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Social Construction of Womanhood among the Pokot Community, Kenya

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Abstract:

This paper uses data collected within the framework of the Ph.D. thesis, Effects of Obstetric-Fistula on Womanhood: The Case of West-Pokot County, Kenya, of Musyoki, K.G., published in 2016 at Kenyatta University. The qualitative paper explores how women in West-Pokot County, Kenya, participate in constructing their womanhood identity. The study adopted a phenomenological design method informed by the performative theory by Butler (1988), which posits that gender is made up of acts that mark a person as 'man' or 'woman'. The 'making' of a woman in the African context, and among the Pokot, entailed a series of events that together codified the expectations for successful social maturation. The initiates, basically pubescent girls, were schooled through 'learning-to-become' on their new status and its responsibilities with pain endurance as the main test to 'growing-up' socially. They, acquired knowledge to perform as mature women, wives, mothers, and citizens in their community, in public and in private although physiologically immature. Therefore, this study seeks to provide new trends in thinking about womanhood among the Pokot and Kenyan women that does not only revolve around wifehood and motherhood in the social construction of womanhood. It is essential to suggest other rallying points that could emphasize development of new identities that can empower young girls and women in West-Pokot County, Kenya, to aspire more in life.

Keywords: Womanhood, wifehood, motherhood, social construction, social maturity, stereotype

1. Introduction

1.1. The Social Construction of Womanhood in the African Societies

The perceptions of women among the communities in the world and specifically in traditional African societies are important as they shape the way people think about women and inevitably the way women think about themselves. In respect to these perceptions, the question as to what constitutes a woman and how to define an ideal woman in the African society comes to mind.

The 'making' of a woman in the African context entailed a series of events. Among 28 countries in Africa (Wilson, 2012/2013), 'circumcision' was incorporated in a series of other events that together codified the expectations for successful social maturation. 'Circumcision' represents an act of socialization into cultural values and a connection to family, community and the spirit world (Rahman & Toubia, 2000). It is an outward, permanent physical mark on the body visible to the society as a first step in attaining 'womanhood'.

During a girl's confinement and healing in the seclusion camp, she is thought to undergo a gradual process of change produced by intensive care from women who attend to her. A well initiated girl should emerge fat, pale, soft and well-schooled in both sexual and household matters. The girls acquired the knowledge they would need to perform as mature women, as mothers, and as citizens in their community both in public and in private. This 'learning-to-become' was comprehensive in the sense that the young girl learnt and internalized both the derogatory and positive concepts, judgments and attitudes towards womanhood and how to deal with them throughout her life.

Emphasis was placed on reproductive roles within marriage. The young initiate was socialized on how to behave in marriage and how to run a home by performing most of the domestic duties while in her mother's home not as a daughter but as a future wife and mother. This 'learning-to-become' took place through example, direct teaching and in patterns of behaviour, in songs, proverbs, wise sayings and folktales. These produced women who were disciplined, industrious, inhibited, conforming and altruistic (Brink, 1990; Roberts, 1984). At the end of the socialization and seclusion period, the novice was presented in a public square and recognized as a newly constituted adult woman, charged, eager

and ready for marriage and its other accompanying responsibilities. In traditional settings, this type of schooling during seclusion provided a thorough and well-balanced preparation for life (Maambo, 2007).

Marriage is intertwined with the successful completion of this phase of ordeals and tests. With emphasis being placed on reproductive roles within marriage, the newly constituted socially mature women were encouraged to marry and bear children. Thus, becoming a wife and later being a mother are two important and crowning markers of womanhood in the African context (Mungwini, 2008). In Africa, a woman's social recognition and sense of womanhood suffer greatly when they are not married or when they are married but cannot have children. To be one without the other renders a woman inadequate unless she has been widowed, in which case, one may not be held to blame as this is taken as being beyond one's control. In other words, without children, they cannot attain 'motherhood' as they will not have 'produced' (Mungwini, 2008).

It is thus important to note that motherhood is a significant marker of womanhood. Motherhood confers so much power on a woman. It provides a respectable social identity, an important set of child-rearing tasks, access to kin networks, and a space where authority, a sense of control, and self-expression can be cultivated. A woman without a child cannot see herself as a member of her husband's family. She is viewed as a waste to herself, to her husband and to her society (Akujobi, 2011).

In patriarchal social arrangements such as those found in most African communities, the so-called cultural essentials are used as tools in the domination of women by emphasizing that true and authentic African women are those who resist the 'contamination' of westernization by sticking to their culture. The effect is that it narrows the window through which women look at the world and as a result, they become incapacitated to bring about radical changes that could overhaul the social arrangement and ultimately their status in the community. Women must be alert and be in a position to question the so-called cultural essentials. Women must not be blind to the fact that in these patriarchal societies, those who have the power, that is the males, often abandon or modify cultural traditions when it suits them and women must not hesitate to do the same.

Women in Britain and America in the Victorian Age of the 19th century endured the *Cult of True Womanhood* or *Cult of Domesticity*. This was a strict ideology of womanhood which upheld a collection of attitudes that regulated women's behaviour. It associated 'true' womanhood with the home and family. The 'cult' identified four characteristics that were supposedly central to women's identity: piety, purity, domesticity, and submissiveness (Welter, 1978). Women who personified these virtues passed the test of True Womanhood. The 'Cult', argued that women's nature suited them especially for tasks associated with the home and children. It sanctioned the cliché that a woman's place was in the home (Smith, 2002).

Although the Cult of True Womanhood was dominant during the 19th century, remnants linger in our present-day culture and influence current views of femininity. Butler (1988) posits that womanhood is formed or constructed through repetitions and emulation of ideas put forward about what a 'woman' is. This is true with regard to the construction of the ideal African woman presented as a wife and mother who is disciplined, industrious, inhibited, conforming and altruistic. These traits are in many ways similar to the attitudes that embodied true womanhood in the Victorian Age of the 19th century in Britain and America. Thus, womanhood is regulated and shaped according to social and cultural norms, values and expectations (Elinami, 2006).

While most literature on the subject of initiation, socialization and enculturation into womanhood in Africa centres more on the injurious side of the rituals, few of them go on to show the positive significance of the initiation itself, its worth on the individual and the society in general. With reference to the social construction of womanhood in African societies, this study would like to impress that it is imperative for society to assist women construct a viable self-identity, one that does not only revolve around 'belonging', 'mothering' or 'producing'. This calls for a revolution since the 'normal' and the 'usual' can no longer respond to emerging challenges. There is need to question the continued valorization of the image of the traditional African woman and possibly modify the prevailing social attitudes that continue to cast African women as child bearers, labour maids and wives in servitude to their husbands as household heads.

Therefore, for African women to shift the focus of their selfhood and identity from wifehood and motherhood, it is essential to suggest other rallying points that could emphasize development of new identities that can empower young girls and women in West-Pokot County, Kenya, to aspire more in life. For example, women can learn from their male counterparts by first getting to understand the response to the question: what makes a man in many African communities? (Mungwini, 2008). In response, Mungwini, (2008), argues that being a man means attaining a level of financial independence, having employment, an income or some level of self-sufficiency and then starting a family. It is also interesting to note that men's social recognition and their own sense of manhood suffer greatly when they lack some work and financial self-sustenance, that is, when they are just like women. Such things as a career where girls and women begin to see themselves as this or that professional can shift the foundation of their identity from the one of just being a wife and a mother. Once girls and women begin to see themselves outside the confines of marriage and motherhood by enhancing their self-worth through the pursuit of an education, a skill or a profession they will be better able to assert their rights including delaying marriage, negotiating for safer sex in their unions and deciding whether they can have a child or not. This study seeks to provide new trends in thinking about womanhood among the Pokot and Kenyan women.

1.2. Statement of the Problem

Obstetric fistula is a condition that most frequently affects women of reproductive age due to pregnancy related complications during childbirth. The condition results in chronic incontinence of urine and/or faeces. Most of the women who sustain an obstetric fistula live in resource poor countries where, for a variety of reasons, access to emergency

obstetric care (EmOC) is difficult. In Africa, the condition is a brutal punch to the core of womanhood and the empowerment this 'womanhood' bestows on women, with respect to gender roles, identity and social status in the community. Becoming a wife and a mother are two important and crowning markers of womanhood in the African cultural context. Unfortunately, obstetric fistula temporarily or permanently robs women off this opportunity. This is because obstetric fistula occurs on socially defined and culturally constructed women. The impact is on the negative functioning of individuals as well as on social relations in the society.

Despite increased global consciousness on maternal health in recent decades, most studies on obstetric fistulae are largely descriptive and focus on fistula closure and success rates. The studies are limited in their ability to understand from a gender perspective the many dimensions of obstetric fistula and its related social vulnerability. Therefore, the problem of this study is hinged on the effects of obstetric fistula on the afflicted women. The study specifically focused on how the lives of the affected women in West Pokot County-Kenya, have been influenced by the condition.

1.3. Objective of the Study

To describe the social construction of womanhood among the Pokot.

1.4 Research Question

How is womanhood socially constructed among the Pokot?

1.5. Justification and Significance of the Study

It is hoped that the findings, conclusions and recommendations from this study will be useful in assisting women construct a viable self-identity that does not only revolve around wifehood and motherhood in the social construction of womanhood in African societies. It is essential to suggest other rallying points that could emphasize development of new identities that can empower young girls and women in West-Pokot County, Kenya, to aspire more in life. The study may also serve as an additional literature to scholars while forming a strong base for researches in related fields.

1.6. Scope and Limitations of the Study

The study was conducted in West Pokot County in Kenya. Its targeted women of reproductive age, healed of or living with obstetric fistula. The study investigated the effects of obstetric fistula on the women healed of or living with the condition. This means that the study did not consider the medical conditions related to or psychological impact of obstetric fistula. Another notable limitation relates to non-probability sampling designs, which are prone to biases and the selection process is pre-determined and constrained. In addition, since the study was done in West Pokot County, most of the findings, conclusions and recommendations may be very specific to the study locale. However, the findings may be applied to women healed or living with OF in other areas in similar socio-cultural characteristics.

2. Literature Review

The perceptions of women among the communities in the world and specifically in traditional African societies are important as they shape the way people think about women and inevitably the way women think about themselves. In respect to these perceptions, the question as to what constitutes a woman and how to define an ideal woman in the African society comes to mind.

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In patriarchal social arrangements such as those found in most African communities, the so-called cultural essentials are used as tools in the domination of women by emphasizing that true and authentic African women are those who resist the 'contamination' of westernization by sticking to their culture. The effect is that it narrows the window through which women look at the world and as a result, they become incapacitated to bring about radical changes that could overhaul the social arrangement and ultimately their status in the community. Women must be alert and be in a position to question the so-called cultural essentials. Women must not be blind to the fact that in these patriarchal societies, those who have the power, that is the males, often abandon or modify cultural traditions when it suits them and women must not hesitate to do the same.

Women in Britain and America in the Victorian Age of the 19th century endured the *Cult of True Womanhood* or *Cult of Domesticity*. This was a strict ideology of womanhood which upheld a collection of attitudes that regulated women's behaviour. It associated 'true' womanhood with the home and family. The 'cult' identified four characteristics that were supposedly central to women's identity: piety, purity, domesticity, and submissiveness (Welter, 1978). Women who personified these virtues passed the test of True Womanhood. The 'Cult', argued that women's nature suited them especially for tasks associated with the home and children. It sanctioned the cliché that a woman's place was in the home (Smith, 2002).

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Therefore, for African women to shift the focus of their selfhood and identity from wifeness and motherhood, it is important to suggest other rallying points that they could emphasize such that they develop or mould new identities that can empower them to aspire more in life. For example, women can learn from their male counterparts by first getting to understand the response to the question: what makes a man in many African communities? (Mungwini, 2008). In response, Mungwini, (2008), argues that being a man means attaining a level of financial independence, having employment, an income or some level of self-sufficiency and then starting a family. It is also interesting to note that men's social recognition and their own sense of manhood suffer greatly when they lack some work and financial self-sustenance, that is, when they are just like women. Women can also move to construct this kind of selfhood for themselves by simply constructing their selfhood around similar rallying points like a profession. Such things as a career where girls and women begin to see themselves as this or that professional can shift the foundation of their identity from the one of just being a wife and a mother. Once girls and women begin to see themselves outside the confines of marriage and motherhood by enhancing their self-worth through the pursuit of an education, a skill or a profession they will be better able to assert their rights including delaying marriage, negotiating for safer sex in their unions and deciding whether they can have a child or not. This study seeks to provide new trends in thinking about womanhood among the Pokot and Kenyan women.

3. Research Methodology

Qualitative research and the interpretive method through in-depth interview guides with the various study respondents, was used to collect data from women aged 15–49 years who were living with unrepaired obstetric fistula or had been successfully treated/repared. The qualitative approach was appropriate because it allows the researcher to gain insights into the social processes and settings, and more expressively underscores the importance of personal interviews and narratives on the lived experiences of the respondents (Strauss and Corbin, 1994). Qualitative research is a popular and widely used means of collecting qualitative data because the researcher is able to capture firsthand information directly from the respondents. By giving precedence to the voices of the participants through their lived experiences, the researcher was better placed to develop a better understanding of individual and group experiences of the research

participants. I found the qualitative research method suitable for the design of the study because of its inductive property of flexibility and amenability, which falls in tandem with the dynamics of the natural settings for the study.

3.1. Study Area

The Pokot people (commonly spelled Pökoot) (Bolling, 1996; Schladt, 1997) live in West Pokot County in the Upper Rift Valley province of North-Western Kenya. Kenya's 2009 census puts the total number of Pokot speakers at about 620,000 in Kenya. The Pokot occupy an isolated and remote area with a vast difficult terrain within very harsh climatic conditions. The Pokot are mainly pastoralists. About 90% of the district is arid and semi-arid (ASAL) to the extent that high levels of poverty push parents to marry off young daughters forcefully to improve family livelihood (UNFPA, 2003). Culture in the Pokot community dictates that women must be submissive. The 'Kokwo' or elders, comprising old men, dictate the running of their homes and the community. With limited knowledge and influence from outside, the Pokot perpetuate traditions and practices adapted to their context. Although the girl-child among the Pokot endures many other less painful rituals while growing up, FGM practiced at a rate of about 97%, is the most defining rite that tests pain-endurance and instantaneously ushers a girl into womanhood. Womanhood and pain are synonymous among the Pokot since it is expected that girls will experience pain when they lose their virginity and when they give birth (Chebet, 2009).

3.2. Targeted Population

The targeted population for this study was made up of all women of reproductive age between 15-49 years who were living with or had been treated of obstetric fistula in West Pokot County, Kenya. The population of those living with the condition was unknown and 64 of those repaired/healed of obstetric fistula from a past fistula campaign conducted in the area between the 8th-14th November, 2014. The said past fistula campaign was spearheaded by the Ministry of Health, in conjunction with African Medical and Research Foundation (AMREF-Health Africa), Bayer HealthCare and a host of private funding donors or organizations.

3.3. Sample and Sampling Technique

The study identified and recruited a total of 57 women affected by obstetric fistula. Thirty-six (36) with repaired obstetric fistula were purposively selected while the study used snowballing sampling method to recruit twenty-one (21) with untreated OF. They were recruited from five study sites across the county: Kapenguria, Kacheliba, Alale, Sigor and Lelan. Conveniently, the study also sampled 49 spouses/caretakers to the affected women. Key informants were purposively selected and they included 6 members of the council of elders (3 men and 3 women), and 4 medical personnel especially those in the obstetrics and gynaecology (often abbreviated to Obs & Gynae) and maternity wards attached to medical facilities in the local area.

4. Research Findings and Interpretation

Analyzed data revealed that the Pokot, like every other culture in the world ritualizes the important milestones throughout life. Among the Pokot, initiation into adulthood happens in a continuum from childhood through to adulthood. The 'making' of a woman in the African context entailed a series of events in a gradual process.

Information on the socialization process among the Pokot was gathered through in-depth interviews with the 'Kokwo' or members of the council of elder as key-informants and the study respondents. The 'Kokwo' explained that there are gender-differentiated experiences of socialization into adulthood for boys and girls among the Pokot. The 'Kokwo' noted that gender is a more important differentiator of people and status, more specifically men and women. With reference to womanhood, the study gathered that between the ages of 2-5 years, both young girls and boys were indiscriminately assigned simple home chores and encouraged to identify with same sex family members. This was intended to gauge their competency in understanding instructions and carrying out simple assignments.

The study respondents noted that girls and boys between the ages of 5-7 were assigned different chores along gender specific roles. The 'Kokwo' confirmed that the main intention was to equip both genders with skills and knowledge that enabled them to perform the roles that society allocates them in the future. For instance, boys were entrusted with productive property such as cattle while girls were engaged in the kitchen. Also, the children were exposed to specialized skills such as mock hunting for boys while girls were encouraged to compete in bead-making as a way of gauging their acumen in completing tasks to the satisfaction of the adults.

Women respondents recalled that just before their circumcision, they had their ears pierced and two central incisors removed from the lower jaw. Asked to clarify on the age group, they pointed to young girls aged 6-12 years. The 'Kokwo' noted that:

'Ear piercing and removal of two incisors on the lower jaw is painful and it marks the pre-initiation ceremonies for girls in that age bracket. It is essential for their transition to adulthood'. (Interview with male member of the council of elders or Kokwo on 05/02/2015).

The women respondents recalled enduring a headache, and that the procedure was 'very painful'. The women reported that the initiates were never tranquilized. Although it was a painful experience, they nonetheless argued one would rather voluntarily endure the pain than be forced into it or even be treated like a pariah in their own land. One woman noted that:

'I had my two lower incisors removed at the age of 12 on the orders of my father'. (Interview with former fistula patient from Kacheliba on 12/02/2015)

Commenting on the painful ritual, the 'Kokwo' reiterated that:

'It is obligatory for both boys and girls aged 12 to undergo the painful exercise which is also regarded as a rite of passage. It is used to distinguish children from adults and an indicator of how courageous one is and this earns them positions in the society.' (Interview with male member of the council of elders or Kokwo on 05/02/2015).

The 'Kokwo' reiterated that the anterior teeth extraction occurs just after permanent teeth eruption and has been associated with adulthood, beauty, tribal identity, sound production, and soft food consumption. They also affirmed that young girls at that age who were thought to have mastered most of home chores and beading would gradually be gauged in pain endurance, since it is expected that they would experience pain during circumcision, when they lose their virginity and when they give birth (Chebet, 2009).

In most African cultures, rituals leading to the final passage from childhood to adulthood, infringe on body integrity because they feature blood-letting, scarification and painful genital amputations. Initiates were schooled on their new status and its responsibilities and pain endurance as the main test/ordeal to 'growing up' socially. Thus, girls aged 11-14 years had their genitals mutilated in what is famously known as 'circumcision'. The decision to have a girl circumcised was made by a father or father-figure after assessing that she was 'ready'. Some women respondents recalled receiving body welts/tattoos/scars on their torsos at about 11-14 years of age. The scarification was thought to beautify the body upon healing.

In addition to scarification, all women respondents endured 'circumcision' or female genital mutilation/cutting (FGM/C). The women respondents and the 'Kokwo' affirmed that girls deemed as socially mature in this age group were circumcised and betrothed for future marriage. Circumcision was incorporated in a series of other events that together codified the expectations for successful social maturation. The 'Kokwo' noted that, circumcision was the last ritual that served as an outward, permanent physical mark on the body visible to the society as a first step to attaining 'adulthood'. In the case of young girls, 'womanhood'.

Completion of this phase of the rite enabled the adolescent who had been 'aching to age', partake and engage in activities reserved for the socially mature. From the women's narratives, this phase of socialization was not a comfortable or pleasurable experience but was and still is thought of as necessary. Girls and women who deviate from this social norm suffer labelling, constant social peer pressure, stigmatization, belittling, ostracization from communal activities and lifelong condemnation to the status of a 'little girl' (Chebet, 2009). This explains why FGM, in the Pokot region, is practiced at 97%, a figure that is markedly higher than the average national prevalence of 32.2% (Ogolla, 2015).

Initiated women among the Pokot were rewarded with gifts, praises acceptance, dignity, cleanliness, chastity, respect, worth and more importantly marriageability. Marriage was intertwined with the successful transition from childhood to adulthood. With emphasis being placed on reproductive roles within marriage, the newly constituted socially mature women were encouraged to marry and bear children. By the early twenties, women in the Pokot community were expected to have been married and borne children within their husbands' compounds. Many of the newly constituted socially mature women were only girls, as young as 14 or 15 years of age, married shortly after menarche with a first pregnancy following soon after before the pelvis is fully developed for childbearing. As a consequence of 'social maturity', young girls in this community are plunged into the world of wifehood and motherhood instead of being encouraged to pursue education and better themselves for the future as their age mates elsewhere. This explains why 73.7% of study women respondents had had a pregnancy before age 20. Thus, becoming a wife and later being a mother are two important and crowning markers of womanhood in the African context (Mungwini, 2008).

The women respondents observed that in their late adulthood which is considered to be well above the age of 45, their status changed to that of counsellor to the young initiates and new mothers. They were allowed to participate in officiating ritual ceremonies and attend council of elders' meetings. The 'Kokwo' noted that these particular women were admitted into the council of elders whose membership is purely male because most women at that age were slowly metamorphosing in to 'men' through menopause. To clarify on the characteristics of older women admitted into the council of elders, the study sought the views of the female 'Kokwo' who unanimously agreed that:

'The women must be dry. She should have stopped menstruating, lactating or expecting. These traits make her impure and vulnerable to preside over sacred rituals. When she is dry, she is like a man'. (Interview with female members of the council of elders or Kokwo on 05/02/2015).

Illife, (2007) in his work titled *Africans: The history of a continent*, echoes the importance of successful childbearing in Sub-Saharan African culture. The value of African women in society is derived from the roles of wife and mother, both of which are severely threatened when obstetric fistula occurs. Thus, a woman who acquires an obstetric fistula gradually experiences irreversible discontinuities between their realities with the condition versus socio-cultural expectations. It is therefore important to note that motherhood is a significant marker of womanhood because it confers so much power on a woman (Mungwini, 2008). It provides a respectable social identity, an important set of child-rearing tasks, access to kin networks, and a space where authority, a sense of control and self-expression can be cultivated (Chaney, 2011).

Thus, the study establishes that social maturity as opposed to physical puberty was more important in female initiation ceremonies in this community. The 'making' of a woman in the African culture entails a series of gradual processes and rites that involve a 'learning-to-become' style of enculturation into their ascribed social roles. Female socialization and initiation ceremonies provide girls with a coherent view of themselves as wives, mothers, and providers. Thus, through culture, young pubescent 'socially mature' girls are thrust into the roles of wife and mother when they are physiologically immature. Although not all cultural practices and beliefs are bad, most of the negative practices are due to ignorance and non-availability of better alternatives. This explains why many cultural practices have helped to perpetuate and increase the prevalence of certain diseases and health problems. Therefore, efforts should be made to encourage those

practices that promote health and then, through the provision of information and better healthcare services, discourage those that harm human health.

5. Conclusions

Socialization and initiation ceremonies among the Pokot of Kenya, provide young girls with a consistent view of themselves as wives, mothers, and providers. Findings from this paper suggest that, through culture, young pubescent girls undergo a series of culturally sanctioned ordeals and events. The young pubescent girls who successfully completed these series of culturally sanctioned ordeals and events, emerged as newly constituted adult women, charged, eager and ready for marriage and its other accompanying responsibilities. The evidence in this paper points to the fact that many of the newly constituted 'socially mature' women were only girls, as young as 14 or 15 years of age, married shortly after menarche with a first pregnancy following soon after before the pelvis is fully developed for childbearing. As a consequence of 'social maturity', young girls in this community are plunged into the world of wifehood and motherhood instead of being encouraged to pursue education and better themselves for the future as their age mates elsewhere. The findings of this paper established that social maturity as opposed to physical puberty was more important in female initiation ceremonies among the Pokot. Thus, conforming to cultural ideals of womanhood and adherence to socially accepted sexual norms was the genesis of almost permanent inconsistencies between their lived experiences with chronic gynaecological diseases versus socio-cultural norms they had been socialized to live up to. There is a need to probe the complex interplay of socio-cultural factors as key determinants to individual growth and development of girls and women among the Pokot. This should be mediated via appropriate role modelling in their communities, through mentorship and advocacy outreach and other local institutions, is an urgent priority for future research.

6. Recommendations

Concerted efforts by the county education system should strive to improve the community's knowledge about the nature and risk of targeted health problems, so that laws and health policies minimize stigma and that community understanding and social interactions are not influenced by stereotypes, prejudices, and unfounded speculations.

7. Suggestions for Further Study

The study proposes a similar qualitative study exploring the experiences and perceptions of husbands and partners of women suffering from chronic diseases and how the diseases affect inter-personal relationships at the household level.

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