

Sexual Health and Wellbeing: Evidence from the Rural Kamba of Machakos

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Abstract

This paper explores some of the social and cultural elements that the Kamba use to describe sexuality, health in general and sexual health in particular. It seeks to discuss the meanings of these terms and how these aspects of human experience are culturally conceptualised and described. The paper uses ethnographic and qualitative material obtained in a ten-month study carried out in rural Machakos on sexuality and reproduction and their implication for the management of childbearing and HIV/AIDS. The data are analysed and presented qualitatively. The paper argues that the cultural institutions, which socialised and trained young people into responsible adulthood especially in matters of sex and sexuality, have collapsed impacting negatively on their sexual health and wellbeing. The paper provides the Kamba definitions and perceptions of health in general and sexual health in particular. It shows that there is no single cultural term that adequately captures and describes the meaning of these concepts among the Kamba. The meaning of the term sexual health is broad and can only be understood in the broader social context, as well as in the context of the notions of sexuality, health and wellbeing.

Introduction

Studies on sexuality informed by western models and which treat sexuality, gender and reproduction as though they were inherently separate domains of human experience do not necessarily fit African contexts (Setel, 1999). Sexual behaviour, reproduction and health are in many ways interconnected because improper sexual conduct can result in misfortunes (Heald, 1995), including ill health and diseases of sexual conduct and contact such as STD/HIV/AIDS (McGrath, et.al., 1993). On the other hand, proper sexual behaviour can enhance health and wellbeing not just of the individuals involved but also the larger group.

In African cultures, sexuality is interwoven with aspects of paternity, maternity and sexual identity (Schoepf, 1992). Unlike sex, which refers to the state of being male or female, the term sexuality is complex and difficult to define. Sexuality has to do with physiological and biological features defining males and females and which affect the way each of the sexes behave (Kamaara, 2005:9). Through sexuality, people express their sexual nature, characteristics, differences and relationships to others. Thus as an aspect of human experience, sexuality is not just personal and subjective or what happens at the interpersonal level between sexual partners; it is embedded in a culture and a given context (Wallman, 1998). An analysis of sexuality and sexual behaviour must, therefore, be geared toward an understanding of the meanings attached to behaviour and placing concepts and social practices in the context of the wider social, cultural, and economic environment (Standing, 1992).

The conceptualisations and definitions of sexual health have been based on studies informed by western models of sexuality. WHO defines sexual health as "the integration of physical, intellectual and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love" (Hardon, 1995:121). Similarly the term health has been defined using a biomedical paradigm-as complete absence of disease and infirmity. But communities' definitions and perceptions about health in general and sexual health in particular, their meanings of these terms, and the concepts they use to define and describe these concepts have not been adequately examined and discussed. This paper

therefore, focuses on the three aspects of human experience: sexuality, health, sexual health and well being among the Kamba. It attempts to provide an understanding of the meanings and cultural construction of these terms, and the elements used to define and describe them.

Methodology

The study on which this paper is based was carried out in Machakos District between October 1999 and July 2000. It focused on sexual and reproductive issues and their implications for the management of childbearing and STD and HIV/AIDS. Machakos is one of the twelve districts that comprise Eastern Province (Republic of Kenya, 1996) and lies about 60 km southeast of Nairobi. The specific research site was Mwala, which is about 40 km south of Machakos town. Machakos as a whole is ethnically homogenous, inhabited by Akamba who are patrilineal and reckon descent through the male line. The Kamba practice mixed farming: they are mainly cultivators and livestock keepers and majority of the people in Mwala are engaged in small-scale agriculture on land parcels that are about ten acres.

Data were collected using a variety of ethnographic methods. Initially 138 informants were recruited using simple random sampling and interviews conducted by the author using semi-structured interviews to obtain data on local health concerns. The questions pertained to background information (such as age, marital status, educational background), general health situation: disease prevalence, maternal and child health, pregnancy and birthing, among other issues. In addition to observation, interviews and informal discussions were conducted with many other informants who were not part of the 138, including focus group discussions. Topics covered revolved around issues relating to reproduction, sexuality, sexual health and wellbeing.

Data on which this paper is based were analysed and presented qualitatively. The interviews were transcribed and interpretative thematic analysis carried out, which involved a detailed reading and re-reading of the material in order to understand and provide the Kamba definitions, perceptions and meanings of the notions of sexuality, sexual health and wellbeing. The findings are presented in the discussion that follows.

Social Training: The Context of Social and Sexual Maturity

The way men and women deal with sexual and reproductive issues today has to do in part with the way they were socialised into adulthood. The traditional Kamba social system facilitated the training of children into adulthood. The training included matters about sexuality and reproduction. The Kamba traditional institutions have broken down, as they have in many African societies (Akong'a, 1997) making teaching children about their social responsibilities and sexual matters one of the most difficult things to do today.

In the absence of the traditional institutions and a systematic system of socialisation, social responsibilities among the Kamba are undoubtedly today learned progressively as children gain experience through adult imitation and/or participation in everyday activities. From early age children are involved in light household activities such as fetching firewood and taking care of small livestock such as goats and calves while parents, especially the mother, do other household chores. As they grow bigger, they are given roles that require more energy such as fetching water or roles that require greater care and intelligence: keeping the fire burning or taking care and contributing to the discipline of younger siblings when parents are away or simply busy. Children, as Last (2000:369) observes 'are thus drawn gradually through work into the adult world.' Thus becoming an adult is a process defined by what a child can do; it is not just a stage, or a matter of years or going through a single well-defined

ritual or a biological change. In other words it is no longer culturally created through formal rituals, because cultural institutions which performed this role have long collapsed.

However, childhood and adolescence are marked by considerable social ambiguity. On the one hand, a little boy or girl may be considered socially mature because of his or her behaviour while on the other, such a child may be considered too young to be given information on sexual and reproductive matters. Thus provision of information on sexual matters does not necessarily accompany social training. The implication of this ambiguity is that parents do not always execute their responsibility for training children on their social, sexual and reproductive aspects. Indeed, while the traditional Kamba social system recognised the nature of youth and tapped their resource by preparing and training them for adult life, today, young people lack guidance on issues about social relations and responsibility, about the physiological and biological changes in their bodies.

Discussing sex-related issues with children is difficult. For example, mothers find it easy to talk to teenage daughters about some aspects of their sexuality, including mode of dressing, sitting manners, but they do not find it as easy to discuss sex with them. What may be of much concern, therefore, is not whether parents or adults discuss with their children about their sexuality, but rather the quality and content of the discussion. Some female informants commented:

Matters concerning sex are not easy to talk about since you do not know how much your daughter knows and you may in fact spoil her by giving too much information about certain (sexual) matters.

Others felt that mothers have to talk to their daughters, even if indirectly, particularly about their biological changes. However, most women do so after the changes have already occurred; for example, when daughters have started to menstruate. They talk to the girls about personal hygiene but most importantly, advising them to avoid boys lest they became pregnant. Indeed, mothers fear that they would be blamed for their daughters' sexuality if they became pregnant. However, mothers discuss sexuality issues with their daughters more than fathers do with their sons, perhaps because sons are not perceived to be in danger of pregnancy. This could also be explained by the fact that the Kamba do not compel boys and, indeed, men to take full responsibility for pregnancies occurring outside or before marriage.

Young people thus learn about sexuality and reproductive matters from many sources, formal and informal, among them, older siblings and friends, parents, books, magazines and newspapers, radio/TV, and from school. Indeed, the mass media is the main source of information about sex and HIV/AIDS for the youth (Kamaara, 2005). The majority of young people in Kenya are sexually active (Map International-Africa cit. in Kamaara, 2005:74) and many of them learn through experience as one young informant put it: 'You learn some of those things (sex) by trial and error.' The youth spend most of their time in school and teachers may help them understand physiological and biological body changes. But this leaves out many aspects of information on sex. It is worth noting that formal school education has its own limitations just as many aspects of the traditional Kamba social training would be inappropriate in the contemporary world. The traditional Kamba social training was based on family and community values with the aim of transmitting the Kamba culture, including sexual conduct or dangers of inappropriate sex. For example, the institution of *wathi*' addressed many aspects of young people's sexuality including the relationships between boys and girls (Ndeti, 1972). On the other hand, modern education transmits cultural values couched in universalistic terms. The church plays an important role in moulding the young people. It deals with issues that help young adults to be better Christians; teaching them good morals, which basically revolves around avoidance of sex before marriage:

As young people grow up, they need a good Christian foundation to remain morally upright. We occasionally organise seminars and we have speakers who deal with a wide range of issues that affect and concern young people. We offer them opportunities to discuss matters that parents find hard to deal with such as sexuality. We now also deal with AIDS; it is causing concern to the church because it is not just affecting the young people alone, but also adults [Local church minister during the study].

The church thus largely takes a moralist approach in dealing with the sexuality of young people rather than equipping them with adequate information to understand and deal with their own sexuality and wellbeing and, generally, their biological/physiological development. Their message: 'sex before marriage is a sin'. HIV/AIDS has offered the best opportunity for people especially leaders to use public space to discuss young people's sexuality by propagating sexuality messages similar to those given by the church. Parents seem to discuss sexuality matters with children when 'danger' is apparent and much of the discussion entails a catalogue of directions and warnings, albeit indirectly, about AIDS. Thus 'danger' seems to be creating a situation where parents must discuss matters that were previously tabooed. However, many parents do not talk about AIDS with their children principally because to discuss AIDS is to discuss the very sexuality of their children, which they have all along denied.

Giddens (1992) argues that in the west contraceptives and feminism opened sex and sexuality to public domain and discussion. In Africa, however, Bujra (1999) observes that it is AIDS that has placed sex and sexuality into the realm of public discourse. To some extent modern society seems to 'demonise' indeed, 'criminalise' the sexuality of young people, blaming them for all the problems that they experience in their sexual and reproductive life, including pre-marital pregnancies, abortions, infections with STDs/HIV/AIDS and the concomitant social, economic and health problems (see Amuyunzu, 1997). Thus even when the emergence of HIV/AIDS has returned discourse on sexuality into the public domain, it is without the cultural context within which it was previously addressed. How then is maturity socially and culturally constructed in the absence of formal initiation rites? The discussion that follows attempts to answer this question by exploring the Kamba perceptions of physical and social maturity.

Perceptions about Physical and Social Maturity

As already observed a young person may be considered socially mature but not so physically and the reverse is also true. Physical maturity may correspond with social maturity but not necessarily with age. For a girl, physical appearance, sometimes the body size rather than years is perceived to suggest that she is mature and can begin her reproductive life. However, menarche alone is not seen as a good marker of development as it only suggests reproductive potential - that a girl can get pregnant. The body size determines whether she can safely bear children and/or get married.

Physical body changes for both boys and girls to some extent, however, signal biological and by extension sexual and reproductive maturity. For girls, the study found, the onset of menstruation is associated with fertility. But the development of breasts and broadened hips are perceived as good markers of both maturity and fertility. For boys it is the broadened chest and broken/deepened voice.

There are social behaviours that are perceived to point to sexual and biophysical maturity. A girl's consciousness of her physical appearance, including mode of dressing and cleanliness are associated with physical maturity. A girl may be proud towards boys, sometimes shy, partly due to the physio-biological changes. But she may also be happy in the company of boys. Boys may change their behaviour and start coming home late or flirting with girls. These are thus social constructions of maturity- that is, behaviours perceived to point to

physical maturity in the same way perceived physical maturity occasions certain social-sexual behaviour changes.

There is no circumcision for girls as part of their initiation into womanhood, among the Kamba. However, circumcision for boys is not only an initiation, but one with some sexual and reproductive meanings.

The Meaning of Circumcision

Male circumcision remains a very important cultural aspect of Akamba. There are several reasons for circumcising boys, but perceptions of the importance of circumcision vary with age. In this study, the older generation stressed that circumcision of boys is an important Kamba custom that must be adhered to. Further, the old informants emphasised that it is inconceivable that a Kamba boy would grow into a full adult without being circumcised. Besides being an important Kamba cultural identity, circumcision prepares a boy for adult life (Mbula, 1977). Symbolically, therefore, circumcision becomes an important initiation rite into manhood. Circumcision is, however, not directly associated with immediate sexual acts, but in a sense it is recognised for its reproductive potential.

The circumcision rite has another meaning among the Kamba. It is said to make a young man 'feel good and strong.' The concept of 'strength' implies wellbeing. Thus the meaning of the notions of 'good' and 'strong' with regard to circumcision is deeper; it encompasses aspects of health and more specifically, hygiene and sexual relations and wellbeing. Young informants emphasised the importance of hygiene in relation to circumcision even more strongly: 'it makes it easy for boys to 'keep clean''. In this context, 'dirt' means the presence of the foreskin; it also implies stigma that would be attached to an uncircumcised man. Young informants observed that when a man is circumcised the chances of getting sexually transmitted infections are minimised. Furthermore, they contended that both the man and the woman cannot enjoy sex if a man is not circumcised; an uncircumcised boy will shy away from girls, for fear of being embarrassed or ridiculed. Indeed, men and women were unequivocal that an uncircumcised Kamba man cannot marry. And yet it is inconceivable that an adult Kamba man of marriageable age will fail to marry because failure to marry when one is old enough is perceived as an indicator of sexual ill health. Thus as in the Kamba traditional setting (Ndeti, 1972; Mbula, 1977); circumcision can be seen as part of a cultural creation of a sexual and reproductive man. But is circumcision rite today the same as in the Kamba traditional setting? It is to a brief examination of this question within the context of the study that I now turn.

Circumcision: Cutting without Ritual

Today's circumcision is different in many ways from the traditional one. The physical procedure, which is the removal of the whole foreskin of a boy's penis remains primarily the same. However, unlike in the past (see for example, Penwill, 1951), it is now carried out without any traditional ceremony. Circumcision is today not a community ceremony; it is conducted individually and there is no social education, including transmission of sexual and reproductive knowledge that traditionally accompanied it. This is because boys are now circumcised at a very young age and do not understand the meaning of circumcision until they are old enough. This is what Hernlund (2001:235) calls 'cutting without ritual', which refers to very young children undergoing the physical procedure of circumcision with little or no accompanying ritual or transmission of 'traditional' knowledge.

The site of circumcision has shifted from home where it was conducted by a traditional circumciser well versed in such matters, to modern health institutions where it is performed by health personnel. Thus what was a cultural practice has now been medicalised²²

Medicalisation refers to the expansion of the jurisdiction of modern medicine to encompass many of the normal stages of the human life cycle as medical entities.

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