

CAUSES OF CHANGES IN MALE CIRCUMCISION RITE AMONG THE AMERU OF IMENTI SOUTH SUB-COUNTY, MERU COUNTY, KENYA (1950 – 2016)

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Abstract

The purpose of this study was to establish the causes of changes from the traditional method of circumcision to the modern male initiation rite of circumcision among the Ameru of Imenti South Sub-County, Kenya. The period considered was between 1950 and 2016. The topic has been difficult to penetrate because of the secrecy of the traditional circumcision rite. The study used Modernisation Theory (MT) as a tool for analysis. Methodologically, the study used a descriptive research design. The study was carried out among the Ameru of Imenti South Sub-County, because of the modern changes in male initiation rite of circumcision. Data was collected from primary, archival and secondary sources. Research instruments included interview schedules, focus group discussions and observation. The target population was 61,091 adult men from Imenti South Sub-County, and the sample size comprised 50 randomly selected respondents. The main research findings were that changes in the male initiation rite of circumcision were caused by urbanisation, formal schooling, the establishment of health facilities and colonisation, all of which were intended to Christianise the operations. This research contributes to the wider comprehension of the male initiation rite of circumcision among the Ameru of Imenti South Sub-County between 1950 and 2016. The study contributes to the Ameru historiography.

Key terms: Imenti South Sub-County, Male Circumcision, Meru Community, Rite, Traditional versus Modernism.

1.0 INTRODUCTION

Like many other African communities, the Ameru of Imenti South Sub-County in Meru County adopted contemporary forms of male initiation in the early 1950s. This is due to the fact that beginning in 1912, Christianity and Western formal education introduced new perspectives into African cultural practices relating to male initiation rites of circumcision. Traditional male initiation rites were deemed archaic by the colonial authority and European missionaries, who also saw the need for modernisation and urged the populace to abandon traditional living and accept Western culture. Consequently, this study investigated factors that have contributed to changes in the male circumcision rite of initiation to bridge the historical knowledge gap regarding the male initiation rite of circumcision.

2.0 LITERATURE REVIEW

Changes in male circumcision as a rite of initiation from childhood to adulthood have been due to dynamism that has infiltrated into people's cultures. Mbiti (1987) used the Social Change Theory to conceptualise that changes in the initiation rite of circumcision in Africa, including Kenya, have rapidly taken place over time. The assertion by Mbiti (1987) was supported by Kanake (2007), who added that Christian values taught to initiates and the full support of the government of Kenya over the years have given rise to modern male initiation practices carried out by Christians. These have transformed traditional male circumcision, especially in the independence era.

Timothy (2013) carried out a case study on the conflicts arising from circumcision as a male rite of initiation in Meru and found that Christian and traditional values conflict greatly. This was contrary to the finding by Mbiti (1987), who extensively asserted that informal education was traditionally carried out during seclusion to inculcate values and morals among the initiates in the African communities. This, according to Kanake (2007), is almost non-existent today. The factors that led to changes in the circumcision rite from findings by Mbiti (1987) and Kanake (2007) are either missing or they are not clearly established. This study, therefore, sought to establish the causes of changes in male circumcision as a rite of initiation among the Ameru of Imenti South Sub-County between 1950 and 2016.

Kanake (2007), in his study, "Transformation of the Traditional Circumcision Rite of Passage for Meru Boys in Kenya," focused on the response to HIV/AIDS and did not provide information on the causes of changes in male initiation rite of circumcision thereby leaving a gap that this study sought to fill. Bailey and Egesah (2006) in their study suggested that most circumcision rites are done by traditional surgeons in many African traditional societies, although there have been considerable changes, while Timothy (2013) did research and focused on socio-cultural conflicts arising from the male rite of circumcision. These studies did not address the causes of changes, and therefore this study was undertaken in order to bridge the historical knowledge gap on the male initiation rite of circumcision, with particular reference to the Ameru of Imenti South Sub-County.

3.0 METHODOLOGY

The study employed a descriptive research design, which enabled the researcher to collect data from various sources and analyse it thematically. The purpose of using this research design was to describe the state of affairs as they exist (Kombo & Tromp, 2006). Data was collected from archival, oral, and secondary sources. The research instruments used were interview schedules, focus group discussions and

observation. The target population for this study was 61,091 males in Imenti South Sub-County. Thus all men who had undergone circumcision by 2016 were the subject of this inquiry (GoK, 2009). The sample size was 50 respondents, following the recommendation of Kathuri and Pals (1993) that a sample size of 20 to 50 people is adequate representation of a small sub-group. This was in consideration that the Ameru of Imenti South Sub-County could be regarded as a minor sub-group of Meru County, Kenya. Fifty (50) respondents were thus arbitrarily chosen to take part in this investigation, and because every circumcised male in the study area had an identical probability of being chosen to take part in the study, simple random sampling was viewed as appropriate and hence used.

4.0 RESULTS AND DISCUSSIONS

Causes of the Changes in Male Circumcision Rite in Imenti South Sub-County

Safety and Hygiene

According to the respondents, there were serious episodes of violent beating of initiates which occurred during traditional circumcision rites in Meru. These findings are similar to those of a South African study by Serwadda et al. (1985), which indicated that 82percent of 108 men were aware of the risk of death during traditional male circumcision, and 67.6 per cent were concerned about the possibility of HIV/AIDs infection through traditional rite of circumcision. The findings also agree with Bailey and Egesah's (2006) horrifying stories about life-threatening outcomes of traditional male circumcision, which made headlines in various countries every year. With the introduction of Christianity and the formal school system, some members of the community of Imenti South got enlightened and embraced modern circumcision, where the safety of their children and kin was assured.

The study established that one of the reasons for the change from traditional to modern male initiation rite of circumcision was the safety and hygiene of the procedure. This was due to the campaigns that it was paramount to make the circumcision procedure safe and healthy (WHO/UNAID 2007). Professionalism in the surgical procedure in hospitals for modern male initiation rite of circumcision is associated with modern medicine to ensure the initiates' safety. Parents, according to the respondents, prefer the modern rite of circumcision because there is a certainty of safety of initiates, given that the instruments used are sterilised and, therefore, hygienic (Nkubitu & Riungu, OI, 2018).

The study established that there exists a difficulty in evaluating the safety of traditional circumcision due to fragmentary documentation. This was what pushed most parents to prefer modern initiation over traditional circumcision for their sons. These findings are similar to assertions by Ocholla-Ayayo (1976) that even in a country like Israel, there existed no documentation until the passing of legislation regulating the recording of complications associated with male circumcision.

On the contrary, it was established that some individuals opted for the traditional initiation rite of circumcision on a socio-cultural basis and argued that the rite gave initiates an opportunity to be taught community values and traditions. This enhances the preservation and maintenance of community culture. Although it is not the commonest rite in the community today, traditional circumcision is still believed to enhance discipline. Mwiti (O I, 2018), however, stated that hygiene and safety are guaranteed, and the counselling offered is formalised in the modern male rite of circumcision to enhance mental health, unlike the traditional male circumcision and acts as a way of curbing drug and substance abuse.

Religion

Religion has played a major role worldwide in male circumcision as a rite of initiation, although cultural and health reasons have also been significant factors. The researcher, therefore, sought information on how religion and related practices have led to changes in male initiation rite of circumcision. Respondents of different age categories indicated that religion is a major factor in changes in male circumcision as a rite of initiation in Imenti South Sub-County. They indicated that the Ameru of Imenti South Sub-County were very religious, and prayers were said at every stage in life, including the male initiation rite of circumcision. Some respondents reported that traditionally, most families involved the services of medicine men before releasing their boys for circumcision. Such practices were, however, outlawed during the colonial period with the enactment of The Witchcraft Ordinance (DC/MERU/4).

With the advent of colonisation, Christianity spread in Imenti South Sub-County and some locals, especially those who had a chance to join formal schools, converted to Christianity. Christian missionaries were strongly opposed to traditional religion and the entire system of health care, including male circumcision. The missionaries often referred to African practices as 'heathen and anti-God' and therefore encouraged people to seek Western medication and modern male circumcision instead of traditional systems that were often influenced by magic. This was, however, rejected by many members of the community. As a sign of total rejection, Fadiman (1993) states that the indigenous people of South Imenti would bury magical portions in posts and paths used by missioners. The missionaries, however, realised that they were losing the battle in their endeavour to fight traditional male circumcision (Mugambi, OI 2018). Oral respondents, Kinoti & Micheni (2018) stated that the Ameru of Imenti South Sub-County were determined to oppose the Christian missionaries and their work if they continued to fight male circumcision. Therefore, the missionaries developed a different strategy to deal with the male rite of circumcision, which was a revered traditional practice and decided to Christianise it. Christian converts were therefore used by missionaries as agents of change in their villages as a method of impinging modern progress into the 'primitive' society. To achieve this, according to Mugambi (O I, 2018), the missionaries sought the protection of the local chiefs to lure people into Christianity. Through this calculated move, the Ameru of Imenti South Sub-County were influenced to abandon the use of vulgar songs, night dances, barbaric behaviour such as destruction of property and other universally unacceptable ways that the traditional ritual was conducted. These findings agree with Fadiman (2012) and Kanake (2007) that the calculated moves by missionaries were the genesis of changes in male circumcision as a rite of initiation.

Christianity continued to spread in Imenti South Sub-County, and various denominations such as the Presbyterian Church of East Africa (PCEA), the Methodist Church in Kenya (MCK) and the Catholic Church were active in the area. These churches greatly influenced the circumcision rite of initiation by sponsoring circumcision camps to ensure that their members did not participate in rituals contrary to Christian teachings (DC/MRU/2). Fadiman (1993) quotes some words used by Christian converts, ". . . *Now we are people of light, and we do not like darkness,*" which indicates the extent of the effect of Christianity on the male rite of circumcision.

The circumcision camps stopped after independence, but many Christian re-introduced churches operated camps in the 2000s in their church-run schools and encouraged their members to enrol their boys for

circumcision there (Kimathi & Mugambi OI, 2018). During Focus Group Discussions, respondents indicated that circumcision camps were started in every corner of Imenti South Sub-County by churches, hospitals and individuals. Churches such as the Presbyterian Church of East Africa (PCEA), the African Independent Pentecostal Church of Africa (AIPCA), and the Methodist and Catholic churches used facilities in the institutions they sponsor to host the male circumcision camps.

These findings reveal that religion played a major role in changes in circumcision as a rite of initiation among the Ameru of Imenti South Sub-County.

Education

The growth of education in the sub-county has also been a major cause of change in the practice of male initiation rite of circumcision. Kanake (2007) states that right from the colonial period, schools and churches were built on the same pieces of land. According to the Archival source, KNA/MRU/1937, the colonial administration resolved to encourage the spread of Christianity and the establishment of schools with the aim of modernising communities so that they could leave their backward lifestyles. This study established that new knowledge that was gained from formal schooling in the religious centres enlightened many people in the sub-county and made them abandon traditional male circumcision.

The mission-educated elite' complied silently with colonial conquest and expansion because they embraced Christianity and civilisation (Kang'aara & Mutwiri, OI, 2018). This was an aspect of modernisation to the extent that the elite Christians often condemned their traditional-minded folks as being heathens and preached against their 'heathenism' and 'social backwardness'. This group, according to Ki-Zerbo (1985), was committed to gradualism, constitutionalism and cultural assimilation and regarded their fellow non-Christian Africans as 'noble savages' and believed they were responsible for reforming them from the 'yoke of African traditions'. The new practices, according to Fadiman (2012) and Kanake (2007), took Meru's traditional practices and beliefs by surprise due to the new meaning it had on the rite.

All the respondents said that the formal school system had greatly contributed to the change in the age of circumcision in Imenti South Sub-County. Boys began to be circumcised after completing primary school as they waited to transit to secondary school or for technical education (KNA/MRU DISTRICT/1980). Between 2001 and 2016, the topic of male circumcision was open to discussion (Mugambi & Nkubitu, OI, 2018). This was unlike the past when boys were circumcised at the age when they were felt to be mature enough to defend the community from external attacks and in readiness for marriage. Respondents supported assertions by Kanake (2007) that the reason and meaning attached to the male rite of circumcision changed, and it became automatic that a boy would be circumcised after primary school education. It was observed that in instances where parents doubted the ability of their son to pass and transit to secondary school, they opted to wait for the Kenya Certificate of Primary Examination results. However, in cases where the parents intended to enrol their son in a tertiary institution, circumcision was done at their convenient time.

The findings from this section reveal that education was a cause of changes in circumcision as a rite of initiation among the Ameru of South Imenti Sub-County.

Advocacy and Urbanisation

Some people in Imenti South Sub-County were committed to their tribal past and desired to retain the status quo in the community. These findings agree with KNA/MRU (1937) and KNA/MRU (1939). The study established that from colonial times, the government had always used its civil servants and mission centres to influence and separate African Christians, who were the minority, from primitive and illiterate tribesmen (KNA/MRU/1956). To ensure continuity with this influence, respondents reported that since 2013, the county government of Meru had enhanced the inclusion of sustainable, culturally accepted initiation practices that support modern health initiatives by establishing several dispensaries in the rural areas to ensure accessibility of modern medical services, including modern circumcision services to the general public (Gitonga, O I, 2018).

However, the government, religious organisations and elites in Imenti South Sub-County publically supported and recommended for change from traditional circumcision to modern circumcision as a rite of initiation. The government and the church used seminars and public meetings to sensitise the general public to discard retrogressive traditional rites they had embraced for a long time (Mwiti, OI, 2018). Therefore, advocacy and urbanisation are other factors that led to the change in circumcision as a rite of initiation among the Ameru of Imenti South Sub-County between 1950 and 2016.

Urbanisation also led to changes in male circumcision as an initiation rite. Some Ameru from Imenti South Sub-County moved from rural areas and started living in towns and cities. These people who lived in towns became advocates of change from traditional circumcision to modern circumcision and influenced those living in rural areas to embrace the change (Kimathi & Mwiti, OI, 2018). Much as the rural people in Imenti South Sub-County embraced modern circumcision as a rite of initiation, some respondents who were adamant supporters of traditional circumcision as a rite of initiation indicated that there was still a need to engage in traditional customs, practices and beliefs regarding male circumcision as a rite of initiation.

Involvement of women, especially mothers, by 2016 in matters of male circumcision as a rite of initiation was reported by respondents as a peculiar development in male circumcision in Imenti South Sub-County. It was observed that this was caused by urbanisation, the rise of single-parent families, absentee fathers and Western influences such as Christianity and formal school education (Njeru, OI, 2018). In addition, individualism, modernisation, high cost of living and job demands have made the Ameru of Imenti South Sub-County adopt a Western lifestyle concerning male circumcision. Most contemporary parents are enlightened and demand value for their money. Respondents indicated that one of the reasons for serious advocacy for modern circumcision as a rite of initiation was the HIV/AIDS scourge. The people of Imenti South Sub-County realised the risk that goes with traditional male circumcision, especially in regard to the use of a single blade during circumcision. It has therefore been a catalyst factor for change in the practice of male initiation.

5.0 CONCLUSION AND RECOMMENDATIONS

Conclusion: Different factors contributed to changes from traditional circumcision to modern circumcision as a rite of initiation in Imenti South Sub-County. The factors, which include but not limited to concerns for safety and hygiene, religion, education, advocacy and urbanisation, led to changes in male circumcision. The greatest factor that led to a change in circumcision was the foundations laid by the missionaries and

colonial administrators who emphasised the need to leave traditional male circumcision and embrace modern. Factors that led to changes in male circumcision as a rite of initiation in post-colonial Africa demonstrate linkages between African people and colonisation. This was found to be true, specifically among the Ameru of Imenti South Sub-County, who were reported to have been shaped by European colonial rule, modern formal education, urbanisation and Christianity. Changes were, therefore, eminent with the advent of missionaries and the subsequent activities of colonial administration because the association of the Ameru with a superior race resulted to dynamism in this aspect of life.

Recommendations: This study recommends that culture is dynamic and changes in male circumcision rite of initiation are inevitable. It is, therefore, imperative that the Government ministries in charge of culture continually enlighten the community through advocacy and seminars on the need to change their attitude regarding circumcision and to be tolerant of the decision other members of the community take in regard to circumcision. This will foster peaceful co-existence among the supporters of both rites. Also, the County Government of Meru, through the Department of Health and Department of Culture, needs to build synergy between traditional and modern circumcision through the inclusion of culturally accepted initiation practices that support modern health initiatives to assist in fighting the stigma attached to a specific rite of circumcision. Lastly, although modern male circumcision has overtaken traditional circumcision, there is a need to incorporate the traditional aspect of circumcision in the modern initiation rite, especially the aspects that enhance social discipline. Government Ministries in charge of culture need to develop a curriculum that incorporates modern and traditional social education for use in training initiates when they are in seclusion.

6.0 REFERENCES

1. Bailey, R. C., & Egesah, O. (2006). *Assessment of Clinical and Traditional Male Circumcision Services in Bungoma District, Kenya: Complication Rates and Operational Needs*. <http://www.aidsmark.org/resources/pdfs/mc.pdf>; 15 August 2007.
2. Fadiman, J. A. (1993). *When we Began, There Were Witch Men: An Oral History from Mount Kenya*. University of California Press.
3. Fadiman, J. A. (2012). *Meru's Golden Age. An Oral History of the Ameru*. Kiraitu Murungi Foundation.
4. Gitonga, J. (2018). *Interview by the Authors on 9th February at Nkubu*.
5. GoK. (2009). *Kenya National Bureau of Statistics. 2009 Population Census*. Population Distribution by Age, Sex and Administrative Units. August 2010.
6. Kanake, J. M. (2007). *Transformation of the Traditional Circumcision Rite of Passage for Meru Boys in Kenya: A Critical Response to HIV/AIDS and Gang Formation*. Dissertation. Asbury.
7. Kang'aara, E. & Mutwiri, E. (2018). *Interview by the Authors on 9th February at Kaguru*.
8. Kathuri, N. J., & Pals, D. (1993). *An Introduction to Educational Research*. Egerton University.
9. Kinoti, M., & Micheni, F. (2018). *Interview by the Authors on 11th February at Igoji*.
10. Ki-Zerbo, J. (1985) *General History of Africa, I: Methodology and African Pre-history*. Heinemann Kenya.
11. Kombo, D. K., & Tromp, D. L. A. (2006). *Proposal and Thesis Writing*. Paulines Publications Africa.
12. Mbiti, J. S. (1987). *African Religions and Philosophy*. Heinemann Educational Books Ltd.
13. Mugambi, M., & Nkubitu, I. (2018). *Interview by the Authors on 13th April at Nkubu*.

Journal of History and Cultural Studies

14. Mugambi, R. (2018). *Interview by the Authors on 10th February at Miruriiri.*
15. Mwiti, A. (2018). *Interview by the authors on 10th February at Kiithe.*
16. Njeru, K. (2018). *Interview by the Authors on 11th February at Nkubu.*
17. Nkubitu, I., & Riungu, F. (2018). *Interview by the Author on 9^h February at Nkubu.*
18. Ocholla-Ayayo, A. B. C. (1976). *Cultural Repertoire and Ethics among the Southern Luo.* Scandinavian Institute of African Studies.
19. Serwadda, D., Mugerwa, R. D., Sewankambo, N. K., Lwegaba, A., Carswell, J. W., Kirya, G. B., Bayley, A. C., Downing, R. G., Tedder, R. S., Clayden, S. A., Weiss, R. A., & Dalglish, A. G. (1985). Slim disease: a new disease in Uganda and its association with HTLV-III infection. *Lancet (London, England)*, 2(8460), 849–852. [https://doi.org/10.1016/S0140-6736\(85\)90122-9](https://doi.org/10.1016/S0140-6736(85)90122-9).
20. Timothy, H. N. (2013). *Socio-Cultural Conflicts Arising from the Male Rite of Circumcision in Meru Community 2007-2012. A Case of Nkuene Division.* (Unpublished MA Thesis), Kenyatta University.
21. WHO/UNAIDS (2007). Joint press release between WHO / UNAIDS issued on 28 March: *WHO and UNAIDS Recommendations from Expert Consultation on Male Circumcision and Prevention* http://www.who.int/mediacentre/new_releases/2007/pr10/en/index.html: 10 Sept 2007.

PRIMARY SOURCES

DC/Meru/2 *Religious Order Methodist Church in Kenya 1940-1962*

DC/Meru/4 *Native Court Cases of Witchcraft. The Meru District Commissioner's Office. The Witchcraft Ordinance and Return of Cases, 1941-1961*

KNA/MRU/1937. *Meru District Annual Report.*

KNA/MRU/ McKeag, V.M (1939) *Meru District Annual Report.*

KNA/DC/MRU/ Cumber, J.A (1956) *Meru District Annual Report.*

KNA/MRU DISTRICT / 1980 *Meru District Annual Report.*