



# *The Maasai*

## **Preserving Culture and Protecting Girls**

**By Timothy Mbugua**  
HIV and AIDS Policy Analyst  
World Vision, Canada

As HIV and AIDS continue to ravage communities around the world, the role of cultural practices in accelerating the vulnerability of women and girls is coming into sharp focus. While communities need to maintain their values and identity, the HIV and AIDS pandemic demands a fresh review, modification and even the discontinuation of practices that increase the risk of infection.

The Maasai community, which straddles the Tanzanian and Kenyan border, has fiercely guarded and preserved its cultural practices, traditions and norms in the face of modernization. This largely pastoral community has maintained its mode of dressing, food, language and even its traditional manyattas (Maasai homesteads made from cow dung, sand and clay). Until recently, the closed and traditional way of life has insulated the Maasai from the AIDS pandemic. However, trading, mingling and intermarriage with other communities have resulted in a dangerous spread of HIV/AIDS into the community and the Maasai have found

themselves at a crossroads: How can they maintain their culture in the face of HIV and AIDS? What do they need to do to modify particular practices and traditions that are so skewed against young girls?

World Vision has a long history of working with this community. In the presence of HIV/AIDS, we recognize the need for a fresh approach that is sensitive to the community's culture, traditions and values. The traditional prevention approach, such as ABC (abstinence until marriage, be faithful, and correct and continuous use of condoms is inadequate to protect girls in the Maasai community as it does nothing to address the systemic factors that put them at high risk. It is difficult for girls to abstain from sex while the Maasai custom allows betrothal of girls even at birth. The practice of polygamy, allows a man to have more than one wife at the same time, sanctioning multiple partners.

Use of condoms is rare among the Maasai, and for a community in which producing many children is the norm, this may not be an option.

## **Examining Cultural Traditions that Place Girls at Risk**

In 2004, World Vision undertook an action-oriented research project to identify the key cultural values that make girls vulnerable to HIV. A key strategy of the study was to involve boys and girls – as well as communities – building their awareness and capacity as agents of change and creating a sense of ownership in programs and policy interventions.

Comparative research was conducted among the Maasai and Lozi communities of Tanzania and Zambia respectively. It consisted of qualitative and quantitative data, using structured questions for face-to-face interviews, focus group discussions, and interviews with key informants. A total of 374 adults and 1,100 children and youths, aged 8-24 years, answered a wide range of questions from their knowledge of HIV to sexual behavior. This article discusses the results among the Maasai community in Tanzania.

The study unearthed a number of traditional and cultural practices and norms that compare and go beyond other African societies. Asked who arranges marriage in the family, the majority of the young respondents answered that it is their father alone. More than 90 percent said that women do not hold positions of leadership in the Maasai community.

*Early sexual initiation* – Respondents pointed out that sexual practices lead to the girl child engaging in sex as young as eight or nine. In accordance with Maasai customs, her sexual debut, and often most active sexual period, is during the pre-pubescent period, prior to initiation into womanhood that often takes place in early adolescence. Prepubescent girls are expected to provide domestic help to adolescent boys who have undergone their circumcision rites. Known as *morani*, the initiates reside in designated residences called *esoto*. The young girls frequently reside at the same *esoto* where they are introduced – sometimes forced – into sexual activities by the *morani*.

Early sexual debut increases the vulnerability of girls to HIV due to their biological immaturity that allows tearing and bleeding more easily. In addition, one young girl, asked whether it is mandatory to have sex in *esoto*, quipped, “It is not a must, but if a *morani* wants sex there is no option.”

*Female Circumcision* – More than 80 percent of those interviewed confirmed that female circumcision is a common practice that is regarded as an important aspect of cultural identity and

essential to facilitating girls’ social and spiritual transition into womanhood.

One respondent said that a girl “won’t be regarded as a woman until she is circumcised.” This practice creates a clear risk of HIV due to cross-transmission during the cutting ceremonies when the same razor blade is used to circumcise different girls. Since this initiation defines a girl as an “adult,” it also contributes to early marriage.

*Early marriage* – Early betrothal and marriage is another cultural practice contributing to girls’ increasing vulnerability to HIV. The arrangement includes a bride price paid by the groom to the girl’s family, which may occur when a girl is very young and long before the actual marriage. The practice undermines the girl’s capacity to determine her own partner and limits her access to education, thus excluding her from the empowerment that education can facilitate, as well as important HIV prevention messages. The Maasai prefer to admit boys more than girls to school, said one respondent, “because they are used to sending the girls to the husband in exchange for dowry.” The husband is often twice or even triple the age of his wife, leaving her in a weak position to demand or suggest safe sex, and further contributing to the biological vulnerability of her age.

*Polygamy* – Commonplace among Maasai, polygamy is another practice placing girls at high risk. According to respondents, the number of wives range from two to 16. The risk is determined not only by the sexual behavior of the husband, but of his co-wives, who may also have multiple partners, creating a complex network of potential risk of HIV infection. Respondents also pointed out that the polygamous structure facilitates competition among co-wives over limited resources. As the husband is solely responsible for distributing resources, he may often have “favored wives,” leaving the others struggling to meet their needs and those of their children, often forcing girls to drop out of school and get married early.

*Age-mates* – In Maasai tradition, males and females circumcised on the same day are *agemates* and are expected to form a very close bond. When a male visits a married *age-mate*, the host is expected to leave his house and provide total access to the visitor, leaving his wife to provide food, drink and a place to sleep. Many young married girls believe that they are obliged to have sex with *age-mate* visitors or would be cursed if they refused. One girl explained the issue this way: “You might have a guest; you’ve prepared water for a bath, a bed and food, but still, during the night, you will be much disturbed. He will wake you up with the purpose of

sex with you, and when you ignore him, you will be cursed.” The research found that in more than 80 percent of females who reported a problem with visiting age-mates, sexual advances were the cause of the problem.

*Education* – One of the most negative outcomes of these cultural practices is the denial of education for girls, whether forcing them to drop out early or forego attendance altogether. Despite the incontrovertible evidence that educating girls is a major key to reducing their vulnerability to HIV, many Maasai parents fail to see the need while regarding girls as property to be sold off with a bride price.

### **Finding Solutions through Community Conversation**

Emerging from the linked conclusions of the research was finding a way to protect girls that would allow the Maasai to preserve their positive traditions and change the practices that contribute most heavily to the spread of HIV.

The World Vision study proposed a community approach that was developed by the United Nations Development Program (UNDP), the Salvation Army and the Rockefeller Foundation as the most appropriate method to address girls’ vulnerability.

This approach stimulates the community to generate insights on the underlying factors fueling the spread of HIV and AIDS, and to find solutions within the context of their culture. It is expected that this process will lead to the community adapting, modifying or discontinuing traditional practices that have existed for ages but have been identified as harmful in the context of HIV/AIDS.

Still at the beginning, the approach is expected to help the community open up and discuss issues that

have been hitherto taboo subjects. The community will take responsibility for its own prevention by organizing visits to Voluntary Counseling Testing (VCT) centers.

An idea proposed by one of the respondents is to construct a separate visitors’ hut for visiting age-mates. Community conversations could identify an alternative rites passage to female circumcision, agreed upon and respected by the community. Discussions can generate community appreciation of the importance of education to both boys and girls and the need to allow girls to remain in school to reduce early marriages and protect them from HIV infection.

The study also recognized that creating programs focusing solely on girls will not achieve the desired results. Creating an enabling environment for girls must include full community participation and a broad range of actors that includes the full involvement of mothers, fathers, husbands, boys, religious leaders, initiators, traditional healers and other community leaders. Using local power structures, individual members of the society will become powerful allies in initiating community change.

The Maasai community is respected in many places because of its unique culture in an increasingly homogenized world. However, HIV/AIDS, if left unchecked, could devastate the community and wipe out an entire generation – and ultimately an entire culture. This study suggests that even a stringent and seemingly culturally complex community is willing to change as long as it is allowed to identify, explore, reflect and make decisions in its own community conversations.

*For further information contact:  
Timothy\_Mbugua@worldvision.ca*

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