

# YES I DO.

## Leadership and decision-making on Female Genital Mutilation/Cutting among the Maasai in Kajiado

Explorative Qualitative Research Report – February 2018



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## ABBREVIATIONS

AMREF:	African Medical and Research Foundation
CSO:	Civil Society Organisation
FGD:	Focus Group Discussion
FGM/C:	Female Genital Mutilation/Cutting
IDI:	In-depth Interview
NGO:	Non-Governmental Organization
KNBS:	Kenya National Bureau of Statistics
KHDS:	Kenya Health Demographic Survey
KII:	Key Informant Interview
KIT:	Royal Tropical Institute
MCA	Member of the County Assembly
SRHR:	Sexual and Reproductive Health and Rights
SSI:	Semi-Structured Interview
ToC:	Theory of Change
UNICEF:	United Nations Children Funds
WHO:	World Health Organisation
YIDA:	Yes I Do Alliance

## EXECUTIVE SUMMARY

Among the Maasai in Kaijado, female genital mutilation (FGM/C) is widely practiced. Before Maasai girls get married they must undergo FGM/C. Multiple factors play a role that influence the practice of FGM/C. When Maasai women, girls, influencers and decision makers within these communities do not play a meaningful and critical role; when FGM/C is only regarded as a local issue; and when power dynamics in decision making, gender inequality and other forms of oppressions within these communities are not taken into account, attempts to address FGM/C yield insufficient impact.

Although influential leaders can play a key role to mobilize a critical mass of (empowered) girls and mothers, fathers and boys from these communities, hardly any study amongst the Maasai community looked into leadership styles and decision-making processes around FGM/C. There is also a lack of research and theory related to *female* leadership in the Maasai culture. This situation justified the need of the Yes I do alliance in Kenya to gain insights into leadership and decision-making processes on FGM/C among the Maasai community in Kaijado West.

This study looked into power dynamics, leadership styles and decision-making processes amongst the Maasai community to understand what kind of leadership with formal and informal male and female leaders and decision makers can reinforce change to prevent FGM/C. The results of this study are used to inform the social change strategies of the Yes I Do programme in Kaijado.

The study had the following research questions, which all focused on the Maasai in Kaijado West:

- What are the different types of leadership, power relations and their influence on decision-making around FGM/C?
- What are the different processes of decision-making related to FGM/C?
- What are the roles of girls' and boys' participation in decision-making processes around FGM/C?
- What are the social consequences of and compliance with decision-making and leadership on FGM/C?

The study was explorative and used a qualitative research design to gather in-depth information about leadership styles, decision making processes and the implications of these decisions with regard to FGM/C. Study participants were decision makers around FGM/C and child marriage (e.g. traditional and religious leaders, chiefs, parents, grandparents, and circumcisers) and girls and boys aged 15-29<sup>1</sup> years who experienced the direct implications of these decisions. Key informants were representatives of NGOs. This study was conducted in Kaijado West in Kenya, where the Yes I Do programme is being implemented. Oltepesi and Torosei were the two villages selected. Besides a literature review, focus groups discussions, in-depth Interviews and key informant interviews were conducted.

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<sup>1</sup> Age of young people was 15 till 29, because Maasai male leadership roles can start at the age of 24 and it was useful for this study to also include young Maasai leaders as participants.

From our findings we learnt that FGM/C was associated with the transition to adulthood, maintaining social status in honour of the family, marriageability, controlling female sexuality, prevailing cultural and ethnic identity and for bride price purposes, all tied to traditional beliefs and social norms. Circumcision happened in secret and often at the same night before or after boys were circumcised. Several older female and male participants indicated the importance of these traditions to maintain the values that are behind it for the Maasai community, and indicated different repercussions of not being circumcised.

There was no difference between Torosei and Oltepesi in terms of leadership styles and the practice of FGM/C. In both areas three officially accepted leaders were emphasized, which were traditional, religious and government leaders. The majority of leaders were male, sporadically some chiefs and religious leaders were female like the *chama*. The conditions that hindered women from becoming leaders included cultural beliefs and gender norms.

The appreciated leadership styles were characterized by a strong sense of equity in distributing resources and with zero tolerance to corruption. Men were the main decision makers in the household and traditions were passed through Maasai men via the age-set structure. Social norms were so embedded, that younger leaders would not want to go against decisions of older people.

Among leaders, there were differences in roles and intensions between government and traditional leaders. The government leaders, especially the chiefs, usually took an active and responsive role towards preventing FGM/C. Traditional leaders/elders played a more passive role in preventing FGM/C and therefore indirectly encouraged the practice, when FGM/C was done secretly in homesteads. Most religious leaders were against the practice of FGM/C, but all leaders – some more than others – also wanted to protect their position and relationship with the community and therefore did not play active roles in preventing FGM/C.

At household level, the father of the family makes decisions, however mothers have a big role in the execution of FGM/C, since they have to initiate, organize and prepare this rite of passage for their daughters. Girls themselves had little to say about the execution of FGM/C in their lives and boys also felt that they have little influence, mainly because they see it as a women's issue.

Although the law against FGM/C, education and Christianity have contributed to curb the practice of FGM/C, girls and actors that stand up against FGM/C experienced stigmatization, discrimination and peer pressure, which sometimes led to social exclusion. In addition, some leaders that do take a position against FGM/C felt the consequences by being excluded from social or cultural gatherings.

This study showed the importance of reinforcing female leadership among the Maasai and to intensify collaboration with traditional leaders within the age-set structures to curb FGM/C. Engaging Maasai male and female leaders means facilitating dialogues on FGM/C that are valuing the Maasai community culture *and* break through the subordination of women and girls.

Recommendations to the yes I Do programme are:

- Involve traditional leaders in the conceptualization, planning and implementation of interventions that are geared towards gender equality, education and eradicating FGM/C.
- Strengthen leadership roles of women and girls, so they have the space in private and public realms to discuss gender equality and FGM/C.
- Intensify efforts to adjust social norms, for example by shaping by-laws at community level, whereby community members can hold each other accountable.
- Establish joint partnerships between traditional, religious and government leaders to unpack existing social norms that endorse FGM/C and to develop effective and creative ways to reduce FGM/C with meaningful participation of girls and women.
- Use the age-set structures as entree points to discuss FGM/C and to analyse underlying factors, replace myths and social norms that enhance FGM/C among male leaders.
- To value prospective and unique aspects of the Maasai culture, there is need for positive cultural practice identification, especially with the younger generation of boys and girls
- Gain more insight into the socio-economic position of uncircumcised girls within the Maasai community.



## 1. INTRODUCTION

Child marriage, teenage pregnancy and female genital mutilation/cutting (FGM/C) are manifestations of deeply rooted gender inequality and social norms, poverty and limited economic perspectives. The factors that hold both FGM/C and child marriage in place are the consolidation of family interests of maintaining honour, enhancing fidelity within marriage and preserving virginity before marriage, the social integration of the girl and family, and financial security in situations of poverty (Boyden et al 2012). Child marriage, teenage pregnancy and FGM/C are interrelated issues that involve high health risks and human rights violations of adolescent girls, and impede socio-economic development in a great number of low- and middle-income countries.

The Yes I Do programme aims to contribute to a world in which adolescent girls can decide if, when and with whom to marry and have children, and are protected from FGM/C. This requires intervention strategies that address child marriage, teenage pregnancy and FGM/C in a combined and holistic manner in Ethiopia, Kenya and Indonesia, and child marriage and teenage pregnancy in Malawi, Mozambique, Zambia and Pakistan. The programme has five strategic goals:

- 1 Community members and gatekeepers have changed attitudes and take action to prevent child marriage, teenage pregnancy and FGM/C
- 2 Adolescent girls and boys are meaningfully engaged to claim their sexual and reproductive health and rights (SRHR)
- 3 Adolescent girls and boys take informed action on their sexual health
- 4 Girls have alternatives beyond child marriage, FGM/C and teenage pregnancy through education and economic empowerment
- 5 Policy makers and duty bearers develop and implement laws and policies on child marriage, FGM/C and teenage pregnancy

The intervention strategies consist of forming a social movement, empowering and meaningfully engaging young people, improving access to information and services, stimulating education and economic empowerment for girls and enhancing evidence-based lobby and advocacy for improved legal and policy frameworks. These intervention strategies build on the experience of alliance partners as well as global evidence on what works in trying to reduce child marriage, teenage pregnancy and FGM/C (OHCHR and UNDP 2008, Malhotra, Warner et al. 2011, Williamson 2012, Loaiza and Liang 2013).

In Kenya, there are several ethnic groups that perceive FGM/C as a compulsory act that every girl should undergo to assume completion of life just like birth, marriage and death (KDHS 2014).

The Yes I Do programme is implemented in Kajiado West and Kajiado Central areas, where high rates of teenage pregnancy, child marriage and FGM/C are found among the Maasai communities. The Maasai is a mainly pastoralist ethnic group of people living in Kenya and Tanzania. The region of Kajiado where most Maasai communities live, is known for its droughts, poor infrastructure and huge distances between homesteads, schools, clinics and churches (Maasai Association 2017).

This study aimed to explore leadership roles and decision-making processes on FGM/C; to increase understanding around leadership styles, decision-making processes and how young people, especially girls are engaged in these processes. The theme of leadership and FGM/C was identified as a knowledge gap among the Yes I Do alliance partners in Kenya, to inform the Yes I Do programme and local government.

This report presents the results of the study, which was conducted in Torosei and Oltepesi. Study participants were chiefs, traditional leaders, women leaders, youth leaders, government officials, village elders, men, as well as girls and boys in school, married women and girls who dropped out of school and who got married at an early age.

### 1.1 Background

FGM/C comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. Around 200 million girls and women in the world have undergone FGM/C (UNICEF 2016).

There are different types of FGM/C, which are classified into four categories. Type I involves partial or total removal of the clitoris and/or the prepuce (clitoridectomy). Type II involves partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision). Type III involves narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation). Type IV involves all other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization. Types I, II and III have been documented in 29 countries in Africa and in a few countries in Asia and the Middle East (OHCHR, UNDP 2008, Berg et al. 2014). FGM/C is a fundamental violation of girls' and women's rights and confronts them with immediate and life-long physical and psychological distress (OHCHR and UNDP 2008).

FGM/C is mostly carried out on girls between the ages of 0 and 15 years. The age varies with local traditions, circumstances and ethnicity (UNICEF 2005, KHDS 2014, 28 Too many 2013). Within any society where FGM/C is executed, the practice of FGM/C is a result of gender inequality deeply entrenched in social, economic and political structures (OHCHR and UNDP 2008, UNFPA and UNICEF 2013). There seems to be a strong link between FGM/C, marriageability and the construction of gender identities (Jones et al. 2004). There seems to be a close link between women's ability to exercise control over their own lives and their belief that FGM/C should be ended (Miller et al. 2005). Where FGM/C is widely practiced, both men and women, usually without question, support it and anyone departing from the norm may face condemnation, harassment, and ostracism (Miller et al. 2005). As such, FGM/C is a social convention governed by rewards and punishments, which are powerful forces which make it difficult for families to abandon the practice without support from the wider community. In fact, it is often practiced even when it is known to inflict harm upon girls, because the perceived social and economic benefits of the practice are deemed higher than its disadvantages (UNICEF 2005). In many societies where FGM/C takes place, it is believed that it contributes to (and is essential for) raising a girl properly

and preparing her for adulthood and marriage. In some societies, it is embedded in coming-of-age rituals and girls' entry into women's secret societies (Ahmadu 2000). Often, girls get awards after the cut and as such, it has become an important part of the identity of girls and women and may also impart a sense of pride, a coming of age and a feeling of community membership (Behrendt and Moritz 2014). FGM/C may have many harmful consequences, both physically and psychologically. Women who have undergone genital mutilation have significantly increased risks for adverse events during childbirth, such as post-partum haemorrhage and other obstetric complications (Berg et al. 2014; Oloo et al 2011).

## 1.2 Female Genital Mutilation/Cutting in Kenya

In Kenya, child marriage and FGM/C are prevalent (19% and 21%) with very large regional differences. In the north-eastern part of Kenya the FGM/C prevalence is as high as 97.5% (KNBS 2015). The proportion of circumcised women varies per ethnic group, with the majority of them from the Somali (94%), Samburu (86%), Kisii (84%) and Maasai (78%). Although a national law that banned FGM/C passed in 2011 (the prohibition of the FGM act 2011), FGM/C has only slightly reduced. According to the Kenya Demographic and Health Survey (KDHS) 2014, 21% of women reported being circumcised compared to 27% in 2008-2009.

The Yes I Do programme is being implemented among the Maasai community in Kajiado West. The Maasai are an ethnic nomadic group living in the southern part of the Rift Valley in Kenya. The Maasai strongly practice their traditional beliefs and uphold their nomadic lifestyle through pastoralism, in a surrounding that pressurizes their livelihoods. Cattle ownership is a very important source of livelihood. Marriage plays an important role in reinforcing and maintaining social ties among families. Maasai rely on exogamous rules for marriage (requiring marriage outside one's own group). A bride price is an exchange gift to tighten family relations and communities. Girls who are getting married are exchanged through the bride price for livestock such as cattle, goats and sheep (Maasai Association 2017). Before a marriage can take place, girls have to go through an initiation rite. FGM/C is part of the initiation rite for girls to become women and to prepare themselves for marriage. During these initiation rites girls are instructed about Maasai values and women's responsibilities such as raising children and preparing food (Koomen 2013). The main reasons for continuing FGM/C arise from the societal interest in preserving the Maasai culture, increased marriageability and myths around hygiene purposes, social acceptance and the sexual control of girls (UNICEF 2013, Oloo et al. 2011, KNBS 2015, Shell-Duncan et al. 2017). According to a study by Towett et al. (2015), 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.

## 1.3 Approaches to address Female Genital Mutilation/Cutting

Although FGM/C is often regarded as a cultural or traditional practice, culture and traditions are not static. This is shown by the transition that Maasai communities are going through by pressure from within and outside their community. From a patriarchal polygamous pastoralist society

changes are occurring to a semi-pastoralist and 'formally' educated society with a diversification of livelihoods (Fraser 2012).

Since the beginning of the 20th century many attempts by colonial, post-colonial, religious and governmental powers have been taken to curb FGM/C in Kenya, including in the Maasai community (Koomen 2013). Regulations threatened native Kenyans: not only had colonialism interfered with their lives, wealth, and liberties, it was also oppressing their culture. People in many parts of Kenya resisted these legal restrictions. For a long time FGM/C was seen as a symbol of cultural loyalty and opposition towards European colonialism (Shell-Duncan et al. 2017). After colonization in the 1970s, Christian church-led efforts revived to prevent the practice of FGM/C (UNICEF, 2013). Kenya became active in the international community, that embraced a renewed global campaign to eliminate FGM/C. However not until 2001 the Kenyan parliament voted for the Children's Act, which legally banned FGM/C and child marriage (Shell-Duncan et al. 2017).

During but also after colonization, anti-FGM/C 'campaign' approaches took place in a context where marginalized communities were constantly confronted with political pressure on lifestyle adaptations, land and property discussions, possessions that would better correspond to modernized societies (Fraser 2012). With global and local pressure on the lifestyle of Maasai, FGM/C became as well a symbol of preserving Maasai traditions (Thomas 2000, UNICEF 2010, Koomen 2013).

In the 20st and early 21st century, besides legislation, criminalization, the use of violence and jailing parents, other approaches have been applied to reduce FGM/C such as empowering girls, community health risk awareness raising, increasing access to girls' education and the introduction of 'alternative' initiation rites<sup>2</sup>. Attempts that focus on the individual girl, her education, changing behaviour of caregivers and seeing FGM/C as a *cultural practice* have not made a substantial difference. When Maasai women, girls, influencers and decision makers within these communities do not play a meaningful and critical role, when FGM/C is regarded as a local issue and when power dynamics in decision making, gender inequality and other forms of oppressions within these communities are not taken into account, attempts to address FGM/C yield insufficient impact (Warrington 2012, Fraser 2012, Koomen 2012, Tolo Ostobo 2014, Kassim 2014).

#### 1.4 Problem statement

Among the Maasai in Kaijado, FGM/C is widely practiced. Before Maasai girls get married they must undergo FGM/C. There are two types of circumcision that Maasai girls can go through, whereby the entire clitoris or part of the clitoris, and at times the adjacent labia is removed (type 1 is called clitoridectomy and type 2 is called excision). A popular belief amongst the Maasai community is that the rite has an ability to reduce women's libido thus making women faithful to their husband and avoiding pre-marital sex and 'adultery'. The harm associated with the practice is evident by the excessive bleeding that girls endure and the severe medical complications it can

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<sup>2</sup> These alternative initiation rites preserve the ritual but leave out the cutting.

cause during menstruation, pregnancy, during and after childbearing. The practice can cause immediate physical pain, severe trauma and is often performed in unsterilized environments. FGM/C may have long-term mental effects on girls (Sarkis, 2003).

The practice of FGM/C is connected to many human rights violations, civil, economic, political, cultural and social rights of girls and women (WHO 2008). After undergoing FGM/C, a girl is married off; this exposes the girl to risks such as unintended and teenage pregnancy, domestic violence and sexually transmitted diseases (STIs) including HIV/AIDS (Heise et al 2002). FGM/C is increasingly indicated as a factor causing high school drop-out rates for girls (UNICEF 2005). These impacts take a vicious cycle that negatively affects women's children, families and societies.

Since centuries FGM/C has been practiced in the Maasai community. Many people are firm to continue with this practice, which explains the slow progress in eradicating FGM/C. The position of men, traditional or community leaders is most often in favour of FGM/C, because the initiation rite is viewed as a way to preserve customs and traditions.

Social dynamics are embedded in communities or groups. Interventions that target individuals, families or circumcisers alone are therefore unlikely to be effective (Masho et al. 2009). The decision making around FGM/C appears to be a complex process involving multiple actors. Several studies found that more than one member of the family makes decisions about FGM/C (Gitau et al. 2017, UNICEF 2013, Shell-Duncan et al. 2017). Although few men are active participants in the process itself, their intention to have FGM/C performed on their daughters is likely to influence it (Kaplan et al. 2013).

The influence of women and girls depends on prevailing social gender norms. Often, their participation in decision-making is circumscribed by male power and women's limited access to resources (Kiamba 2008). In this light, researchers and practitioners have recommended that preventive interventions should include elements of community dialogue; understanding of the importance of local rewards and punishments; and a method for coordinating change among social groups that include men and women from multiple generations within the community and related communities (Shell-Duncan et al. 2017). Overcoming FGM/C and child marriage among Maasai communities in Kajiado west would involve active involvement of key leaders and influencers in this community.

### 1.5 Justification

This study looked into power dynamics, leadership styles and decision-making processes amongst the Maasai community to understand what kind of leadership with formal and informal male and female leaders and decision makers can reinforce change to prevent FGM/C. The results of this study are to be used to inform the social change strategies of the Yes I Do programme in Kajiado.

The Yes I Do programme believes that FGM/C and child marriage can be prevented through transforming social and gender norms. According to the conventional theory, a critical mass between different social networks is needed to transform social and gender norms (Mackie 2009). Influential leaders play a key role to mobilize a critical mass of empowered girls and mothers,

fathers and boys from these communities. Some leaders have been at the forefront to restrain FGM/C and child marriage by offering SRHR information to adolescents, and talking to parents about the negative consequences of FGM/C and child marriage (Gitau et al. 2017), but other leaders are present when rituals occur.

Although there are many different dynamics, forms and levels of leadership that can support or reduce FGM/C, hardly any study amongst the Maasai community has looked into leadership styles and decision-making processes. There is also a lack of research and theory related to female leadership in the Maasai culture (Ward and Kiruswa 2013). Maasai women play no part, officially, in any of the tribal decision-making roles, but indirectly seem to have some influence at household level (Hodgson 2001, Nicholson 2005). The Yes I Do baseline study ascertained that FGM/C is a patriarchal social convention governed by rewards and punishments which is a powerful force to continue with the practice. It is difficult for families to abandon FGM/C without support from the wider community, including men and boys (Kaplan et al. 2013). Therefore more insights were needed about styles of formal and informal leadership, the power dynamics and decision-making processes among the Maasai at community and on household level.

The purpose of this study was to provide the Yes I DO programme with insights into how leadership dynamics function among the Maasai and how it can contribute towards preventing the practice of FGM/C.

## 2. METHODOLOGY

In order to inform social change strategies of the Yes I Do programme in Kenya, this study explored different leadership styles, decision-making processes and power relations on FGM/C amongst families and decision makers in Maasai communities in Oltepesi and Torosei. The following research questions were studied.

### 2.1 Research questions

- What are the different types of leadership, power relations and their influence on decision-making around FGM/C?
- What are the different processes of decision-making related to FGM/C?
- What are the roles of girls' and boys' participation in decision-making processes around FGM/C?
- What are the social consequences of and compliance with decision-making and leadership on FGM/C?

### 2.2 Study design

The study was explorative and used a qualitative research design to gather in-depth information about leadership styles, decision-making processes and the implications of these decisions with regard to FGM/C (and child marriage). Specific emphasis was given to formal leaders, decision makers within the family and girls and boys.

### 2.3 Study population

The main study population included the formal and informal influencers and decision makers with regard to FGM/C and child marriage (e.g. traditional and religious leaders, parents, grandparents, uncles, aunties and circumcisers) and girls and boys aged 15-18 and young female and male participants aged 19-29<sup>3</sup> years who experience the direct implications of these decisions. The key informants included Maasai women's organizations, youth organizations, and civil society organizations (CSOs).

### 2.4 Study areas

The study area for this research was Kaijado West in Kenya, where the Yes I Do programme is being implemented. Two villages were selected: Oltepesi and Torosei. These villages are geographically not directly connected to each other. The average population of each village ranges from 5,000 to 9,000. The main source of livelihood in these locations is livestock rearing. These villages were selected because FGM/C and child marriage are very prevalent, it is a patriarchal society, and there is a poor infrastructure and a strong cultural belief system. In these locations traditional leaders and men play a large role in leadership and decision-making.

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<sup>3</sup> Age of young people was 15 till 29, because Maasai male leadership roles can start at the age of 24 and it was useful for this study to also include young Maasai leaders as participants.

**Livelihood.** In Torosei and Oltepesi, the main inhabitants are the Maasai. Other inhabitants are Somalis and Kikuyus who own shops and groceries in the small shopping centre of Torosei, or who are involved in charcoal burning in Oltepesi. There are several stories of inter-marriages between the Maasai of Kenya and those in Tanzania especially in Torosei village. The main sources of livelihood in the two villages is pastoralism i.e. keeping of cows, goats and sheep which are sold occasionally to meet families expenses such as food, clothing, medication and school fees for those who have children in school. Beside these forms of livelihoods, there is small business of selling animals feeds, food stores as both villages have shopping centres. Few formal employment possibilities are available, such as in the teaching profession and part-time work with several NGOs.

**Religion.** There are numerous churches in both areas. Most people who are positive about putting a halt to FGM/C are attached to churches. Most elderly people cling to the traditional practices and perceive FGM/C as a practice that should not be condemned.

**Health facilities.** Oltepesi has a government dispensary that is equipped and also Torosei has one health facility, but during the data collection period nurses were on strike.

**Social amenities.** There are a few schools in both villages: one primary school in Oltepesi and two in Torosei. Both schools have high enrolment rates as these are the only education institutes available and primary education is free. There are no secondary schools in the area nor any vocational schools, therefore most children travel long distances. Most Maasai have no formal education and their lack of information and few economic opportunities are attributed to this.

**Drought.** Both areas are semi-arid and evidently experience long dry seasons hence pasture for animals becomes a rare commodity. The effect of the draught was visible during data collection, as many animals especially cows were dying along the road and homesteads. Water points for both people and animals were visibly limited as both areas had a borehole. These were not operating due to the hard hit drought and mechanical problems of the diesel generators. The starving and dying animals adversely affected the entire community in the period of the field work. Most study participants lamented on how the cost of living had gone high and looming poverty as they solely depend on animals for their survival.

**Infrastructure.** There are no tarmac roads apart from the road that cuts across the region i.e. from Kajiado to Oltepesi and from Kajiado via ilbisil to Torosei. The hardships experienced in the area are associated to mobility factors. The government and some NGOs are visibly present in these areas, except for the far end of Torosei.

## 2.5 Data collection techniques

In this study, researchers conducted a literature review and primary data collection through focus group discussions (FGDS), in-depth interviews (IDIs) and key informant interviews (KIIs) (Table 1).



### 2.5.1 Desk review

The researchers started with a literature review to obtain secondary data. The literature gave more insight into leadership styles, roles, forms of power and dynamics of decision-making related to FGM/C and stressed the lack of literature on these topics amongst the Maasai community. The few studies available on female leadership are focused on political and economic leadership (Ward & Kiruswa 2013).

### 2.5.2 Focus group discussions

The researchers conducted a total of eight FGDs with girls, boys women and men; each group having six to 12 participants. The FGDs helped to explore participants' opinions and personal experiences on leadership, at community level and amongst their family. An approximate time of one and half hours was used for each FGD.

### 2.5.3 Interviews

IDIs were conducted with main informants to explore their perspectives and opinions on leadership styles, decision-making processes, their consequences and the participation of girls and boys in decision-making processes. The participants were leaders, young women and men, decision makers within the community and at household level (such as parents). A total of 18 IDIs were conducted with a variety of male and female leaders, four IDIs were held with adolescent boys and girls. Interviews with key informants included NGO staff. The IDIs and KIIs helped us to uncover the various leadership styles, power dynamics and decision-making processes within the Maasai community on the issues of FGM/C and child marriage. An approximate time of an hour was used for each interview.

**Table 1: Applied data collection techniques**

Oletepsi	Torosei
<p><b>4 FGDs</b></p> <ol style="list-style-type: none"> <li><b>Young men:</b> 19-29 year olds, Out of school, married, with children</li> <li><b>Young women:</b> 19-24 years, Out of school, married</li> <li><b>Elderly women</b> (Grandmothers)</li> <li><b>Elderly men</b> (Grandfathers)</li> </ol>	<p><b>4 FGDs</b></p> <ol style="list-style-type: none"> <li><b>Boys:</b> 15-18 years, in school, not married</li> <li><b>Girls:</b> 15-18 years, in school, not married</li> <li><b>Parents</b> (Mothers)</li> <li><b>Parents</b> (Fathers)</li> </ol>
<p><b>8 IDIs with leaders</b></p> <ol style="list-style-type: none"> <li>Leader (Male)</li> <li>Traditional leader (Male)</li> <li>Chama leader (Female)</li> <li>Social club leader (Male)</li> <li>Female representative</li> <li>Leader (Male)</li> </ol>	<p><b>8 IDIs with leaders</b></p> <ol style="list-style-type: none"> <li>Leader (Male)</li> <li>Traditional leader (Male)</li> <li>Chama leader (Female)</li> <li>Social club leader (Male)</li> <li>Women's organization representative</li> </ol>

<ul style="list-style-type: none"> <li>7. Chief ( Male)</li> <li>8. Traditional leader ( Male)</li> </ul>	<ul style="list-style-type: none"> <li>6. Leader (Male)</li> <li>7. Chief ( Male)</li> <li>8. Traditional Leader (Male)</li> </ul>
<p><b>2 IDIs with young people</b></p> <ul style="list-style-type: none"> <li>1. <b>Female 15-18 years:</b> Out of school, married, underwent FGM/C and had children</li> <li>2. <b>Male 15-18 years:</b> Out of school, not married</li> </ul>	<p><b>2 IDIs with young people</b></p> <ul style="list-style-type: none"> <li>1. <b>Female 15-18 years:</b> In school, not married, underwent FGM/C</li> <li>2. <b>Male 15-18 years:</b> In school, no children</li> </ul>
<p><b>3 KIIs</b></p> <ul style="list-style-type: none"> <li>1. NGO staff</li> </ul>	<p><b>3 KIIs</b></p> <ul style="list-style-type: none"> <li>1. NGO staff</li> </ul>

**2.6 Sampling and recruitment**

This research used purposeful sampling to identify formal, traditional and religious leaders and decision makers within the family (who are on the supporting side or are against FGM/C) including boys and girls. Local mobilizers supported the recruitment process of leaders.

Four research assistants, three women and one man, were recruited to assist in data collection. These research assistants were Maasai from Kajiado who have vast experience in working with the Maasai people and are knowledgeable in handling different groups and sensitive topics as FGM/C, and child marriage.

**2.7 Data processing**

The interviews and the FGDs were digitally recorded by using a voice recorder. One research assistant moderated the interviews and FGDs with the assistance of another research assistant. Data were transcribed and translated into English for both interviews and FGDs.

**2.8 Data analysis**

Data analysis was done using NVivo software following an inductive approach, because little was known about the study topic. A workshop facilitated by the researcher with stakeholders (implementers of the YES I Do programme) helped to verify the preliminary findings and to draw conclusions and recommendations on the effectiveness of the social change strategies applied by the Yes I Do Alliance. Quotes were included in the report to illustrate the findings and help readers to examine collected and analysed data.

**2.8 Ethical considerations**

This study is approved by the Research Ethics Committee of Amref (ESRC P376/2017). Informed consent was verbally obtained from all study participants. Informants were given the choice to be interviewed or not and to stop the interview if they experienced discomfort. When interviewing minors, researchers sought consent from parents and assent from young people below the age of

16. The researcher described the purpose of the study and the measures taken to assure confidentiality. All interviews and FGDs were held in safe and comfortable environments (houses, church halls and under trees) for participants to express themselves freely. To ensure anonymity, the research team only had access to the data and removed identifiers from the data.

In any case when participants needed social support due to the issues that were addressed during the interview or FGDs, a counsellor was available.

When discussing decision-making processes, awareness can be created which can empower participants, but it can also cause resistance from leaders. Power dynamics were present and not always easy to escape from. Although we were aware of this and the sensitivity of the topic, we still encountered resistance when approaching leaders in communities. We were hardly able to talk to female and young leaders in the community. Despite mobilisation, several appointments were cancelled and some participants seemed hiding the occurrence of FGM/C. We were not certain whether participants were advised not to be open to us about FGM/C and/or not to disclose the power dynamics among the Maasai community. However several encountered leaders mentioned to be against the practice and were open about the consequences of opposing it.

## 2.9 Quality assurance

The research was led by experienced research staff from KIT in collaboration with the national researcher and four experienced research assistants.

Before the fieldwork took place, a preparatory workshop was held in Nairobi to explain the purpose of the research, the methodology used, the ethical and the logistical procedures to follow. The research assistants were trained in using topic guides, in probing and practiced with the topic guides. The topic guides were pre-tested and adjusted in another village near Kiserian.

Data quality depends on the capability of the interviewers and FGD facilitators as well as the willingness and ability of participants to collaborate. Before the fieldwork, the researcher got in touch with local authorities to invite relevant participants to the research. The researcher held daily meetings with the research team to identify the difficulties faced, which could have implications on the quality of the data. Most of the interviews and discussions were held in Maasai language. If the informants preferred to speak in the Kiswahili language, this was done. A stakeholders workshop was held with partners of Yes I Do to reflect on the outcomes of the study and to receive feedback on the report.

## 2.10 Limitations

Collection and presentation of qualitative data is deemed appropriate for this study. Adolescent sexual and reproductive health in general and FGM/C in particular are sensitive social and cultural issues. The purpose of the research was explained well to all participants, including ethical considerations. However, participants sometimes seemed to give socially desirable answers despite the use of a variety of approaches to ensure that participants felt comfortable and free to

express what they genuinely believed. Although researchers explicitly focused on eliciting in-depth responses to the questions, some participants were not open or seemed to hide that FGM/C was practiced. The research team was trained to listen and observe intently without displaying any judgmental attitude towards information they received from participants.

Due to language-related challenges (Maasai, Kiswahili, English) and despite preparations of materials and training of involved researchers, some data contents may have been lost during translation and transcribing. We checked transcripts and compared them with the audio records. During the coding and analysis of interviews, sections that were misunderstood or not clear were discussed.

### 3. RESULTS

#### 3.1 Study participants from Torosei and Oltepesi

Sixty participants from Torosei and Oltepesi joined this study. Almost all male participants between 30 and 60 years were pastoralists and their main source of livelihood was livestock rearing. In Oltepesi, the majority of married women were involved in informal employment such as livestock rearing, beadwork and vending. Most likely this will also be the case in Torosei, but we did not obtain this information directly from female participants. As for the KIs, more male than female leaders have been interviewed, due to limited female leaders available in these communities. For participants who indicated their religious status, most of them were Christians and a few indicated to be traditionalists. The majority of female and male participants – apart from the boys and girls aged 14 till 17 – were married, two women were widow. Most male and female participants were between the age of 20 to 30 years, married and had not completed their education. More interviewed male parents in Torosei reported to be in a polygamous marriage compared to married men in Oltepesi. Women only indicated to be married, they did not share if they were in a polygamous or monogamous marriage. Most of the male parents/grandparents aged 40 years and above had little to no formal education. Some mothers had followed primary school education, others had not followed any formal education, one female parent went to college. Among the girls and boys (14-17 years) that we interviewed, all of them were attending primary school. Among the young women and men between 18 and 24 years, some had dropped out, some had primary school or secondary school level. The older participants had on average more children (6-12) compared to the younger parents who had 1-5 children.

#### 3.2 Forms of leadership

To understand more about leadership, participants were asked to describe the various types of leaders in the Maasai community. The majority of the participants mentioned three main forms of leadership, which are: governmental leaders like governmental administrators (Members of the County Assembly (MCAs), chiefs, assistant chiefs, *nyumba kumi* ambassadors and female representatives), traditional leaders (village elders, age set leaders) who were grouped according to their age-set, and thirdly religious leaders (church leaders, pastors). A few female leaders were mentioned, occupying administrative and religious leadership roles. Women were not mentioned as traditional leaders, although women groups selected their own female leaders. These leaders were chosen based on motherhood and the respect they have in the family.

*R9: "The case is the same although it's somehow different when it is women's leadership at the village level as it's the women themselves who discuss their leaders and appoint them on merit basis. Mostly they look whether one is a mother and is respected in the family." M: "Okay! Must women leaders be married ones?" R9: "Not necessarily as in our community there can be found women who are not married off due to inheritance issues. They can be very good women and also can be entrusted with leadership obligations." [FGD Women Oltepesi]*

In addition to these three main forms of leadership, a few boys and girls regarded their head teacher as a leader. At household level, it was indicated that the father/husband is the head of the family and is responsible for addressing problems arising in the family, he is the final decision maker. If a household head was not in a position to sort out an issue or not available, the case was forwarded to the village clans and elders.

*“Hmm, those the traditional leadership we have in the community I can really say that these are the people who form the backbone of the community. The community really stands because of these people. Many at times, they act like our judiciary, lots of conflicts, lots of things that happen within our community are resolved at the community level or even at the village level as a result of the services of these leaders, so they play a key role.”* [KII NGO staff Torosei]

There were differences in opinion on which leader is more influential. The majority of the participants felt that the opinion of traditional leaders is very much valued and should not be disregarded. Some participants found the government leaders such as MCAs and chiefs to be most influential in their community, because they represent the government. According to a chief, the administrative leaders follow a certain hierarchy in executing their duties.

*“There are a number of leaders. If an issue is directly related to us as administrative leaders, they can come to me as the chief, or to the assistant chief or the nyumba kumi ambassador. The administrative hierarchy has me at the top, then the assistant chief, then village elders and nyumba kumi ambassadors. So we have that structure and we all work together.”* [KII Chief]

Within the Masai community, traditional leaders work through a decision-making structure according to age-sets. Age-sets are basic Maasai political and social structures of male groups within the same age bracket, who are initiated into adulthood during the same period. Age-sets are groups of males, that have about the same age, with a range between 5 and 7 years. They move up through a hierarchy of grades. The age-sets are as follows; junior warriors, senior warriors, junior elders and senior elders.

### 3.2.1 Leadership characteristics

Leadership characteristics were often defined by the study participants in bad and good leadership. The preferred style of leadership that study participants articulated was characterized by a strong sense of equity, in distributing resources and with zero tolerance to corruption. Preferred leaders would have the following admirable traits: “they would be unifying, transparent, a family person, trusted, guides his people, and would have a good reputation, be non-violent, visionary, disciplined and a good listener.” It was also expected from leaders to have a total commitment to foster the community. Quite a number of participants referred to the head teacher and the chiefs as good leaders, because they follow the law and guide the young people. Others mentioned the traditional leaders who are solving problems in the community.

*“I was brought up in Magadi and I had my role models. These were the head teacher and the chief there. They were very caring and supportive. They were very ready to give a hand at all cost to the needy.”* [IDI 17 years female Oltepesi]

A bad leader was described to be one that is disrespectful, greedy, corrupt, dominated by clannism, nepotism and ageism, someone who supports conflicts, is dishonest and does not take care of people. To avoid appointing a bad leader, participants stated that leaders need to be carefully selected based on their background.

### 3.2.2 Appointing and selection of leaders

In the Maasai community, there are both government and traditional leaders. Government leaders such as MCAs, chiefs, assistant chiefs and women representatives are appointed by the government, mainly through job applications, voting or merit. When traditional leaders are selected by the community members, the following aspects are considered: family lineage, the integrity of a person and his/her leadership qualities. The level of wealth in terms of development and livestock is considered as well. Several participants expressed dissatisfaction on the procedures how the current selection of government leaders is taking place. According to them it is not as thorough as the traditional leadership selection, they discussed that integrity of a leader should be paramount and should not be based on just educational qualifications. More regard is given to traditional leaders who are considered to be carefully selected within the community as compared to government/ administrative leaders.

*“Today leaders are selected on educational qualification and integrity isn’t considered and that is why the leadership currently we have is weak and sometimes rotten and not problem solving in the community.”* [FGD Women Oltepesi]

For the selection of traditional leaders to be complete, the leaders had to go through rituals or other traditional procedures. According to one of the traditional leaders, several sittings have to be held to completely check the person before they are selected. The selection is mostly happening by the community.

*“On traditional leadership selection, it is always formulated by holding a series of meetings between the young initiates and the elders in charge of that certain age group. When it comes to the manyatta hood activities are held, the community then selects their leaders.”* [KII Traditional leader]

### 3.2.3 Influence of leaders

The majority of the participants felt that traditional leaders had more influence in the community than government leaders, because of their counselling and conflict/ problem solving role. They were more accepted by the community and have a lot of authority.

*“Traditional leaders are very influential around here because traditional leaders have a particular age group that they influence and rule. When they say something, it has to pass in that age group of theirs, they have authority over their age group as compared to government chiefs who are told what to do and people even fail to attend their (government) meetings most of the times.”* [IDI Man Torosei]

A few participants mentioned chiefs and MCPs as having most influence, especially with regard to FGM/C.

*“Government chiefs and the Members of the County Assembly are the most influential in this region even on matters of FGM/C they are the ones that people listen to the most.” [IDI Girl Torosei]*

During the interviews, a clear picture was given by the participants on the kind of influence each form of leadership had in their community. The traditional leaders were tasked with the role of educating young people about the importance of upholding the Maasai culture, whereas the government/ administrative leaders were tasked with the role of ensuring that there is law and order in the community, including sensitizing the community on prevention of FGM/C and child marriage. It was also indicated how strongly traditions were upheld through the age-set structure of leadership amongst the Maasai men in different age categories. Leaders of these age-groups would not want to be the first to break with certain traditions.

*“In safeguarding these traditional practices? The local, traditional leaders, of course if I am a traditional leader and there are some and then here comes somebody else who tries to fight against a culture that has been practiced by the previous age groups, I would not allow my age group to be the first one to divert from practicing a tradition that has always been there so the traditional leaders play a key role in ensuring that cultures and practices remains with the community.” [KII NGO staff Torosei]*

### 3.3 Reasons for female genital mutilation/cutting

From our findings we learnt that FGM/C continues as it is associated with the transition to adulthood, maintaining social status in honour of the family, marriageability, controlling female sexuality, prevailing cultural and ethnic identity and for bride price purposes, all tied to traditional beliefs and social norms.

#### 3.3.1 Transition to adulthood

FGM/C in this community is a transitioning social-cultural rite from childhood to womanhood for adolescent Maasai. After circumcision, girls immediately dissociate themselves with being a girl. They join the mature women and start engaging in sexual relationships. When asking participants to highlight some of the main differences between a girl who has undergone FGM/C and one who has not, early sexual debut and being a woman was often mentioned.

R9: *“Long ago, it was believed that a non-cut girl forever remains a child and children cannot be made wives and mothers. So circumcision was done to them to make a distinction between adults and children this was the only way also that could permit one to get married. So that was the main reason for it.” [FGD Mothers Torosei]*

Although from this quote it seems that the participant talks about the past, these beliefs still seemed valid nowadays for many community members.

#### 3.3.2 Marriageability

Our study shows that participants believed that only circumcised girls find a husband and can get married. Circumcised girls go through a rite of passage from childhood to womanhood. An



uncircumcised girl remains a child and is regarded unclean. Among the Maasai, it is considered a taboo to marry an uncircumcised girl, let alone to give birth to a child when the mother is uncircumcised. In the old days an uncircumcised girl that would get pregnant would be punished by tying her with a heifer in the bush. In case she would survive she was forgiven for her deeds.

*“The main reasons why girls were circumcised was because of marriage. A girl could not be married before circumcision... They believed that a girl who gets pregnant before circumcision was an outcast. She was even punished. She was tied together with a heifer at the bush and left to die or to be eaten by wild animals. So it was an abomination.”* [IDI Chama leader]

### 3.3.3 Cultural identity

FGM/C is a practice that has a long history. One of the beliefs about FGM/C mentioned, as being part of one’s identity, was that it is tradition and should not be questioned. A male study participant mentioned that one should not investigate about the reasons why FGM/C is conducted. This is also one of the reasons why several people do not know why FGM/C is being practiced, but hear about the reasons via NGOs.

*“According to me, FGM was initiated by our ancestors. And we believe that everything started by the ancestors must not be investigated on why it should be done.”* [FGD Male parents Torosei]

According to men, a girl who has been circumcised is respectful to older people. Boys indicated as well that a girl who has undergone FGM/C is more likely to be respectful when interacting with older people and is respected. She cannot be censured like a child compared to uncircumcised girls.

R4: *“A girl who is not circumcised lacks respect and we have seen from the other communities that do not circumcise their girls that you’ll find girls dressing inappropriately, clothes that expose their bodies or which are too tight.”* R5: *“A circumcised girl has a lot of respect for the people and is able to accord that respect to the people in the community accordingly.”* [FGD Young men Oltepesi]

However, some participants considered circumcised girls less likely to perform well in school in comparison to uncircumcised girls. Once a girl had gone through FGM/C she was considered ready for marriage and this is a risk factor for dropping out of school.

*“A girl’s behaviour is only good before circumcision. After circumcision, she will always think herself to be a grown up equal to her mother. In school, it has been proven that before they are circumcised, they do better in their academics. In fact I have daughters of mine who drop from school after circumcision and are now married. I had one who dropped in class three in primary school level immediately after undergoing FGM/C. This is the reason why I am campaigning against.”* [KII Traditional leader Torosei]

### 3.3.4 FGM/C and sexuality

FGM/C is an integral part of the Maasai peoples’ way of life and tradition. A lot of different meanings are given to circumcision. For instance, it is widely believed that FGM/C reduces sexual urge in women. Another reason for circumcising girls was that in case of pregnancy (or rape

situations) by men from neighbouring communities, women and girls were held responsible. FGM/C would be a way to curb their sexual desire and punish them.

*“We have had stories from seminars that the Maasai used to move from one place to another in search of pasture for their animals. They use to leave their wives behind. Unfortunately other neighbouring communities took advantage of such situations and impregnated these Maasai women. As a result, the Maasai decided to punish their wives by circumcising them as a means of making them sick and also tame their sexual activeness.”* [FGD Men Oltepesi]

Maasai men seek to ensure that their women do not become promiscuous. On the contrary, we found that girls who have been cut were found to be more likely to engage in early sexual activities, fall pregnant while still in school and eventually drop out of school.

*“When a girl is circumcised, she begins indulging in some irresponsible sexual behaviour. This may lead to her dropping from school.”* [FGD Boys 15-17 Torosei]

### 3.4 Cultural practices

FGM/C is not a standalone practice but is part of different cultural practices that transit girls and boys to adulthood and beyond. From the study, it became clear that there are many ceremonies within the Maasai society, including *Enkipaata* (senior boy ceremony), *Emuratta* (circumcision), *Enkiama* (marriage), *Eunoto* (warrior-shaving ceremony), *Eokoto e-kule* (milk-drinking ceremony), *Enkang oo-nkiri* (meat-eating ceremony), *Olngesherr* (junior elder ceremony). Also, there are ceremonies for boys and girls including, *Eudoto/Enkigerunoto oo-inkiyiaa* (earlobe), and *Ilkipirat* (leg fire marks) (Maasai Association 2017). However, some of these practices were not mentioned during data collection and most likely are not practiced in these Maasai communities. These include, *Enkipaata* (senior boy ceremony) and *Enkigerunoto oo-nkiyiaa* (earlobe) and *Ilkipirat* (leg fire marks). Traditionally, boys and girls must undergo the above mentioned initiations prior to circumcision. The difference is that girls' initiations focus on circumcision and marriage stages. The ceremonies with boys continue when they are adult men. Adolescent boys will form age-sets moving them closer to adulthood. Women do not have their own age-set but are part of their husbands' age-set (Maasai association 2017). The age-set construction is important in upholding traditional practices.

*I: “Who are responsible for safeguarding cultural practices?” “The people responsible for this are the age-set of your fathers, for example my age-set has a father age-set, who are around 70 years old now. So our age-set, fathers ensure we adhere to these practices in our culture. They had responsibilities such as ensuring that their age-set children have gone through circumcision and all traditional rites are done accordingly, that they form an age-set. They also ensure they go through moranism and graduate to being a junior elder in the community, from there they become community elders...”* [IDI chief Oltepesi]

The circumcision ceremony is one of the major initiations of all rites of passages in the Maasai society. Both men and women of the Maasai society are traditionally supposed to undergo circumcision. After young men were circumcised, they became Morans and had to get married right after the ceremony (Maasai association 2017). The situation surrounding recent rites of

passage differs from what is described in previous ethnographic research (Von Mitzlaff 1988, Talle 1988 in Hayashi 2017). 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. 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. Parents today no longer favour early marriage and prefer to educate their daughters through secondary school. Most Maasai are not concerned with whether the bride is a virgin or not, but they consider it to be a grave indecency for a woman who has not passed *emurata* to become pregnant (Talle 1988). If a woman becomes pregnant before her *emurata*, she will undergo the procedure immediately or she could even be forced to have an abortion (but this could not be verified). This initiation is performed within the adolescent period and nowadays done in secret for girls and performed at an earlier age.

From our study, nine cultural themes emerged from the data analysis were traditional leadership continues to have a major role: 1. *Manyattaism* (several households coming together in a special selected place in preparation for any cultural practice of that time, 2. *Olngesher* (junior-elderhood ceremony) 3. male and female circumcision, 4. bride price, 5. moranism, 6. clannism, 7. dressing, 8. naming rituals, and 9. polygamy. The majority of participants indicated that these practices are ongoing. However the ceremonies are no longer executed with the same intensity as in the past. Nowadays girls' circumcision happens in secret and often at the same night before or after boys are being circumcised. The number of girls circumcised together depends on the number of girls available in a certain village or homestead.

Several mainly older female and male participants indicated the importance of these traditions to maintain the values that are behind it for the Maasai community, and indicated different repercussions of not being circumcised.

*“To my opinion, the culture is deep and we believe that every single process is vital and no one wishes to see his child not go through it. For instance, a child when born the naming ritual is done and when he/she grows up what follows is the initiation ritual. So circumcision was purposely meant to clean the initiate. So if someone is not cleansed, he/she is regarded as unclean and not fit to bear children and assumes any leadership position in the society.”* [FGD male parents in Torosei]

### 3.4.1 Safeguarding cultural practices

When looking at who are influential in safeguarding these nine cultural practices, a variety of influencers can be identified. Mainly the older male generation endorses the traditions and is strongly engaged to uphold certain rites of passages. Some older male participants felt that they were forced by the government to adjust their cultural practices and emphasized the negative engagement of the government in their family life.

*M: “Are you in agreement with these changes?” All: “Not at all!” M: “Why?” R2: “Okay. We are forced and this one has made us just to comply unwillingly. In fact it is sad to imagine other people*

*ruling your family, making decisions against your will and even at time punishing you if you do something against what they allege to be right. It is embarrassing.” [FGD Male parents Torosei]*

Some older female participants regretted the visible changes due to modernization and the lack of respect from the younger towards the older generation. They also mentioned that older men are most influential in upholding their cultural practices.

*M: “Who are safeguarding these cultural practices?” R2: “All of us but specifically men. Women have some influence in safeguarding but changes or maintenance of any culture is far much dependent on men. But the problem is that there is nobody teaching us. We are always behind in everything especially in the education of our children.” [FGD Mothers Torosei]*

Some younger male participants who are part of the age-set groups did not want to adjust certain traditional practices, as mentioned before, because they did not want to be the first ones to break with their traditions. The younger female participants did not express any views on upholding tradition and cultural practices.

### 3.4.2 Preserving culture

It was reported that the main reason for preserving cultural practices was to ensure continuity of the Maasai culture. The different male age-sets were seen as an example of a system that reinforces the values and behaviour of Maasai traditions. This occurred through ceremonies and decision-making structures amongst different age-sets of boys and men. As indicated above, there is not such an existing decision-making structure for girls and women amongst the Maasai in Torosei and Oltepesi. The women belong to the age-set of their husbands and have very little influence on traditions and culture. Despite several factors that influence change or adapt cultural practices, which will be discussed below in detail, the age-sets seem to be an important structure that enhances the cultural practices and patriarchal roles in this society. Through the age-sets, older men are instructing younger men and they are the main decision makers amongst the Maasai community.

The age-set rules were reported as very strong. When involving leaders of the different age-sets structures, proposed adjustments in traditional practices could have an impact. However not many young men would like to be at the forefront of changing cultural or traditional practices with the risk to be considered as a failure age-set.

*“It is like passing on the button. One age group goes through it passing on to the other. So no group wishes to be the first to be associated with the stoppage of these practices.” [FGD Boys 15-17 Torosei]*

Several traditional leaders mentioned they are tasked with ensuring continuous training of the young ones to preserve culture. Some male parents indicated that preserving Maasai culture was becoming a challenge due to the government’s opposition regarding some of their traditional practices such as FGM/C and child marriage.

*“There is a lot of government interference in our culture. When we grew up, parents were the final decision makers in any issue regarding their children. But nowadays, any other person can question you or even sue you in matters which are supposed to be under your decision unquestionably. Children are under the advice of other people in schools and in the exposure availed to them.”* [FGD Male parents Torosei]

Although some older female participants emphasized the importance of preserving Maasai culture, hardly any female participant expressed regretting the interference of different institutes as an issue, except for one.

*“What happens, we have gone to several seminars and trainings that advocates against FGM. And to my opinion I think they are campaigning against it out of envy. May be they find this culture to be doing well to us and not to them. So they are like trying their best intellectually to deprive us from our good culture.”* [FGD Women Oltepesi]

Almost all participants indicated that the elderly and the traditional leaders are responsible of maintaining Maasai culture.

*M: “who is most influential in the safeguarding of these cultural practises?” R: “The elders of course.” M: “How?” R: “One, these are the main stakeholders. Among them are the cultural leaders who are always assigned the duty to make sure that the next and the preceding generations do not neglect any of the event.”* [IDI Social club leader Oltepesi]

It was reported that the key reason was to ensure continuity of Maasai culture and to gain societal acceptance. Failure to uphold certain Maasai cultural practices was associated with stigmatization, ridicule and isolation by community members. Some community members mentioned they chose to carry out FGM/C to gain societal acceptance. Besides the elders and traditional leaders, the age-sets were mentioned as a decision-making structure, which ensures the continuation of these cultural practices.

*“The people most responsible (preserving the Maasai culture) are the age-set members, because they ensure that their sons have gone through all the rites of passage and when their sons grow up they also ensure the practices do not end with them.”* [KII Chief]

### **3.4.3 Driving forces behind changing cultural practices**

Traditions are not static, and adjustments of cultural practices are happening. Some cultural practices have changed over time through inner and outside influences and a need for adjustments. Examples given in this study relate to the clothing, the bride price and some of the Maasai men marrying uncircumcised girls. Contributing factors mentioned by the study participants were education, Christianity, the new laws, draught and simply time. These factors have brought changes also with regard to how, if and when cultural practices are performed and by whom these changes are endorsed.

*“Time is also a big changing factor which at times eradicates some practices and it will depend upon them to change or maintain them. Bride price rules change depending with time and individual interest.”* [IDI Man in polygamous marriage Torosei]

According to some participants also NGOs have been addressing the traditional practices of FGM/C and child marriage.

### 3.5 The law and its execution

Within the context of the current laws against FGM/C and child marriage, government leaders have been working towards banning these practices. We found that there are high levels of awareness of the anti-FGM/C law among people living in Kajiado. AMREF and Action Aid were mentioned to be at the forefront of educating the community on matters related to FGM/C. The law indicates that the practice of FGM/C is illegal and punishable.

The law against FGM/C created secrecy in the community, which has led to some participants denying that FGM/C is happening. Overall, it was expressed that FGM/C is executed more in secret than before. One of the main reasons expressed was the fear of being arrested and prosecuted in a court of law. The majority had heard about warnings from the government about imprisonment or fines.

Although the law exists, the majority of informants was in favour of circumcising girls, nevertheless they mentioned the increase of fear when disobeying the law. During FGDs with female and male participants, the anti-FGM/C law and the harsh penalties (imprisonment and fines) associated with the practices were said to have created fear amongst residents.

*“Okay what happens, there was a case of a woman who was arrested because of performing the act. This instilled a lot of fear amongst us.” [FGD Women Torosei]*

In the event that some uncircumcised girls desired to go through the cut, they persuaded their mothers to initiate the process for them. Parents organized for girls to be circumcised at night, sometimes after boys circumcision – or without a specific ceremony – for them to avoid attracting attention from government leaders.

*“Okay people realized that the act now has consequences especially from the government agencies, they develop their own other means of doing it (circumcision) but through unnoticed means. For example, one can decide to circumcise his/her girl at night and skip the ceremonial aspect of the act. Others decide to take their girls to far relatives with pretence of visits to them and yet the objective remains circumcision.” [FGD Women Oltepesi]*

Some older male participants felt that the government was imposing the anti-FGM/C law on them and has not given them sufficient time to adjust. We noticed a common occurrence in this community where parents who have circumcised their daughters avoid inviting anti-FGM activists such as chiefs and NGO staff to the girls’ ceremonies.

*“As a family at times we feel isolated and even earn ourselves a bunch of enemies due to this (sensitizing against FGM/C). We are avoided, ceremonies are held at our door steps and we cannot be invited as we are perceived to be holding on to uncommon belief.” [FGD Women Oltepesi]*

Because the government puts government/ administrative leaders on task to work for FGM/C eradication, it was also highlighted that these leaders were not active in preserving their culture.

Observed changes that indicate some adjustments around openly talking about FGM/C were mentioned as well. Till recent people could not easily express their views in public when being against girls' circumcision, but this is generally more accepted now.

### 3.6 Education and modernization

A variety of participants highlighted that education brought modernization in the Maasai community. It has contributed to the reduction of FGM/C. Through education, teachers, NGOs, religious leaders and local governments have sensitized the community members against harmful cultural practices. In addition, participants associated education to be the main driver for the cultural shift where an uncircumcised girl can now get married to a Maasai man.

*"No, things (with regard to FGM/C) are changing because of what I mentioned earlier, the church and education are influencing these changes because those families with educated people are no longer circumcising girls and if she got pregnant they will consider that a blessing." [KII Chief Oltepesi]*

Comparing to some decades ago and due to the implementation of the child education act, the Maasai community seems to have embraced education for girls and boys. Study participants underlined that the more educated people were the first to leave the practices of FGM/C and child marriage, because they became more knowledgeable about the harmfulness of these practices.

*"It ( child marriage) is no longer happening because of school, everyone wants to take their children to school. Administrative chiefs are also working to ensure that children go to school, if they get a report that there are girls not going to school, the parents are arrested and have to give a reason why the child is not in school. The girls have also embraced education." [KII Church leader]*

Some boys acknowledged the role education played in girls' their lives. They associated education with the ability for girls to defend themselves and claim their rights, which helped them to make their own decisions around traditional practices such as FGM/C. Also stopping of FGM/C contributes to more education opportunities as the wife of the chief explained:

*"For sure, girls' circumcision was causing unnecessary pregnancy among young girls as to the Maasai, one is actually assured of her womanhood rites on the circumcision day which she automatically assumes by engaging in unnecessary sexual activities hence unwanted pregnancy and STIs. So when girls are not circumcised, they will go far in their academic pursuit." [FGD Women Oltepesi]*

### 3.7 Religion and the church

A variety of participants indicated that Christianity has influenced adjustments or abolishment of FGM/C and child marriages amongst the Maasai community. Most emphasis was given to FGM/C, but a few participants mentioned Moranism too. It was indicated that the church is against these practices. FGM/C was said not to be justified by the Bible, since there are no statements about the necessity of FGM/C.

*"It is believed from the Bible that only boys were circumcised, there is no mention of circumcision of girls, so this belief has led to that influence that has brought down the practice." [ KII Church leader]*



Other arguments that were being used to convince the community to stop FGM/C is the evidence about its negative consequences.

*“The culture of girls’ circumcision was so much profound. In fact it was equally valued just as of boys. But of recent days, the research as we have heard by many elites and religious organizations have proven that girls circumcision is irrelevant.”* [KII CHAMA leader]

The anti-FGM messages are coming from religious organisations, especially church leaders. They take an active role in preaching against the practice of FGM/C and teaching young people. They sometimes also take a leadership role to no longer circumcise their daughters.

*“The church is the information centre for the community nowadays. Church leaders keep announcing it (FGM/C) as something which should be stopped.”* [IDI Girl 17-years Oltepesi]

Some female participants indicated that as a women they endorse change that is embraced by the church. However, their husbands are not visiting the church and they make the main decisions, in that case there is little space to adjust practices.

*“We differ so much because us women we go to church and in the church we are taught so many new things that we see them as important. But the problem is with men because they don’t want to come to church or embrace any change easily.”* [FGD Mothers Torosei]

This was confirmed by a male chief, who referred to the influence of the age-set structure and mentioned that the church’s influence is limited.

### 3.8 Who makes decisions on Female Genital Mutilation/Cutting?

FGM/C in this community is a transitioning social-cultural rite from childhood to womanhood for adolescent Maasai girls. In most cases, a girl gets circumcised when she is getting into her adolescence stage. The rite is normally planned for at the age of 12-15 years. The girl’s mother is expected to notify the father when the girl is ‘physically’ ready. Without delay, arrangements are set because no parent wishes to run a risk to have their daughter fall pregnant uncircumcised. A brief discussion is normally held between two parents to arrange on the logistics. After this, the mother acts as a messenger to search for the circumciser who comes to the girl’s father to agree on the terms of payment. In most cases the circumciser is paid in cash and a special share of meat from a slaughtered ram is given to her. During the old days, girls were circumcised as a direct preparation for marriage. The continuation of FGM/C these days is however not necessarily for immediate marriage purposes but to avert social embarrassment and promote marriageability in the future among other reasons, as expressed in the previous chapter.

From various conducted interviews, there were mixed answers and ideas on the decision-making process and superiority of different individual family members on who has most influence and takes final decisions in the process of FGM/C.

#### 3.8.1 Influence of fathers

Decision making about FGM/C is commonly made at the family level by male heads of the household, together with mothers and grandmothers who will be responsible for the execution of



the practice. Most participants, especially the females, reported that at family level fathers dominate the decision making process on whether a girl should undergo FGM/C. He is the one who funds and moderates the activities of that day in the family.

*“To my opinion, the head of the family is the one to make a final decision on the matters regarding the family not only on circumcision but on all matters. So to me, it is the man who makes decisions.”*  
[FGD Boys 15-19 years Torosei]

In some families where the fathers were reported to be against FGM/C, the girls’ mother and grandmother could sometimes still carry out the practice without involving the men.

### 3.8.2 Influence of mothers

The mother has the role in alerting the husband on the “ripening” of the girl, to convince the girl, and to organize for the circumciser and other women to witness the rite. She therefore stands out as a master planner behind the scene, although many times ‘the success’ of family matters is credited to the man.

*“In most cases, women are the most influential people in the family when it comes to decision-making. If a woman has undergone FGM/C that culture is in her and she always prefer having her girls circumcised. She always begins by luring the husband to the issue and to the girl.”* [FGD Women Oltepesi]

The view that women are the main decision-maker on FGM/C was echoed by some male parents who seemed to distance themselves from being the cause of FGM/C to happen. When asked who makes decisions on FGM/C, they mentioned the women, because they are the main organizers and the men’s role is just to finance what has been planned by women. Sometimes they mentioned that men could even be tricked when he was against FGM/C. Some participants reported that women could take their girls away to relatives across the border in Tanzania using visitations as cover-up. She returns when the school re-opens after holidays.

*“It used to be a man’s decision, but it is no longer that way. Women are the masterminds of this game. In fact she is the one to advise the man and gives guidelines on when, who and how it should be done.”* [FGD Men Torosei]

Other participants from the same discussion group debated that the process is team work between two parents. This is because consensus is required, right from the initial preparation stage to the final implementation stage.

### 3.8.3 Influence of girls

Girls in this community have little space in contributing to decision making around FGM/C processes. In most cases their consent is not required and not taken into consideration in the process. The study participants mentioned that the Maasai culture blocks a girl from interacting with her father let alone objecting his directions. Therefore most times she is a subject of other people’s decisions. As stated earlier, the FGM/C process is a decision between two parents, the girl learns to go through the cut by unintentional clues from the mother and rumours from peers in the village who either have gone through it or desire to go through it. These groups sustain the

act of FGM/C by ridiculing uncircumcised girls and putting peer pressure on them, even to girls that have received knowledge on the effects of it and have a different opinion. Therefore, some girls push to go through the cut for social acceptance in society, peer pressure, for marriageability purposes or to fulfil cultural traditions.

*“... The problem which is still there is that there are girls who still lure their parents especially the mothers to cut them. They literally buy the razor blade themselves and persuade their mothers to take them through the act. Which will eventually be done though secretly and no ceremony is conducted.”* [FGD Women Torosei]

However, due to the knowledge of the anti-FGM law and the consequences of being caught doing or supporting it, in many cases the girls’ consent is cautiously taken a few days before the rite. This is done through reprimands from the father through the mother or by the mother herself. This was seen as the mother misleading the girl to take orders, as if they come from her father who is the supreme decision maker. It shows the pressure on the girl while it might look like she was given a choice to go through it or not.

*“The girl is involved only when it is not done secretly. But if the parents are doing it under cover, they won’t involve her but instead they will just inform her possibly a day prior to the material day. This is to avoid the girl if in any case she doesn’t want to undergo the cut to leak the information.”* [IDI Woman Oltepesi]

Girls and young women participants mainly mentioned that their parents decide if and when FGM/C is happening. They said to have hardly any influence. To prevent FGM/C to happen some girls mentioned of cases where girls would run to a rescue centre. Others mentioned cases where parents and the circumciser were reported to the local authorities upon an attempt to take a girl through the practice.

*M: “What about the girl. Does she has any authority over her own body to choose not to go through FGM?” R: “Yes if empowered they can run to rescue centres for those that feel like they should not go through it.”* [IDI Girl 17 years Oltepesi]

Sometimes the little space that gives girls the courage to communicate their objection to FGM/C is enforced through education in the school environment or by NGOs and government through the chiefs. Some parents accepted the decision of the girl, especially when it reached the attention of the chief. However most study participants underlined that this is not common in this area.

*“...Yes, parents at times choose to cut their girls but sometimes when girls run to the chief or other organizations, they are listened to.”* [FGD girls Torosei]

Some young male participants felt that girls had a role to play whether or not to go through the cut. They pointed out that some families nowadays give their girls a chance to decide whether to go through FGM/C or not. This is unlikely when it is the parents driving the decision. In such case, nobody is expected to object it.

#### 3.8.4 Influence of boys

The majority of boys felt that they have no power on matters relating to FGM/C because parents/girls make these decisions. They did not express a responsibility in engaging in these decisions either. Other boys felt that girls had more control on whether to go through the cut or not, due to the law that protects them. Some girls were said to be able to report the situation to the chief who is representing the government.

*M: "As youth in this area, do you feel like you have any influence on matters of FGM/C?" R1: "I think this is a question that should be directed more toward the girls themselves and their parents because you will find situations where parents will want their daughters to be circumcised but the girls refuse and also situations where the parents will force their decision and the girls have no influence at all." [FGD with young men from Oltepesi]*

No reflection was given by boys themselves on how they put pressure on girls to get circumcised. A chief however noted that boys are key players in the continuation of FGM/C, because they still want to get married to girls who have been circumcised.

*"The young men are contributing greatly to this (FGM/C), they have this belief that they cannot marry uncircumcised girls, and the people they tell this are the girls themselves. Their own peers then pressure these girls into circumcision. They justify it by saying that it is a practice that they found and why should they be the first ones to stop it." [KII Chief Oltepesi]*

One young male expressed that boys can play a role in terms of protecting girls from FGM/C by campaigning against the practice.

*"I believe we can make some influence on our sisters. We can discourage them to accept it at all. So when the parents try do lure them to it, they just claim not to be ready for it." [FGD Boys 15-17 years Torosei]*

### 3.8.5 Influence of leaders

On examining the role of leaders such as government agencies, NGO staff, head teachers, women representatives and religious leaders, we found that they were engaging in anti-FGM/C activities. This is mainly done by educating and demonstrating by example. Teachers and NGO staff are now teaching against the practice and slowly equipping boys and girls with knowledge. Government leaders such as the chiefs, assistant chiefs and *nyumba kumi* ambassadors have also been actively engaged in the abandonment of FGM/C in the community through sensitization, educating the public on the effects of FGM/C and realizing tough penalties.

According to the area chief's wife, education and sensitization has greatly influenced the reduction of FGM/C practice. A few participants indicated that the administrative government has spies on the ground that report any FGM/C practice in the area to the government leaders, which contributed to the reduction of the practice.

*"Yes we have heard about it. The chief has insiders in the community who will give him information whenever girls are circumcised." [FGD Mothers Torosei]*

A young social club leader seemed to be contributing to influencing the community against the practice of FGM/C, through sensitization and organizing game tournaments for the youth in the

community. Spiritual leaders also played a part in educating the public on risks of FGM/C during the tournaments and the games kept the youth occupied.

*“The organizations send the chiefs to the villages to pass the message and during the matches, they are all present. Just before the matches, they are educated on FGM and even the parents attend and are also taught and asked questions on FGM. The young men are also taught how to use condoms. [IDI Social club leader Torosei]*

The chiefs’ roles and status in this community are highly regarded. They are a symbol of government presence in the area and mostly viewed as law enforcers. Participants often mentioned their active role in FGM/C awareness, land conflict resolutions and in education advocacy. They are against FGM/C and often share warnings to practitioners in their meetings and in other community occasions. This makes them witness a *hide and seek* game in the community they serve. They are avoided and not invited in any occasion related to FGM/C and sometimes in other functions not related to FGM/C. This isolation also affects their wives. One of the chief’s wives mentioned that some community members have alienated her and anyone else who support the anti-FGM/C law from attending functions.

Some leaders made their observation on FGM/C execution, pointing out a high level of illiteracy as a major hurdle to overcome FGM/C.

As mentioned before, traditional leaders seemed to be the custodians of cultural practices. In most cases, they are involved in traditional practices such as age groups systems and graduations processes. Their involvement in the eradication of FGM/C proved to be insufficient, while their voice on cultural changes matters a lot.

### 3.9 Leadership and Female Genital Mutilation/Cutting

Leadership categories, roles and styles in the Maasai community are well structured and each category is careful not to interfere or to disobey to the functions of others. These lines are mysteriously drawn without formal debates or agreements. To understand the relationship between leadership and the practice of FGM/C in the Maasai community, we asked our participants to share their views on how leaders and leadership has influenced the practice of FGM/C. The following themes emerged from our discussions: accountability, responsibility, law and secrecy, and stigmatization.

#### 3.9.1 Accountability and the law

The element of accountability was mainly seen among government leaders in the Maasai community. When government officials were alerted of executing FGM/C, parents and the circumciser were sometimes held accountable and punished. Government leaders ensured that communities were informed about the law. How they are held accountable by their superiors was not clear. Women leaders who are referred to as *chama leaders* were at the forefront fighting FGM/C at household level and across the community.

*M: "What is your influence as a leader with regard to fighting FGM?" R: "Yes my influence is visible everywhere because I go to meetings and address many people. At my family I also have influence over my children and husband." [IDI Chama leader Oltepesi]*

Some female participants expressed dissatisfaction with the government in maintaining law and order with regard to FGM/C, they felt they were failing to take action against the culprits. The main reason they gave for leaders failing to take action is because of family relations that they may be having with offenders.

*"They (leaders) hardly take any action to punish the culprits... Eeeh, they fear because they are also members from that community and have friends, relatives and even in-laws who might practise the act. So taking action like reporting them could tain the leader and probably cost him a lot in terms of public relations among his subjects." [FGD Women Oltepesi]*

Oltepesi and Torosei do not have rescue centres. The government officer on child rights stayed in Kajiado town which is far from the village. The officer meant very little to address FGM/C due to the distance, deplorable state of roads and limited financial resources and consequently less girls' rights advocacy was happening. Many study participants mentioned an NGO called Action Aid which has picked volunteers as their representatives in the area to report incidents of FGM/C. They assisted victims in seeking health care, enrolled them to rescue centres and reconciled them with their parents.

*I: "Do you think you have any influence with regard to FGM?" R: "Yes. I can link with non-governmental such as Action Aid and work with them." I: "What role has this organization you have mentioned done in this community?" R: "There was one sad case of a girl who was circumcised just a few meters from where we are and unfortunately she died. The parents were arrested by that organization." [IDI Female 17 years Oltepesi]*

### 3.9.2 Position and responsibility

In the community, government leaders and teachers were known to be against FGM/C and were at the forefront to end it. People in the community were well aware of the position of the above-mentioned leaders and they were feared. FGM/C could not be practiced in their presence.

*"What is the role of the chief and the head teacher with regard to FGM?" R1: "Mostly they are feared and what they say is most likely obeyed." [FGD Girls Torosei]*

Although the teachers were against FGM/C, their influence seemed to be limited as they did not have an influence on decisions when girls are back home or on holiday.

As observed, there were many churches along the road and within the villages and the majority of community members were Christian. However, the position and influence from the church was not mentioned as much. Religious leaders were seen to be more distant players. Their stand was said to be not active either for or against FGM/C. They mostly placed themselves as tactful reporters of these cases to the chief.

*"The only power I have as a church leader and a woman is to report cases to the administrative chiefs when I hear them. It would be sinful for me to hear of an FGM case and keep it to myself." I:*

*“When you report these cases to the chief, does it bring friction between you and the community?”  
“It is possible that it will bring mistrust but I have to find a tactful way of reporting the cases.” [KII  
Female church leader]*

Most traditional leaders were not directly involved in the advocacy for or against FGM/C and other issues that are regarded as ‘female affairs’. However, some leaders have made it a personal responsibility to sensitize the community against the practice of FGM/C through notifying the government in case of an FGM/C incident and by leading by example i.e. not circumcising their daughters.

*I: “As a leader here, what is your influence on FGM eradication?” R: “Yes, first I don’t do it to my daughters just to serve as an example. This makes my work easier as a leader when I crusade against it.” [IDI Man in polygamous marriage Torosei]*

### 3.9.3 Stigmatisation

Because of the fear of stereotyping and stigmatization (when not being circumcised), many families have resisted the abandonment of FGM/C. Among the Maasai, names like *entaapai* (uncircumcised woman) are used in a negative way. Uncircumcised women were said to be discriminated and refused to participate in cultural ceremonies. The son of an uncircumcised woman (*olturpa*) cannot take on any traditional leadership role.

*“A girl during the old days, a girl is not supposed to be married before circumcision. It was also a taboo for a girl to get children before circumcision. She is referred to as ‘entaapai’ and the son called ‘olturpa’ who was not supposed to take any leadership position in the society also for the sake of age groups set up.” [FGD Men Oltepesi]*

Most traditional leaders merely dismissed the possible risks that come with girls cutting, pointing out their many years of experiences with FGM/C. One chief said that uncircumcised women could encounter family problems.

*“We have not seen anyone dying from being circumcised or failing to give birth so I don’t see anything wrong with it. Those women that we know from long ago who got married without having being circumcised ended up having families that had problems. We also still don’t know whether it is good or bad, you should educate us more on this.” [IDI Traditional chief Oltepesi]*

Some girls choose to undergo FGM/C, due to the socialization within the community that reinforces stereotyping uncircumcised girls. The girl would choose to undergo the cut to avoid being mocked by the community and peers, hence they request their parents to take them for the cut.

*“The girls who are circumcised mock the girls who are not circumcised and this leads to these uncircumcised girls asking their parents to have them circumcised.” [FGD Young men]*

### 3.9.4 Empowering leaders with the right information

A majority of participants recommended – with regard to leadership styles and decision-making processes around FGM/C in Kajiado – the need for empowering leaders with the right information on FGM/C. They could then pass on proper information to community members on the effects of

FGM/C, especially during holiday periods, when the risk is higher for FGM/C to be conducted. In addition, participants also pointed to the need to educate the community on the existing FGM/C law and the penalties associated with breaking the law.

*R2: "I ask the government to be very strict on stopping FGM/C." R3: "I ask the government to arrest the perpetrators." R5: "The government has also to educate the people with regard to FGM/C." R6: "The government should educate the girls through seminars on how to overcome challenges during the adolescent stage." [FGD Girls Torosei]*

As mentioned earlier, it was highlighted that some administrative leaders were biased in how they were handling the perpetrators of FGM/C and therefore, there was a need in coming up with a standard way of dealing with offenders.

*R: "The government should do the best to implement the laws they have set." I: "To the chiefs?" R: "They should also do their job fairly. In most cases chiefs are biased in handling different cases." [IDI Female 17 years Oltepesi]*

A number of participants both in the FGDs and IDIs recommended that besides sensitizing the community on FGM/C and its effects, contraceptives should be provided to reduce teenage pregnancies.

*"Family planning has been introduced so that would have been another recommendation. All hospitals have these services and it's helping curb school dropout cases." [FGD with young mothers Oltepesi]*

One of the NGO staff recommended that the government should build and equip health facilities, both day school and boarding schools, and provide multiple water points. These facilities would reduce the occurrence of rape and teenage pregnancies that are associated with long walking distances from home to school and from home to water points where boys/men are more likely to take advantage of girls.

## 4. DISCUSSION

This study aimed at exploring the different forms of leadership, related power dynamics and decision-making processes on FGM/C in Kajiado. In this chapter, main findings are discussed.

### 4.1 Traditional leaders safeguarding Female Genital Mutilation/ Cutting

There was no difference between Torosei and Oltepesi in terms of leadership styles and the practice of FGM/C. In both areas three officially accepted leaders were emphasized, which are traditional, religious and government leaders. The majority of leaders are male, sporadically some chiefs and religious leaders are female like the *chama*. The appreciated leadership styles were characterized by a strong sense of equity in distributing resources and with zero tolerance to corruption. Preferred leaders would have the following admirable traits: they would be unifying, transparent, a family person, trusted, guiding their people. Furthermore, a leader would have a good reputation, be non-violent, visionary, disciplined and a good listener. At household level, the father of the family makes decisions, however mothers have a big role to play in the execution of FGM/C, since they have to initiate, organize and prepare this rite of passage for their daughters.

The traditional leaders' role seems to clash with the role of government leaders when we talk about reinforcing cultural practices and FGM/C. Traditional leaders, mostly men, are tasked with ensuring cultural continuity and managing conflicts, whereas government leaders ensure that law and order is maintained in the community. The role in preserving culture of traditional leaders means that they are (indirectly) safeguarding the practice of FGM/C. At the same time, traditional leaders are more accepted than administrative leaders by community members because of their counselling, preventing and solving conflict role. Because of the law against FGM/C, governmental leaders do have influence to eradicate FGM/C. However, they often want to maintain their public relations in the communities, therefore punishments were reported to be arbitrary. If traditional leaders would actively support the eradication of FGM/C among age-set groups, a big difference could be made.

### 4.2 Stigma and peer pressure as means to comply to social norms

The factors that influence FGM/C decision-making processes are much centred around patriarchal norms. Both husband and wife are part of the decision-making process but have their specific role. The wife is responsible for organizing the execution of the girls' circumcision, the husband takes general decisions at household level and contributes financially.

An (unintended) outcome of the national law against FGM/C is that FGM/C is practiced in secret. This shows that social norms connected to FGM/C are not easy to change. As indicated by several studies in Kenya, FGM/C serves as a solemn mark of identity and unity among the Maasai community. To become a member of the group, approval is confirmed through FGM/C and male circumcision (Towett et. al 2015). Social benefits like bride price and marriage contribute to increased social networks, improved economic and social status and this enhances FGM/C. Other factors are peer pressure and stigmatization on girls to succumb to the practice. Even in situations



when parents oppose circumcision, girls can be influenced by other community members or peers to get circumcised. As a study in The Gambia and Senegal by Shell-Duncan (2011) indicated, FGM/C was not always a condition to ensure marriageability, but a way to facilitate entry into a social network and to have access to social support and resources. Peer pressure played a major role in its preservation.

Girls who do not wish to be circumcised inform teachers or the chief who have the duty to take action to prevent FGM/C. In that sense the law is enhancing girls' empowerment, in case girls are well informed and the chief is reliable enough to take action against household decision makers. Still, our study reveals that because of family ties in the community, it is difficult for a chief to bring the FGM/C perpetrators to book.

It can be concluded that, in line with other studies (Miller et al. 2005, Kaplan et al. 2013, Anumaka 2014, Gitau et al. 2017), although parents are the main decision makers, they and girls and boys themselves are much influenced by expected social behaviour enforced by their surroundings.

#### 4.3 Girls and boys have little influence

Girls and boys have little space to participate in decision-making processes around FGM/C. For the majority of families it is the parents who decide on the circumcision. Depending on the position of the parents, girls can be informed beforehand. In case the girl refuses to be circumcised she is protected by the law. She can inform the chief or go to a rescue centre, if the girl has enough confidence to bear the consequences of these actions within her family. Most boys do not feel they can participate in these decision-making processes. They view FGM/C as a women's affair. Although most boys prefer to marry circumcised girls, little reflection was given by male and boy participants on how their preference to marry circumcised girls has an impact on the execution of FGM/C. To alter girls' and boys' position with regard to decision-making space, they first need safe spaces to discuss personal issues they are facing in their lives. When especially girls have access to safe spaces, they would be better prepared to enter into dialogues with boys, elder women and men.

#### 4.4 Leadership roles of women and girls

Maasai women hardly hold any leadership role in their community. This is common in patriarchal societies. Prevailing social norms ensure that women have little voice in matters that affect them and there are obstructions to express oneself in public about harmful practices (Mackie and Lejeune 2009). The conditions that hinder women from becoming leaders include cultural beliefs, structural, gender, and resource issues, traditional marriage and lack of education (Kiamba 2008, Tripp 2003, Ward and Kiruswa 2013). While women have little opportunity for leadership, a small percentage of them do rise as leaders. In this study, several *chamas* and female religious leaders expressed their views and talked about their efforts to prevent FGM/C. During the FGDs, some women expressed openness to re-assess norms and practices and willingness to learn. Especially older women have the power to negotiate change (above younger women). Drawing on (potential slow) changeability of social norms, it may be possible to design interventions that share

opportunities for action with elder female leaders and speed up abandonment of FGM/C without undermining the cultural value of tradition among the Maasai community (Shell-Duncan 2018).

#### 4.5 Education, critical thinking and empowerment

This study reveals that the abandonment of FGM/C is influenced by education, religion and the law. Access to education and access to various sources of information that foster critical thinking, gives room to the introduction of new concepts such as gender equity and different social relations (UNICEF-UNFPA 2013). The teachers are against FGM/C but their influence seems limited.

FGM/C affects the education of girls. Once girls are taken through FGM/C, the majority of them drop out of school to get married. Girls who were circumcised were not considered academically 'brilliant', but were considered respectful and obedient compared to uncircumcised girls. These findings are in line with what other studies found (Magangi 2015, Nyabero et al. 2016) about the relationship between FGM/C and school dropout, and the poor performance of circumcised girls that remain in school (Anumaka and Sironka 2014).

In a patriarchal society girls are dependent on marriage for material well-being, they are therefore unable to risk not having undergone FGM/C (Mackie and LeJeune 2009). Less information is available about what happens to girls who are not circumcised with regard to their education and future economic perspectives, especially in Kaijado where hardly any formal sources of income are available for women. A study about girls' education in Kaijado revealed that despite major obstructions faced by adolescent girls, (e.g. economic, financial and environmental un-freedoms) they were highly motivated to retain to education as a gateway to a better future, supported by key people and change makers they live with: their families, teachers and chiefs (Warrington and Kigaru 2012). However, availability of formative education is insufficient. Multicomponent livelihoods-centred approaches for adolescent girls which combine vocational/technical training, life skills and information about SRHR and that build their social networks appear to hold out greatest promise (Kabeer 2017). These approaches help in building the subjective, cognitive and practical capabilities, so girls can participate more fully in decisions that affect their lives (Kabeer 2017). An interesting area to further study would be to follow the empowerment processes of uncircumcised girls and what happens to their position in society. What is their background and how do they improve their social and economic status? Are they more empowered than girls who follow patriarchal norms, because their marriage is delayed and they remain longer in school?

#### 4.6 Age-set structures to adjust decision-making processes

The finding that decisions concerning FGM/C can be influenced by multiple actors including women, men, relatives, and community members verifies the results shown by Shell-Duncan (2010) in a study conducted in The Gambia and Senegal. Although in a different context, the study explained that the multiplicity of decision makers and peer pressure among women made individuals less able to act upon intentions to carry on with the practice or not. In some cases, women propagated FGM/C to avoid discrimination, and this social force must be acknowledged. However, men's power to influence should also not be disregarded.

The support and engagement of men and boys is crucial to stop FGM/C. In several studies, the importance of male engagement is emphasized as assisting in resisting social pressure, especially when women decide to not let their daughters undergo the practice. If not actively supported by their husbands, as well as other influential male leaders from their communities, women not only face peer pressure, but also feelings of helplessness (Shell-Duncan 2010). This explorative study showed that very few men reckon their own role in these practices in Kajiado. This is why men, like women, need to be empowered to make informed and healthy decisions in dialogue with their daughters, wives and sisters. The age-set structure among Maasai men is an important decision-making structure and an entree point to reduce the practice of FGM/C with the help of elderly, female and traditional leaders.

## 5. CONCLUSIONS AND RECOMMENDATIONS

### 5.1 Conclusions

This study showed the importance of reinforcing invisible female leadership among the Maasai and to intensify collaboration with traditional leaders within the age-set structures to curb FGM/C.

FGM/C is seen as part of Maasai identity, in a context where their semi-pastoralist life style has been under treat for decades. Men are the main decision makers in the household and traditions are passed through Maasai men via the age-set structure. Social norms are so embedded, that younger leaders would not want to go against the leadership of older age-sets, by being the first group to alter the practice of FGM/C.

Among leaders, there are different interests and roles. The government leaders, especially the chiefs, usually take an active and responsive role. Traditional leaders/elders somehow play a passive role in stopping FGM/C and therefore indirectly encourage the practice, when done secretly in homesteads. Most religious leaders are against the practice of FGM/C, but all leaders – some more than others – also want to protect their position and relationship with the community.

Multiple actors reinforce FGM/C among girls in Torosei and Oltepesi, since circumcision is strongly embedded in the social norms and a form of identity shaping for girls and boys. Girls themselves have little to say about the execution of FGM/C in their lives and boys mainly see it as a women's issue.

Although the law against FGM/C, education and Christianity have a certain influence to curb the practice of FGM/C, stigmatization, discrimination and peer pressure are experienced by girls and actors that stand up against FGM/C. This can even lead to social exclusion. Some leaders that do take a position against FGM/C feel the consequences by being excluded from social/ cultural gatherings.

Studies (Population Reference Bureau 2013, Oloo 2011, Mackie 2009) have shown the importance of engaging with communities and their culture, which asks for participatory methods. It entails starting at the grassroots recognizing and respecting the ability of community members, by meaningfully engaging them in coming up with solutions and find more community support. While engaging with the Maasai male and female leaders in dialogues, the Maasai culture should be valued *and* the subordination of women and girls should be addressed.

### 5.2 Recommendations for the Yes I Do programme

- Traditional leaders are the gateway to Maasai communities. Previous efforts have not led to a transition that abolished FGM/C, therefore FGM/C became less of a ritual, but more a practice in secret. Involving traditional leaders in the conceptualization, planning and implementation of interventions that are geared towards gender equity, education and eradicating FGM/C is recommended.
- Traditional female leaders do not exist among the Maasai, but older women can reinforce change among younger generations, both women and men. Therefore it is recommended

to strengthen leadership roles of women and girls, so they have the space in private and public realms to discuss gender equity and FGM/C.

- In as much as laws are important, it does not result in behaviour change and adjustment of community's social norms alone. More efforts are needed to adjust social norms, one way is by shaping by-laws at community level, whereby community members can hold each other accountable.
- It is suggested to establish joint partnerships between traditional, religious and government leaders to unpack existing social norms that endorse FGM/C and to develop effective and creative ways to reduce FGM/C with meaningful participation of girls and women.
- There is a great need to empower men and boys on the effects of FGM/C and its health and economic implications on women and girls, because at the moment FGM/C is often seen as a women's affair. While husbands are the main decision makers in the family, empowerment of men and boys is required. The age-set structures are an important entree point to discuss FGM/C and to analyse underlying factors and replace myths and social norms that enhance FGM/C.
- To value prospective and unique aspects of Maasai culture, there is need for positive cultural practice identification. Especially girls and boys in school need identity lessons to ensure that interventions are not only created based on messaging around bad or harmful practices, (FGM/C, child marriage) but promote positive practices that support and embrace the Maasai culture and break through the subordination of girls and women.
- More insights are needed in the socio-economic position of uncircumcised girls within the Maasai community.

## 6. REFERENCES

- Ahmadu, F. (2000). "Rites and wrongs: An insider/outsider reflects on power and excision." *Female "circumcision" in Africa: Culture, controversy, and change*: 283-312.
- Anumaka, I.B. and Sironka, B. (2014). *Female Genital Mutilation and Girls' Participation in School activities in Isinya district, Kajiado County, Kenya*. College of Higher Degrees & Research, Kampala
- Berg, R., J. Odgaard-Jensen, A. Fretheim, V. Underland and G. Vist (2014). "An Updated Systematic Review and Meta-Analysis of the Obstetric Consequences of Female Genital Mutilation/Cutting." *Obstetrics and gynecology international*.
- Fraser, B. P., Brown, W. J., Wright, C., & Kiruswa, S. L. (2012). Facilitating dialogue about development through digital photography: Seeing through the eyes of Maasai women. *Journal of International and Intercultural Communication*, 5(1), 20-42.
- Gitau T., Van der Kwaak A., Kusters L., Kakal T. (2017) A baseline study on factors influencing child marriage, teenage pregnancy and female genital mutilation/ cutting in Kenya 2016. Royal Tropical Institute, Amsterdam
- Hayashi, M. (2017) The State of Female Genital Mutilation among Kenyan Maasai : The view from a community based organisation in Maa Pastoral Society. *Senri Ethnological Reports*. Volume 143 page range 95-117 year 2017-12-01
- Heise, L., Ellsberg, M., & Gottmoeller, M. (2002). A global overview of gender-based violence. *International Journal of Gynecology & Obstetrics*, 78(S1).
- Hodgson, D. L. (2001). *Once intrepid warriors*. Bloomington: Indiana University Press.
- Jones, S. & Ehiri, J. & Anyanwu, E. (2004). *Female Genital Mutilation in Developing Countries: an Agenda for Public Health Response*. *European journal of obstetrics, gynecology, and reproductive biology*. 116.
- Kaplan, A., Cham, B., Njie, L. A., Seixas, A., Blanco, S., & Utzet, M. (2013). *Female genital mutilation/cutting: the secret world of women as seen by men*. *Obstetrics and gynecology international*, 2013.
- Kassim, S. S. (2014). *The attitudes of Maasai parents towards alternative rites of passage of girls in central division, Narok county, Kenya* (Doctoral dissertation, University of Nairobi).
- Kiamba, J. (2008). *Women and leadership positions: Social and cultural barriers to success*. *Wagadu*; 6, ISSN: 1545-6196.
- KNBS (2015) *Kenya Demographic and Health Survey 2014*. By Kenya National Bureau of Statistics 2014 , Ministry of Health, Kenya National AIDS Control Council, Kenya Medical Research Institute, Kenya National Council for Population and Development and The DHS Program, ICF International (December 2015)

Koomen, J. (2014). Global governance and the politics of culture: campaigns against female circumcision in East Africa. *Gender, Place & Culture*, 21(2), 244-261.

Maasai Association, 2017. <http://www.maasai-association.org/>

Magangi, M. (2015). Effects of female genital cutting on school attendance and retention of primary school girls in Kuria west district, Kenya. *African Journal of Education and Human Development*: 1(1).

Mackie G, and Lejeune J. (2009) Social Dynamics of Abandonment of Harmful Practices: A New Look at the Theory. in Special Series on Social Norms and Harmful Practices. Innocenti Working Paper No. 06, Florence, UNICEF Innocenti Research Centre.

Masho, S. W., Matthews, L. (2009) Factors determining whether Ethiopian women support continuation of female genital mutilation. *International Journal of Gynecology and Obstetrics*. 2009; 107: 232-235.

Miller, M., Moneti, F., Landini, C., & Lewnes, A. (2005). Changing a harmful social convention: female genital mutilation/cutting.

Nicholson (2005) Meeting the Maasai. *Journal of Management Inquiry* Volume 14 255-267. 10.1177/1056492605279095.

Nyabero, C., Omwenga, E.N. & Okari, F. (2016). Alternative rites of passage potency in enhancing girl child self-esteem. Leveraging Education to End Female Genital Mutilation/Cutting Worldwide. International Center for Research on Women and participation in education in primary schools in Kisii County, Kenya. *African Journal of Education and Human Development*, 2(1): 1-9.

Oloo, H., Wanjiru, M., & Newell-Jones, K. (2011). Female genital mutilation practices in Kenya: the role of alternative rites of passage: a case study of Kisii and Kuria districts.

Population Reference Bureau (2013) Ending female genital mutilation/cutting. Lessons from a decade of progress. USAID

Sarkis, M. (2003). Female genital cutting (FGC): an introduction. The Female Genital Cutting Education and Networking Project.

Shell-Duncan, B., Wander, K., Hernlund, Y., & Moreau, A. (2011). Dynamics of change in the practice of female genital cutting in Senegambia: testing predictions of social convention theory. *Social science & medicine* (1982), 73(8), 1275-83.

Shell-Duncan, B., Gathara, D. and Moore, Z. (2017) Female Genital Mutilation/Cutting in Kenya: Is Change Taking Place? Descriptive Statistics from Four Waves of Demographic and Health Surveys. February 2017, Evidence to End FGM/C: Research to Help Women Thrive. New York: Population Council

Shell-Duncan, B., Moreau, A., Wander, K., Smith, S. (2018) The role of older women in contesting norms associated with female genital mutilation/cutting in Senegambia: A factorial focus group analysis. *PLoS ONE* 13(7): e0199217.

Thomas, L. (2000). "Ngaitana (I will circumcise myself)": Lessons from colonial campaigns to ban excision in Meru, Kenya. In B. Shell-Duncan & Y. Hernlund (Eds.), *Female "Circumcision" in Africa: Culture, Controversy, and Change* (pp. 129-150). Boulder, CO: Lynne Rienner Publishers.

Towett, G., Oino, P. G., Caroline, G., & Tarkwen, P. (2015). *Socio-Cultural Factors Influencing the Practice of Female Genital Cut among the Maasai Community of Kajiado Central Sub-County, Kenya*.

Tripp, A. (2003). *The changing face of Africa's legislatures: Women and quotas*. A paper presented at the International Institute for Democracy and Electoral Assistance (IDEA)/Electoral Institute of Southern Africa (EISA)/Southern African Development Community (SADC) Parliamentary Forum Conference.

UNICEF (2005). *Female genital mutilation/female genital cutting: a statistical report*, New York, UNICEF.

UNICEF (2011) *Female genital mutilation: issues and impact*. Cairo, United Nations Children's Fund Egypt,

UNICEF (2013). *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*. *Reproductive Health Matters*, 21(42), 184-190.

UNFPA-UNICEF (2013). *Joint Evaluation UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change (2008-2012)*. New York and Geneva: Authors.

UNICEF (2016) *Female Genital Mutilation/Cutting: A Global Concern* UNICEF, New York, 2016.

Ward, J. A., & Kiruswa, S. (2013). *Rise to Leadership: An Evaluation of African Maasai Women's Leadership*. *Journal of International Business Research*, 12(2), 109.

Warrington, M., & Kiragu, S. (2012). "It makes more sense to educate a boy": Girls 'against the odds' in Kajiado, Kenya. *International journal of educational development*, 32(2), 301-309.

Williamson, N. E. (2012). *Motherhood in Childhood: Facing the Challenge of Adolescent Pregnancy: UNFPA State of World Population 2013*, United Nations Population Fund.

World Health Organization (2008). *Eliminating female genital mutilation: an interagency statement-OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO*.