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Understanding Albinism related stigma in Tanzania

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In certain communities in Sub-Saharan Africa, particularly Tanzania, due to deep-seated superstitious beliefs and myths persons with albinism are being brutally killed. Persons with albinism are referred to as 'ghosts' and are not considered human. This paper highlights how stigma and marginalizing behaviours resulting from myths, superstitions, and cultural beliefs about persons with albinism in Tanzania not only impede their social lives but also result in the violation of their human rights.

Keywords: *albinism, superstitious beliefs, myths.*

INTRODUCTION

Albinism is a rare, non-contagious, genetically inherited disorder that results in little or no production of the pigment melanin, which determines the colour of the skin, hair, and eyes. For a person to be affected by albinism, both parents must carry the gene.¹ The proportion of persons affected by albinism differs from region to region across the globe. For example, countries in sub-Saharan Africa have a higher prevalence of albinism (between 1 in 5000 and 1 in 15,000 people) compared to North America and Europe, where 1 in 17,000 to 20,000 people are affected

¹ 'Albinism: Myths and Reality' (2019) 3(8) The Lancet Child & Adolescent Health 511

by this condition.² It is estimated that Tanzania has more than 18,000 persons with albinism.³ The lack of melanin makes individuals susceptible to skin damage, skin cancer, and visual impairment at an early age. Further, difficulty in accessing sun protection creams or sunglasses, especially, by persons with albinism in low and middle-income countries increases the risk of skin and eye damage.⁴

Besides physical damage, persons with albinism in sub-Saharan Africa, including Tanzania, suffer from stigma and face discrimination resulting due to socio-structural barriers that restrict their full and effective participation in society on an equal basis with others. The difference in the physical appearance of an individual due to albinism has been widely documented as the primary reason behind stigmatization resulting in rejection and abandonment of such individuals. “Many husbands desert their wives when they give birth to a child with albinism because of the stigma that comes with this genetic condition. The parent’s superstitions may lead them to completely abandon or even kill their newborns. Well-meaning but fearful parents may lock away their children with albinism, isolating them from making friends, going to school, and living a normal childhood. For those who do go to school, low vision leads to high dropout rates. Adults with albinism are shunned and passed over for jobs.”⁵

Apart from facing discrimination and abuse, persons with albinism in sub-Saharan Africa face even greater risk to their life due to dangerous myths surrounding albinism that results in physical attacks including killings. It is believed that the body parts of a person with albinism when used in witchcraft rituals and potions or amulets bring wealth, good luck, and even political success.⁶ In Tanzania, persons with albinism are referred to as *zero zero*, meaning

² United Nations Human Rights Council, ‘Report of the Independent Expert on the enjoyment of human rights by persons with albinism’ (*Refworld*, 18 January 2016) <<https://www.refworld.org/docid/56c43e9f4.html>> accessed 07 January 2022

³ J Pedneault & L Labaki, ‘It Felt Like A Punishment: Growing Up with Albinism in Tanzania’ (*Human Rights Watch*, February 2019) <<https://www.hrw.org/news/2019/02/09/it-felt-punishment-growing-albinism-tanzania>> accessed 07 January 2022

⁴ Reimer-Kirkham S & Ors, ‘Albinism, spiritual and cultural practices, and implications for health, healthcare, and human rights: a scoping review’ (2019) 34(5) *Disability & Society* 747-774

⁵ ‘What is Albinism?’ (*Under the Same Sun*) <<https://underthesamesun.com/content/issue>> accessed 07 January 2022

⁶ Mubangizi J C & Kajiru I, ‘Human rights education and the plight of vulnerable groups with specific reference to people with albinism in Tanzania’ (2020) 20(2-3) *International Journal of Discrimination and the Law* 137-155

“ghosts”. It is believed that these “ghosts” bleed a different colour, or even that they are immortal.⁷ It has been reported that around 75 persons with albinism have been killed between 2000 and 2016 in Tanzania.⁸ The Independent Expert on the enjoyment of human rights by persons with albinism in her report to the Human Rights Council highlighted the problem of trafficking of body parts of persons with albinism. She pointed out that the prices of body parts reportedly range from \$2,000 for a limb to \$75,000 for a “complete set” or a corpse.⁹

Considering the above,¹⁰ this paper highlights the nature and impact of myths, superstitions, and cultural beliefs about persons with albinism in Tanzania and the severe implications of such harmful traditional beliefs which result in several discriminatory practices including brutal killings. The paper also addresses the discourse on albinism in Tanzania within the framework of international human rights law and Tanzania’s legislative framework. This paper, essentially, emphasizes how deep-seated harmful traditional beliefs pose a serious threat to the implementation of the law and the protection of the rights of persons with albinism in Tanzania.

Section I of the paper provides a brief overview of the supernatural beliefs prevalent in Tanzania in the context of the victimization of persons with albinism by the Sukuma ethnic group. This section attempts to establish a link between Sukuma’s traditional beliefs and the killing of persons with albinism for their body parts. Section II highlights some of the health-related concerns of persons with albinism in Tanzania. Focus is placed on the prevalence of skin cancer and the issue of stigma against mothers of children with albinism. Section III provides a brief overview and analysis of the existing international human rights law and domestic mechanisms for protecting the rights of persons with albinism in Tanzania.

⁷ G Brocco, (2016) ‘Albinism, stigma, subjectivity and global-local discourses in Tanzania’ (2016) 23(3) *Anthropology & Medicine* 229-243

⁸ P Rao, (2017-2018) ‘Ending Albino Persecution in Africa’ (*Africa Renewal*, 2017-2018) <<https://www.un.org/africarenewal/magazine/december-2017-march-2018/ending-albino-persecution-africa>> accessed 07 January 2022

⁹ ‘Persons with albinism: Report of the Office of the United Nations High Commissioner for Human Rights’ (*United Nations Human Rights Council*, 12 September 2013) <<https://digitallibrary.un.org/record/763417?ln=en>> accessed 07 January 2022

¹⁰ *Ibid*

SECTION I: KILLING OF ALBINOS AND SUPERNATURAL BELIEFS IN TANZANIA

The condition of persons with albinism in Tanzania can only be fully understood by exploring the deep-seated myths that are the root cause of attacks against persons with albinism. As noted by Kigoma in the context of Tanzania, “the persecution of persons with albinism stems from the local culture, as people believe in the supernatural power of albinism. These beliefs have been passed down through generations”.¹¹ It is believed that albinism is contagious, that it is punishment, and that when men with HIV/AIDS sleep with women with albinism it will cure AIDS.¹² Further, when a child with albinism is born, in most cases, the parents either kill the child or abandon it out of shame due to the belief that a person with albinism will bring misfortune to the family.¹³

It is also vital to note that beliefs and practices based on myths and supernatural abilities are not uniform and tend to vary even within the same country.¹⁴ Nevertheless, a common feature in the study of such beliefs and practices is that they are considered a means of defining, locating, or justifying conflicts in society, and, therefore, not necessarily considered problematic.¹⁵ This belief system is also indicative of a general reluctance among people to accept the existence of a natural cause behind an event. As explained by Lévy-Bruhl (1966),¹⁶

“To the native mind what has occurred cannot be accidental. For example, if three women were sitting on a river bank, and an alligator pulled one of them into the water, this could not be by chance because, although there are many predators and many women, a specific crocodile had attacked a particular woman. In conclusion, ‘someone must have incited this one to do it.’”

The killing of persons with albinism is certainly a matter of immediate concern for the Tanzanian government because it is obligated under international law to protect the right to life and

¹¹ D D Kaigoma, *Violence against People with Albinism in Tanzania: A Model to Combat Dehumanization (MA Thesis)* (Alaska Pacific University 2018)

¹² *Ibid*

¹³ T Oestigaard, *Religion at work in globalised traditions: Rainmaking, witchcraft and Christianity in Tanzania* (Cambridge University Press 2014)

¹⁴ *Ibid*

¹⁵ A Shorter, *East African Societies* (Routledge 2004)

¹⁶ L Lévy-Bruhl, *Primitive Mentality* (Beacon Press 1966)

prohibit torture and ill-treatment of all individuals within its territory. However, attacks against persons with albinism and trafficking of their body parts can only be prevented by a careful study of the root cause of this practice and the effects it has on persons with albinism. This particular study needs to take into consideration the traditional practice of using “medicine” to access and enable divine as well as supernatural intervention in day-to-day human affairs. Though not everyone in Tanzania believes in the existence of magical properties in the body parts of persons with albinism, there are people, including many traditional medical practitioners (healers), who do believe in the effectiveness of “medicine” made from human flesh that can give its users supernatural powers.¹⁷ The Sukuma people (the largest ethnic group in Tanzania) are said to have a long history of believing in the use of magical medicines as part of traditional healing. As a result, persons with albinism continue to be discriminated against and marginalized by the Sukuma people who still believe them to be non-humans.¹⁸

The Sukuma people also have a history concerning human sacrifices that are rooted in their age-old traditional religious beliefs. Until chiefdoms were abolished in Tanzania in 1963, Sukuma chiefs played prominent political as well as religious roles. In many chiefdoms, a chief was even buried together with two human sacrifices.¹⁹ Like other African ethnic groups, the Sukuma too has relied upon the traditional religious system (often rooted in supernatural beliefs) to make sense of the inexplicable and the unknown.²⁰ This is done to mostly exercise some sort of control over unknown forces.²¹ As already noted, the Sukuma people performed human sacrifices as part of vital rituals for agriculture and other economic purposes. As observed by Cory (1951),²² the task of securing the sacrificial victim was the duty of the “royal physician” who would choose one of his patients as the sacrificial candidate,²³

¹⁷ D Bryceson & Ors, ‘Miners’ magic: Artisanal mining, the albino fetish and murder in Tanzania’ (2010) 48(3) *The Journal of Modern African Studies* 353-382

¹⁸ *Ibid*

¹⁹ H Cory, *The Ntemi: the traditional rites in connection with the burial, election, enthronement and magic powers of a Sukuma chief* (Macmillan & Co Ltd 1951)

²⁰ *Ibid*

²¹ LEY Mbogoni, *Human sacrifice and the supernatural in African history* (Mkuki na Nyota Publishers 2013)

²² Cory (n 19)

²³ *Ibid*

“The victim (patient) was killed by poison, and it was made to look that death had occurred due to illness to avoid suspicion from the victim’s relatives. The corpse was buried and exhumed the same night after which the head was prepared by the ‘doctors’, the top of the skull was severed from the rest and the brain was put aside. The rest of the skull was buried in the centre of one of the item’s fields and the place was marked with a stone. The brain was dried and powdered, and a small part of the powder was mixed with the Bogota, while the rest was mixed with a portion of seed to be stored and used as an ingredient for the medicine of coming years.”

Thus, human sacrifice and the use of human body parts formed part of the Sukuma people’s belief system to explain and negotiate with divine and supernatural powers. In addition, the Sukuma also strongly believes in fortune and luck, good and evil, and more importantly, in the power and the use of “medicine” that brings good luck.²⁴ Note that, the killing of persons with albinism for their body parts in the north-west region of Tanzania (the epicentre of Tanzanian mining activities and homeland of the Sukuma people) for purposes of making “medicine” intended to enhance miners’ chances of finding gold, is also an outcome of the belief in fortune and luck.²⁵ However, there are different views concerning the magical properties of albino body parts among miners in Tanzania. For instance, some Tanzanian miners when interviewed on how and why *wananga* (witch-doctors) started recommending the use of albino body parts as lucky charms to improve their mining efforts said that they remain suspicious of the *wananga*’s intentions and see the use of albino body parts as a means to deceive the local people.²⁶ Nevertheless, most miners also emphasized the importance of having *wananga* in society as they play a vital role in general well-being. Miners were against imposing a complete ban on *wananga* because most Africans still are of the view that not all illnesses can be cured at a hospital and people need *wananga* and their knowledge of traditional medicine.²⁷

Regardless of the opposing views of miners or the intentions of the *wananga*, the killing of persons with albinism has been treated as a human rights violation by local and international

²⁴ LEY Mbogoni (n 21)

²⁵ Bryceson (n 17)

²⁶ *Ibid*

²⁷ *Ibid*

journalists and the global community.²⁸ The deep-seated belief in the power of luck and fortune is often identified as the basis behind the actions of all those involved (miners, contract killers, and witch-doctors) in benefitting from violence against persons with albinism.²⁹ As noted by Bryceson, Jønsson, & Sherrington (2010),³⁰

“The albino fetish is a mental construct which requires the abduction, murder, and dismembering of albinos for their body parts. The bones are commonly pulverised and either buried in the mine pit, often in the belief that they will turn into gold or gemstones, or applied on the body during bathing or carried on the body in various forms of amulets for protection or increased luck.”

Having given a brief overview of the cultural and spiritual explanations around albinism in Tanzania, the next section focuses on some of the health-related problems of persons with albinism.

SECTION II: ALBINISM - A HEALTH EMERGENCY

Persons with albinism in Tanzania mostly belong to the marginalized sections of the society and as a result, are also economically vulnerable. Due to their sun-sensitive skin, neither can they take part in agrarian activities nor any other major productive activity during the day. Exposure to solar ultraviolet rays (UVR) is highly detrimental to their skin. They remain at a high risk of getting sunburns, blisters, superficial ulcers, etc., in the most sun-exposed parts of their body such as the face, ears, neck, and shoulders.³¹ But, as noted under Section I, a general lack of awareness about the various health-related problems associated with albinism coupled with the spread of myths and superstitious beliefs to explain albinism³² has not only resulted in the social stigmatization of persons with albinism in Tanzania but also shifted the focus away from identifying effective measures to address discrimination and more importantly, ensuring access to better physical and mental health for those affected by this disease. This section, therefore,

²⁸ *Ibid*

²⁹ J Burke, ‘Media framing of violence against Tanzanians with albinism in the Great Lakes region: A matter of culture, crime, poverty and human rights’ (2013) 34(2) *Australasian Review of African Studies* 57-77

³⁰ Bryceson (n 17)

³¹ E Hong & Ors, ‘Albinism in Africa as a public health issue’ (2006) 6(1) *BMC Public Health* 1-7

³² *Ibid*

briefly highlights two important health-related issues concerning albinism: a.) prevalence of skin cancer and b.) health-related stigma against mothers of children with albinism, which show the need for a comprehensive approach to meet the physical and social challenges associated with albinism.

A. Skin Cancer

Oculocutaneous albinism (OCA), the most common type of albinism, “is a group of congenital, developmental disorders characterized by a wide range of pigmentation in the skin, hair, and eyes, from total loss of melanin to almost normal pigmentation”.³³ Persons affected with OCA have only a normal number of melanin-producing cells in their bodies,³⁴ but they are either unable to produce any melanin or produce less than normal, resulting in a range of hair, skin, and eye colour defects³⁵ Persons with OCA are highly susceptible to skin damage because of exposure to UVR. Note that, solar UVR is often extreme in sub-Saharan African countries, like Tanzania due to its equatorial location.³⁶ As per a study, “chronic skin damage was noted in all OCA cases by the age of 1 year in Tanzania, and most had multiple actinic keratoses (scaly spot-on sun-damaged skin) by the age of 15–18 years.³⁷ Further, actinic keratoses occurred in 91% of OCA subjects living in rural Tanzania over the age of 20 years, rising to 100% by age 30 years”.³⁸ A higher frequency of skin tumours and a lower life expectancy are also noticed in persons with OCA living in equatorial regions of sub-Saharan Africa than in parts further from the Equator and at lower altitudes,³⁹ which underlines the role of UVR in the development of tumours and the need for personal photoprotection.⁴⁰ In most cases of skin tumours in persons with OCA, the tumour develops on the head and neck with a few also developing on the upper arms and

³³ C Y Wright & Ors, ‘Oculocutaneous Albinism in Sub-Saharan Africa: Adverse Sun-Associated Health Effects and Photoprotection’ (2015) 91(1) Photochemistry and Photobiology 27-32

³⁴ *Ibid*

³⁵ J B Mabula & Ors, ‘Skin cancers among Albinos at a University teaching hospital in Northwestern Tanzania: A retrospective review of 64 cases’ (2012) 12(1) BMC Dermatology 1-7

³⁶ D P Lookingbill & Ors, ‘Actinic damage and skin cancer in albinos in northern Tanzania: Findings in 164 patients enrolled in an outreach skin care program’ (1995) 32(4) Journal of the American Academy of Dermatology 653-658

³⁷ *Ibid*

³⁸ Mabula (n 35)

³⁹ *Ibid*

⁴⁰ C Y Wright (n 33)

legs. The skin tumour in OCA is believed to progress rapidly, as a result, there is an increased risk of mortality at a younger age in those affected with OCA.⁴¹

Skin cancer can only be prevented by sun avoidance and/or sun protection. Sun protection can minimize the harmful health effects associated with exposure to UVR. Sun protective options include 'wearing protective clothing, hats with wide brims, sunglasses, and sunscreen and making use of shade (built and natural).' The Head and neck must be protected from direct sunlight to reduce the risk of skin cancer.⁴² But, in most sub-Saharan African countries, including rural Tanzania, the use of sun protective measures depends on several factors including personal knowledge and attitudes, policy support, economic condition, cultural acceptability, and product availability.⁴³ Lack of knowledge is seen as a major factor among persons with OCA for not making informed decisions about their health and safety. This is evident from wearing hats that do not provide adequate protection and the sporadic use of sunscreen and applying sunscreen with a low 'SPF' (sun protection factor). Further, children with OCA are at a greater risk of sun exposure due to most schools requiring uniforms of short-sleeved shirts for all children.⁴⁴

Protecting persons with OCA requires holistic consideration and long-term planning. Changes must be brought to health policy including health infrastructure which would provide the necessary foundation to support sun protection measures.⁴⁵ Detailed health-care information on albinism needs to be made widely available for everyone to stop the spread of social stigma attached to persons with albinism. More importantly, local physicians and care providers need to be made competent in advising persons with OCA about the need for sun protection. Further, sun protection options including sunscreen and hats should be made readily available at low cost and any misconception regarding the use of sunscreen should be removed through targeted awareness-raising campaigns.

⁴¹ J B Mabula (n 35)

⁴² C Y Wright (n 33)

⁴³ *Ibid*

⁴⁴ D P Lookingbill (n 36)

⁴⁵ *Ibid*

B. Health-related Stigma against Mothers of Children with Albinism

In many parts of sub-Saharan Africa, including Tanzania, women are impacted by health-related stigma either as mothers of children with albinism or as persons with albinism themselves.⁴⁶ As noted in this paper, stigma, and discrimination associated with albinism arises mostly out of fear, superstitious beliefs, and misinformation. Persons with albinism face labelling and name-calling, for example, they are referred to as “white ghosts”, “ghosts” or “white people”.⁴⁷ The stigma associated with albinism leads to social exclusion/avoidance and inequality in accessing education, health, and job opportunities. Another result of stigma is an increase in mental health problems (depression, isolation, suicide) among persons with albinism.⁴⁸ Stigma resulting from beliefs and practices associated with albinism in Africa, especially in the absence of counter-narratives have continued unchecked because they are deep-rooted in the fabric of the society and are often justified by the understanding of being i.e., what a normal person should look like.⁴⁹

A study on the disproportionate effect of health-related stigma on mothers impacted by albinism in Tanzania concluded that stigma against albinism was particularly marked out at the time of birth by people from the family and community⁵⁰ This study drew on a first-hand account of mothers who gave birth to children with albinism. As per one such account,⁵¹

“Tishala (pseudonym) and her husband were about to have their first child. As her baby emerged, she could hear the nurses chattering amongst themselves: “What is this?”; “What has she delivered?”; “Why is your baby so light?” He had white hair and white skin but was

⁴⁶ S Reimer-Kirkham & Ors, ‘Mothering, Albinism and Human Rights: The Disproportionate Impact of Health-Related Stigma in Tanzania’ [2020] Foundations of Science

⁴⁷ *Ibid*

⁴⁸ S Knaak & Ors, (2017). ‘Mental illness-related stigma in healthcare: Barriers to access and care and evidence-based solutions’ (2017) 30(2) Healthcare Management Forum 111-116

⁴⁹ E Imafidon, ‘Dealing with the other between the ethical and the moral: albinism on the African continent’ (2017) 38(2) Theoretical Medicine and Bioethics 163-177

⁵⁰ S Reimer-Kirkham 2020 (n 46)

⁵¹ *Ibid*

crying vigorously and otherwise looked healthy. Even the nurse did not know why he was so light: “Maybe he will turn colour after a while.”⁵²

The reaction that was noticed by Tishala from healthcare providers upon delivery of a child with albinism was also validated by other women who were part of this study. Women mentioned that nurses used to run away out of fear and shock after seeing their children. Most women were questioned by nurses that whether they had slept with a white man as they had given birth to a white child. Nurses also refused to touch, weigh, dress, or carry children and abandoned the mother and the child soon after the delivery.⁵³ A lack of knowledge about albinism and its genetic cause and the corresponding and appropriate care to prevent skin cancer also resulted in other stigmatizing attitudes against mothers of children with albinism. Most mothers who gave birth to children with albinism spoke of being accused of having an affair or conceiving during menstruation. They also mentioned issues such as denial of paternity, violence, and abandonment. After giving birth to another son with albinism, Tishala said:

“But now the father, he was the saddest man. When he went back home and his family asked what baby has been born he said, “Ah, the same type of kids that she delivers.” It started the back and forth of family meetings, trying to excommunicate me because I’m not a woman enough and they can’t continue keeping me, I’m defiling their lineage. I can’t deliver proper kids. Eventually, they took me back to my parent’s home.”⁵⁴

The above accounts show that health systems are vital in understanding how stigma manifests especially among mothers who are impacted by albinism. This is evident either from the stigmatizing attitudes of healthcare providers, a lack of access to quality health services, or a lack of health-related education and information about albinism. But, a study on the health-related stigma against mothers of children with albinism is incomplete without acknowledging the intersection of gender relations and stigma and how it operates in the everyday life of mothers impacted by albinism.⁵⁵ As is evident from the above-mentioned accounts, stigmatizing

⁵² *Ibid*

⁵³ *Ibid*

⁵⁴ *Ibid*

⁵⁵ Reimer-Kirkham S 2019 (n 4)

beliefs and practices are interlinked with constructions of gender that mostly echo the patriarchal mindset within the family setup.⁵⁶ Only women are blamed for giving birth to a child with albinism and for bringing shame to the family name. Family members are often quick to question the character of a woman who gives birth to a child with albinism by accusing her of not being “woman enough” (emphasis on Tishala’s account). This behaviour also points to the hierarchical positioning of men and women within the family and the unequal expectations from them in terms of responsibilities. For example, the ‘natural’ role for women is motherhood and men are to act as providers and protectors.⁵⁷ Due to such notions of gender, women with albino children are more prone to gender-based violence and abandonment. They are burdened with the full responsibility of taking care of their children. Note that, most of these women come from poor economic backgrounds with no education and therefore are not equipped to support themselves.⁵⁸

Thus, we see that mothers impacted by albinism face both social and structural stigma which results from the intersections of poverty and gender discrimination. Mothers also face abandonment and are forced to confront the challenges that come with protecting their children from stigma, discrimination, and attacks.⁵⁹ Hence, a comprehensive framework of response based on a human rights approach must be adopted to protect mothers impacted by albinism.

C. Human Rights Violations of Persons with Albinism in Tanzania

As noted in the above sections, persons with albinism in Tanzania are discriminated against, persecuted, and killed mostly for their body parts based on superstitious beliefs and myths that their body parts possess magical properties. Some of the specific human rights of persons with albinism that is violated in this process include the right not to be discriminated against; the right to life, liberty, and security; and freedom from cruel, degrading, and inhuman punishment and treatment. Women and children with albinism are particularly vulnerable as they are

⁵⁶ *Ibid*

⁵⁷ R Helman & K Ratele, ‘Everyday (in)equality at home: complex constructions of gender in South African families’ (2016) 9 *Global Health Action* 1-13

⁵⁸ S Reimer-Kirkham 2020 (n 46)

⁵⁹ *Ibid*

exposed to intersecting and multiple forms of discrimination. In addition, children are particularly targeted for ritual killings and women are sometimes victims of sexual violence.

The treatment of persons with albinism in Tanzania due to superstitious beliefs and myths results in the violation of several fundamental human rights under various international treaties and conventions. Article 1 of the Universal Declaration of Human Rights (UDHR) 1948,⁶⁰ states that all human beings are born free and equal in dignity and rights. Article 3⁶¹ of the UDHR stipulates that everyone has the right to life, liberty, and security of person. Under article 2⁶² everyone is entitled to all the rights and freedoms outlined in the declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or another opinion, national or social origin, property, birth, or another status. As per article 5 of the UDHR,⁶³ no one shall be subjected to torture or cruel, inhuman, or degrading treatment or punishment. The rights of persons with albinism are protected under the UDHR by them belonging to the human race and it is, therefore, clear that the killing of persons with albinism in Tanzania is not only contrary to the above-mentioned articles of the UDHR but also its other provisions. Although the UDHR at the time of its adoption was not a legally binding instrument, today, it is one of the primary sources of global standards on human rights and has evolved to the extent that some of its provisions now constitute customary international law that is binding on all States.⁶⁴ The rights enumerated under the UDHR are also contained in the International Covenant on Civil and Political Rights (ICCPR) 1966.⁶⁵ Under article 2⁶⁶ of ICCPR, each State Party undertakes to respect and to ensure to all individuals within its territory and subject to its jurisdiction the rights recognized in the Covenant, without distinction of any kind, such as race, colour, sex, language, religion, political or another opinion, national or social origin, property, birth or another status. Article 3 of the ICCPR,⁶⁷ ensures the right to equality of both men and women.

⁶⁰ Universal Declaration of Human Rights 1948, art 1

⁶¹ Universal Declaration of Human Rights 1948, art 3

⁶² Universal Declaration of Human Rights 1948, art 2

⁶³ Universal Declaration of Human Rights 1948, art 5

⁶⁴ H Hannum, 'The Universal Declaration of Human Rights in National and International Law' (1998) 3(2) *Health & Human Rights* 144-158

⁶⁵ International Covenant on Civil and Political Rights 1966

⁶⁶ International Covenant on Civil and Political Rights 1966, art 2

⁶⁷ International Covenant on Civil and Political Rights 1966, art 3

Article 6(1)⁶⁸ provides for the inherent right to life of every human being and article 7⁶⁹ prohibits any kind of torture or cruel, inhuman treatment of anyone. Note that, Tanzania has ratified the ICCPR in 1976. Tanzania also ratified the Convention on the Rights of Persons with Disabilities (CRPD) in 2009⁷⁰. Under article 5,⁷¹ States Parties recognize that all persons are equal before and under the law and are entitled without any discrimination to equal protection and equal benefit of the law. Further, States Parties shall also prohibit all discrimination based on disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds. The Committee on Rights of Persons with Disabilities has recognized albinism as a disability under article 5 (Committee on Rights of Persons with Disabilities, 2019).

At the domestic level, Tanzania has several legislations that are significant for safeguarding the rights of persons with albinism. For instance, The Persons with Disabilities Act, 2010⁷² has been brought in to provide for health care, social support, accessibility, rehabilitation, education, and vocational training, communication, employment or work protection, and promotion of basic rights for persons with disabilities. The 2010 Act among other things provides for ‘respect for human dignity, an individual’s freedom to make own choices and independence of persons with disabilities.’ Tanzania has also enacted the Disabled Persons Care and Maintenance Act, 1982⁷³, and the Law of the Child Act, 2009⁷⁴. The Traditional and Alternative Medicines Act, 2002⁷⁵ is another relevant legislation enacted by Tanzania which regulates the practice of traditional and alternative medicines. As per section 45 of the 2002 Act,⁷⁶

“any person who practices as a traditional health practitioner or aide without being registered or enrolled as the case may be under this Act commits an offence and is liable

⁶⁸ International Covenant on Civil and Political Rights 1966, art 6(1)

⁶⁹ International Covenant on Civil and Political Rights 1966, art 7

⁷⁰ Convention on the Rights of Persons with Disabilities 2009

⁷¹ International Covenant on Civil and Political Rights 1966, art 5

⁷² Persons with Disabilities Act 2010

⁷³ Disabled Persons Care and Maintenance Act 1982

⁷⁴ Law of the Child Act 2009

⁷⁵ Traditional and Alternative Medicines Act 2002

⁷⁶ Traditional and Alternative Medicines Act 2002, s 45

on conviction to a fine not exceeding two hundred thousand shillings or to imprisonment for a term not exceeding two years or to both, such fine and imprisonment.”

Section 45 is crucial here given the role played by traditional healers in the killing of persons with albinism for their body parts.

It is clear from the foregoing discussion that there is neither a shortage of legislation in Tanzania to protect persons with albinism nor is there a lack of international human rights instruments from which guidance can be sought to undertake measures to prevent the occurrence of attacks against persons with albinism. But, despite the abundance of relevant legislation and international human rights instruments, the discrimination against, and violation of the rights of persons with albinism continues unabated. This is because the legal framework alone is insufficient in protecting the rights of persons with albinism. There is an urgent need to address the root causes of attacks and discrimination against persons with albinism particularly by preventing the spread of superstitious beliefs and myths associated with albinism.

CONCLUSION

This paper has primarily attempted to highlight the various challenges faced by persons with albinism in Tanzania. In doing so, the researchers conclude that social discrimination resulting from stigma (which stems from superstitious beliefs and myths, especially in the case of albinism) is strongly interlinked with how society perceives and reacts not only to albinism (as a disease) but also to persons suffering from albinism. Because of deep-seated superstition and lack of awareness, persons with albinism are seen as unusual (non-human) beings. They are often categorized as ‘the other’ who do not fit within ‘the normal’ category. As discussed widely in this paper, the persecution and killing of persons with albinism in Tanzania have resulted mainly due to unfounded societal ideas and explanations of albinism. The need, therefore, is to address deep-seated societal causes of albinism to prevent attacks and discrimination against persons with albinism. Further, there should be an assessment of the specific needs of persons with albinism to understand their concerns before formulating legislative measures and/or policies to protect and preserve their individual/collective rights.