such women could not marry.

Kimani's maternal grandmother lived at home as an initiated adult during the 1950s and early 1960s — before agreeing to marry his grandfather. She was in her thirties and they had been seeing each other for several years. By the time of my fieldwork, however, this type of living arrangement was considered old-fashioned. More women were delaying marriage, but lived with their boyfriends rather than at home.

¹²⁰ Edward Evans-Pritchard for instance wrote of Nuer society, 'agnatic descent is, by a kind of paradox, traced through the mother, for the rule is that in virtue of payment of bride-wealth all who are born of her womb are children of her husband and therefore paternal kin, by whomsoever they have been begotten' (1951: 122).

of agnatic descent while allowing women some degree of sexual autonomy (see Gough 1971: 111; Tambiah 1989: 424). Marriage prestations more generally exist in many forms, and have no universal function beyond (re)affirming the social legitimacy of a union.¹²¹

Bought and Sold

During the colonial period, the accusation nevertheless spread in certain British and American circles that such transfers were a ‘bride-price’ tantamount to slavery (Mair 1971: 50).¹²² Alarmed by this speculation, Edward Evans-Pritchard wrote, ‘we find people believing that wives are bought and sold in Africa in much the same manner as commodities are bought and sold in European markets. It is difficult to exaggerate the harm done to Africans by this ignorance’ (1931: 36).¹²³

¹²¹ Ogbu 1978: 246-247; 1983: 343-345

¹²² An entire genre of American missionary literature designed to shock white audiences had emerged during the first half of the nineteenth century. Emotional appeals often centred around the suffering of women at the hands of their ‘heathen’ husbands and fathers in non-Christian lands (Phillips 1969: 273). Bridewealth and polygyny were particular points of focus. As Josephine Beoku-Betts explains, ‘in expressing this disgust in their publications they were not only demonstrating and justifying the need to spread the gospel and “civilise” these inferior beings, but they were also aware of the financial benefits to be gained from such sensational literature’ (2005: 22).

The Reverend John Leighton Wilson — himself a slave-owner from the American South — for instance claimed that in West Africa, ‘so-called wives are little better than slaves. They have no other purpose in life than to administer to the wants and gratify the passions of their lords, who are masters and owners rather than husbands... The wife is always purchased’ (Wilson 1856: 112-113; see also Phillips 1969: 226-227).

¹²³ It was Evans-Pritchard who suggested that anthropologists instead use the term bridewealth (1931: 36-39). The issue had been the subject of much debate in the journal *Man*, with Lord Raglan controversially arguing that marriages in Africa were a ‘purely economic transaction’. But even Raglan insisted they were ‘not a sale’. He further clarified, ‘A bride does not become the property of her husband. She maintains her connection with her family, and returns to it if she is dissatisfied’ (Raglan 1930: 92).

The claim stemmed at least in part from feminist concerns, but could not be readily disentangled from the rhetoric of civilising missions.¹²⁴

In 1929, Nina Boyle of the Women's Freedom League published a series of articles in England asserting that,¹²⁵ 'Throughout the length and breadth of Africa native women rank as property. Whether they be pagan or Muslim, they are articles of price' (1929a: 240; see also 1929b: 248; 1929c: 256).¹²⁶ The newly elected Eleanor Rathbone repeated this claim a few months later in a House of Commons debate, telling her fellow MPs, 'the position of the native women in many of these tribes—I do not say all—is one of sheer slavery... she becomes the property of her husband' (HC Deb 1929: cols 606-607).¹²⁷ Others meanwhile emphatically contested this accusation, including Alice Werner (1931) — an

¹²⁴ Not all opposition to 'bride-price' was feminist. Certain campaigners were concerned by the ease with which it allowed women to leave their husbands (e.g., Thoonen 1934: 85). At a time when access to divorce in England was limited, African marriages revealed alternative ways of being that challenged British social norms.

¹²⁵ As a suffragette, Nina Boyle tirelessly campaigned for women's rights. But as a self-described imperialist, her belief in the supremacy of British culture was steadfast (Frances 1996: 19, 218-219). And she was not infrequently racist (e.g., British Commonwealth League 1936: 38). Boyle's interest in the subject of 'bride-price' grew out of her time in South Africa, where she made extensive missionary contacts (Prevost 2017: 568). Since 1878, the American Zulu Mission had banned its members from using cattle or other goods as a perquisite for marriage under the misconception that brides were being purchased (Dinnerstein 1976: 235 n1, 245).

¹²⁶ When Boyle was asked at the following year's British Commonwealth League conference what should be done about the issue, her response was relatively moderate. Boyle did not necessarily support abolishing 'bride-price' practices. She instead suggested that marriages arranged in childhood be prohibited and stressed the importance of establishing consent (British Commonwealth League 1930: 43).

¹²⁷ Rathbone used the issue to argue against self-governance, ending her speech with the proclamation, 'There can be no equal citizenship between coloured men and white men till there is equal citizenship between coloured men and coloured women' (HC Debate 1929: col 608; see also Hodgson 2017: 35-37). She hoped to expand the scope of imperial 'trusteeship' to better incorporate feminist concerns. But as detailed by the historian Mrinalini Sinha, Rathbone soon began 'to question the efficacy of an external and despotic form of government as an appropriate instrument for social reform' (2006: 83-84).

emeritus professor of Swahili and Bantu languages who had been one of the first lecturers at SOAS.¹²⁸

African bridewealth practices were linked to ‘forced marriage’ in *The Guardian* through a series of letters to the editor written by Walter Owen of the Church Missionary Society.¹²⁹ One court case he recounted was mentioned by Rathbone in Parliament (HC Deb 1936: col 430; Owen 1936a) — leading the Colonial Office to order an inquiry and St. Joan’s Alliance to organise a conference (*The Catholic Citizen* 1939: 4-6).¹³⁰ It was the case of Kekwe, a young woman from Kilimanjaro who had been sentenced to fifteen months in prison for manslaughter by the High Court of Tanganyika at Moshi.¹³¹

Kekwe’s father had arranged for her to marry a man named Olendo — and accepted two goats toward her bridewealth.¹³² She refused and went to stay with

¹²⁸ The humanitarian Isabel Ross also opposed this characterisation and argued their energy would be better spent stopping white people from exploiting Africans (British Commonwealth League 1935: 39).

¹²⁹ Owen’s letters detailed specific instances of forced marriage leading to physical violence. The newspaper presented these arguably aberrant cases as typical of ‘the cruelty often inherent in the tribal marriage system’ — where ‘a girl may find herself allotted to the highest bidder’ (*The Manchester Guardian* 1936). Owen argued that Britain should engage in more active ‘trusteeship’ over its colonies to protect the women of Africa (1935a; 1935b). Jomo Kenyatta (1935), then studying under Bronisław Malinowski at the LSE, pointed out in response that the oppression of women was a global problem found also in England.

¹³⁰ This was not the first London conference prompted by Owen’s letters to the editor. The British Commonwealth League had convened in 1935 to discuss ‘Marriage and Slavery’ in Africa after Owen (1935a) described encountering two women in Kenya who had been assaulted for attempting to leave their ‘husbands’. Jomo Kenyatta noted at that meeting the failure to include African women as speakers (Secretary of State for the Colonies 1938: 5) — a serious shortcoming seemingly repeated by the second conference.

¹³¹ Kekwe’s age was estimated to be somewhere between seventeen and twenty. The judge acquitted her of murder, but found her guilty of voluntary manslaughter (Secretary of State for the Colonies 1938: 30-31). Owen lived in Kenya and only knew of her case from reading about it in the *East African Standard*.

¹³² On Mount Kilimanjaro, as Sally Falk Moore explains, ‘Bridewealth was never paid in full at the time of the marriage and it was not proper to demand it’ (1977: 65). Prestations would be given by the groom’s family at certain times, such as the birth or initiation of a child. Various family members, including the bride’s mother, might expect to receive something (Moore 1986: 72-73, 356 n9; see also Myhre 2015: 106).

her boyfriend. When Olendo's cousin tried to forcibly move her, she fatally stabbed him (Owen 1936b; *The East African Standard* 1936a; 1936b). Her case drew substantial sympathy in England, but it is unclear if she ever benefited from her fame.¹³³

Owen attributed Kekwe's plight to 'native marriage customs' (1936a). Yet under colonialism, indigenous and European forms of patriarchal power had 'reinforced and transformed one another, evolving into new structures' (Schmidt 1991: 734). Indirect rule functioned by maintaining and augmenting the authority of senior men (see Merry 1991: 897-906).¹³⁴ And British administrators relied on the responses of these men when codifying 'customary' laws to be used in courts — leading to illiberal interpretations of bridewealth that tightened men's control over women (Hodgson 2017a: 49-50).¹³⁵ Women if anything had become the 'property' of men through colonial legal regimes.

¹³³ Owen thought that the outcry over Kekwe's imprisonment influenced law enforcement in British East Africa — particularly in the case of seventeen-year-old Maduri from Kenya. Maduri's widowed mother was suffering from advanced leprosy. In 1937, she arranged for her daughter to be the second wife of an older man named Kilion, from whom she accepted five cattle. Maduri opposed the agreement and left Kilion after three days.

Her mother gave back four of the animals, but the fifth had been stolen. When Kilion suddenly showed up demanding Maduri return to him, she rigged the door with a spear — fatally wounding one of his companions. The teenager was cleared of all charges and Kilion was arrested (Owen 1938; *The Catholic Citizen* 1939: 5).

¹³⁴ When Friedrich Posselt, a native commissioner in Southern Rhodesia, suggested in 1923 that African women should be legally permitted to own property and allowed custody of their children after divorce — the proposal was overwhelmingly rejected by his colleagues. One British official responded, 'her brain is not sufficiently balanced to allow her to think and act in all matters for herself, and I consider the male should be encouraged and assisted to exercise tutelage, within all reasonable bounds, over his womenfolk' (Schmidt 1991: 738).

¹³⁵ Since colonial administrators were all men, they were usually met by other men. Maasai protocols of politeness prescribed that people of the same gender interact together during public meetings. But British officials associated women with the 'private' domestic sphere and assumed they did not participate in politics. Through the Masai Native Authority and Masai Federal Council, these officials then formally institutionalised the leadership as 'male' (Hodgson 2004 [2001]: 65-67).

In Tanganyika, adult men were required to pay a ‘hut tax’ for each wife, widowed mother or married sister living in their homestead — placing these women in the same category as taxable assets (Hodgson 1995: 103; 1999d: 58; see also Burton 2008: 78).¹³⁶ As a taxpayer, each man was told that he was ‘the owner of *his* cattle and the head of *his* household’ (Hodgson 2004 [2001]: 68). Moreover, adultery was made a criminal offence against the ‘owner-husband’ of a woman — and could potentially lead to her imprisonment (Geiger 1987: 7 n22). Within this milieu, bridewealth took on a commercial nature in parts of the territory (see Omari 1991: 68).¹³⁷ These practices, however, varied hugely by community and have continued to change in the decades since independence.¹³⁸

Getting Rich

Bridewealth transfers as gendered prestations can thus be deeply problematic, but remain highly valued by many. In 1994, the United Nation’s Commission on

Likely because of this, several men in Pookí Wueji told me that female representatives never existed in Maasai society. But when I asked women, they disagreed. One said, ‘*Ee pae etii isiankikîn neetà inkaiguenak enye. Netii intasat imóriuák neetà inkaiguenak enye*’. [Yes, of course young women have their representatives. And old women have their representatives.]

¹³⁶ Colonial administrators raised concerns over this point, but it was not until 1950 that the tax — also known as the ‘plural wives tax’ — was discontinued in Maasailand (Hodgson 1999d: 58 n77).

¹³⁷ Cash increasingly became a component of bridewealth. But this neither necessarily nor automatically transformed it into a ‘purchase’. As David Graeber articulates, funds may be ‘presented not to settle a debt, but as a kind of acknowledgement that there exists a type of debt that *cannot* be settled by means of money’ (2011: 133). Often missing from discussions of bridewealth are the reciprocal rights and obligations conferred upon both spouses by marriage (Ogbu 1978: 256; Oyèwùmí 1997: 58-59).

¹³⁸ Women across different parts of Africa have spoken out against the commercialisation of bridewealth, and the ways in which this increased forced marriage. In 1960, female delegates from thirty-one African countries and territories gathered for a United Nations seminar in Addis Ababa to discuss the role of women in public life, roundly condemning instances where bridewealth had ‘degenerated into a business transaction’ (UN 1961: 19).

Human Rights listed ‘bride-price’ as a ‘harmful traditional practice’ alongside FGM (UN 1994: 7).¹³⁹ Six years later, the World Health Organization suggested that, ‘A girl’s excision often has economic implications for her family, i.e. in securing and determining the size of the bride price’ (WHO 2000: 20).¹⁴⁰ This assertion became canon within international anti-FGM discourse.¹⁴¹

In 2014, the Baroness Flather commented in the House of Lords, ‘Do noble Lords know that if a girl has been cut, the family gets more money for her? We should bear that in mind because quite often some of these ills are perpetuated for financial reasons; child marriage as well—they sell the girl’ (HL Deb 2014 cols: 70-71).¹⁴² That same year, a piece in Tanzania’s *Daily News* opined, ‘FGM is not an instrument of culture per se but a way of getting rich’ (Ngowi 2014). And Helen Kijo-Bisimba, then director of the Dar es Salaam-based Legal and Human Rights Centre, claimed that, ‘Among the Maasai and Gogo ethnic groups, a girl who has

¹³⁹ A plan of action from the Sub-Commission on Prevention of Discrimination and Protection of Minorities advised that ‘Traditional practices of dowry and bride price should be condemned by Governments and made illegal’ (UN 1994: 7).

¹⁴⁰ I do not discount that in some locations and contexts there may be a relationship between genital alteration and bridewealth (e.g., Mhando 2018: 308; Talle 1993: 95-99). But the WHO’s source for their assertion was one anecdote from the physician Asma El Dareer, that they then generalised as a ‘key point’ about ‘FGM’ anywhere and everywhere (WHO 2000: 18, 20).

Dareer wrote that in Western Sudan, where infibulation was common, if a man was unable to penetrate his bride on their wedding day — he would ‘be considered a failure’. And ‘if he declares that his wife is too tight, then this will be a credit to the bride, and her family, especially if she needs to be decircumcised. In this case the bridegroom should give the bride more money’ (1982: 41-42). Even in this anecdote, however, the money mentioned was for the bride and was not a ‘bride price’ given to her family.

¹⁴¹ see Gibson et al. 2023: 1-2

¹⁴² Baroness Flather repeated this claim four years later, remarking, ‘If a girls has been cut—as they say nowadays—she can claim a higher bride price and her family will get more money... it may make a difference as to whether you get so much or you get double that. Noble Lords should bear that in mind when they think about FGM’ (HL Deb 2018: col 1420).

undergone FGM fetches more dowry' (HRW 2014: 58).¹⁴³ This was a narrative that Kimani repeated during my fieldwork.

When I asked his maternal grandmother about *emuratare*, Kimani told me that she had said, 'They normally sell a girl like a cow. They sell her. They circumcise her so that the parents will gain something'. But her response had actually been, '*Te neyiéú iloopény, nerík eauka ena-murata. Enya menye sikukuu, neitaá esíkàr enâ olóng. Eyiolounyu ajo etubulua ninyé*' [If the in-laws want her, they'll guide her to become one of the cut/initiated. Her father will hold a festival, making this splendidous day. It'll be recognised that she's grown up.]¹⁴⁴

Kimani later vehemently disavowed his (mis)translation — insisting that wives are 'not like property' and 'cows don't buy a person' (see also Hodgson 2004 [2001]: 15; Kipuri 1989: 57-74; Pratt 2002: 171-198; cf. Llewelyn-Davies 1981: 331).¹⁴⁵ Throughout the colonial period, the 'standard' bridewealth among Maa pastoralists was recorded to be four cattle — plus some honey and a sheep or

¹⁴³ How Kijo-Bisimba came to this information was not specified.

¹⁴⁴ Nonetheless, the language of purchase was not entirely absent from the ways people in Pookí Wueji spoke of marriage. For example, men would say, '*Enkóshòkè apa iinyangú, mmè iloik*' [You bought yourself a womb, not the bones] — meaning that husbands 'owned' the children of their wives, but not the women themselves.

¹⁴⁵ However, in the 1980s during the global recession and its aftermath, some Maasai fathers in Kenya and Tanzania *were* seen to be 'selling' their daughters. A young woman was described as 'sold' if her family requested a relatively large number of cattle (e.g., ten or more) and then demanded their full and immediate transfer (Talle 1988: 136-137). Other fathers opposed such arrangements precisely because their daughter's ability to leave a bad marriage would be limited (Hodgson 2004 [2001]: 99; Pratt 2002: 207-208). I heard that one man from the Makaa age-set in Pookí Wueji had 'paid' around twenty-five cattle to marry during the 1980s.

I was told this was exceptionally high for that part of Moipo. When Kimani's father married Soipan in the early 1980s, he agreed to give her family seven cattle — but did not fully transfer them until four years after the marriage. Soipan observed that even '*negól naapishana!*' [seven was expensive!].

The situation nevertheless varied elsewhere. In the Parakuyo section at that time, marriage prestations among people living in the Pwani region had ballooned — and could involve as many as eighty cattle. This created a system of effectively perpetual debt (Rigby 1985: 135).

two (see Hodgson 2017a: 41, 44; Jacobs 1965: 149; Leakey 1930: 203).¹⁴⁶ This ideal can be linked to a Maa creation myth, in which *Enkái* gave four cattle to the first human couple (Beidelman 1968: 86; Hurskainen 1984: 230-231). Groups of four carry particular significance in many Maasai rituals, as do groups of eight.¹⁴⁷

During the second half of the twentieth century, however, expectations shifted in Maasai communities over who should bear responsibility for the costs of female initiation.¹⁴⁸ Once limited to poorer families, more people began to demand that the groom compensate the bride's parents for the animals they slaughtered in affirmation of her adulthood and marriageability (see Talle 1988:

¹⁴⁶ While four cattle may have been the norm in the Kisongo and Moipo sections, it was not in Parakuyo — where by the late 1950s marriage prestations had already expanded to forty cattle (Rigby 1985: 135).

¹⁴⁷ Working in the Matapato section of Maasailand in Kenya, Spencer made a clear distinction between what he called the 'marriage debt' (*inkishú o sotua* — cattle of kinship) and 'bridewealth' (*inkishú e nkaputi* — cattle of the in-laws). According to Spencer, the 'marriage debt' was negotiable and could be given years in advance, while 'bridewealth' was relatively fixed and given after the marriage was established (2004 [1988]: 26-29, 35, 37 n4). The people I spoke with in Pookí Wueji did not make this distinction, which may be due to differences in location and time period. It is additionally possible, for example, that Spencer's framing was influenced in part by Meyer Fortes' writing on 'contingent' and 'prime' marriage prestations (see Fortes 1962: 9-11).

What Spencer called a 'marriage debt' Aud Talle referred to as 'cattle of the girl' (*inkishú e ntító*). She included in this category the ox given for the bride's initiation (Talle 1988: 134, 142-143). In Pookí Wueji, Soipan and Resiatio agreed that a gifted *olkíteng lo sínkólio* would not be considered one of the *inkishú e nkaputi*, but they had no special moniker for this type of transfer. They instead referred to all unnamed cattle as *inkishú e nkaputi* — regardless of when they were given. Meanwhile, Kimani used *inkishú e nkaputi* as a catch-all term for *any* cattle transferred in connection to marriage, including the *olkíteng lo sínkólio*.

¹⁴⁸ Families may also depend on sons to at least partially self-fund their own initiations (see Pratt 2002: 281).

135).¹⁴⁹ This consequently increased the number of livestock involved in marriage prestations.¹⁵⁰

If *emuratare* is conflated with cutting, then it might be assumed that a cut bride would require a greater bridewealth. Even if this were the case, the bride's family would be no richer —since the animals given replace those sacrificed. But in Pookí Wueji what mattered was the presence of initiation, regardless of the cut. And an absence of cutting could not be used to negotiate a smaller bridewealth.¹⁵¹

Marriage Negotiations

Although not fully sufficient, Pookí Wueji had better educational access than many other Maasai communities. And in 2017 the fifteen-year-old student Kini moved

¹⁴⁹ When Soipan was betrothed to Koitiamo in the early 1980s, he gave her family an *olkiteng le ntomoni* (ox of the new mother), *olker kitupukunyet* (sheep of emergence) and *olkiteng lo sínkólio* (ox of the dance) to be sacrificed in celebration of her transition into adulthood.

A few years later, Koitiamo married his second and final wife — Resiato. He gave her family an *olkiteng le ntomoni* and *olkiteng lo sínkólio*, but no *olker kitupukunyet*. In both cases, these particular animals were given pre-marriage. By the time of my fieldwork, however, it was not unheard of for such transfers to be made after marriage — and delayed by years. This may partly reflect a wider trend of deferment due to deprivation (cf. Meiu 2017: 184-190). Kimani, for example, was not rich in livestock and could not rely on pastoralism to cover his basic needs (see Potanski 1999: 202-206).

¹⁵⁰ But not every negotiation necessarily involved more cattle. The 'marriage debt' could be largely waived, for example, if a great friendship existed between two families (see Spencer 2004 [1988]: 28). Resiato was called '*entíto e mpiris*' [a girl of grace] because her family asked for only two heifers to complete her 'bridewealth' (*inkíshú e nkaputi*) — which Koitiamo gave after two years of marriage. However, since they had also requested that two oxen be given toward her initiation, the total number of cattle transferred to her father was still four.

¹⁵¹ This was how interlocutors in Pookí Wueji (such as Nashipai) framed the issue. There was no indication that women who had undergone genital alteration attracted more bridewealth on average than other initiated people. But I focused in-depth on the marriage negotiations of only one family.

Six of Kimani's siblings were married. Their marriage prestations varied, involving the transfer of between six to ten cattle — plus cash gifts ranging from half a million to one million Tanzanian shillings. In 2017, one of his sisters-in-law disclosed to me that she was uncut. She had an otherwise relatively 'traditional' initiation in the early aughts. And Kimani's brother gave her family ten cattle along with 800,000 shillings.

there with the hope of passing her primary school leaving exam — staying at the home of her married sister. Kimani was still an *olmúrráni* at that point and soon started ‘dating’ the teenager, despite being twice her age. His family approached hers to begin marriage negotiations.¹⁵²

Kini’s parents did not oppose her rejection of cutting, but insisted on holding an *emuratare* celebration that year.¹⁵³ As part of the marriage negotiations, they asked that Kimani compensate them for the *olkiteng le ntomoni* (ox of the new mother), *olker kitupukunyet* (sheep of emergence) and *olkiteng lo sínkólio* (ox of the dance) that had been sacrificed for her initiation¹⁵⁴ — and for one million shillings to cover the party’s cost among other expenses.¹⁵⁵ Initiation was still considered necessary, even if cutting was not.

Kimani would also be expected to give her mother a milch cow and calf (*enkiteng e kutukai*),¹⁵⁶ as well as eventually transfer four other cattle to her father.¹⁵⁷ Kini’s father planned to enrol her in a private secondary school if she failed her leaving exam. And her parents unequivocally demanded that she not

¹⁵² Kimani’s father and older brother negotiated with her father on his behalf.

¹⁵³ My knowledge of these events is based on the many text messages Kimani sent me as the negotiations unfolded. I never met Kini, however, which limits my perspective on the matter.

¹⁵⁴ Kimani’s maternal uncle offered to give him an ox for Kini’s initiation, but no animals or cash were ever transferred since their marriage plans did not move forward.

¹⁵⁵ This was equivalent to approximately £345.

¹⁵⁶ The *enkiteng e kutukai* (cow of the doorway) ceremony was historically performed as a precursor to the bride moving into her new home. An ox or castrated ram would be slaughtered in front of her mother’s house, with guests receiving portions of the meat. The bride would then be anointed with fat from the slaughtered animal on the day she left her parents’ homestead. Kini’s parents requested a ram, which Kimani referred to as the *olker o-eliéki esípólíóí* (sheep who anoints the initiate).

Working in the Parakuyo section of Maasailand, Ulrike von Mitzlaff found that this ceremony was instead called *olkiteng le kutukai* (ox of the doorway). And the bride’s mother was given an ox, rather than a cow and calf (1988: 101-103).

¹⁵⁷ Resiatio and Soipan would classify these four animals as the *inkíshú e nkaputi*.

wed before the age of eighteen.¹⁵⁸ Kimani did not want to wait that long and broke things off.¹⁵⁹ A few months later, he started seeing a twenty-year-old evangelical convert named Angela — whom he subsequently married.

Angela had attended a faith school in another part of the country.¹⁶⁰ Before graduating, she participated in a Christian version of *emuratare* — referred to as ‘*olmayian too nkerá*’ (a blessing for children).¹⁶¹ This church-based rite of passage rejected the Maa religious elements of initiation.¹⁶² No animals were sacrificed — and for that reason Kimani argued that he should not have to give her family an *olkiteng le ntomoni* or *olkiteng lo sínkólio*.

Angela strongly disagreed — asserting that she was indeed initiated and so these oxen had to be given, even if none were lost.¹⁶³ Kimani countered in annoyance, ‘*Kiteyienga aye apa?... Kifanya intái sherehe? Mmè enkolóng e máshô*’ [Did we slay them dead?... Did we make a feast? There wasn’t a day of ceremony.]¹⁶⁴

¹⁵⁸ The fathers who fight to ensure their daughters’ education are all too often absent from the Global North’s narratives of Africa (Lepariyo and Van Bavel 2018). Kimani noted at the time that another one of his age-mates in Pookí Wueji had also been forbidden from marrying until his girlfriend finished secondary school. But this support for girls’ education did not correspond neatly to a parental rejection of cutting.

¹⁵⁹ Kimani had hoped to marry and start a family before his time as an *olmúrráni* ended.

¹⁶⁰ Angela is a pseudonym; she adopted a ‘Christian’ name while at boarding school.

¹⁶¹ She clarified that this alternative appellative was used ‘*peé metí eyiolounoto emurata iyióók — amu eibá shule*’ [so that it wasn’t known they initiated us — because the school hates it]. The fear that their daughters’ educational opportunities could be jeopardised if school officials discovered they had been ‘initiated’ led these Maa pastoralists to change the ceremony’s name.

¹⁶² My understanding is that some of the girls were cut in advance of this event, while others were not. The celebration did not require that participants be cut. Angela further explained, ‘*Entapal adung. Aamurat iyióók — efanyaaki*’ [Cutting must end. They initiated us — they did that.]

¹⁶³ Both agreed that he did not have to give her family an *olker kitupukunyet*. In other words, the sheep could be waived but not the two cattle.

¹⁶⁴ They allowed me to remotely record a discussion of their marriage negotiations. Kimani and Angela had been living together for well over a year by that point. Since they were already cohabitating, Kimani later argued that he did not need to give her family an *olker o-eliéki esípólíóí* to be slaughtered. The gift of an *enkiteng e kutukai* was still expected.

She remained resolute, ‘*Lazima. Inâ peé atejó lazima peé itayú amu efanyaaki, kákè mmè eno-oshî —sherehe e kanisa duoo*’ [It’s necessary. That’s why I said you must give it because they did it, but not in the usual way — it was a church ceremony.]¹⁶⁵ Kimani conceded, placating her with a promise to provide her family with the desired cattle.¹⁶⁶

Angela’s demand hinged on the acceptance of her initiation as valid, at a time when the rite was rapidly changing. Excluding only cutting had become an inadequate solution for many because they also opposed the religious elements of *emuratare*. And the resulting alternative ceremonies could sometimes be almost unrecognisably different, but still functioned to affirm their participants’ place in Maasai society as marriageable adults.¹⁶⁷

¹⁶⁵ Angela’s family did not ask to be reimbursed for the cost of her initiation. They instead requested that Kimani give them 500,000 shillings in compensation for her past educational expenses, plus funds for her younger brother’s school supplies — and 400,000 shillings to cover their various medical bills.

¹⁶⁶ He eventually agreed to give her family a total of eight cattle. After more than four years of marriage, half had been transferred. This was not necessarily unusual; two of his brothers took over fifteen years to fully ‘pay’ their in-laws. Kimani had married at a much older age than his siblings, but was nonetheless struggling financially.

When his father married Soipan, he presented her with eight cattle to manage (see Hodgson 2004 [2001]: 29, 44-45, 143; Ndagala 1992: 134-137; Spencer 2004 [1988]: 33-35). And when she first gave birth, he gifted her a heifer. But Kimani was unable to give Angela any cattle during their first few years together. He had obligations to her that were separate from his debt to her family — and these were not being met.

This caused considerable strife, leading Angela to confront him by saying, ‘*Kilejita ajo kiishó. Nitúm impesai; matúm enkáshê... eitú itimiza inâ ahadi*’ [You’ve been lying that you’ll give them to me. You get money; I don’t get a heifer... you didn’t keep that promise.] By the time he had transferred four cattle to her family, however, Kimani had also given four to her.

¹⁶⁷ Here I am referring to changes in ritual that have arisen within communities — not the ‘alternative rites of passage’ that are occasionally organised by various NGOs working in Tanzania and Kenya (see Hughes 2018).

Conclusion

The material culture of initiation was being reworked in Pookí Wueji — to the dismay of some interlocutors. Changes imposed by the more zealous Christian converts within the community were arguably repressive. And as an evangelical Protestant intrigued by Pentecostalism, Kimani was sympathetic to their cause. It is perhaps unsurprising then that he obscured objections to such changes through his (mis)translations during my initial fieldwork.

Angela's mother, Sekeyian, described her daughters' eschewal of female genital cutting by saying, '*nepik ake emonyorit*' [they just put on an *emonyorit*] — a chain of delicate brass links, which historically adorned the right ear of female Maasai initiates.¹⁶⁸ The earring would first be worn during the feast of the *olker kitupukunyet* (sheep of emergence) and later lengthened into a necklace after marriage.¹⁶⁹ This feast preceded the act of cutting.

As Resiato explained, '*Kishopokí emonyorit inâ olóng nikitupukunye... niishopokinó emonyorit amu iidipá naduaá ajíng esiana oo nkituaak*' [They dress you in an *emonyorit* on the day you emerge... you're wearing the *emonyorit* because you're ready to be seen joining the women's numbers.] The earring's presence was thus used to articulate the socio-cultural acceptability of cutting's absence. Sekeyian emphasised this point by saying, '*Eidíp ará taá enkitok eatá enâ monyorit. Eidíp aishóp emonyorit engás adungó*' [She's a woman when she has this *emonyorit*. She's already wearing an *emonyorit* when she's cut.]

¹⁶⁸ Sekeyian added that in her family, they '*meékure aud inkerá inkiyiai amu etoduaaki ajo eme easita apa*' [no longer pierce children's ears because it was seen that it caused them pain.] An initiate without pierced ears could instead wear the *emonyorit* as a necklace.

¹⁶⁹ An *emonyorit* was one of five 'culturally sensitive' objects found to be in the possession of the Pitt Rivers Museum by the Maasai Living Cultures Project in 2018 (Pitt Rivers Museum 2023).

Unlike her elder sister, however, Angela had never worn the earring. And Sekeyian corrected herself, noting that, ‘*Intóyiè oo kulô payian oo-tajeutuo, nemeishóp emonyorit... Nikipalaa sî iyíóók amu kitijínga enâ kanisa*’ [Daughters of these men who’re saved, they don’t wear an *emonyorit*... We’ve abandoned it because we joined this church.]¹⁷⁰ Angela insisted that since the *emonyorit* was ‘*entókì apa atamayiane*’ [a blessed thing] in the Maa religion, it was ‘*le-Setán*’ [of Satan] and ‘hated’ by the god of Christianity.¹⁷¹

Resiato was far more conflicted than her daughter-in-law and lamented, ‘*Kanisa newuo aajokí iyíóók engoki... neji intokitin nemefaa kuna... kákè egól mila oo tunganak peé etajaa. Eimin. Metáa, anyor aishóp naleng emonyorit*’ [The Church told us it’s a sin... they said these things are useless... but it’s hard when a people’s culture is withheld. It’s lost. As it happens, I very much like wearing an *emonyorit*.]

In Pookí Wueji, girls initiated during the Landis age-set were the last to be consistently adorned with the earring.¹⁷² And by roughly around 2005, it had become uncommon.¹⁷³ Nashipai did not wear one during her initiation.¹⁷⁴ When

¹⁷⁰ Sekeyian explicitly connected wearing the *emonyorit* to practising the Maa religion. She commented, ‘*Enkitok na-meeta emonyorit epalaa asái oreteti*’ [A woman who doesn’t have an *emonyorit* has stopped praying at the *oreteti* (a sacred fig tree).]

¹⁷¹ The young woman added that she was mortified her elder sister wore one in church. ‘*Etií kanisa kákè mejali*’ [She’s in church but doesn’t care], Angela complained.

¹⁷² According to Resiato and one of her female neighbours. Both had stopped wearing their *emonyorit* before my fieldwork began — and Resiato no longer owned one.

¹⁷³ In contrast, I was told that where Angela’s elder sister lived in the Ngorongoro district of the Arusha region, a subset of married women continued to wear an *emonyorit* — although they were under pressure to stop. Sekeyian had removed hers.

¹⁷⁴ These same issues also applied to male initiates. For example, Kimani’s father did not give him an *enkononkoi* necklace to wear during his initiation because it was regarded as incompatible with Christianity. And Angela disdainfully remarked, ‘*Iltunganak le-meyioló shule eishóp... iltunganak le-meyioló imbáà e Kanisa — neishópito*’ [People who don’t know school wear it... people who don’t know matters of the Church — they’re wearing it.]

An *enkononkoi* was another one of the ‘culturally sensitive’ objects found in the Pitt Rivers Museum (2023).

I asked why, she said, ‘*Metii apa elimu naleng... orè peê epon iltunganak ayioló maana ya maendeleo*’ [There wasn’t much education in the past... now people increasingly know the meaning of development.] Her response was flippant — but standard.

Bit by bit, Maa religious elements were removed from initiations in Pookí Wueji. During my fieldwork, sacred *elatim* tree branches still marked the houses of initiates. But as I learned in an update from Kimani’s aunt Noo-Seuri, this too had changed a couple of years after my last visit.¹⁷⁵ ‘*Taata nji duoo kama maendeleo nepukuto, nemeékure ayieú taata nji imbáà e zamani... Nedól apa ajo elatim meeta maana*’ [Nowadays as development is emerging, past customs are no longer wanted... They’ve seen that the *elatim* has no meaning], she remarked matter-of-factly.¹⁷⁶

All aspects of *emuratare* were malleable, not least cutting — and yet stereotypes of Maasai intransigence persisted. Female genital cutting *was* in the process of ending, but organisations in northern Tanzania continued to portray the procedures as intractable.

¹⁷⁵ At the start of the Nyangulo age-set in 2011, she said, ‘*etipika ilatim bila shida kabisa*’ [they placed the *elatim* branches without any problems]. But by around 2020, ‘*nepon kulikai iltunganak epinga epik*’ [more people increasingly opposed placing them].

¹⁷⁶ Noo-Seuri further elaborated that now residents, ‘*ejó mikipuo sikukuu o ltungani o-un elatim — kwa sababu ilò ltungani erá injí inâ kutoto*’ [say they won’t go to the celebration of a person who plants the *elatim* — because a person like that is local.]

Conclusion

Kiserián, Bunge

[We're perfect, Parliament]

Eniló niirishaa emurata, naaranyaki osínkólio sídáí

[The one who supports *emurata*, I'll sing for you a beautiful song]

Nikimurata elê pórrô lang, intóyìè ang kuna kunyinyi

[We'll initiate this age-set, our little daughters]

Eniló niirishaa emurata, naajó entító nedupá

[The one who supports *emurata*, I'll call you a successful girl]

Naajó entító Enkeresa na-nyokie

[I'll call you a red English girl]

When I asked Soipan, the senior wife of Kimani's father, for an example of something that might be sung now at a girl's *emuratare* celebration, the song she chose to perform included the above lyrics.¹ Practices that have historically involved 'FGM' are internationally presented as imposed on women by men (Gruenbaum, Earp and Shweder 2023: 203). But as this thesis has shown, tensions around these initiations were often embedded within wider generational conflicts

¹ As mentioned in chapter one, women in Pookí Wueji were often hesitant to discuss any songs associated with initiation. The criminalisation of female genital cutting was certainly one reason for their reticence, but another issue was that many of the songs performed by women were traditionally prayers to the deity *Enkáí*. For instance, when I asked a group in 2014 about the song '*Iyíé Oshí Kaaomon*' [I Will Always Pray to You], one young woman responded in annoyance, '*Kitányà apa*' [We've renounced it].

— between grandmothers, mothers and daughters. And while Maasai social structures are gerontocratic, the position of many older women has become increasingly precarious in Tanzania due to their lack of formal education and limited command of Kiswahili.

Soipan's song is a call for gender equality, but one that is imagined within 'traditional' social structures through *emuratare*. The song announces that their daughters will be initiated into age-sets just like boys. And they will be called 'red' — a colour in Maa culture associated with *ilmúrràn* and strength (Hurskainen 1984: 220-225). Inequalities between the Global North and South are furthermore challenged. By evoking the idea of becoming 'English' Soipan both appropriates and subverts the former colonial power's hegemonic influence (see Kempf 1994; Shaw and Stewart 1994: 21). Success is (re)defined on Maasai terms.

Whether the song argues in favour of female genital modification is ambiguous, since *emurata* could mean either cutting or simply initiation. The ongoing medicalisation of male genital cutting has begun to disconnect the interdependence of female and male initiations — leading their attendant genital altering procedures to be become seen as disparate. Initiations more generally are losing their relevance regardless of gender, as people's Maasai ethnic identity becomes secondary to their identity as Tanzanian citizens. The message of Soipan's song therefore might be unappealing to those in younger generations born decades after independence.

And in the future, *emuratare* may end. But even if these initiations persist, it was clear that procedures altering female genitalia were in the process of being abandoned in Maasai communities in northern Tanzania. Rituals are adaptable and impermanent.

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