Maasai couples do not discuss family planning matters Whatever fertility regulation is achieved is a result of societal structures to which women are subservient. Should these structures change, fertility is bound to change as well In the next chapter I turn specifically to incipient and anticipated socio-economic changes in Maasai society and the fertility scenarios that may ensue

# 8. SOCIO-ECONOMIC CHANGES AND MAASAI FERTILITY FUTURES

The Maasai observance of their traditional lifestyle still is quite strong Their customs which affect fertility are largely intact. Early marriages for women and or early exposure of women to sex expose them to various hazards including sexually transmitted diseases. Youthful motherhood may result into such complications as anaemia, cephalopelvic disproportion and preeclampsia These complications affect fertility, lead to low birth weights, abortion, maternal deaths and influence high infant and child mortality

Partly because of resistance to socio-economic changes and partly because of the nomadic pastoral lifestyle, the Maasai have an extremely high illiteracy level. Illiteracy in women may lead to low levels of personal hygiene and lack of appreciation of a balanced diet both of which may contribute to depress fertility. Kenyan data have shown that women with at least primary education experience slightly higher completed fertility than illiterate ones.

#### 8.1 Economic Changes

Certain economic changes are taking place in Narok which, initially, may lead to higher fertility. The major economic change is the sedentarization of the Maasai. For may decades now, the Maasai have lost the best watered parts of their range initially through European settlement and later by immigration of other ethnic groups (chapter 5). This loss of dry-season grazing resources has led to the restriction of people and livestock into a smaller territory. Although this has meant the perpetuation of nomadic pastoralism (because traditional crop cultivation is impossible without irrigation), there is increasing evidence of the adoption of mixed farming. Further, the current campaign to subdivide group ranches into individual freehold will abet the adoption of mixed farming. The change into mixed farming appears to have been brought about by recurrent droughts (which kill livestock), intermarriages and the influence of the cultivator immigrants (Kenya, 1988: 14; chapter 5).

The change from pastoralism into mixed farming is expected to affect fertility in a number of indirect ways. The traditional diet of meat, milk and blood will be modified to include *ugali* (maize meal), potatoes, vegetables and even tea. Even where these crops cannot be grown on account of harsh environmental conditions, sedentarization itself will insure trade connectivity with the wetter areas and make these foods available at the market place. The availability of a variety of foods will contribute to balanced diets and better nutrition for the Maasai. This will add to enhanced fertility. Also, greater sedentarization will act to stabilize sexual relationships and increase coital frequency as dry season movement for men will be curtailed.

There is evidence that certain economic changes are already taking place among the Maasai. Traditionally, Maasai men herded livestock; children took shoats and calves to pastures; and women put up house structures and dealt with all household matters including rearing children. At the present time men and women are moving away form these traditional roles. There are more men taking up paid employment in certain urban areas especially as security guards. Some men have also taken to charcoal burning for cash. Maasai women are beginning to take to livestock grazing, cultivation and making and selling curios (see Kenya, 1988: 100-101).

These production changes are expected to stabilize Maasai economy. They will also act to modify Maasai economic structures which traditionally stifled fertility. People will get to alternative production systems outside livestock, for example wage earning activities. Young men will have alternative means of gaining economic power without reference to the elders. Ultimately this will reduce the age at marriage for men.

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### 8.2 Social Changes

With the incipient modification of the Maasai production system and given changing sex labour roles, several social changes are expected to take place. More Maasai boys and girls are taking to formal education. For men, this is threatening the practice of warrior hood. It appears already that the period of warrior hood has drastically been cut from 7-10 years to only 6 months (see Kituyi, 1990). In time the significance of *eunoto* and *ol ngesherr* ceremonies will fade away (chapter 5). And so will the male elder gerontocracy which governs that society. This will lead to early marriages for young, fecund men. Basic education for women will also add to improve fertility.

Another factor contributing to social change is the Christianization of the Maasai. Christianity is expected to increase among the Maasai. Traditionally, the Christian faith is opposed to polygyny. Were the latter to be discouraged, monogamy will predominate with associated large family sizes. Also, Christianity will discourage premarital and extra-marital sex, the latter especially among members of the same age-set. This will in turn remove the health dangers related to premature sex and teen age motherhood.

Both education and Christianity also teach about nutritious diets and environmental sanitation; factors which are significant in fertility and infant and child survival. However, health care programmes being mounted in Narok will insure better health for mothers and greater survival for infants and children. MCHFP programmes including immunization and growth monitoring will contribute towards the effort. As a consequence, sterilizing and abortive diseases will be minimized thus opening the lead on fertility. The infant and child mortality rate of 400 per 1000 live births reported in the colonial time has now been considerably reduced to 144 per 1000 (compared to 87 for Kenya and 127 for the Rift Valley Province).

In brief, once the male elder Maasai gerontocracy has been broken by the various socio-economic dynamics, there will be several structural adjustments in society - changes in marital patterns, decline in polygyny and decline in warrior hood. These changes are slowly being wrought on Maasai society as a result of more settled life, greater access to education for both men and women, and the expansion of Christianity. These forces of change will remove the current

impediments to fertility. The immediate impact will be higher fertility and population growth rate for the Maasai.

#### 9. SUMMARY AND PROSPECT

Instead of pedantic summarizing of the preceding work, I here propose to highlights only the important points on population change in Narok. Such highlights will include contemporary Maasai population status, major proximate determinants of fertility, and future trends in fertility and population change.

- (1) The Maasai experience generally lower completed fertility than other Kenyan communities especially cultivators. This appears to be the case even for the cultivator immigrants living in Narok district itself.
- (2) Although mode of production may contribute to fertility differentials between pastoralists and cultivators, the primary factor regulating fertility is the cultural patterning of Maasai society. The male elder gerontocratic authority whereby age at first marriage for men is delayed, is the most significant factor in the comparatively lower fertility of the Maasai. Young men serve in warrior residence and in the meantime, old sub-fecund men marry young brides.
- (3) Other factors causing infertility and subfertility include the prevalence of abortive and sterilizing diseases. Although these are intimately related to poor levels of hygience and environmental sanitation, another contributory factor is the relatively early exposure of girls to sex and high sexual mobility among married spouses. A combination of these factors depresses fertility, causes pelvic inflammatory disease in women, low birth weights and consequent threats to maternal and child survival.
- (4) Maasai home living conditions are poor; consequently they are excellent habitats for infections and transmissible diseases which increase infant and child mortality. The low survival rates reduce family sizes.
- (5) There are certain fertility enhancing trends in proximate determinants which may lead to a decline in pathological infertility, and subfertility. These trends

include the shortening of the warrior period of residence leading to early age at marriage for fecund males, basic education for Maasai women, and decline in polygamy with greater Christianization. Also, the sedentarization of the Maasai will almost certainly insure higher coital frequency and hence higher probability for conception. It is expected too that the postpartum taboo will weaken leading to early conceptions and short birth intervals

- (6) As the fertility-enhancing trends take root among the Maasai, an initial period of rapid population growth may be expected because of non-adoption of modern contraception.
- (7) This high fertility among the Maasai will make Narok suffer from population pressure. Such pressure is likely to affect the resources in an adverse manner as people struggle to experiment with mixed farming in an ecologically fragile environment. Crop failure can be expected and consequently famine

autoring of Massai society "Ind half aller gerom science dimonely whereas age at first marriage for men is deaton is the most signification factor and

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1. This section relies heavily on Sindiga (1990) and Sindiga (1984).

- It is likely however that a small proportion of these people would attend adult literacy classes at some point in their lives. But the numbers would be too small to be significant.
- Enkang is the correct Maasai name for village. In certain literature, however, the term manyatta which means a separate settlement for the *ilmurran* (warriors) during their period of residence, is used synonymously with *enkang*.
- 4. An 'age-set' is a social group comprising of persons who were initiated usually circumcised during the same period. Each group is organized as a corporate body, ranked hierarchically in relation, to other such groups. Members of the same age-set share certain rights and obligations to one another and the society. In addition, members of the same age-set enjoy equality both in social relationships and economic functions. See Sankan, 1971: 31-35; and Jacobs, 1968: 10-31.

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#### **APPENDIX 1**

#### **MOI UNIVERSITY**

# FERTILITY AND HEALTH SURVEY

<b>A</b> .	BASIC DATA		di se statisti		
1.	District of residence		baon Data		
2.	Division	an an traine (1944)	- 2	· · ·	
3.					
4.	Sub-Location				
5.	Village				
6.	Ethnic Group			· :	•
7.	Were you born in this di	strict? Yes/No			
8.	If no, where were you born (district and division)				
9.	Name			·	
10.	Age (last birth day)				
11.	Education (highest class attended)				
	Can you: read and w read, not w can read na cannot read If no formal education, l	rite ame only d or write	ed any adult i	literacy classes? Yes/No.	
	Religion (e.g. African, AIC, SDA, Catholic etc.)				
	What do you do for a living? (e.g. housewife, herder, farmer, trading etc.) please specify				
B	HOME ENVIRONMENT				
	Is your main house gras	s-thatched or mabati	-roofed?	gener and gener	ι,

- 17. Do you have a toilet at home? Yes/No
  - If yes, what type is it? Ordinary pit, water closet. (specify where do you get water for domestic use?

	- spring - ordinary well ATAG - well with hand pump - pond - pipc		Α.		
	- other (specify)	Division	Pastaral		
19.	How far (in kilometres) is your nearest water source?	Location 21985/86)	Najrobi		
20.	Do you usually boil water before drinking? Yes/No	Sub-Locatro	4		
C.	MARITAL STATUS	Village	5.		
21.	MARITAL STATUS Designment of the second seco				
<b>22</b> .	If currently married, are you in a polygamous or monogamous union?				
23.					
24.	Are you the first, second, fourth or fifth wife?	vame	i e		
25.	What is the occupation of the husband? (yeb if	Age (last birt			
<b>26</b> .	Please tell me how old you were at the time you got married	education (h	3 11		
D.	FECUNDITY AND FERTILITY				
27.	How old were you when you experienced you first menstruation?				
28.	ducation, have you ever attended any adult increasy classes? YewNo.	f no formal c			
29	African, AIC, SDA, Catholic etc.) 	eligion (c.g.	14. R		
	to for a living? (e.g. housewife, hetder, farmer, trading etc.) please apacit How many children born alive are still living?	Vhat do you i	15. W		
	RONMENT	IOME ENVI	H SI		
31.	. Have you ever given birth to a child who died at birth? Yes/No	your main l	21		
32.	. If yes, how many?				

33	. Have you ever given birth to a stillbirth? Yes/No	47. If you have not attended a cl traditional birth	
34	. Have you ever experienced a spontaneous abortion? Yes/N	> - relative of	
35	. If yes, what was the reason for the last abortion?	<ul> <li>self</li> <li>othet (specify)</li> </ul>	
36	How many times have you experienced abortion?	48. After giving bitth, how long	
37	Was the last birth a boy or a girl?		
38	What is the birth interval (in years) between your:	<ol> <li>Was your last birth at a hosp 50. If at home, who helped very</li> </ol>	
	<ul> <li>(a) first and second birth</li></ul>	AHT Veste	
	(d) fourth and fifth (specify) (e) fifth and sixth •		
64	(f) sixth and seventh using a me	ania in the true of the	
E. 62	SEXUAL ACTIVITY	32 Who provided intenal	
39.	How old were you when you had your first sexual intercount	rse?years	
	new ord were you when you had your mist sexual intercour	ycais	
	Please tell me, how many days you have engaged in sexu week		
40.	Please tell me, how many days you have engaged in sexu	al intercourse within the past one	
40. 41.	Please tell me, how many days you have engaged in sexu week	al intercourse within the past one days	
40. 41.	Please tell me, how many days you have engaged in sexu week	al intercourse within the past one days	
40. 41. 42.	Please tell me, how many days you have engaged in sexu week	al intercourse within the past one days	
40. 41. 42. F.	Please tell me, how many days you have engaged in sexu week	al intercourse within the past one days	
40. 41. 42. F.	Please tell me, how many days you have engaged in sexu week	al intercourse within the past one days	
40. 41. 42. F. 43.	Please tell me, how many days you have engaged in sexu week	al intercourse within the past one days	
40. 41. 42. F. 43. 44.	Please tell me, how many days you have engaged in sexu week	al intercourse within the past one days	
40. 41. 42. F. 43. 44. 45.	Please tell me, how many days you have engaged in sexu week	al intercourse within the past one days	

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	- relative strikes the mode	have you ever experienced a spontaneous	74 C
	- sclf	From what was the warren for the loss of	25
	- other (specify)	If yes, what was the reason for the last ab	
<b>3</b> .	After giving birth, how long does a woman s months		
	P2501	Was the last birth a boy or a girl?	37.
9.	Was your last birth at a hospital or at home?	What is the base base of the same between	38.
0.	If at home, who helped you to deliver?		
	- TBA	(a) first and second birth	
	- relative	(b) second and third	
	- self or educione? Ye	(c) third and fourth ONTS	
	- other (specify)	(d) fourth and fifth	
		(c) fifth and sixth	
1.	Why did you not go to the hospital		
	Who arrowed enterption on the officer of	SEXUAL ACTIVITY	Ε.
2	Who provided antenatal care?	tracaregatious union?	
	TIRTE harmately Setupoppini lauxos	How old were you when you had your first	39.
	- hospital/health centre		
		Please tell me, how many days you have	
53	Are there foods which expectant mothers are	Please tell me, how many days which have week If none, what is the reason	40. 41.
53	- both of the above - other (specify)	Please tell me, how many days win larve week <u>oX/22Y</u> 'iso of barrybe s If none, what is the reason	40. 41.
53	Are there foods which expectant mothers are If yes, identify the foods and the reason for o	Please tell me, how many days which have week If none, what is the reason	40. 41.
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53	Are there foods which expectant mothers are If yes, identify the foods and the reason for o <u>Food</u> ECUNDE	Please tell me, how many days we have week <u>ON22Y</u> (fas of barvha s If none, what is the reason When was the last time you have <u>days ago</u> <u>avs ago</u> <u>weeks ago</u> <u>weeks ago</u> <u>years ago</u> <u>years ago</u>	40. 41. 12.
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53 54	both of the above other (specify) Are there foods which expectant mothers are If yes, identify the foods and the reason for of ECUNDI ECUNDI THE THE SPECIFIC OF THE SPECIFIC	Please tell me, how many days we have week	40. 41. 42.
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	(speeny)	People in Private	The Gender Division of Time Allocation Among	1.0
59. Have you ev	er used a family plan	ning method? Yes/No		
60. If yes which	h one is it?			
ferbilitune -	sexual abstention		Technology Tamaleral	
- 19-28-01 3	witidrawal		Technology Transferof	
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Institu <u>t</u> e of	Dar es Sals dui	nu. University of	Tanzania By Dr. S. M. Ruguman	
infant or child	injection	Binaso	By Dr. S. M. Hogdins, Ta Development Studies, Ta	
-	other (specify)			
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eber	sity, Kingston, Car	e avoid pregnancy	Lake Katwe M Vferne	
64. If yes, does he	e approve of your usin uldren do you want to	band about family plan g a modern method to o get in all or, for older	delay pregnancy? Yes/No. women, how many did you g	et in
H. HEALTH SEI	Drevinus	one.		
Health Centre	nearest health facility	17 CLASSING STREET, NUMBER OF		
Hospital		km km		
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			es/No	
<ol><li>If no, where do</li></ol>	you get alternative th	eatment?		
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# GLOSSARY

failure of a live birth to survive.

ability to conceive

fecundable

fecundable

the potential ability to reproduce, that is, to bear a live birth.

actual reproduction, that is, actual realization of a live birth.

infant or child loss

infertility

fertility

also called *infecundity* or *sterility* or *physiological infertility*. This refers to the inability to reproduce, i.e. incapacity to get a conception or to impregnate (Belsey, 1976). Infertility then refers to childlessness which may come about by choice or by biological infecundity (Bongaarts and Potter, 1983). Whereas sterility or infecundity suggests infertility, the reverse is not true. *Primary infertility* refers to childlessness and secondary infertility is inability to get a live birth after a previous one.

spontaneous intrauterine mortality inability of a group to obtain sufficient live births. This means that group's fertility is below the expected standard (see Adadevoh, 1974: 2).