

Socio-Cultural Factors Influencing the Practice of Female Genital Cut among the Maasai Community of Kajiado Central Sub-County, Kenya

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ABSTRACT: The Female Genital Cut (FGC) is a widespread practice in a significant number of communities in Kenya such as Somali (97%), Kisii (96%), Kuria (96%) and the Maasai (93%), but relatively low among the Kikuyu, Kamba and Turkana. The practice is associated with short-term and long-term health effects including pain, bleeding, infections, and in extreme cases, death of the initiates. This study focused on socio-cultural factors influencing the practice of FGC among the Maasai community and adopted a cross-sectional research design, which employed a mixed method approach to generate both quantitative and qualitative data. Quantitative data was obtained from a randomly selected sample of 200 respondents, while qualitative data was generated from Focus Group Discussions (FGDs) as well as key informants (KI) interviews. The study found out that the Maasai (71% of the respondents) considered FGC as a cultural right whose main value is a rite of passage from girlhood to womanhood, enhancing marriage-ability, and acted as a rite of passage to adulthood. FGC was also considered as a traditional demand, enhanced easy childbirth, and reduced promiscuity among girls and women in the Maasai community. The authors conclude that FGC continues to persist in the Maasai community despite various effort put to eradicate it by different stakeholders. This is because of socio-cultural issues associated with it, which by far outweighs other risks associated with the 'cut'. For intervention programmes to succeed, the authors recommend that efforts should focus on targeting custodians of culture among the Maasai community who are largely the elderly women. This will create an opportunity for change agents to devise appropriate strategies to curb the practice in the Maasai community. The devised strategies will inform various Anti-FGC interventions not only in the Maasai community, but also among other practicing communities in Kenya.

KEYWORDS: Female Genital Cut, Socio-cultural, Circumcision, Excision, Kenya.

1 INTRODUCTION

Sexual health is both an integral component of basic human health and development, as well as one of the inalienable and universal human rights (WHO, 1992). Female Genital Cut (FGC) is one of the most complicated and urgent sexual health problem of our time that requires global attention in addressing it due to its devastating impact both to the initiates and the community health at large (Giuliani, 2006). Globally, an estimated 100–140 million girls and women currently live with the consequences of FGC, most of whom live in 28 African countries (Oloo et al. 2011). Since the 1990s, national and sub-

national data collection on FGM has taken place in more than 20 countries through the Demographic and Health Surveys (Toubia, 1994). The first historical reference to FGC is found in the writing of Herodotus, who reported its existence in ancient Egypt in the 5th century B.C. He was of the opinion that the custom had originated in Ethiopia or Egypt as it was being performed by Ethiopians as well as Phoenicians and Hittites. A Greek papyrus in the British Museum dated 163 B.C. also mentioned circumcisions performed on girls at the age when their parents received their dowries. Female circumcision was practiced as well by early Romans and Arabs (Lightfoot-Klein, 1991). As recently as the 1950s, physicians in the United Kingdom and the United States also performed FGC to “treat” hysteria, lesbianism, masturbation, and other so called “female deviations” (Rahman & Toubia, 2000).

The practice of FGC is derived from varied and complex belief systems and rituals surrounding women’s fertility and control of their sexuality in traditional patriarchal societies. The reasons given by communities that practices FGC varies widely but a common reason given for the practice is that it reduces the sexual desire among girls and women, promotes virginity and chastity, maintains fidelity among married women, as well as for hygienic and aesthetic reasons (UNICEF, 2013). One of the notable trends in global FGC today is the progressive lowering of the age at which girls undergo the practice. Among communities that practice FGC, the procedure is a highly valued ritual, whose purpose is to mark the transition from childhood to womanhood (Gwako, 1992). In these societies, FGC represents part of the rites of passage or initiation ceremonies intended to impart the skills and information a woman will need to fulfill her duties as a wife and mother.

In the practicing communities in Africa, there are great incentives for families to continue the practice. In communities where it is a tradition, girls and women who do not undergo FGC are stigmatized and discriminated against for non-compliance with traditional norms (Hernlund, 2000). Stigma and discrimination may take the form of not being marriageable, as FGC is considered a prerequisite for marriage in some societies that practice it (WHO, 1992). The ‘bride price’ (paid either in cash or in kind) is part of the marriage transaction in African societies and is generally paid by the groom’s family to the family of the bride. This may not be paid if the bride has not undergone FGC. Moreover, family ‘honour’ is considered besmirched in such societies if the bride has not undergone FGC (Hosken, 1993).

In communities that believe in ancestral worship, women are instilled with a fear of the unknown through curses and the evocation of ancestral wrath. Uncircumcised women are considered physically dirty and may be barred from such daily activities as cooking and community decision making roles [UNICEF, 2013]. They are considered religiously ‘impure’ and may not be allowed to undertake certain religious functions. In some communities, unexcised women are viewed as children-even though adult-and are banned from key social functions and deprived access to resources (Hicks, 1993). Another reason why FGC is sustained is because it provides economic incentives for the practitioners who perform the ‘cut’, both in the traditional and modern sectors. In some FGC-practicing communities, traditional practitioners are given an elevated status, wield considerable power and may resist FGC being stopped (Giuliani, 2006). Girls who undergo FGC are also provided with rewards, including public recognition and celebrations, gifts, the potential for marriage, respect and the ability to participate in social functions as adult women. The rewards may motivate some girls to look forward to undergoing FGC (UN, 2012).

In Kenya, different intervention approaches have been used to persuade practicing communities to abandon FGC (Giuliani, 2006). These include interventions using a health risk approach and addressing health complications of FGC; approaches addressing FGC as a harmful traditional practice; educating traditional circumcisers and offering alternative source of income; approach using alternative rite of passage; Interventions addressing FGC and religion; legal and human rights approach; the intergenerational dialogue approach, promotion of girl’s education and empowerment to oppose FGC, and supporting girls escaping from early marriage and FGC (Humprey et al. 2007). According to the Kenya Demographic and Health Surveys (2008/9), the overall prevalence of FGC has been decreasing over the last decade. Twenty seven percent of women had undergone FGC, a decline from 32% in 2003 and 38% in 1998 (GoK, 1998). Older women are more likely to have undergone FGC than younger women, further indicating the prevalence is decreasing. However, the prevalence has remained highest among the Somali (97%), Kisii (96%), Kuria (96%) and the Maasai (93%), relatively low among the Kikuyu, Kamba and Turkana, and rarely practiced among the Luo and Luhya (less than 1%) (PATH, 1999).

In Kenya, the Maasai are a semi-nomadic community located in several districts of central Kenya. They largely dominate Kajiado county comprising of Kajiado Central, Kajiado South and Kajiado North constituencies, where they move around in search of pasture and water for their animals (IRIN. 2005). Traditionally, the Maasai diet consists mainly of cow’s milk, maize meal and meat. All of these foods are grown or reared by the Maasai, reducing their need to rely on other communities, which has in turn reduced their exposure to and influence from other cultures (IRIN. 2005). With such an ingrained sense of culture and tradition, it can be very difficult to persuade Maasai people to let go of traditional practices like FGC (Dorkenoo, 1994).

Even educated Maasai men and women, who are aware of the risks FGC poses, practice it for fear of rejection by wider Maasai society (IRIN. 2005). Regardless of how educated she may be or her high social status, an ‘uncircumcised’ Maasai

woman is considered a girl child and risks isolation from the community, as well as zero-to-nil prospects of finding a spouse within the community (IRIN, 2005). The Maasai FGC ceremony is a large annual community celebration for all girls who have reached adolescence during the year. During the course of the celebration, groups of girls mostly between the ages of 12 and 14 undergo FGC on the same day by traditional 'circumcisers' (usually experienced elderly women). Until recently, all girls undergo FGC procedure with the same sharp instrument (often a sharpened knife known as an "*ormurunya*"), after which a paste made from cow dung and milk fat is applied to stop bleeding (Ahmadu, 2000).

The type of FGC commonly practiced amongst the Maasai is clitoridectomy, which involves the removal of all or part of the clitoris. After undergoing FGC, the girls go into seclusion during which they are taught community secrets of marriage and their rights and duties as women in Maasai community. They return to society, where they are considered fully grown women, capable of being married (IRIN, 2005). FGC is as such tied into the community's sense of honour (Hicks, 1993). Despite the socio-cultural importance of FGC among the Maasai, several health complications have often been identified. The extent of the complication often depend on the type of operation, the location of the operation whether in rural community or in hospital, the eyesight of the circumcisers and the struggle by the initiate during the operation of the initiate (IRIN, 2005).

The most immediate complications include pain from lack of anaesthesia, hemorrhage of major blood vessels, and shock from blood loss and even bleeding to death. Weak urinary retention is often witnessed with initiates due to pain and fear during and after the cut (WHO, 1992). The lower urinary infection can extend upwards to the bladder and kidneys causing devastating effects including renal collapse, septicaemia and even death (Hosken, 1993). In addition, female genital mutilation may cause phobia (fear) of sexual intercourse. For instance, failure or incomplete healing of wounds on the Vagina makes penetration by the sexual partner painful for the female. Additional injury may be sustained on the sex organs during sexual intercourse, especially, if the male partner is aggressive in his approach [WHO, 1992]. This paper examines the socio-cultural factors influencing the practice of FGC in Kajiado Central Sub-County.

2 RESEARCH METHODOLOGY

This paper is an output of a study that was conducted in Kajiado Central Sub-County in the year 2012. The entire Kajiado County has a population of 687,312 inhabitants and an area size of 21, 292.7 km². Kajiado County as a whole is largely occupied by the Maasai community. Kajiado Central Sub-County consists of fourteen wards and a population size of 48,800 inhabitants. It is one of the three sub-counties of Kajiado County that share common borders with Nairobi County, Machakos County and Kiambu County. The Maasai community is known both locally and internationally because of its conservative lifestyle including their ingrained tradition and culture (Arhem, 2003). The focus on Kajiado Central Sub-County was based on the fact that it is largely dominated by the Maasai community (up to 95 %) and the Sub-County has experience violent protest by pro-FGC campaigners against government officers and the local populace who oppose the practice. The pro-FGC advocates have been women drawn from various wards in the Sub-County. The research on which this paper was drawn adopted across sectional research design that employs qualitative and quantitative methods of research. Four out of fourteen wards were sampled for the study and a sample size of 200 respondents used to solicit data needed in the study. The respondents comprised of traditional circumcisers, *manyatta* elders, traditional religious leaders, public health officers, administrative officers from the sampled wards and sampled men and women with at least five children in the study area and have underwent through the 'cut'. Data was collected by means of semi-structured interviews and focus group discussions with the respondents. The paper significantly revolves around the socio-cultural factors influencing the practice of FGC in Kajiado Central Sub-County in Kenya. This is vital in understanding how best such factors can be addressed in order to eradicate the 'cut' and its consequences to both, to the mothers as well as the young girls who are often subjected to it against their will.

3 FINDINGS AND DISCUSSIONS

3.1 SOCIO-CULTURAL FACTORS REINFORCING THE PRACTICE OF FGC AMONG THE MAASAI COMMUNITY

The researcher sought to find out the socio-cultural factors influencing the practice of FGC among girls and women among the Maasai community in Kajiado Central Sub-County. The findings were as reflected in Table 1.0.

Table 1: Socio-Cultural Reasons for Practicing Female Genital Cut (S=200)

Reason	Disagree	Agree	Total
	Percentage	Percentage	Percentage
a) Enhances marriage ability	28	72	100
b) A rite of passage to adulthood	40	60	100
c) Traditional demand	19	81	100
d) Enhances easy child birth	40	60	100
e) Reduces promiscuity	29	71	100

It is apparent from the findings that the socio-cultural factors reinforcing the practice of FGC largely relates to traditional demand, rite of passage to adulthood, enhancing marriage-ability among girls, reducing promiscuity and enhancing easy child birth among women. The findings indicated that 81 percent of all respondents agreed that FGC must be practiced because it was adopted from the ancestors, while 71% of the respondents agreed that it reduces promiscuity among girls and women. In addition, 60 percent of the respondents stated that the practice is a rite of passage to adulthood and must be done while 72% agreed that it enhances marriage ability among girls who undergo the cut. Finally, 60% of all the respondents agreed that FGC is paramount as it enhances easy child birth among women.

3.1.1 TRADITIONAL REQUIREMENT/DEMAND

The study found that the majority (81%) of the respondents said that the practice of FGC is reinforced by the traditional demand of the Maasai community. The findings showed that FGC serves as a solemn mark of identity and unity among the Maasai community. As argued by the respondents, the community identify themselves as belonging to a group whose approval as a member is confirmed through FGC (for women) and male circumcision as well. Consequently, they maintained that the practice must always be maintained. One of the female respondents during focused group discussions narrated that:

Female circumcision is our culture. Why should we be forced to abandon it when we were born into it?
Abandoning our culture would be annoying our ancestors. It would bring a curse to the entire community.

It was thus evident that the practice is considered a treasure handed down from one generation to the other and confirms identity in the society. Among the Maasai community, those who resist the practice are often considered rebels and traitors whose lives are often cursed. The community held that various occurrences such as disabilities, deaths at birth, skin diseases, lightning strikes, death during cattle raids and barrenness are consequences of abandoning of societal culture and traditions. For instance, deaths at birth can occur if a woman is not circumcised since the ancestors and guardian spirit (as held by the community) is angry at the mother. As another study confirms, FGC is a hallmark of social-cultural identity that solidifies one's sense of belonging to the Maasai society (Gwako, 1992). Besides, a study conducted by Hernlund (2000) confirmed that in Gambia, respect for what was found from the grandparents was the most strongly and commonly stated reason for performing FGC and thus, must be upheld and respected by all people in the society (Rahman & Toubia, 2000).

3.1.2 CURBING PROMISCUITY AMONG WOMEN AND GIRLS

The study established that 71 percent of the respondents practiced FGC as it helps to control female sexual urge. Most of the respondents who were intending to circumcise their girls at the time the research was being done argued that controlling their sexual desire was paramount if promiscuity in the community was to be curbed. Both men and women argued that uncircumcised girls and women are always promiscuous and stand a great risk of contracting sexually transmitted infections. One of the male respondents said that:

It is now a common knowledge in our country that communities who don't circumcise including our immediate neighbors have lost their loved ones to HIV/AIDS. Their girls are on sex spree like vehicles without breaks! We can only control such a behavior by cutting our girls at early teens.

Dignity and honor in Maasai community largely depends on the moral standards of both men and women. Uncircumcised women are greatly despised, disrespected and considered very dirty. The Maasai men argued that removal of clitoris manages women sexual excitability and thus become 'controllable' in marriage. This was a view largely held by women as well. For instance, one female respondent argued that:

That thing (clitoris) contains bad blood that constantly disturbs women and makes them sexually uncontrollable. Cutting it off is the only way to get rid of the bad blood and manage their sexual desire. HIV/AIDS can never be heard of if women and girls were all circumcised.

It is evident from such sentiments that according to the Maasai community, women who are not circumcised are always sexually loose and are very vulnerable to sexually transmitted diseases. In addition, their dignity and honor in their homes and in the community is enhanced if they are circumcised as promiscuity is argued to be very minimal. This finding was in tandem with Michelle's (2000) finding in Guinea Bissau, where from her research, she found out that FGC was considered beneficial as it calms women and makes them more faithful to their husbands (Rahman & Toubia, 2000).

3.1.3 FEMALE GENITAL CUT AS A RITE OF PASSAGE TO ADULTHOOD

The findings of the research revealed that the community considered FGC as a rite of passage to adulthood, as agreed to by 60 percent of all the respondents in the study. The findings further revealed that the Maasai community has a cultural belief that uncircumcised women are ever young girls who can never 'grow up'. When the researcher probed one of the female respondents, she quipped:

The Maasai celebrates FGC since community secrets regarding the institution of marriage are passed on to the circumcised girls. Good behavior and responsibility in marriage are passed on and thus reduces failures of responsibilities among women. Which 'morán' among our community would like to marry an uncircumcised girl who knows nothing regarding such community secrets and roles in marriage?

Among the Maasai community, initiation is an avenue through which community acceptable societal norms and values are taught to the initiates. Initiation thus moves a girl to a new social world considered by the community as a mature and responsible adult. Grown up girls who have not undergone the 'cut' are thus considered as 'children' who cannot be entrusted with any social responsibility such as decision making, cooking for the elderly, sitting with elderly mothers and advising other siblings.

Owing to the fact that girls of the same age often undergo the 'cut' and falls to the same age-set and naming among the Maasai, it is often enough reason for most girls to get circumcised even without the knowledge of the parents. Such often happens whenever a girl is 'left behind' by her age-mates. Overgrown girls who have not been circumcised among the Maasai never find a marriage mate since they are always considered as children regardless of their age.

During the Focused Group Discussion, one of the key informants argued that during the pre-initiation, the initiates are progressively introduced by their instructor to the kind of life and tasks expected of them as adult, mature and responsible Maasai women. During the healing time after the cut, the initiates are often taught how to properly behave in the community. This include; being diligent, attentive to the husband, helpful to the in-laws, and how to control their sexual life. Moreover, the initiates are taught how to dress-up and sit well as a dignified Maasai woman. It was apparent that those girls who have never undergone through the 'cut' are ever regarded as children in the community regardless of their great academic achievements in the community.

3.1.4 PROMOTION OF MARRIAGEABILITY TO THE INITIATES

The findings indicated that 72 percent of all the respondents agreed that FGC enhances marriage-ability of the initiate as they are considered mature enough to be wives. The Maasai community often considered a circumcised girl as an adult qualified by the rite of FGC to find a marriage partner. The uncircumcised girls therefore, never find husbands, and their fathers can never get the bride price unless they are married to another community. In relation to marriage-ability, one of the female respondents narrated that:

....Good behavior and responsibility in marriage are passed on and thus reduces failure of responsibilities among women. Which 'morán' among our community would like to marry an uncircumcised girl who knows nothing regarding such community secrets.....?

It was apparent that Maasai *morans* would only go for a circumcised girl since it is a taboo to marry a 'child'. Female Genital Cut is thus an approval of time when a girl is considered prepared to start their own families among the Maasai. Marriage-ability among the Maasai is achieved once a girl has been circumcised and thus, be able to bring the bride price to the girl's parents. It approves the start of a family by young Maasai man (*morán*) and the circumcised girl, failure to which it shall be considered as sexual impurity, punishable by curse from the elders as it is a taboo.

3.1.5 CHILD BIRTH ENHANCED EASY CHILD BIRTH

It was evident from the research findings that 60 percent of all the respondents believed that FGC enhances easy child birth among the Maasai. The study established that various occurrences such as disabilities, deaths at birth, skin diseases, lightning strikes, death during cattle raids and barrenness are believed to result from abandonment of societal culture and traditions. For instance, deaths at birth can occur if a woman is not circumcised since the guardian spirit is angry at the mother. Circumcised women are believed to easily give birth because, through circumcision, they not only appease the ancestors and the guardian spirit through the blood they shed, but also have their birth canal prepared for birth. One traditional religious leaders (*Loonkidongi*) during the interviews narrated that:

‘Blessed be Enkai Enkai value true Maasai who abide by our customs and tradition. He however, curses the rebels and traitors by bringing death to the community. He can send the red cock (lightning), to strike individuals who rebel, or death among the morans during cattle raids or death of the mother or child if she refuses the cut.....’

From the above evidence, the process of child birth among the Maasai is largely linked to community belief that easy child birth is brought about by the extent at which the community is loyal to their culture including FGC and the preparedness of the mother’s birth canal at birth (whether circumcised or uncircumcised).

4 CONCLUSION AND RECOMMENDATIONS

From the foregoing discussions, it is evident that even though practicing FGC is considered outdated and criminalized in Kenya, the practice is still prevalent in Kajiado Central Sub-County. The study found out that the practice of Female Genital Cut among the Maasai community in Kenya is greatly influenced by socio-cultural factors upheld by the community. The research revealed that the view that FGC enhanced marriageability; it is a rite of passage to adulthood; it is a traditional demand; enhances easy child birth; and reduces promiscuity among girls and women in the society, influences the practice to continue. Based on the findings of the study, this paper recommends that efforts to eliminate FGC should focus on the custodians of culture among the Maasai community. This will create an opportunity for change agents to devise appropriate strategies to curb the practice in the Maasai community. The devised strategies will inform various Anti-FGC interventions not only in the Maasai community, but also among other practicing communities in Kenya at large.

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