

THE INFLUENCE OF SELECTED CULTURAL PRACTICES ON SOCIAL DEVELOPMENT AMONG THE MAASAI OF NAROK, KENYA.

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ABSTRACT

This study sought to find out how some cultural practices impact on social development among the Maasai. Both quantitative and qualitative research design were employed. Purposive sampling technique was used to sample 81 key respondents. Questionnaires with both open and closed questions were used to collect information from the respondents. In addition 24 key informants were interviewed and 4 focus Group discussions were held. Female genital mutilation, polygamy, early and forced marriages were the cultural practices that were identified by the respondents to be most prevalent among the Maasai people in Narok County. Effects of these practices included increase in poverty, low education levels and abuse of women. The study recommends the need to improve the economic conditions of women and young girls; sensitization campaign on the cultural practices that are anti-development; and promotion of the girl child education.

Key terms: Culture, age grade, age set, clan, social development, polygyny, forced marriage, early marriage, female genital mutilation.

1. INTRODUCTION

Like any other society in the world, Kenya is governed by a culture whose beliefs, values, customs, and a host of social practices have a powerful influence on community life. Culture is very important for national identity. Each nation has some ways of life that are unique to it. Culture is also important for national development. As it is rightly argued, people without a culture are like a tree without roots (Taylor, 1920). Culture is at the root of national development, and for that development to be sustainable that culture must be vibrant. Some of the cultural practices common among the Maasai include: female genital mutilation, early marriages, forced marriages and polygamy. Such cultural practices have profound impact on social development. Social

development works best when it influences social institutions. (Vygotsky, 1980). This can be done by creating a more inclusive society where everyone gets a say. Social cohesion ensures that a safe and peaceful environment is created for local communities. The role of social development can be evidenced by five measures: civic activism, clubs and associations, intergroup cohesion, interpersonal safety and trust and gender equality

Social Development focuses on the need to “put people first” in development processes. Social Development promotes social inclusion of the poor and vulnerable by empowering people, building cohesive and resilient societies, and making institutions accessible and accountable to citizens (Davis, 2003).

According to Bilance (1997) “Social Development is the promotion of a sustainable society that is worthy of human dignity by empowering marginalized groups, women and men, to undertake their own development, to improve their social and economic position and to acquire their rightful place in society.” According to Amartya Sen (1995) “Social Development is equality of social opportunities”.

It is important to clarify that not all cultures practiced by the Maasai community are beneficial. For instance Female genital mutilation and early marriages for girls have been found to have a negative impact on their education. This study sought to investigate how cultural practices by the Maasai community impact on social development.

Objectives of the Study

1. To find out the various cultural practices prevalent among the Maasai community in Narok County
2. To examine the impacts of cultural practices on social development among the Maasai community in Narok County in Kenya.

2. LITERATURE REVIEW AND THEORETICAL FRAMEWORK

Cultural Practices among the Maasai.

Among the cultural practices common among the Maasai are: Female genital mutilation, early marriages, Forced marriages and polygamy.

Female Genital Mutilation

Female Genital Mutilation (FGM) is a term used to describe traditional practices that involve the mutilation of the female genitalia. It is estimated that more than 200 million girls and women alive

today have undergone female genital mutilation in the countries where the practice is concentrated. The majority of girls are cut before they turn 15 years. Considerable variations have been found between countries, with prevalence rates being over 80% in eight countries. Moreover, the prevalence varies among regions within countries, with ethnicity being the most influential factor (United Nations Children's Fund, 2016).

The World Health Organization (WHO) has classified FGM into four types (WHO, 2008). Type I involves the partial or total removal of the clitoris. Type II involves the partial or total removal of the clitoris together with partial or total excision of the labia minora. Type III is partial or total removal of the external genitalia and stitching or narrowing of the vaginal opening (clitoridectomy). Type IV is relatively rare and refers to other traditional genital mutilation such as pricking or stretching the clitoris and/or surrounding tissues. An estimated 85% of cutting operations are Type I or II with around 15% being the more severe Type III and Type IV (Toubia, 1993). Female genital mutilation is mostly practiced in North-East Africa and in Sub-Saharan Africa.

FGM is an entrenched cultural practice in over 50% of Kenyan ethnic groups. To some traditionalists FGM is an essential practice but from a medical perspective it is a harmful practice. Efforts towards its eradication can be traced back to pre-independent Kenya. Anti-FGM campaigns were conducted mainly in central Kenya, pioneered by the colonial government and the Christian missionaries. The colonial regime enacted various legislations between 1926 and 1956, seeking to ameliorate the practice by reducing the severity of the cut, and defining the age for circumcision among other regulations. After much opposition to this form of regulation in 1958, the colonial government rescinded all the resolutions outlawing FGM on the basis that it was a deeply rooted and an acceptable practice in the communities (Kenyatta, 1962)

The Kenya Demographic and Health Survey Data (KDHS 2004) shows that FGM is nearly universal among the Somalis (97%), Kisii (96%) and Maasai (93%). It is also common among the Taita (62%), Kalenjin (48%), Embu (44%) and Meru (42%). The levels are lower among the Kikuyu (34%) and Kamba (27%). This action is a violation of the right of children which is provided for by law (Children's Act, 2001), which advocates for, amongst others, the right to education.

Early Marriages

The term “early marriage” is used to refer to unions in which a girl lives with a partner as married before age of 18 (UNICEF 2005). According to UNFPA (2006) early marriage, also known as Child marriage, is defined as “any marriage carried out below the age of 18 years, before the girl is physically, physiologically, and psychologically ready to shoulder the responsibilities of marriage and childbearing.” Child marriage involves either one or both spouses being children and may take place with or without formal registration, and under civil, religious or customary laws.

Hundreds of millions of girls are at risk of early marriage and the number will only grow as population increases. There are a couple of possible scenarios: If there is no reduction in the practice of child marriage, up to 280 million girls alive today are at risk of becoming brides by the time they turn 18. Due to population growth, this number will approach 320 million by 2050. The total number of women married in childhood will grow from more than 700 million today to approximately 950 million by 2030, and nearly 1.2 billion by 2050. The number of girls married while under age 18 each year will grow from 15 million today to 16.5 million in 2030 to over 18 million in 2050. (United Nations Children’s Fund, 2014)

Forced Marriage

After marriage, the woman may only associate sexually with age-mates of her husband and those who do not belong to the same sub-clan as herself or who are closely related to her (Talle, 1988,). There is said to be an increase in girls fleeing their homes to escape FGM and finding refuge in boarding schools. This has increased pressure on the government to intervene in areas where FGM is practiced and enforce laws that are against the practice. Although the opinions of women on this subject are not widely reported, they do voice their opposition to forced early marriages. Talle (1988) reports that among the Maasai, many women complained about their marriages to old men. She says, “One of them said to me, *‘You try and you try but nothing happens’*-hinting at the failing potency and impregnating power of her husband and regretting her choice of the partner. Typically a girl’s husband is already decided by the time of her circumcision. She is unlikely to know him personally, and should be respectful of her father and not interfere, but rather hope that he made the right choice (Talle, 1988). Whenever one witness a Maasai wedding you feel sad for the bride because of the submissiveness and anxiety that is displayed. A young teenager faces a strange life

with a strange man; she is forced to change residences, and will undergo social pressure to procreate. In many respects marriage is a major life crisis for Maasai women (Talle, 1988).

Polygyny

Gatonye (2013) argues that polygyny is slowly declining at a rate of about 3% every 5 years owing to the pressures of modernization. Though polygynous families are still common they are declining in number and some are living secretly in polygynous unions. It is estimated that 2.5 million Kenyan men live in polygynous unions. In these families there is an average of 2.57 wives for every husband. The Kenya Demographic Health Survey (2009) estimates that 60% of women in Kenya are married and 13% of them are in polygynous unions. The same document says that about 50% of men in the country are married with 7% of them in polygamous unions, a fairly substantial size of the population.

Theoretical Framework

This study has used two theories to understand the link between culture and social development among the Maasai. These theories are the cultural lag theory and the social development theory.

The term cultural lag refers to the notion that culture takes time to catch up with technological innovations, and that social problems and conflicts are caused by this lag. According to Ogburn (1966) cultural lag is a common societal phenomenon due to the tendency of material culture to evolve and change rapidly and voluminously while non-material culture tends to resist change and remain fixed for a far longer period of time. Due to the opposing nature of these two aspects of culture, adaptation to new technology becomes difficult. Cultural lag creates problems for a society in a multitude of ways. The issue of cultural lag tends to permeate any discussion in which the implementation of some new technology is involved.

The proponents of this theory argues that in society social change takes place in the material culture and that adaptive non-material culture (belief systems) changes extremely slowly in spite of changes elsewhere. The term cultural lag refers to the notion that culture takes time to catch up with technological innovations. Different rates of changes in material and non-material culture account for this lag and social problems and conflicts are caused by this lag. In this study cultural lag is conceptualized as the maladjustment between ideas, attitudes and aspects of institutional practices which are both elements of non-material culture. Incidentally the Maasai girl

child is caught up in this web of non-adaptability and maladjustment of elements of non-material culture.

Social development theory, was formulated by Lev Vygotsky and it place emphasis on culture and how it shape cognitive development. Vygotsky (1980) believes that community plays a central role in the process of learning. In the social development theory, Vygotsky primarily explains that socialization affects the learning process in an individual. Socialization plays a major role in the propagation of new ideas once they win the support of the society. A family is a miniature version of the larger society; it educates the younger generation and transmits social values like self-restraint, responsibility, skills and occupational training. Though children do not follow their parents' footsteps as they did in the past, parents still mold their children's attitudes and thoughts regarding cultural practices such as FGM, polygyny and early marriages.

3. RESEARCH METHODOLOGY

Site Selection and Description

Narok County is situated in Kenya along the Great Rift Valley. It is named after, Enkare Narok, the river flowing through Narok town. It covers an area of 17,944 sq km and has a population of 850,920. The temperature range is 12 to 28% c and the average rainfall range from 500 - 1,800 mm per annum. The Maasai Mara National Park, an important tourist destination, is located in Narok County. It is home to the Great Wildebeest Migration which is one of the “Seven New Wonders of the World”. Narok County constitutes 6 sub-counties namely: Kilgoris, Narok North, Narok South, Narok East, Narok West and Emurua Dikirr. Narok town is the Head Quarters of the Narok County and stands as the major centre of commerce in the county. The study covers four regions namely: Olopito, Olchorro, Olorropil and Mau.

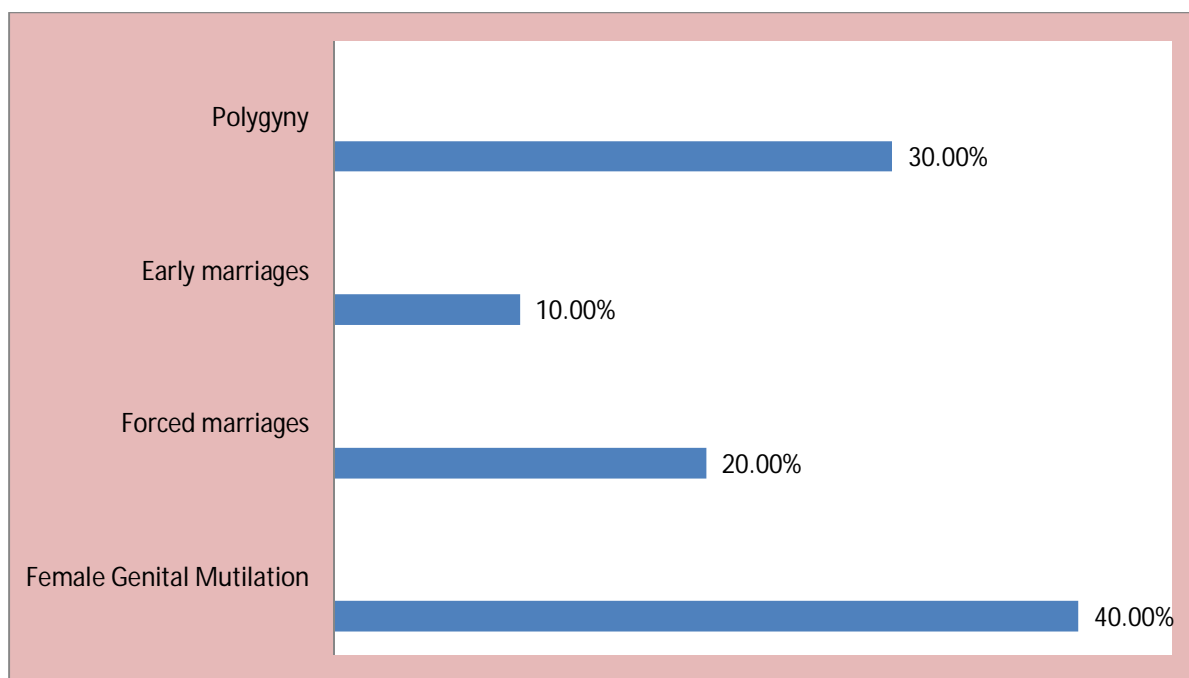
Sample size and research design

Both quantitative and qualitative research design were employed. Purposive sampling technique was used to sample 81 key respondents. Questionnaires with both open and closed questions were used to collect information from the key respondents. A key informant's guide was used to interview the key informants while a focus group discussion guide was used to hold the focus group discussion. The researchers interviewed 24 key informants and held 4 focus group discussions.

4. FINDINGS OF THE STUDY

In this study 50% of the respondents were between 25-35 years, 47% were aged 36-45 years and only 3% were more than 45 years old. The respondents with post-secondary level of education constituted 35% (degree level), 10% Diploma level and 10% certificate level making a total of 55% of all surveyed respondents. A considerable number (35%) of respondents had high school level of education, 5% had attained education up to primary school with only 5% not having attained any formal education.

Prevailing Cultural Practices Among the Maasai



Respondents were asked to name the most prevalent cultural practice among the Maasai of Narok. According to 40% of the respondents FGM was the most common practice followed by polygyny with 30%, forced marriages (20%) and finally early marriages with 10%. These results imply that polygyny, FGM, forced marriages and early marriages are the most salient cultural practices among the Maasai people.

On FGM, the researchers found that the attitude of men would contribute significantly to the stoppage of FGM. Some of the men interviewed said they would not marry an uncircumcised woman. Similarly, one of the Key informants testified that:

“meyamayu enkitok nememurata amu meitirringa na keiborr onyek”- meaning that male relatives are prohibited from marrying uncircumcised women as they are believed to be impolite and promiscuous.

The high school girls who participated in the FGD said that:

“FGM is mostly practiced on girls during the June and December holidays. Girls are circumcised after completing Class Eight or Form Two or after completing Form Four”.

They added that this was often done in order:

“to reduce suspicion, because if one is circumcised during school time then there will be questions from the school authority”

It was also reported that FGM is sometimes preferably done when girls are older. The reason women gave as to why most of the girls were circumcised when they were much older was so that *“they can be taken through traditional ‘adulthood’ training.”* On the other hand some of the girls said they preferred to be circumcised at the age between 12- 17 years as an alternative rite of passage and so that they could ‘fit in’ their peer group.

FGM was also performed for ceremonial purposes. Fathers circumcised their daughters in order to throw a party to members of the community. In return the Father would get gifts from his relatives, friends and age mates. The young man who would be his future son-in-law was also expected to bring gifts to his father in-law which included cows, goats and sheep. These ceremonies are however dying because FGM is performed in secret for fear of being arrested by the police. The respondents argued that there are no ceremonies any more when a girl is circumcised. The only ceremonies that are still conducted are for boys. Girls are taken through FGM silently. The

respondents said that it took about 4-6 days for a girl to heal from the cut so nobody noticed that she had been sick with the cut. Peer pressure was another reason for FGM. Uncircumcised girls were considered as children while circumcised girls were considered to be adults. One of the high school girls in one of the FGD's had this to say about peer pressure:

“Uncircumcised girls are sometimes forced to cut themselves or even force their parents to have them go through FGM due to peer pressure.”

Impact of Cultural Practices on Social Development

The impact of cultural practices included low educational levels, spread of diseases, abuse of women break up of families and poverty.

Educational level

Many Maasai families cannot afford to give their children formal schooling, so to protect their daughters from lives of poverty they chose to marry them off at a young age. Because Maasai girls are traditionally considered children until they are circumcised, this in many occasions is forced marriage. FGM is seen as imperative for a Maasai girl to undergo before she is married. Once they undergo this practice the young girls are married off immediately and hence they are forced to drop out from school.

Spread of diseases.

The health problems linked to early marriage not only affect the pregnant mother and the fetus, but also continue after child birth. One woman said during an FGD:

“Being a Maasai woman who knows the effects of FGM, I feel obliged to tell about the harm that is brought to the girl child. Excessive bleeding can occur during the practice and can lead to death. Today, because the procedure often has to take place in hiding, female circumcision is mostly performed using shared and unsterilized objects, which can lead to HIV/AIDS and tetanus, and damage organs including the vaginal walls. Inflammation of the cells around the circumcision area also occurs shortly after the operation. The long-term effects of FGM include chronic infections of the reproductive parts, pain during sexual intercourse, and difficulties in childbirth”.

Abuse of females

FGM is unfair to the girl because it exposes her to serious health complications. It is also mostly done against her wishes and it is a violation of her rights. In the Maasai community, once a girl undergoes circumcision, she can start a family. This belief has contributed greatly to the practice of early marriage among the Maasai. These young girls do not have a say in the family because of their age and this has a major impact on decision making in the family. The young women are denied participation in any family or community activity and their rights are abused. They are denied opportunities to own properties, and they are expected to have sex with the husbands' age mates against their wish. Women are not given an opportunity to choose their spouses but are chosen by their fathers according to their preferences and they are forced to comply without questioning.

One of the village elders during a key informant interview had this to say:

“We Maasai people value our culture. Even though polygamy, female circumcision, early and forced marriage are outdated practices, it is hard for a person to leave their way of life and adopt a new one. If this change has to happen, it will happen gradually”.

Broken families

Some of the respondents argued that the presence of polygamy in Maasai culture and the absence of “Imurranhood” (warriorhood) for women are proof that women were subordinate. Polygamy, however, is not used to lower a woman's status. Taking a new wife does not threaten existing rights in ownership of resources. However such practices sometimes cause family conflicts in terms of sharing resources. This sometimes lead to broken family and enmity among family members. Cattle that had already been allocated to the first wife during marriage will not be used as dowry for the new wife, but rather the husband draws from his personal herd which has not been allocated to anyone. The first wife may receive senior status in that she is acknowledged by the younger wives and called “mother”, but all wives are treated equally by the husband. The first wife has a large say in their husband's subsequent marriages.

Poverty

Emuratare is the circumcision ceremony and is considered to be the most essential rite of passage in the life of a Maasai. The circumcision ceremony was shared between both males and females. It was only recently that the circumcision of females started to slowly decline. The planning that goes

into the circumcision ceremony can be very cumbersome. The Maasai take into account the location as well as the time of day the ceremonial initiation takes place. This is a ceremony that takes at least three to four months. It has a negative impact due to reduction of resources in terms of spending. These ceremonies require the concerned families to slaughter several cows and goats and other food stuffs for the community. During these ceremonies girls drop out of schools due to pregnancies and early marriages. Young men also drop out of school to join moranism (warriorhood).

Impacts of Cultural Practices on Social Development Among the Maasai



5. CONCLUSIONS AND RECOMMENDATIONS

Conclusion

This study found that several cultural beliefs and practices were prevalent among the Maasai and they negatively affected social development in the community. The study also found that the female gender was the most affected by the cultural practices among the Maasai people.

Recommendations

The following recommendations were made:

1. The media and other stakeholders should intensify awareness campaigns in the Maasai community.
2. Education for women is vital to the realization of their rights. Girls' education should be promoted so that they realize their full potential.
3. Campaign against cultural practices that are anti-development must involve both men and women in order to increase the acceptance of new practices and ideas.

REFERENCES

- Bilance, "A world in balance – Bilance stands for Social Development: Policy paper".
- Davis, Gloria. (2003). "Who We Are and What We Do: A Contribution to the Social Development Strategy." Social Development Strategy Background Paper. World Bank, Washington, D.C.
- Taylor E. B. (1920). *Primitive Culture*. New York: J. P. Putnam's Sons.
- Gatonye Gathura, (2013) Polygamy still deeply rooted in Kenya despite image of modernity, standardmedia.co.ke, Nairobi.
- Kenya Demographic and Health Survey (2004) - Universal Health Central Bureau of Statistics. Demographic and Health Survey – 2003.
- Kenya Demographic and Health Survey (2008-09) The DHS Program Kenya Institute for Public Policy Research and Analysis, Nairobi.
- Kenyatta, J (1962). Christianity and clitoridectomy, in Desai, R (ed.), *Christianity in Africa: as seen by Africans*. Denver: Alan Swallow. New York.
- Government of Kenya: *The Children's Act (2001)* Nairobi: The Government Printers.
- Ogburn, William F. (1966) *Social change: With respect to cultural and original nature*. Oxford England: Delta Books, PsycINFO. EBSCO. Langsdale Library, Baltimore,
- Singh S. and Samara R. (1996). "Early marriage among women in developing countries" in *International Family Planning perspectives*, vol.22, No 4 pp 148-157+175, Guttmacher Institute.
- Talle, A. (1988). *Women at a loss: Changes in Maasai pastoralism and their effects on gender relations*. Stockholm: Stockholm Studies in Social Anthropology.
- Toubia N (1993) *Female Genital Mutilation: A call for Global Action*. New York: Rainbow
- UNFPA, (2006) http://whqlibdoc.who.int/publications/2008/9789241596442_eng.pdf Retrieved 8/10/2017
- UNICEF. (2005). *Early marriage: A harmful traditional practice: A statistical exploration*, N.Y, USA
- United Nations Children's Fund (2014) *Ending Child Marriage: Progress and prospects*,
- United Nations Children's Fund, (2016) *Female Genital Mutilation/Cutting: A global concern*, UNICEF, New York.

Vygotsky, L. S. (1980). *Mind in society: The development of higher psychological processes*. Harvard university press.

WHO (2008) *Eliminating Female Genital Mutilation: An interagency statement* OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, WHO http://whqlibdoc.who.int/publications/2008/9789241596442_eng.Pdf Retrieved 27/9/2017

WHO (2013) website: http://www.who.int/topics/female_genital_mutilation/en/ Retrieved 24/10/2017