UNITED REPUBLIC OF TANZANIA

Stakeholder Report for the United Nations Universal Periodic Review

Submitted by The Legal Human Rights Centre (LHRC)

and

The Advocates for Human Rights (AHR)

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Legal Human Rights Centre (LHRC) is Tanzania's human rights advocacy organization. LHRC was established in 1995 as a non-governmental, voluntary, non-partisan and not-for-profit sharing organization, with the purpose of working to empower and conscientize the people of Tanzania on legal and human rights. LHRC works on diverse programs such as advocacy and reforms, access to justice,research, human rights monitoring and response, capacity development and community engagement and research.LHRC envisions "a Just and Equitable Society".

The Advocates for Human Rights (The Advocates) is a volunteer-based non-governmental organization committed to the impartial promotion and protection of international human rights standards and the rule of law. Established in 1983, The Advocates conducts a range of programs to promote human rights in the United States and around the world, including monitoring and fact finding, direct legal representation, education and training, and publications. The Advocates is the primary provider of legal services to low-income asylum seekers in the Upper Midwest region of the United States. The Advocates is committed to ensuring human rights protection for women around the world. The Advocates has published more than 30 reports on violence against women as a human rights issue, provided consultation and commentary of draft laws on domestic violence, and trained lawyers, police, prosecutors, judges, and other law enforcement personnel to effectively implement new and existing laws on domestic violence.

I. IMPLEMENTATION OF INTERNATIONAL HUMAN RIGHTS OBLIGATIONS **BY TANZANIA**

Female Genital Mutilation (FGM)

Status of Implementation: Partially **Accepted, Partially Implemented.**

1. During the previous UPR cycle, Tanzania accepted 11 out of the 12 recommendations addressing FGM and other harmful practices affecting women and girls.[1] These recommendations urged Tanzania to strengthen enforcement of legislation prohibiting FGM, expand prevention and awareness efforts, and increase protection for girls at-risk. However, the State refused the recommendation concerning inclusion of sexual minorities in policy.[2]
2. Although FGM has declined by 10% nationally,[3] regional rates remain alarmingly high. For example, the regional rates across Tanzania are approximately: Manyara (43%), Arusha (43%), Mara (28%), Singida (20%), Tanga (19%), Dodoma (18%), and Iringa (12%).[4] In 2023 alone, LHRC documented 76 FGM incidents in the Mara, Dodoma, and Singida regions. In December 2024, the Tanzania Police Force (TPF) rescued 180 girls in the Mara Region and sheltered them at the Association for Termination of Female Genital Mutilation (ATFGM) Safe House in Tarime District.[5]
3. Despite the Sexual Offenses Special Provisions Act criminalizing FGM,[6] current legislation creates structural barriers to enforcement. Criminal liability is limited to parents, guardians, or other custodial figures, meaning those closest to the victim are the ones prosecuted. This design discourages reporting within families,[7] as victims are often unwilling to testify against relatives.[8] In the past, bribery has been used to drop cases, and prosecutions are further undermined by inadequate evidence and witnesses failing to appear in court, highlighting the broader in securing convictions.[9]
4. Sociocultural norms deeply entrench the practice of FGM in Tanzania, sustained by the expectations of marriageability, community belonging, and gendered social status.[10] Although opposition to FGM is high in Zanzibar,[11] community pressure remains powerful throughout the rest of the country. Women who have survived FGM are significantly more likely to support its continuation, reflecting the role of cutting as a marker of social acceptance, prestige, and the transition into womanhood.[12] Uncut girls often face intense stigma and are considered unsuitable for marriage, with many described as promiscuous, unclean, or lacking fertility.[13] Men are also socialized to believe that cut women are "better," and may face ridicule for marrying women who are uncut.[14]
5. Refusing FGM can lead to severe social consequences, including rejection in marriage, being labelled as a coward, or bringing perceived disgrace upon the family.[15] In impoverished areas, economic pressures intensify these dynamics, as parents unable to

afford school fees may marry girls off early, which makes FGM a social prerequisite for marriage and financial security.[16] Girls who resist the practice may be forced to flee their homes and seek refuge in shelters, underscoring how deeply these sociocultural and economic forces encourage this practice.[17]

Assessment of Maternal & Reproductive Health

Status of Implementation: **Accepted, Partially Implemented.**

6. During the previous UPR cycle, Tanzania accepted all recommendations relating to the right to health, including maternal health and access to healthcare services for women.[18] These recommendations called on Tanzania to expand health infrastructure, improve access to healthcare services in both urban and rural areas, strengthen maternal health services, and improve the training of midwives in emergency obstetric care.[19]
7. Obstetric violence is a pervasive barrier to women's rights to quality maternal healthcare in Tanzania. National and regional studies show that up to 73% of women experience at least one form of disrespect and abuse during childbirth.[20] In one postnatal study of 307 women in Tanzania, more than half reported intrapartum mistreatment, most commonly lack of privacy (66.8%), verbal abuse (58%), and physical abuse (45.3%).[21] A smaller number of women also reported severe forms of non-consensual care, including the "husband stitch," in which a provider secretly sutures the vaginal opening more tightly after birth at the husband's request, often in exchange of repayment.[22] These violations occur within a broader health pattern marked by high maternal mortality, which is at 524 death per 100,00 live births,[23] reflecting critical gaps in delivering safe maternity care.
8. Systemic failures and sociocultural norms further perpetuate obstetric violence across the country. Long distances to health facilities, shortages of medicines and medical supplies, and staffing shortages of health care workers[24] create conditions that compromise both quality and dignity of care. Overcrowded maternity wards frontally force women to share beds[25] and undergo examinations without privacy, reflecting severe weaknesses in infrastructure and hygiene. These structural challenges contribute to broader normalization of mistreatment, reinforced by community acceptance of coercive treatment during childbirth,[26] which many women and families perceive as acceptable and even necessary.[27]
9. Women continue to face multiple forms of physical, verbal, and non-consensual abuse during labor, including being slapped, hit, pushed, yelled at, or forcibly positioned, often justified as practices necessary when women struggle to push during delivery.[28] Nurses were reported yelling at patients saying "You do this and this… if you don't, you will lose your baby."[29] In some facilities, when administrators attempted to prohibit hitting, slapping, or yelling at women in labor, nurses claimed that newborn deaths increased, reinforcing a harmful belief that abusive practices are required to ensure safe deliveries.[30]

Women also reported undergoing procedures without consent and being denied information about the procedures they would experience,[31] further eroding trust in the health system and compromising their right to safe, respectful maternal care.

10. In addition to the challenges in maternal care, Tanzania continues to face substantial gaps in ensuring affordable menstrual hygiene products, compromising the health and dignity of women and girls across the country. The cost of menstrual products remains prohibitive for many as annual menstrual hygiene expenses average 36,000WE TZS,[32] while a single pack of sanitary pads ranges from 2,000-4,000 TZS.[33] Although the government briefly removed VAT on menstrual products in 2018, costs did not decrease as expected.[34] In the following national budget, the tax was reinstated, further constraining access.[35]
11. These financial barriers compound existing inequalities in rural areas, where sanitation facilities and clean water are scarce. In November 2024, LHRC documented cases in Oltepese Village in Arusha's Longido District where women and girls, unable to access sanitary pads or clean water, were forced to rely on unsafe materials during their menstrual periods.[36] The absence of clean water and adequate sanitation facilities worsens these conditions, often compelling women to use cattle butter and cattle urine for personal hygiene.[37] Women and girls must also travel long distances to collect water to meet their hygienic needs, reducing time for education and employment while increasing their risk of sexual harassment.[38]

Assessment of Early and Forced Marriage

Status of Implementation: **Accepted, Partially Implemented**

12. During the previous UPR cycle, Tanzania accepted all recommendations addressing child, early, and forced marriage.[39] These recommendations called on Tanzania to amend the 1971 Law of Marriage Act,[40] to establish 18 as the minimum legal marriage age for girls and boys, harmonize national legislation to prohibit child marriage, and strengthen measures to eliminate harm child marriage. Despite these commitments, Parliament has not amended the Law of Marriage Act, which continues to allow girls to legally marry as young as 14.[41]
13. Existing laws remain insufficient to effectively prevent early marriage, a prevalent form of gender-based violence against women and girls (GBVAW). As of 2022, 11.9% of girls and 0.7% of boys aged 15–19 were married.[42] The Tanzania Controller and Auditor General Performance Report identified the Law of Marriage Act and the National Plan of Action to End Violence against Women and Children as having failed to address the legal and structural conditions enabling early marriage, citing the absence of strategies rooted in the lived experience of girls, weak regional implementation, and a broader culture of silence that discourages reporting.[43] Gaps in the law further exclude legislative protection

to the girls who are not enrolled in school, notably those from poor households or families that do no prioritize education.[44] In some cases, the threat of prosecution has produced unintended consequences, such as parents withdrawing their daughters from school early to preserve their marriageability, sometimes even before a partner has been identified.[45]

14. Corruption and weak enforcement further undermine accountability. Child advocates report that police have accepted bribes to ignore cases, lose evidence, or falsify birth certificates to present underage girls as adults.[46] Despite legislation allowing for a thirty-year sentence for those who marry or impregnate a schoolgirl, successful prosecutions remain rare.[47] Historically, cases of adolescent pregnancy are resolved through marriage or informal financial agreements between families.[48] Severe penalties, while intended as a deterrent, are often seen as impractical because imprisonment removes a potential source of financial support for the girl and the child.[49] Consequently, families opt for private settlements over formal reporting, which often creates additional pressure on girls to withhold information from authorities.[50] The prevalence of early marriage in Tanzania demonstrates that criminalization, in the absence of effective enforcement, cannot deliver measurable change.

Assessment on Re-entry of Pregnant Girls into Schools

Status of Implementation: Accepted, Partially Implemented

15. During the previous UPR cycle, Tanzania accepted all recommendations addressing access to education for pregnant schoolgirls and adolescent mothers.[51] These recommendations called on Tanzania to review laws and policies that prevent pregnant girls from continuing their education, eliminate discriminatory practices that lead to the expulsion of pregnant students, and ensure that pregnant girls and young mothers are able to re-enter and complete their education.

16. Existing laws and policies neither adequately address nor facilitate the re-entry of pregnant schoolgirls or adolescent mothers in the education system. Tanzania's adolescent pregnancy rate reached 21.2% in 2022[52] with approximately one in four girls aged 15-19 dropping out of school due to pregnancy.[53] Although re-entry guidelines allow girls to return within two years, several provisions remain restrictive, such as requiring re-enrollment only at the start of a new academic year.[54] Other measures rely heavily on the discretion, capacity, and willingness of individual schools and educators, including responsibilities to provide counseling, ensure a supportive learning environment, and monitor guideline implementation.[55] In practice, these policy measures clear lack enforcement mechanisms, contributing to wide inconsistencies.[56] For example, many educators and school leaders are unaware of these guidelines, interpret them inconsistently, or hesitate to apply them due to fear that they could be perceived as

encouraging early sexual activity.[57] While 22,8444 adolescent mothers returned to school by 2024,[58] a significant number remain out of school, reflecting weak monitoring systems, insufficient financial and human resources, and the absence of trained counselors to support returning students.[59]

17. Social and structural barriers further undermine the effective re-entry and retention of adolescent mothers. Many of these girls face ridicule, discrimination, and judgment from peers, community members, and even teachers, leading to lower self -esteem, increased anxiety, and social isolation.[60] Negative attitudes and hostile comments from school staff creates an unwelcoming environment that discourages continued attendance.[61] Families may also pressure girls not to return to school due to shame or fear of community backlash.[62] For low-income girls who attempt to re-enter schooling, financial constraints related to uniforms, textbooks, and transportation, significantly increase the likelihood of permanent dropout.[63]
18. Childcare responsibilities constitute one of the most significant obstacles. Adolescent mothers frequently lack access to reliable and affordable childcare, often relying on informal arrangements that are unstable and incompatible with school schedules.[64] Even when they return, many struggle to keep up academically due to competing caregiving demands, fatigue, and limited study time, increasing stress and undermine educational outcomes.[65] For girls living far from the few schools that admit adolescent mothers, these cumulative challenges further erode the likelihood of long-term retention. [66]

Assessment of Technology Facilitated GBV (TFGBV)

Status of Implementation: Accepted, Partially Implemented

19. During the previous UPR cycle, Tanzania received and accepted one recommendation relating to information and communications technology and its role in improving access to education for women and girls.[67] Although Tanzania accepted several recommendations addressing GBVAW,[68] none of these recommendations explicitly addressed TFGBV concerns, such as cyber harassment, cyberstalking, or online abuse.
20. The rapid expansion of internet has heightened children's and women's exposure to online harms, including online child sexual exploitation and abuse (OCSEA). Police Crime Statistics recorded 475 incidents of cyberviolence in 2023, which was a 112-increase compared to 2022.[69] In 2024, LHRC documented 21 incidents of cyberviolence, all which targeted women, including women participating in elections.[70]
21. Despite the rising prevalence of online abuse, underreporting remains a major barrier to accountability.[71] Victim-survivors frequently refrain from reporting due to fear of retaliation, stigma, reputational harm, and mistrust in authorities.[72] This mistrust is

reinforced by the absence of private reporting spaces in police stations and the judgmental attitudes some officers display,[73] including questions such as "why were you online to begin with?"[74] Legal processes may further expose victim-survivors to humiliation, judgment, or community retaliations, particularly for young women who face heightened risks of social exclusions and reputational damage.[75]

22. Existing laws addressing TFGBV remain narrow in scope and insufficiently tailored to the gendered nature of digital violence.[76] The Cybercrimes Act (2015) criminalizes cyberbullying, child pornography, pornography, identity-related crimes (including impersonation), and the publication of false information with abusive intent.[77] The Electronic and Postal Communications Act (Revised 2022) criminalizes the transmission of "obscene," "menacing," or "offensive" communications made with intent to annoy, abuse, threaten, or harass, as well as unlawful interception or disclosure of communications.[78] Key forms of TFGBV, such as image-based abuse, coordinated digital harassment, online stalking, sextortion, and AI-generated sexualized content, remain absent from current legislation. These legal gaps contribute to inconsistent application of the law and often result in impunity for serious harms, including the dismissal of cases where evidentiary standards are difficult to meet.[79]

23. Protective measures against online abuse remain underdeveloped and insufficiently tailored to digital harms.[80] While general protective orders exist under broader violence frameworks, there is no widely documented use of cyber-specific restraining orders or expedited content removal mechanisms.[81] In cases of non-consensual intimate image sharing or online threats, delayed court orders often result in irreversible reputational and psychological harms.[82]

24. Enforcement is further hindered by limited capacity throughout the justice system. While some officers, prosecutors, and judicial personnel receive general GBV and cybercrime training, there is no evidence of systematic, nationwide training specifically on TFGBV.[83] As a result, many frontline actors lack the specialize expertise needed to properly identify, document, and pursue TFGBV cases, leading to misclassification of complaints, as "relationships disputes" or "civil matters," poor case handling, and delayed responses.[84] Victim-survivors are often expected to gather their own evidence, such as screenshots, links, and metadata, yet many lack the technical skills, emotional capacity or tools to do so, and are often advised to simply to "block the abuser."[85] Investigations are further prolonged by reliance on digital forensic evidence, [86] while access to justice is constrained by procedural delays, technical requirements, and the absence of disaggregated TFGBV data needed to track case progress and outcomes.

25. Low levels of public awareness further contribute to TFGBV's prevalence. Many individuals do not recognize harmful online behaviors, such as repeated abusive messaging, image-based abuse, or digital impersonation, as criminal offenses,[87] while knowledge of available reporting mechanisms and survivor services remains limited.[88]

Although technological access has expanded, digital literacy education remains inconsistent and insufficient. The national curricula does not systematically integrate digital safety, cyber hygiene, online harassment awareness, or gender-responsive online safety modules.[89] Generally, basic technical skills are taught rather than online behavior, privacy, or risk awareness.[90]

26. These gaps are compounded by significant language and accessibility barriers that further undermine digital literacy efforts. Many digital safety materials are written in English and assume proficiency levels beyond what many pupils possess, producing learning barriers for Kiswahili-speaking learners.[91] Additionally, rural and low-income women and girls, who already face lower digital literacy rates, are disproportionally excluded from available information and safety tools.[92]

27. These systemic weaknesses further reflected in the absence of publicly available national data on TFGBV awareness-raising or prevention efforts. No documentation exists on state-led TFGBV campaigns or assessment of their quality or impact. While partnerships with international organizations have supported isolated awareness-raising initiatives, there is no centralized reporting framework to track reach, effectiveness, or behavioral change outcomes.[93] Similarly, data collection on TFGBV remains fragmented across institutions, [94] with minimal publicly accessible information on investigations, prosecutions, conviction rates, or case duration. This lack of transparency significantly undermines accountability and hinders evidence-based policymaking.

II. RECOMMENDATIONS

28. This stakeholder report suggests the following recommendations for the Government of United Republic of Tanzania:

    a) Amend Section 169A of the Penal Code to comprehensively criminalize all forms of FGM and enact a comprehensive anti-GBV law to strengthen legal protection and response mechanisms that holds anyone who helps, assists, request the services of FGM, irrespective of whether the woman or girl has given any form of consent.

    b) Adopt legislative measures to allow judges, public prosecutors, social workers or other relevant systems actors to take preventative or precautionary measures in cases where women or girls are at risk of FGM.

    c) Consult with communities and impacted people to identify ways to lower barriers to reporting cases of FGM, including the possibility of suspended sentences for parents or family members who consent to FGM.

    d) Conduct comprehensive, community-driven awareness campaigns on the health, psychological, and human rights harms on FGM, alongside targeted interventions to reduce stigma and discrimination against uncut girls.

e) Expand social protection and financial support for families in high-prevalence areas to reduce the economic pressures driving FGM, and strengthen the community-based protection mechanisms for girls who resist the practice.

f) Increase sustainable investment in maternal health services and ensure equitable access, especially in rural and underserved areas, by guaranteeing consistent availability of essential medicines, equipment, and emergency obstetric supplies.

g) Take steps to promote access to maternal health care, including at least eight antenatal health visits for trained health care workers to assess for indicators of poor health and the fetus' health.[95]

h) Increase training for health workers and raise public awareness to prevent obstetric violence and promote respectful maternity care.

i) Remove VAT and other taxes on menstrual hygiene products and ensure measures are implemented to achieve real cost reductions, improving affordability and access for women and girls.

j) Increase investment in safe water, sanitation, and hygiene services in rural areas, ensuring reliable access to clean water and gender-responsive sanitation facilities.

k) Strengthen community-based protections and safe access routes for women and girls who travel long distances to collect water.

l) Repeal the Law of Marriage Act to abolish early and forced marriage and ensure that only parties 18 years and older, with full and informed consent, can marry.

m) Strengthen enforcement and implementation of national frameworks on ending early marriage by adopting context-specific, community-informed prevention strategies and ensuring that protections extend to out-of-school girls and those from marginalized households.

n) Strengthen institutional accountability within law enforcement and judicial bodies by establishing independent oversight mechanisms, enhancing anti-corruption safeguards, and providing child-sensitive training and reporting protocols to ensure early marriage cases are consistently identified, investigated, and prosecuted.

o) Amend the Education Act and its regulations to guarantee the right of pregnant learners and adolescent mothers to remain in or return to school and eliminate restrictive re-entry conditions, including start windows, and establish clear implementation and accountability mechanisms to ensure consistent application across all schools.

p) Implement mandatory stigma-reduction and gender-responsive training for teachers, school administrators, and community leaders to ensure pregnant students and adolescent mothers experience a safe and supportive learning environment.

q) Establish adequate financial support programs, such as fee waivers, provision of uniforms, textbooks, and transport subsidies to address economic barriers faced by adolescent mothers seeking to continue their education.

r) Expand access to affordable and reliable childcare services to enable adolescent mothers to attend class consistently and balance caregiving responsibilities with their education and undertake measures to provide financial support for childcare to support mothers re-entering school.

s) Integrate digital GBV into the National Plan of Action for the Prevention of Violence Against Women and Children (2025–2029), including the publication of annual, publicly accessible progress reports and consult with appropriate stakeholders, civil society and communities to ensure any digital GBV policies reflect the gendered dimensions of online violence. Such provision should also address data collection and monitoring to evaluate the problem of TFGBV.

t) Implement mandatory certified training on TFGBV and digital evidence handling for the Office of the Director of Public Prosecutions, the Tanzania Police Force, the Judiciary Training Institute. [96]

u) Establish accessible, confidential, and technology-enabled reporting mechanisms, including online complaint portals and helplines to reduce barriers to reporting and improve case handling.

v) Enact amendments to the Cybercrimes Act and related legislation to explicitly define and criminalize:
(a) image-based abuse (including non-consensual intimate image sharing),
(b) online stalking and harassment,
(c) digital impersonation,
(d) sextortion, and
(e) AI-generated sexual exploitation.

w) Establish cyber-specific protection orders and require the Tanzania Communications Regulatory Authority to implement expedited content removal procedures that ensures prompt intervention in cases of online abuse, including non-consensual image sharing and digital threats with mandatory action taken within 48 hours of reporting.[97]

x) Expand prevention efforts against TFGBV through nationwide digital literacy and cyber-safety campaigns, particularly for young people, and ensure materials are linguistically accessible by providing Kiswahili-based, low-literacy, and culturally relevant content, alongside culture-change programs that confront harmful online subcultures.[98]

y) Establish a centralized national monitoring and reporting framework on TFGBV that mandates public disclosure of awareness-raising activities, as well as standardized

data collection on investigations, prosecutions, conviction rates, and case outcomes to strengthen accountability and evidence-based policymaking.

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[1]Human Rights Council, *Report of the Working Group on the Universal Periodic Review: United Republic of Tanzania* (Dec. 21, 2021), U.N. Doc. A/HRC/49/13, ¶145.31 Continue to enforce laws prohibiting female genital mutilation, domestic violence and violence against persons believed to be practicing witchcraft (Zimbabwe), ¶145.36 Effectively fight the practice of female genital mutilation (Congo), ¶145.37 Redouble efforts to eradicate female genital mutilation (Gabon), ¶145.38 Enforce the relevant legislation criminalizing the practice of female genital mutilation (Iceland), ¶145.39 Take steps to implement the initiatives taken against female genital mutilation and towards the protection of people with albinism (India), ¶145.57 Intensify the work done to prevent and investigate cases of sexual abuse of children and eliminate the practice of female genital mutilation (Mexico), ¶145.89 Continue to reinforce relevant measures to ensure the elimination of violence against women, including by prohibiting all harmful practices such as female genital mutilation (Ghana), ¶145.90 Take further measures to eradicate all forms of discrimination and violence against women and girls, including child, early and forced marriage and female genital mutilation (Italy), ¶146.90 Enhance the protection of girls and women of all ages from the practice of female genital mutilation and set the minimum age of marriage at 18 years for both girls and boys by concluding the amendment of the Law of Marriage Act (Austria), ¶147.119 Step up efforts on the legislative front to combat and punish all forms of violence and discrimination against women and girls, including domestic violence, and take further measures to eliminate female genital mutilation (Republic of Korea), ¶147.44 Promote the elimination of discrimination against women and girls – in particular child marriage, female genital mutilation and the expulsion of pregnant girls and young mothers from schools – in accordance with the Convention on the Elimination of All Forms of Discrimination against Women (Burkina Faso). Recommendation 147.41 noted.
[2] Human Rights Council, *Report of the Working Group on the Universal Periodic Review: United Republic of Tanzania Addendum*, (Mar. 21, 2022), U.N. Doc. A/HRC/49/13/Add.1, ¶147.41 There is no policy on sexual minorities in the United Republic of Tanzania.
[3] LHRC and ZAFAYCO, *Tanzania Human Rights Report 2024: The Resurgence of Unknown Assailants*, by Fundikila Wazambi and Robert Majige (2025), 200, https://humanrights.or.tz/storage/user_storage/681870a52bc97.pdf
[4] Ibid.
[5] Ibid.
[6] Sexual Offences (Special Provisions) Act, 1998 (Tanzania), https://clr.africanchildforum.org/Legislation%20Per%20Country/Tanzania/tanzania_sexualoffences_1998_en.pdf
[7] 28 Too Many and Thomson Reuters, *Tanzania: The Law and FGM* (2018), 7, https://www.fgmcri.org/media/uploads/Law%20Reports/tanzania_law_report_v1_(may_2018).pdf
[8] Ibid., pg. 5.
[9] Ibid.
[10] World Health Organization, "Female Genital Mutilation," accessed Jan. 31, 2026, https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation
[11] 28 Too Many, *Tanzania: Country Profile* (2020), 71, https://www.fgmcri.org/media/uploads/Country%20Research%20and%20Resources/Tanzania/tanzania_country_profile_v3_(july_2020).pdf
[12] Ibid.
[13] Orchid Project, "Why Does FGC Happen?," accessed March 14, 2026, https://www.orchidproject.org/about-fgc/why-does-fgc-happen/
[14] 28 Too Many, *Tanzania: Country Profile* (2020), 72, https://www.fgmcri.org/media/uploads/Country%20Research%20and%20Resources/Tanzania/tanzania_country_profile_v3_(july_2020).pdf
[14] Ibid.
[15] United Nations Tanzania, "Winda's Story: Saying No to FGM," accessed Jan. 19, 2026, https://tanzania.un.org/en/108315-winda%E2%80%99s-story-saying-no-fgm

[16] *Tanzania's Maasai Women Who Reject FGM Are Refused as Brides*, Thomson Reuters Foundation News, Dec. 16, 2013, https://news.trust.org/item/20131216094140-k5c2x
[17] Right To Play, "How Judith Stood Up Against Female Genital Mutilation," accessed Mar. 27, 2026, https://righttoplay.com/en/stories/wont-stop-me-judiths-story/
[18] Human Rights Council, *Report of the Working Group on the Universal Periodic Review: United Republic of Tanzania* (Dec. 21, 2021), U.N. Doc. A/HRC/49/1, ¶147.128 Take urgent steps to amend legislation to outlaw all forms of child marriage, safeguard women's rights to sexual and reproductive health and end violence against women and children (Norway), ¶145.67 Continue expanding the health infrastructure and extending the scope of health services (Cuba), ¶145.68 Continue efforts to ensure equal access to quality health services for all citizens without discrimination in both urban and rural areas (Djibouti), ¶145.69 Further advance the right to health through the allocation of resources to and improvement of infrastructure in the health sector (Sri Lanka), ¶145.72 Improve health infrastructure, access to training for midwives in emergency obstetric care and resources devoted to maternal health (Burkina Faso), ¶145.73 Strengthen measures to safeguard the health rights of women, particularly on issues relating to prenatal and postnatal care of pregnant women (Lesotho), ¶147.42 Continue to provide adequate resources and funding for fundamental human rights issues, including access to health care and education (Malaysia).
[19] Ibid.
[20] Gopika Das, Theresia John Masoi, Stephen M. Kibusi, Arun Chaudhary, Mary Greenwald, Annekathryn Goodman, *Obstetric Violence in Tanzania: Prevalence and Care Challenges,* 11 Open Journal of Obstetrics and Gynecology 1248, 1251 (2021), https://www.scirp.org/pdf/ojog_2021092813481437.pdf.
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[22] Theresia J. Masoi, Lilian Teddy Mselle, Stephen M. Kibusi, and Nathaneal Sirili, *"Being Treated Like an Infant Who Doesn't Know Anything" Obstetric Violence From Perspectives of Women, Health Care Providers and Key Community Informants in Central Zone Tanzania: A Qualitative Exploratory Case Study*, 11 SAGE Open Nursing 1, 9 (2025), https://journals.sagepub.com/doi/epub/10.1177/23779608251361015
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[25] Gopika Das, Theresia John Masoi, Stephen M. Kibusi, Arun Chaudhary, Mary Greenwald, Annekathryn Goodman, *Obstetric Violence in Tanzania: Prevalence and Care Challenges,* 11 Open Journal of Obstetrics and Gynecology 1248, 1260 (2021), https://www.scirp.org/pdf/ojog_2021092813481437.pdf.
[26] Adrienne E. Strong and Tara L. White*, Re-examining Norms of Disrespect and Abuse in the Second Stage of Labor in Tanzanian Maternity Care*, 40 Medical Anthropology 307, 311 (2021), https://pure.amsterdamumc.nl/ws/portalfiles/portal/137266830/Re-examining-norms-of-disrespect-and-abuse-in-the-second-stage-of-labor-in-tanzanian-maternity-care.pdf
[27] Ibid., p. 315.
[28] Theresia J. Masoi, Lilian Teddy Mselle, Stephen M. Kibusi, and Nathaneal Sirili, *"Being Treated Like an Infant Who Doesn't Know Anything" Obstetric Violence From Perspectives of Women, Health Care Providers and Key Community Informants in Central Zone Tanzania: A Qualitative Exploratory Case Study*, 11 SAGE Open Nursing 1, 4 (2025), https://journals.sagepub.com/doi/epub/10.1177/23779608251361015
[29]Adrienne E. Strong and Tara L. White*, Re-examining Norms of Disrespect and Abuse in the Second Stage of Labor in Tanzanian Maternity Care*, 40 Medical Anthropology 307, 312 (2021), https://pure.amsterdamumc.nl/ws/portalfiles/portal/137266830/Re-examining-norms-of-disrespect-and-abuse-in-the-second-stage-of-labor-in-tanzanian-maternity-care.pdf
[30] Ibid., p. 307.
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