

The State of Female Genital Mutilation among Kenyan Maasai : The View from a Community Based Organisation in Maa Pastoral Society

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The State of Female Genital Mutilation among Kenyan Maasai: The View from a Community-Based Organisation in Maa Pastoral Society ¹⁾

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The purpose of this paper is to examine how Maasai rites of passage into womanhood have transformed through the influence of biomedicine, changes in their living situation, the anti-ritual violence movements, and the ban on female genital mutilation (FGM).

The Maasai are pastoralists who live in northern parts of Tanzania and western Kenya. In Maasai culture, when boys and girls turn around 15 years old, they are circumcised as rites of passage for entering adulthood. The circumcision ritual is called emurata in the Maasai language. However, female circumcision causes harmful effects on the female body and mind. Activism against FGM began in Kenya and a law was passed in 2001 forbidding FGM. Now, in fact, Maasai girls' emurata is a violation of the law.

This study addresses two aspects of the current state of FGM in Kenya: (1) how outside actors, such as non-governmental organizations (NGOs), perceive Maasai girls' emurata, and (2) how emurata has transformed due to pressures such as anti-FGM activism and the law. These issues were investigated through research into a community-based NGO led by Maasai women, field research, and interviews with Maasai people.

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1. Introduction

The Maasai are pastoralists who live in northern Tanzania and western Kenya. In Maasai culture, when boys and girls reach approximately fifteen years of age, they are circumcised as rites of passage into adulthood. This custom is called *emurata* in the Maasai language. However, female *emurata* causes harm to the heart and body. This ritual violence is now internationally referred to as female genital mutilation (FGM). Kenya has begun to take actions against FGM, passing legislation in 2001 to prohibit it. The purpose of this research is to examine how Maasai female rites of passage have been transformed by the pressure of movements and the laws passed against ritual violence.

2. FGM in Context

This section defines FGM, elaborates upon its history, and states the purpose of this research paper.

2.1 FGM as a Harmful Custom

FGM is a practice that modifies the female genitalia for cultural reasons. This custom has been used in many societies, mainly in Africa, as a cultural practice or a ‘cure’ for sexually transmitted infections in the context of ethnic health care. FGM is known to have harmful effects on women, such as severe pain, prolonged bleeding, infection, infertility, and even death (Table 1). This custom is now internationally regarded as ritual violence that violates the human rights of women. It is considered a harmful custom related to forced early marriage (The International NGO Council on Violence against Children 2012). According to UNICEF (2013), societies in 29 countries, mainly in Africa, still practice FGM.

In Kenya, 27.1% of women had experienced FGM, and the number reached 73.2% in Maasai areas in 2008. Table 1 classifies the types and harmful effects of FGM, according to the World Health Organization Media Center (2017).

Of the four types of FGM listed in Table 1, type 1 is the most commonly practised, followed by type 2. In some areas in Africa, although, type 1 is called *sunna*, which is an Islamic custom, FGM does not appear in typical Islamic teachings (El Saadawi 1980). Type 3 tends to be practised in societies that mandate virginity for unmarried women. All types of FGM are associated with the risk of haemorrhaging. In many cases, a single knife is used on multiple girls. In addition, there is a risk of HIV-infection.

According to this research, Maasai women practised excision (type 2) until 2000 and have practised clitoridectomy (type 1) since 2001. A Maasai nurse

Table 1 Types and harmful effects of FGM

Type	Procedures	Harmful effects
Type 1: Clitoridectomy	Partial or total removal of the clitoris	<i>Immediate Complications:</i> Severe pain, shock, haemorrhaging, tetanus or sepsis, urine retention
Type 2: Excision	Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora	<i>Long-term consequences:</i> Recurrent bladder and urinary-tract infections, cysts, infertility, an increased risk of childbirth complications and neonatal death
Type 3: Infibulation	Narrowing of the vaginal opening through the creation of a covering seal	
Type 4: Other	All other harmful procedures performed on the female genitalia for non-medical purposes	

Source: WHO Media Centre (2017)

working at the hospital in Narok explained to the author that, when delivering a baby, if a Maasai woman has been subjected to excision and the scars coalesce, they can be split open. In that case, the doctor must cut the genitalia prior to delivery, if necessary, to prevent further damage to the FGM scars (Personal communication with Sophie,²⁾ 3 July 2015).

2.2 Outline of the History of FGM-intervention and Colonialism

2.2.1 The Colonial Period

Starting in the seventeenth century, doctors and missionaries voiced opposition to FGM both on medical and moral grounds. During the colonial period, Christian missionaries who settled in eastern Africa witnessed FGM and appealed to the colonial governments to restrict it (Tominaga 2004). Since 1925, all forms of FGM except for clitoridectomy were restricted by law and only circumcisers certified by the British East Africa Commission were permitted to carry out the procedure (Nukata 2000). These regulations threatened native Kenyans: Not only had colonialism infringed upon their lives, wealth, and liberties, now it was also oppressing their culture. People in many parts of Kenya resisted these legal restrictions. As a result, the practice of FGM became a focal point for cultural nationalism (Thomas 1998). Opposition to FGM during this period was based on medical and moral considerations and the prevention of FGM was enforced by colonial authority.

2.2.2 World Conference of Women

In the 1960s, many African countries gained independence from their European colonisers. In 1974, reproductive rights, which encompass one's right to make decisions with regard to sexuality and reproduction, were advocated at the International Conference on Population and Development in Cairo. In 1976, the United Nations' 'Decade for Women' began, inspiring public discussions and bringing visibility to gender-related issues throughout society and across social classes. During this Decade, anti-FGM campaigns, such as the one led by Fran P. Hosken, were launched. In Africa, an NGO called the Association of African Women for Research and Development (AAWORD) was organised in 1977, and put the issue of FGM on the table. The rise of feminism provided an impulse for widespread insistence upon the elimination of FGM.

In 1980, halfway through the United Nations' Decade for Women, FGM was discussed at the World Conference of Women in Copenhagen and 1,800 people from 120 countries attended. Although FGM was characterised as a 'barbarous custom which must be abolished immediately' at the Western-led NGO forum, African attendees criticised media reporting on the topic, arguing that they only emphasised the harmful effects of FGM without considering the reasons and

context of the practice. At the World Conference of Women, African women who had experienced FGM were excluded from the discussion, so they had no chance to contribute to defining the problems caused by FGM or deciding how to publicly discuss the issue (Tominaga 2004).

The criticisms of how these discussions were conducted demonstrate, on the one hand, that FGM-intervention was deeply intertwined with the history of colonialism, and, on the other, that FGM-related issues are not monolithic and require a multi-faceted approach. Therefore, in the aftermath of the Copenhagen Conference, FGM research entered a new phase, with research being conducted in various fields such as anthropology, sociology, and history, among others (Tominaga 2004).

2.2.3 Terminology

In the second half of the twentieth century, international society categorised female circumcision practices as a form of violence on the grounds that it violates the basic human rights of women. Since then, this ritual violence has been referred to internationally as female genital mutilation/cutting (FGM/C), or female genital surgery (FGS).

3. FGM in Maasai Culture

This section discusses the Maasai people, their society and culture; next, it examines the cultural context and reasons for the practice of FGM among the Maasai.

3.1 Maasai People

The discussion of the Maasai people in this section is based on published ethnographic research (e.g. Talle 1988; Spencer 1988, 1993; Spear and Waller 1993) and the author's own fieldwork (2012-2015). The Maasai are Maa speakers who live in northern Tanzania and western Kenya. The Maa language belongs to the eastern branch of Nilotic languages, and is spoken by the Samburu and Chamus in central Kenya as well as the Maasai in Kenya and Tanzania (Sommer and Vossen 1993: 25). The Maasai consists of about twenty subgroups called *olosh/iloshon* in Maa, and the members of each subgroup share a dialect, a cultural ecology, and ethnicity (Meguro 2014). Members of some of these groups work in agriculture or fishing; however, most Maasai are pastoralists (Spear 1993). The author's field research was conducted among members of the Pruko subgroup who live as pastoralists.

A subgroup is further divided into neighbouring groups (*enikutoto/inkutot(ot)*). In the context of this paper, the terms 'community' or 'village' refer to such

neighbouring groups. Neighbouring groups consist of homesteads (*enkang/inkangitie*) and community areas; members communally use and manage grass fields and wells. The homestead (*enkang*) is a fundamental social unit for collectively managing livestock and sharing food. A single *enkang* may be the home for several families (*olmarei/ilmareta*). A family is the basic social unit within Maasai society (Meguro 2014: 114-115).

3.2 Gender in Maasai Society

3.2.1 Family and Residence

The research site was a village (*enkutoto*) located in Narok County, consisting of between 140 and 150 homesteads (*enkang*) and about 1,400 people, almost all of whom are Maasai. The author conducted research at this village (Village A) for a total of nine months from December 2012 to August 2015. The information gathered in this research comes from participant observation and interviews with Maasai people.

According to adult villagers, the land of Village A was divided between every adult man in 1990s, and the shared field for grazing livestock has disappeared. From participant observation, it became clear that many residents have switched from pastoralism to agriculture and livestock grazing as a consequence of this change in land use. Some people raise maize, potatoes, and beans in their fields for household use or for sale. Others lease their fields to plantation companies. A cash economy predominates in the village. Village A has a public hospital, a church clinic, a public school, a community well, and several churches.

Many homesteads in this village are composed of one male householder, his wives, their children, and sometimes the householder's mother or father. A homestead includes each wife's house (sometimes the living place is separated from the kitchen hut), a barn, and a hut for the cattleman. Basically, to follow the customary law of the Maasai, land, homestead, and livestock belong to the man of the household, but each house belongs to each wife of his. Traditionally, building a house is a woman's role (Von Mitzlaff 1988: 40), and so it is Village A. When a woman is received into her husband's family, she has to construct her own house from posts and plaster made of a mixture of earth and fresh cow dung (Von Mitzlaff 1988). In Village A, the woman and her children live in one house and her husband visits his wives' houses one at a time.

Polygamy is a common social practice among the Maasai (Sankan 1971), and the author's field research determined the rate of polygamy to be about 41%. In Village A, monogamy has become more widespread for economic and religious (Christian) reasons. Some people consider polygamy undesirable because of the threat of economic unfairness or domestic violence from stepmothers or stepbrothers/sisters (personal communication with Michael and Jane, June 2015).

Therefore, some homesteads consist of a nuclear family.

3.2.2 Life Course

The Maasai adjust their lifestyle and behaviours according to age. This is called an age system and is key to understanding their life stages and the social roles they assume according to their stage in life (Spencer 1993). The Maasai practise body modifications, such as piercing and scarring, which are often age-specific. During early childhood, there is little distinction between boys and girls in terms of expected behaviour, position, or field of activities. According to their age, they help adults with housework, childcare, or herding.

When a child is old enough to withstand pain, their father cuts large holes in their earlobes so that they can wear larger ornaments as a first sign of puberty. After that, boys begin to avoid girls more strictly than before (Spencer 1988: 56-58).

When boys and girls reach the age of about fifteen, they undergo rites of passage including FGM/circumcision, symbolising the transition from childhood (Von Mitzlaff 1988; Talle 1988; Spencer 1993). After these rites, boys become young men and wait about fifteen years before marrying and participating in reproduction. Men can marry, becoming full adults, after they have grown past young manhood. After that, they are able to have children of their own. On the other hand, immediately after the end of their rites of passage, girls marry men who are about fifteen years older, and they are expected to have children right away (Von Mitzlaff 1988; Talle 1988).

3.2.3 Division of Labour by Gender

Social roles are determined not only by age, but also by gender (Sankan 1971; Talle 1988; Spencer 1993). Adult men (i.e., married men) participate in decision-making and village politics. For example, they discuss how to use the land and negotiate with migrants who enter the village. Men also manage their homestead. They have rights of determination when arranging their children's marriages, and they decide how to use livestock. Their roles are to care for the cattle at home, to work as migrant workers in nearby cities, or to take formal employment. Herding cows is exclusively a man's responsibility, but women and children are allowed to herd sheep and goats. In addition, milking cows and other livestock is done by women (Hodgson 2001).

Adult women (i.e., married women) manage the homestead in practical matters. Their main responsibilities are housework and childcare. However, there are few descriptions of women's work in previous studies except in ethnographies by feminists (e.g. Talle 1988; Von Mitzlaff 1988). Based on participant observation in Village A, women's work involves a variety of tasks spanning the entire day.

Raising money to buy foodstuffs is also the woman's responsibility. Women run small businesses, such as selling milk, cash crops, or bead ornaments. They also manage the money that they, their husband, or their children earn. A home, and specifically the kitchen, is considered a woman's space. It is considered undesirable for a man or a young man to enter the kitchen.

According to participant observation of adult women, the homestead is almost entirely managed by women and family members depend on women. It can be said that the managers of the homestead are adult women. Maasai women are, however, considered property to be exchanged among their fathers and husbands; consequently, women have no rights to own or inherit property of their own (Sankan 1971; Talle 1988). Women in Village A can sell milk and earn small amounts of money, but the cattle belong to the men. Although the fields belong to their husbands, they raise and sell cash crops. Further, although the husband is the landowner, every house belongs to the woman who has built it. Moreover, housework and childcare are unpaid labour. Women cannot access property without their husbands, which makes it very difficult for them to achieve economic independence from men. This leads to an unequal balance of power between men and women in the homestead.

3.2.4 Marriage and Bride Price

Most Maasai women marry at a socially acceptable (young) age to reduce the economic burden on their parents and to access their husbands' property because they themselves cannot inherit property from their fathers (Sankan 1971).

Among the Maasai, marriage makes it possible for a woman to achieve a stable social status and to manage some wealth. According to previous studies, it was common for a Maasai woman to marry the groom of her parents' choosing, and normally the man would be around fifteen years her senior. However, in Village A, most parents prefer grooms who are no more than ten years older than their daughters. A bride and a groom are expected to be members of different clans or sub-clans (Sankan 1971); recently, however, arranged marriages between members of the same clan have become more common in the village. Whenever a marriage takes place between a bride and groom from the same clan, the groom gives a cow to his bride's father as penance.

A woman's marriage is important to her parents. Parents strive to earn a lucrative bride price, such as livestock, in exchange for their daughters (Talle 1988). In terms of price, there is little difference between various subgroups and clans. In the author's field research, a man need to offer enough gifts, such as a large amount of sugar, beer, tealeaves, snacks, and clothes, to the bride's family in negotiating the bride price with the parents. Many men pay the bride price in instalments, to be completed before their son's *emurata*.

Though traditionally the Maasai have practised polygamy, the younger generations in Village A have tended toward monogamy. Domestic violence was once a fixture of every marriage (Hodgson 2001), but this is gradually declining: Nine out of twenty female married interviewees told the author that they had experienced domestic violence.

3.2.5 Social Status of Women

According to interview results, the proportion of married women enrolled in school is about one in three in Village A. However, many parents (especially mothers) now say that they have begun to value formal education for their daughters.

In Village A, some married women organise self-help groups to manage financial matters together and to attempt to make money of their own. One, for example, was organised in 2012 by a Maasai woman who ran a business selling old clothes in Narok town. She dropped out of primary school, but put great effort into her own business and into organising this self-help group for married women. She now participates in the Kenya Women Finance Trust (KWFT), a deposit-taking microfinance bank in Narok, and has learned how to manage microfinance.

Village A has several Protestant churches; 255 adult believers are confirmed in the village. A lot of women go to church on Sundays, some of whom sing in the choir and explore other ways of taking control of their lives. Despite the low social status of women in Maasai culture, many women are working to improve their position in society and gain political influence.

3.3 *Emurata* in Rites of Passage

3.3.1 Life and Rituals

Rites of passage are performed to mark the end of childhood. As mentioned above, boys become young men through such rites and afterwards they live as young men for many years before marrying or having children (Spencer 1988), whereas girls enter adulthood through marriage after completing their rites of passage. *Emurata* (circumcision) is the central component of the rite of passage for both men and women. Through *emurata*, subjects 'remove the dirt of childhood' and become socially able to participate in reproduction (Talle 1988: 105).

After *emurata*, a boy becomes a young man (*olmurrani/ilmurran*). *Ilmurran* is translated as 'warrior' in many studies (Spencer 1988; Spear and Waller 1993) because their most important role is to protect the community as soldiers. Following *emurata*, young men undergo multiple rituals over the course of about fifteen years, leading up to their marriage. During this period, young men observe numerous taboos regarding food, lifestyle, and sexual behaviour (Spencer 1988). This age group is a component of the age system that is fundamental to Maasai society, and the initiation of boys involves such an elaborate ceremony that it has

attracted attention from many anthropologists, including ethnographic research by Spencer (1988) and a doctoral dissertation by Jacobs (cf. Hodgson 2000). By contrast, *emurata* on girls has received little scholarly attention.

3.3.2 *Emurata* as a Rite of Passage

In some studies, female *emurata* is translated as ‘circumcision rite’ or clitoridectomy (Talle 1988: 104). Some of the steps before and after a girl’s *emurata* resemble those of the boy’s, except that no symbolic fire is lit after the operation (Talle 1988: 104-105). Indeed, most studies have overlooked details of these steps or have failed to describe the female rituals in comparison to the male. Some studies describe the processes surrounding female *emurata* as a ‘ritual’ or ‘initiation’ (Spencer 1988), while others refer to them as a ‘ceremony’ (Talle 1988). Definitions may vary, even within a single ethnography.

It is argued that this inconsistency of terminology indicates that female *emurata* has been disregarded as a rite of passage in previous studies. Women do not achieve the status of a specific age group³⁾ following the *emurata* operation, so there is no initiation involved in the female rite and, unlike male *emurata*, the female ritual is performed on an individual basis. In addition, after *emurata*, a girl must stay in her mother’s house for several months, not in the bush or a girl’s hut, so girls are not isolated from daily life at this time. However, after *emurata*, girls wear ritual dress and obey various taboos regarding human contact and sexual behaviour in the living space. A girl achieves a moratorium status called ‘*enkaibartani/inkaibartak*’, meaning ‘the one who is being looked after’ (Talle 1988: 107-108). She is attended to by an uncircumcised girl, eats nutritious food, and is exempted from any labour that girls and women would otherwise perform. This treatment is analogous to that of pregnant women and nursing mothers among the Maasai.

This paper regards these processes as part of the female rite of passage and describes them in detail. It is important to describe the rituals undertaken by Maasai women to gain insight into their attitudes toward the practice of FGM. Conversely, it is equally important to examine efforts to eliminate FGM.

This paper describes the ceremonies surrounding female *emurata* based on the author’s field research and existing ethnographic literature (Von Mitzlaff 1988; Talle 1988), which is based on field research in the 1970s and 1980s. The author conducted interviews with Maasai people and collected details on the process of female *emurata* over the course of four research trips between 2012 and 2015. The interviewees are 30 Maasai women aged between eleven and seventy-five years, and seven Maasai men between the ages of fourteen and fifty-three.

3.4 Female Rite of Passage

The situation surrounding recent rites of passage differs from what is described in previous ethnographic research (cf. Von Mitzlaff 1988; Talle 1988). Specifically, the season of initiation, types of *emurata*, and the tools used in the operations have changed. At present, male and female *emurata* are both performed during the school vacation period in December. Previously, in the 1980s, *emurata* was conducted when girls reached the age of 13 (Von Mitzlaff 1988; Talle 1988). According to the interviewees, after the mid-1990s, many girls completed this rite at the age of 15 or 16, after they graduated from school. The greatest change over time has been what occurs after the rite. Now, most women do not marry at the end of the rites; rather, they return to school or stay with their parents, where they are supported until a marriage is arranged. This is because parents today no longer favour early marriage and prefer to educate their daughters through secondary school. The process of the rite is described below.

3.4.1 Shaving and Bathing

Shaving and bathing are the same as those described in existing ethnography. The day before the *emurata*, a cow, goat, or sheep is slaughtered, and girls are made to shave their hair and eyebrows. In some areas, girls smear the fat from the slaughtered livestock on their heads and eyebrows after shaving. The next day, they bathe in cold water; if there is a river near their home, they run there to bathe early in the morning and then run back home. It is thought that the cold water numbs the girl so she will feel less pain during the *emurata*.

3.4.2 *Emurata*

After bathing, the *emurata* is performed by an elder woman, called an *enkamuratani*, who is skilled in the procedure. The author's research finds that the types and tools of *emurata* have gradually changed. In two cases, the female doctors conduct girls' *emurata* in their homes. The *enkamuratani* uses a small razor called an *eembe*, of which there are three types: 1) a small square razor; 2) a surgical knife; and 3) a small triangular razor made from tin (*olmurunya*), which was used until 1980. Until 2000, the *enkamuratani* used the same *eembe* for all girls' *emurata*, but after 2000, she began to use a separate *eembe* for each girl to prevent HIV-infection. In the past, a larger portion of girl's genitalia were cut, but since 2000, most *emurata* performed in the author's research village were clitoridectomies (excision of the clitoris). Some *enkamuratani* administer a tetanus vaccine before the operation; however, there is no refrigerator or injector in many Maasai villages, so the vaccine may lose its efficacy. Most of the interviewees say that the person who decides on and prepares their *emurata* is their father.

Some elders informed the author that girls who live in homesteads called *boma*,

which are houses built around a fence of livestock, are cut inside the fence at their homes. However, most of the interviewees say that their *emurata* was held either inside or outside of their biological mother's house. The rest of them were cut in the cowshed. One woman says that her *emurata* was held on the left side of a detached building used as a kitchen. In most cases, married women attend the girl's *emurata* as witnesses.

The Maasai are not concerned with whether the bride is a virgin or not, but they consider it to be a grave impropriety for a woman who has not passed *emurata* to become pregnant (Talle 1988). If a woman becomes pregnant before her *emurata*, she will either undergo the procedure immediately or be forced to have an abortion (Sankan 1971).

3.4.3 *Enkaibartani*

Girls who have completed their operation wear black, blue, or purple clothing and a headdress. At this stage, they enter a moratorium status called *enkaibartani*, which entails treatment from one to four months (Talle 1988), in some cases for over two years. During this time, the girls are given nutritious food such as pieces of meat, milk with cow's blood, and fat from livestock. If the girl is a pupil, then she returns to school after a few months. If she is not enrolled in school, the *emurata* is seen as a prelude to marriage.

3.4.4 Marriage

When a girl marries after the isolation period, the rite ends and she becomes a woman. Traditionally, only married women are considered to be adults (Talle 1988; Spencer 1993). However, at the author's research site, most women interviewees did not marry at the end of the rite; rather, they returned to school or stayed in their parents' home where they were supported until their marriage could be arranged. As mentioned above, this is because parents no longer strongly insist on early marriage and tend to prefer to educate their daughters through secondary

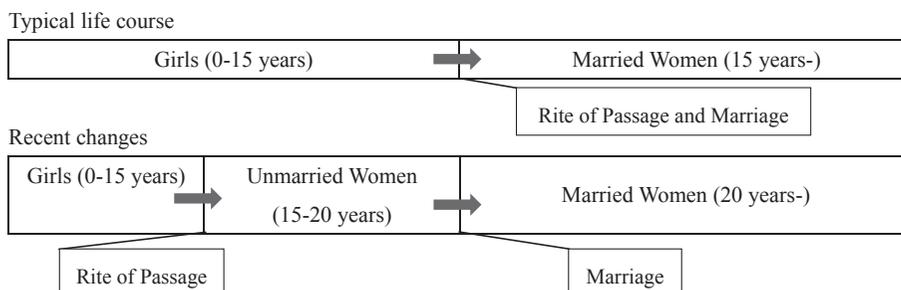


Figure 1 Transformation of life course of women
Source: Author's field study

school. Therefore, the age classification of women has gradually changed.

The age classification ‘unmarried women’ has recently emerged between the age classes of girl and adult women. These unmarried women are treated as adult women because they have passed the rite and completed childhood.

4. Kenyan Politics and Governmental Programmes for Community-based Organisations with Regard to FGM

4.1 Politics and the Kenyan Government with Regard to FGM

After the 1980s, the Kenyan government began to take steps to eliminate FGM. President Moi signed an executive order banning FGM in 1982. After the 1990s, various policies were introduced to address the gender gap and to change the situation surrounding FGM (Table 2).

In 2001, the Kenyan Ministry of Health criminalised the performance of FGM/C in healthcare facilities and Parliament passed the Children’s Act. Article 14 criminalises the practice of FGM (referred to as ‘female circumcision’ in the article) on girls under 18 years of age and imposes a penalty of 12 months imprisonment and/or a fine of 50,000 Kenyan shillings⁴ (UNICEF 2013: 12). Maasai girls usually undergo FGM between the ages of 13 and 15, so the Children’s Act legally protects them from FGM. However, the act was not widely publicised by the government, so its impact has been limited (UNFPA-UNICEF 2013: 7).

Following the Conference on Female Genital Mutilation of the African Parliamentary Union in 2005, various policies were adopted in Kenya, including The Prohibition of FGM Act in 2011, which updated the 2001 Children’s Act criminalising FGM. Further, the government updated the national action plan on FGM in light of the act (UNICEF 2013: 13).

Table 2 Policies and actions by the Kenyan Government to change harmful practices.

Date	Policy
1999	National Plan of Action for the Elimination of FGM/C (1999-2019)
2001	Children’s Act (Article 14) criminalised FGM on girls under 18 years
2005	At the African Parliamentary Conference in Dakar, Kenya was a signatory to ‘Violence Against Women, Abandoning Female Genital Mutilation: the Role of National Parliaments’
2005	Adolescent Reproductive Health Policy and Plan of Action (2005-2015)
2008	National Plan of Action for Accelerating the Abandonment of FGM/C (2008-2012)
2011	Prohibition of FGM Act

Source: National Assembly of Senegal and African Parliamentary Union (2005),
National Coordinating Agency for Population and Development (2005),
The National Council of Law Reporting (2012), UNICEF (2013)

4.2 Elimination of FGM in Narok County

In Narok County, where the author's research was based, World Vision (an international NGO), Maendeleo ya Wanawake (a national NGO, Swahili for 'women's progress'), and other allied associations work toward the elimination of FGM. The local newspaper *Narok County News* has taken note of an anti-FGM campaign by NGOs (March 2015) and 'Radio Maian', the Maa-language radio programme that reaches a wide Maasai audience, even in rural areas, has hosted discussions on FGM. Moreover, there is a local women's support group organised by Maasai women.

Tasaru Ntomonok Initiative (TNI) is a community-based organisation (CBO) that was founded by a Maasai woman in 1999. TNI receives financial support from UNFPA and International NGOs such as V-Day and Equality Now. TNI has worked within the community to change practices that are harmful to girls, especially early forced marriage and FGM (Equality Now 2011).

TNI applies multiple-strategy campaigns to ensure that various stakeholders are reached to reject the practice. They take a four-fold approach in their campaign against FGM: (1) protection for girls escaping FGM; (2) community mobilisation and education; (3) alternative rites of passage; and (4) a basic income programme. Details of these campaigns based on a report by Equality Now (2011) and the author's field research are given below.

4.2.1 Protection for Girls Escaping FGM

4.2.1.1 Shelters

TNI provides temporary shelter for young girls in Narok County escaping FGM and early forced marriages. Their main objective is to provide refuge for girls who have been forced out of their homes or have run away as a result of refusing FGM and early marriage (Equality Now 2011: 18). According to staff, girls reach the shelter in various ways. Some girls come to TNI by themselves, while others are rescued by TNI staff at the request of teachers, priests, or elders in the local community (personal communication with a TNI staff member, 1 September 2013).

TNI provides these girls with accommodation, food, clothing, and even education. When the author visited TNI in 2013, about 45 girls were living there, and they all attended primary or secondary school in Narok with financial support from the organisation. Some of these girls had never attended school prior to seeking protection from TNI. They told the author that they felt happy to have an opportunity to study and to not be married off to an older man who was a stranger to them (personal communication with girls who stayed at the TNI rescue centre, 19 August 2013).

TNI works in partnership with the county authorities to protect girls who are

fleeing FGM. Once a girl seeks refuge at the centre or is rescued, the children's officer and police are notified. First, the children's officer ensures that a girl is safe and protected from any form of abuse, and then files an application to award legal guardianship to TNI (Equality Now 2011: 19).

4.2.1.2 Reconciliation Program

TNI organises reconciliation meetings between girls and their parents with the aim of reuniting them. During the reconciliation process, parents, relatives, and community members are educated on the health complications of FGM and on anti-FGM legislation (Equality Now 2011: 21). Police officers, doctors, community leaders, and chiefs also attend TNI events. In August 2013, about 75 men and women participated in the programme (personal communication with a TNI staff member, 23 August 2013). According to a staff member, during the programme, TNI emphasises the importance of respecting reproductive rights and the human rights of women.

Some parents refuse to abandon their plans to subject their daughters to FGM. In those cases, the girls remain at the TNI shelter for the duration of their secondary school education (Equality Now 2011: 21).

4.2.1.3 Community Mobilisation and Education

TNI raises community awareness about FGM through workshops and seminars that target local people, including community leaders, 'circumcisers', teachers, women's groups, peer educators, women, men, boys, and girls. Participants are taught about anti-FGM legislation, which punishes anyone who carries out the practice of FGM on a minor. They are also taught about other crimes, including rape, sexual abuse, drug abuse, and about sexually transmitted infections, including HIV/AIDS (Equality Now 2011: 17). Equality Now indicates that educating the Maasai community to eliminate FGM is a key feature of TNI's intervention. This strategy of involving members of the community in campaign activities has given the community a sense of ownership and promoted long-term sustainability and faster elimination of the practice (Equality Now 2011: 17).

4.2.1.4 Alternative Rite of Passage

Alternative rite of passage (ARP) allows girls to undergo training and graduate into womanhood without cutting. Equality Now explains that girls who have not undergone FGM at the TNI shelter are not recognised as women by the community and face being treated as children all their lives. In response to this, TNI performs ARP (Equality Now 2011: 22).

In 2015, ARP was held from 10-14 August at the girls' primary school in Narok County and about 100 Maasai girls up to age 15 participated. Some of the girls

were residents of the TNI shelter and others came from diverse areas around Kenya. ARP consists of a four-day empowerment programme for girls, with the fifth day devoted to a graduation ceremony.

The author participated in the graduation ceremony on 14 August 2015. According to TNI staff, participants in the ARP included about 100 Maasai girls under the age of 15 from various areas in Kenya, parents or relatives of those girls, residents of the area, women leaders of NGOs that have been involved in anti-FGM movements, an education officer of the Narok County government, and several local priests. On graduation day, participants were taught about the harmful effects of FGM and its criminalisation, girls' rights, and the importance of female education. Several of the guests made speeches. After that, the Maasai girls sang songs and received certificates; then attendees engaged in a group prayer and had a dinner party. Twelve girls from eight families in Village A participated in this ARP.

4.2.1.5 Basic Income Programme

TNI gives financial aid to traditional 'circumcisers' to deter them from cutting Maasai girls on financial grounds.

5. Discussion

TNI includes reproductive rights education in the reconciliation program and ARP. The idea is particularly emphasised in ARP. While female rites of passage stress the idea of reproduction in the Maasai culture, TNI tries to offer a new order through the ARP. Table 3 shows a comparison between ARP and the traditional female rites of passage.

In the rites of passage, there is a period of isolation for girls when they are treated like pregnant women or nursing mothers. Adulthood is regarded as the stage of motherhood in Maasai culture. The Maasai feel compelled to raise their social status by marriage, and it is difficult to be treated as an adult in Maasai society without becoming a parent. Therefore, reproductive rights are incompatible with the traditional order.

On the other hand, the concept of reproductive rights taught in the ARP involves personal choice rather than an obligation to the community. After

Table 3 Comparison of ARP with Female Rite of Passage.

Female Rite of Passage	Alternative Rite of Passage
Girls Undergo FGM	Girls do not go through FGM
It is performed at home individually	It is held with a lot of girls in public
Image of the traditional woman	Image of the modern woman
Women need to have children	Women's reproductive rights are respected

Source: Author's field study

observing various TNI campaigns, one begins to develop faith in the Western model of modern education, which is a key to empowering girls and eliminating unhealthy customs. Photo 1 depicts the T-shirt given to the girls who attended the ARP in August 2015. *Eyieu Ntoite Enkisuma* means ‘girls want education’ in the Maa language.

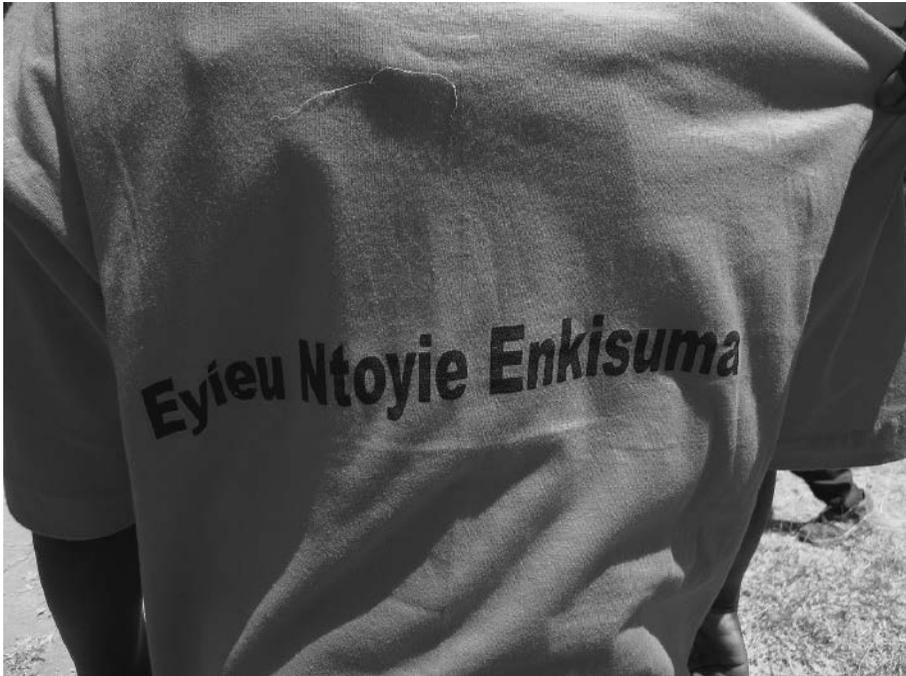


Photo 1 The T-shirt given to girls in the ARP. (Photo taken by the author on 14 August 2015).

The following song was sung by the Maasai girls who participated in the ARP in 2015. The girls sang the song in Swahili and the author translated the lyrics into English.

Girls' Song in the ARP:

Swahili

Hatutaki tohara

Ee tohara ×4

English

We don't want circumcision

No circumcision ×4

Ndoa za mapema zote tunakataa ×4

All early marriage we refuse ×4

<i>Tunataka masomo</i> <i>Ee masomo</i> ×8	We want education Yes education ×8
<i>Tunataka degree</i> <i>Ee degree</i> ×4	We want degrees Yes degree ×4
<i>Tutakuwa pilot</i> <i>Ee pilot</i> ×8	We will be pilots Yes pilot ×8
<i>Tutakuwa professor</i> <i>Ee professor</i> ×4	We will be professors Yes professor ×4
<i>Tutapata masters</i> <i>Ee masters</i> ×4	We will get masters Yes masters ×4
<i>Tunamshukuru Agnes</i> <i>Ee Agnes</i> <i>Tunamshukuru Agnes kwa maendeleo</i> ×4	We thank Agnes ⁵⁾ Yes Agnes We thank Agnes for our progress ×4
<i>Abarikiwe</i> <i>Abarikiwe</i> <i>Abarikiwe kwa maenledeo</i> ×2	God bless her God bless her God bless her for our progress ×2

(The song was recorded by the author on 14 August 2015)

The lyrics of the song repeat that Maasai girls do not need early marriage but education, and that girls should try to avoid their traditional customs and embrace modern education and values. The idea of a modern woman is incompatible with the traditional values of womanhood. Traditional women support a patriarchal community and have many children. In contrast, modern women pursue education and career growth. The lyrics of this song idealise women's education and independence.

Despite the promotion of education and independence among the Maasai women, school enrolment among Maasai girls was a mere 48 percent in 2003 (Maasai Girls Education Fund), and few girls had received secondary education. In Village A, only 18 of 66 married women received any secondary education (they did not complete it) and thus could not pursue higher education, which is still difficult for many Maasai women. Moreover, some Maasai girls who were protected by TNI had never attended school until they came to TNI. Some parents are still not interested in sending their daughters to school; they simply want to get their young daughters married and receive the bride price. People believe that women can attain social status and become wealthy after getting married.

Some of the female interviewees have attained higher education degrees and work in the formal sector as nurses or staff of NGOs and universities. These occupations can provide status and stable incomes for Maasai women. The mothers of some of the interviewees told me that they dropped out of primary school because of early marriage and suffered poverty. That is why they tried to educate their daughters. The money for their education came from their husbands' migrant labour and the money from cash crops or selling milk.

However, attending school and getting a good job are not the only ways to succeed and grow. Only a few women work in the formal sector and many women drop out of primary school and get married in their teens. One of the interviewees went to primary school but chose to leave school at 17 to marry the man her parents had chosen for her. After marriage, she helped her husband at his store.

Some women in the author's research village who have received primary education have launched a self-help group for Maasai women. One woman works as a clerk for the group. Another woman leads the choir in the church. Many women who have never attended school are involved in small businesses such as selling vegetables and are self-employed.

Can we call these ordinary, unschooled, and unpaid woman undeveloped? As described in section three, Maasai women are hardworking and perform many other duties in addition to housework. They do the housekeeping, and take care of children and livestock as well as managing the family finances. They also indirectly participate in political decision-making.

There is a need to evaluate the contributions of the women who perform traditional roles in the community. While it is difficult for most Maasai women to get a job, it is important to reconsider the contribution of ordinary women's work to improve the social status of women. Most Maasai women stay in villages and perform traditional roles within their homes, but these domestic tasks and contributions should not be ignored.

Apart from the traditional gender-related prejudices, the working women do within their homes is often unrewarded and unrecognised, so they are unable to become financially independent. Another obstacle is oppression by the community, which does not allow women to escape domestic violence or FGM even if they want to. Many women who work in the formal sector also suffer domestic violence at the hands of their husbands. Maasai culture is essentially androcentric and Maasai men do not recognise the importance of the work done by women. The men are not eager to be involved in improving the status of women. Therefore, it is also important to recognise traditional women's accomplishments and to improve women's social status in the private sector in the movement to change women's status and FGM practices.

Women need to say 'no' to early marriage and FGM, and to raise questions and

increase people's knowledge and awareness about these practices. At the same time, it is also important to give credit to ordinary Maasai women's efforts to improve their social conditions, which often involves confronting direct violence, including social and cultural violence such as FGM. To understand the ordinary Maasai woman's life without stereotyping her is another important way to empower Maasai girls.

6. Conclusion

As mentioned in section three, there are two reasons behind the practice of FGM. The first is the cultural notion of the rite of passage, and the second is that it serves as a tool to keep women subordinate to men. Most female interviewees criticised the violence to which they were subjected by their community. For example, they spoke about domestic violence perpetrated by husbands. Some even reported cases in which their mothers and adult women demanded a more cruel and severe type of FGM.

However, cultural perceptions about the female rite of passage are gradually changing. FGM has become less severe and due attention is being paid to carrying out a more hygienic FGM by using alcohol and medical instruments. Women's social status has also gradually improved. They earn money from cash crops after being given fields for cultivation, which is a result of a government policy of settling pastoralists. They also manage funds from self-help groups for women and try to educate their daughters. With the rising number of school-going girls, the socio-economic status of women is also improving. Thus, in the Maasai community, various changes related to women's social status have taken place and the severity of FGM has also lessened.

This change is indicated by Maasai women choosing the type of FGM they want to undergo. With traditional importance given to reproduction in their community, they feel that an immediate end to FGM is very difficult. Nevertheless, they are not content with playing subordinate roles to men anymore, and are trying to improve their status with the few opportunities available to them.

Thus, change is a continuous challenge, establishing a new order even as traditional notions still exist within the community. Maasai women are politically and economically weak, but they can analyse their situation objectively and do not need to be 'educated' by the intervention of other nations or NGOs. However, it is difficult to wait for an 'organic' change in certain problem areas, particularly those related to women. This is where a community-based NGO like TNI can help women who need support.

Notes

- 1) This article is based on my lecture at the PhD workshop in the symposium “How Biomedicine Shapes Life, Sociality and Landscape in Africa,” held on September 25, 2015 at the National Museum of Ethnology, Osaka Japan.
- 2) All the names of individuals are pseudonyms and I cannot reveal the exact place of my field research in order to protect the privacy of those involved in this research.
- 3) In the Parakuiyoi subgroup who live in Tanzania, women do achieve a status that is considered to be an age group (Von Mitzlaff 1988: 153).
- 4) 50,000 Kenya shillings was about 480 USD in July 2017.
- 5) Agnes is a director of TNI.

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