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CONTINUUM *Complete*

International

ENCYCLOPEDIA OF SEXUALITY

Updated, with More Countries

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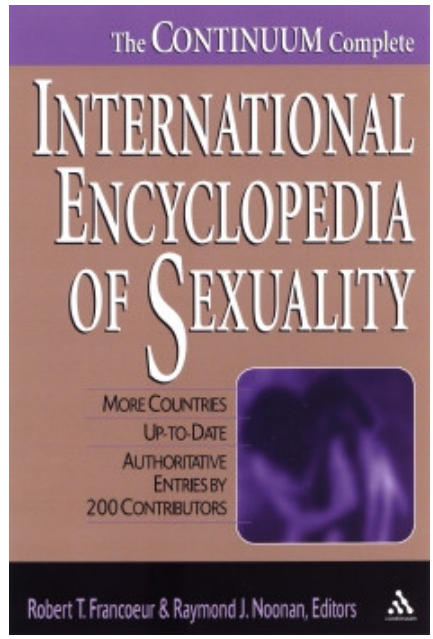

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CU59

Kenya

(*Jamhuri ya Kenya*)

Norbert Brockman, Ph.D.*
Updates by Paul Mwangi Kariuki and Beldina Opiyo-Omolo, B.Sc.

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Demographics and a Brief Historical Perspective

ROBERT T. FRANCOEUR

A. Demographics

Most African nations, being political artifacts of colonialism, are multiethnic and multilinguistic. Patterns of sexual behavior are, therefore, quite varied, the result being complexity rather than uniformity. Economic and social factors that have an impact upon sexual patterns, therefore, include traditional cultures (initiation, courtship, and marriage customs), colonial imports (Christian and Islamic values, and education), and contemporary Western influences (consumerism and the media). Nowhere is this more clearly demonstrated than in Kenya, an east central African nation that lies across the equator, with Sudan and Ethiopia in the north, the Somalia in the northeast, the Indian Ocean in the southeast, Tanzania in the southwest, and Lake Victoria and Uganda in the west. With a total area of 224,960 square miles (582,650 km^2), Kenya is slightly smaller than the state of Texas in the United States. The north is arid, but the land supports large game reserves and contains the fertile Lake Victoria Basin in the west. The climate varies from arid in the interior to tropical along the coast.

In July 2002, Kenya had an estimated population of 31.14 million. These estimates explicitly take into account the effects of excess mortality because of AIDS. This can result in lower life expectancy, higher infant mortality and death rates, lower population and growth rates, and changes in the distribution of population by age and sex than would otherwise be expected. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

Age Distribution and Sex Ratios: *0-14 years*: 41.1% with 1.02 male(s) per female (sex ratio); *15-64 years*: 56.1% with 1.01 male(s) per female; *65 years and over*: 2.8% with 0.77 male(s) per female; *Total population sex ratio*: 1.01 male(s) to 1 female

(CIA 2002)

Life Expectancy at Birth: *Total Population*: 46.2 years; *male*: 46.2 years; *female*: 47.85 years

Urban/Rural Distribution: 35% to 65% (1994 est.)

Ethnic Distribution: Kikuyo: 22%; Luhya: 14%; Luo: 13%, Kalenjin: 12%; Kamba 11%; Kiii and Meru: 6% each; other African: 15%; non-African (Asian, European, and Arab): 1%

Religious Distribution: Protestant: 38%; Roman Catholic: 28%; indigenous beliefs: 26%; Muslim: 7%; other: 1%. A large majority of Kenyans are Christian, but estimates for the percentage of Muslims and adherents to indigenous beliefs vary widely.

Birth Rate: 27.61 births per 1,000 population

Death Rate: 14.68 per 1,000 population

Infant Mortality Rate: 67.24 deaths per 1,000 live births

Net Migration Rate: –1.48 migrant(s) per 1,000 population

Total Fertility Rate: 3.34 children born per woman

Population Growth Rate: 1.15%

HIV/AIDS: *Adult prevalence*: 13.95% (2001 est.); *Persons living with HIV/AIDS*: 2.2 million (2000 est.); *Deaths*: 180,000 (1999 est.). (For additional details from www.UNAIDS.org, see end of Section 10B.)

Literacy Rate (*defined as those age 15 and over who can read and write*): 78.1% (*male*: 86.3%, *female*: 70%) (1995 est.)

Per Capita Gross Domestic Product (*purchasing power parity*): $1,000 (2001 est.); *Inflation*: 50% (2000 est.); *Unemployment*: 40% (2001 est.); *Living below the poverty line*: 22.9% (2001 est.)

One in four Kenyans lives in modern urban areas, notably the capital, Nairobi, which has become a melting pot for all Kenyan cultures, and Mombasa, a tourist mecca on the Indian Ocean. Kenya is the leading Black African tourist destination, with splendid coastal areas, highly developed wildlife-viewing opportunities, and an infrastructure that has been very safe, comfortable, and competently run.

Nairobi, the capital and center of industrialization, has a population of more than one million. Mombasa, Nakuru, Eldoret, Kisumu, Nyeri, Embu, Meru, and Thika are other

**Communications*: Norbert Brockman, Ph.D.: *not available*. *Updates*: Beldina Opiyo-Omolo, B.Sc., Department of Health, East Stroudsburg University of Pennsylvania, East Stroudsburg, PA 18301 USA; bopiyo@yahoo.com.

large cities with a diversity and employment opportunities that attract many people from the rural areas, creating the usual urban problems. [*Update 2003*: In December 2002, Kenya went through a historic election in which political veteran Mwai Kibaki took a lead in landmark elections that marked the end of President Daniel arap Moi's 24-year rule. President Mwai Kibaki, a leader of the National Rainbow Coalition (NARC), defeated Uhuru Kenyatta, who had been handpicked by Moi to be the flagbearer for the Kenya African National Union (KANU), Kenya's long-ruling party since independence. (*End of update by B. Opiyo-Omolo*)] [*Update 1997*: In the 1990s, unrest with political tribal clashes have occurred primarily in the Rift Valley region from which the former president hails. Kenya has, since independence, had only one political party. The advent of multiparty politics in 1992 was decried by the president as a Western idea that would divide the people along tribal lines and plunge the country into lawlessness and anarchy. At the same time, legislators from the Rift Valley started preaching and demanding publically a change from the "Majimboism" (federal) system. Many tribes have coexisted peacefully in the Rift Valley for many years. These legislators asked the indigenous people, the people who originally owned the land before it was sold to others, to drive out these other people. With strong backing from the government, this effort resulted in a deadly, indiscriminate massacre of defenseless citizens, loss of property, and increased poverty, because a good percentage of the country's corn and pyrethrum is grown in this area. The children lost out on educational opportunities when the schools were closed and no teachers were willing to work in these areas. Nevertheless, the current situation is calm, and the churches and opposition parties have kept up their significant work for peace, restoration, and reconciliation. (*End of update by P. M. Kariuki*)]

B. A Brief Historical Perspective

When the vast Bantu migration of the late medieval period—perhaps the largest human movement in history—turned south at Lake Victoria, it found small groups of well-entrenched Hamitic tribes and a few bushmen. The Bantus also encountered large Nilotic tribes that had arrived from the north, and these racially diverse nations settled into an uneasy relationship around the Lake region. Their descendents number about 25 million in Kenya, which straddles the equator on the east coast of Africa. Arab colonies exported slaves and spices from the coast of today's Kenya from the 700s on. Britain took over the country in the 19th century. In 1959, the Mau Mau uprising swept the country. British colonialism brought half a million East Asians and about a quarter million Caucasians in the early 1930s, both settler families and short-term expatriates connected with commercial, missionary, and international organizations.

[*Update 1997*: The agenda of the Mau Mau organization was to gain independence from the British, win control of their land and self-rule, and obtain the release of Jomo Kenyatta, then in British detention. Violence was widespread as the Mau Mau forces in the forests fighting the British were supported by a nationwide network involving the majority of Kenyans, both men and women. Defectors, traitors, and those who collaborated with the British were killed.

[For two decades, following Kenya's independence in 1963, the country was politically stable and prosperous, with a steady growth in its industry and agriculture, under Presidents Jomo Kenyatta (1963-1978) and Daniel arap Moi (1978-2002), under a modified private-enterprise system. In 1982, the military Air Force attempted to overthrow the government. Since then, government corruption, top-level scandals, the employment of unqualified people in upper-level positions, serious inflation, and the collapse of government services and systems have resulted in low morale throughout the workforce and an unstable economy. (*End of update by P. M. Kariuki*)]

1. Basic Sexological Premises

A. Character of Gender Roles

Social reinforcement maintains clear gender roles in all Kenyan societies. Western education has produced a small female professional class, but expansion of women into new spheres of activity occurs only in Western roles that were unknown in traditional society: Western medicine, education, and bureaucracy. The Kenyan government has given strong support to educated women, appointing government officials, diplomats, and leaders from among them.

B. Sociolegal Status of Males and Females

Among many Kenyans, there is strong belief in the existence of ancestral spirits. The ancestors assume functions of social control and must be placated when offended. There is a bond between the worlds of the living and the dead, and a mutual interdependence. It is important, therefore, to maintain a balance in populations between the two worlds by having children. The "living dead" need descendants to perform rites in their honor. Add to this the economic incentive of having large numbers of children in order to provide for old age, and the cultural resistance to population control becomes apparent. In the African family, children are received with delight and treasured. The firstborn is especially important in the family. The orphaned are taken in by their extended families. [*Comment 2003*: Institutional orphanages were almost unknown until recently, when the HIV/AIDS scourge has been killing many parents and leaving young children with nobody to take care of them. Most of these children whose parents have died of AIDS end up in the too-few orphanages. (*End of comment by B. Opiyo-Omolo*)]

Infanticide was practiced in traditional culture, but is now illegal and practiced rarely and surreptitiously. A baby may be killed if it is the result of an incestuous union or, in different ethnic groups, if an albino, triplets, or born feet first. The newborn of an uncircumcized Nandi girl is exposed to die if no one adopts it.

Life from childhood is organized around progress through age sets within a kinship system, each with its own preparation and responsibilities. These stages vary from tribe to tribe, but always include childhood, an initiation period leading to junior adulthood, marriage, family building, and the status of elder.

C. General Concepts of Sexuality and Love

Sexuality is always a part of the kinship system, controlled within it, and subject to its purposes. Love is recognized and accepted as part of personal relationships. One may choose a marriage partner because of personal attraction, even though arranged marriages continue. Nevertheless, love is not a high value in itself. In polygamous marriages, junior wives will often be chosen by the first wife to meet work needs.

A great deal of sexual freedom for both sexes is allowed within these social controls. Unmarried boys and girls slept communally in many Kenyan societies, and several provide youth huts. [*Update 1997*: In a number of tribes, the Kikuyus, for instance, young men and women are allowed to dance, play, and even sleep together at certain organized times (*guiko*, among the Kikuyus), but no sexual activity is allowed although it may occur in these situa-

tions. Generally, premarital pregnancy disgraces a girl. Love, as an emotionally expressed feeling, was never valued in the tribal tradition. Today, it is treated as a Western idea and viewed with a lot of suspicion, especially by the older people. However, love as an act of the will has always existed. (*End of update by P. M. Kariuki*)]

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

A. Source and Character of Religious Values

For Africans, religion is a natural, present, and pervading influence deeply interwoven with culture. Everyday life is nowhere secularized as in the West, and religion as a personal and private activity is quite foreign to African sensibility. This is indicated by the presence of a mere 0.1% atheists and nonreligious persons in the country (see Table 1). The importance of religion for sexuality, therefore, is far beyond the issues of moral behavior so dominant in Western thinking.

Both Catholic and Protestant churches are very conservative theologically and morally, the former because of dependence upon expatriate (Irish and Italian) missionaries, and the latter because of a mass evangelical movement that has dominated Protestantism for several generations. Kenya is a center for the independent church movement, with over 500 groups ranging from African denominations to prophetic cults. Many allow polygamy and permit women prophetic figures, but are intolerant of abortion, contraception, sex education, and social equality for women. [*Comment 2003*: President Mwai Kibaki is a member of the Catholic Church, while former President Daniel arap Moi is a member of an evangelical Kenyan denomination, the African Inland Church. (*End of comment by B. Opiyo-Omolo*)]

Many Kenyan Muslims are East Asian disciples of the Aga Khan. African Muslims, primarily Swahilis on the coast, follow a moderate, relaxed form of Islam, and their numbers are declining.

B. Source and Character of Ethnic Values

The ethnic distribution in Kenya in 1995 was: Kikuyu 21%, Luhya 14%, Luo 13%, Kalenjin 12%, Kamba 11%, and the remainder divided among Europeans, Asians, and Arabs. There are essentially two layers of cultural influences in every Kenyan. The first is the traditional tribal value system, and the second consists of Western influences. Sexual values, traditions, and behavior arise from the matrix of these influences, which vary among individuals. One family may speak a tribal mother tongue, continue traditional practices of initiation, bride wealth, and taboos, while another may speak Swahili or English predominantly, take many values from Christianity and the media, and feel free of tribal tradition. Several factors influence these differences: degree of urbanization, tribal intermarriage, religion, and level of education.

Table 1

Estimated Religious Distribution in Kenya

Religion	Percentage of Population
Roman Catholics	29
Protestants and Anglicans	27.4
African independent churches	21
Orthodox	2.6
Christian Total	80
Traditional animists	12
Muslims	6
East Asian religions	2

Moral strictures within Kenyan societies tend to be based on shame rather than on guilt. Disapproved sexual behaviors cast shame upon one's age group, clan, or tribe, rather than produce feelings of personal unworthiness through guilt. There is a strong social element to all ethical norms, including sexual norms. Sexual behavior in Kenyan societies is significant only in terms of the social realities of childbearing and family alliances. Consequently, where ethnic influence breaks down, as when a Kenyan moves to an urban area outside the tribal milieu, the inhibition of shame may be removed, resulting in behavior that by Western standards seems promiscuous and irresponsible.

There are contrasts in sexual norms among different ethnic groups. In some groups, such as the Luo, women who give birth before marriage are disgraced, while in other groups this is seen as a valuable sign of fertility. Virginity in women is highly prized in some groups, such as the Somali, Maragoli, and Luo, and regarded as unimportant in others, among the Kisii, Kikuyu, and Nandi. Among the Kikuyu, an infertile or impotent husband may provide another sex partner for his wife. Among the Nandi, a married woman can continue to have sex with her former lover or other members of her husband's age set. In contrast, the Maragoli regard extramarital sex as adultery. Therefore, the sexual culture shock in urban areas comes not only from contact with Western ideas and media, but also from interaction with diverse traditional value systems.

3. Knowledge and Education about Sexuality

A. Government Policies and Programs for Sex Education

Sex education is treated with great ambivalence in Kenya. School curricula are nationalized, and there is no curriculum for sex education. Nevertheless, the idea is endorsed, and units of Family Life Education (FLE) are integrated into various curricula. These have been designed by nongovernmental organizations (NGOs), particularly the National Christian Council of Kenya, the Kenya Family Planning Association, the YMCA, the Kenya Catholic Secretariat, and the National Women's Federation (Maendaleo wa Wanawake). All of these organizations also provide various training programs for sex education teachers.

When tested in 1991 on six topics—menstruation, wet dreams, pregnancy, contraception, STDs, and AIDS—80% of the adolescents had received instruction on at least one topic between the ages of 12 and 15. Further testing on specific issues, however, showed that only 23 to 37% had practical knowledge on specific topics.

The government attempted to use television for sex education in the late 1980s, developing a popular soap opera series in Swahili. After several episodes, President Moi ordered the program stopped, endorsing instead traditional sex education by tribal elders. The fact that today, fewer youths live in rural areas or undergo traditional initiation, was never broached. Media such as television, comic books, and now radio and local comedian actors are used well in AIDS education, but this is the only topic systematically dealt with.

[*Update 1997*: The issue of sex education has become a major issue in Kenya. As mentioned, the government has made some efforts to introduce it in the schools, but this has met with considerable resistance from religious groups, particularly the Muslims and the Catholic Church. The Boy Scout movement, with the help of pathfinder funds, published a book on family life education for their members. This book discussed topical issues on sex education, human anatomy, and abortion. Subsequently, the government used

this book as the basis for a sex education syllabus to be taught in the schools. Following much resistance and criticism from the religious groups and parents, the President ordered the book's withdrawal from all bookshops and stores in 1985.

[The issue of AIDS, which is alarming, has complicated the issue of sex education for several reasons. For one thing, the people do not take the AIDS threat seriously. {*Comment 2003*: The Kenyan government did not consider HIV/AIDS a priority until 1999, when the former President Daniel arap Moi declared AIDS a natural disaster. Since then, HIV/AIDS has been put on the priority list, with organizations like the World Bank and UNAIDS funding several HIV/AIDS projects. (*End of comment by B. Opiyo-Omolo*)}. The problem is with the level of information given, coupled with and complicated by the prevention methods advocated. The people in the churches who could be most effective in communicating the needed information believe the information about condom use as a way to reduce the spread of AIDS is scientifically false and that the people are not being told the truth. They are also aware of the economic factors in the sale of condoms: The manufacturers are out to make money with ineffective condoms while the users continue to die as AIDS spreads. There is a widespread belief that the whole issue is linked with a eugenics movement whose aim is to produce a "thoroughbred" race through genetic engineering. Africans are aware that some have classified them as a lower race. This belief in a eugenics-oriented link is supported by the requirement of the World Bank and the International Monetary Fund that 20% of every loaned dollar go to the provision of contraceptives and abortifacients. Government hospitals and clinics like the Maria Stopes clinics are flooded with these drugs, while there are absolutely no other drugs available to treat other ailments. The government preaches ensuring good health for everyone as a national goal. But when the only drugs the people find available are for AIDS and pregnancy prevention, they question the credibility of the government and its policies, and lose faith in anything it tries to advance.

[As a result, the main religious groups organize protest marches through the major towns, where thousands of people, young and old, attend. These marches are climaxed with the burning of condoms and sex education books. These people call for telling the truth about the effectiveness of condoms. They advocate that sex education be left to parents, and that parents be involved in any decision that would affect their children. They also advocate AIDS prevention through abstinence and chastity. For married couples, they call for "zero grazing," strict marital faithfulness. (*End of update by P. M. Kariuki*)]

[*Comment 2003*: Sex education for teenagers in Kenya has been largely stymied by the protests of religious groups. Teenagers are not told that condoms can protect against HIV. Instead, they are taught that abstinence is the best method of safe sex, with nothing mentioned about condoms and other contraceptives. Students only learn about AIDS in career subjects like biology, where the basic facts about this killer disease are taught in a very clinical way. (*End of comment by B. Opiyo-Omolo*)]

B. Informal Sources of Sexual Knowledge

Traditionally, sex education was undertaken as part of the initiation process. It began, however, much earlier in the extended family and social structures of particular ethnic groups.

Sex instruction does not often come from parents. In the presence of their children, they are expected to avoid any words, acts, or gestures of a sexual nature. The rules of shame might allow openness about sexual matters with a grandparent, however, and among the Kisii a grandmother could be the confidante of her grandchildren on their sexual experiences.

A small child will remain with its mother until about age 7. At this point, in some tribes, boys move in with their father or older boys. In other groups (Maragoli and Luo), both boys and girls go into separate huts with older children or into the homes of an elderly couple. These village dormitories provide socialization, sex education, and opportunities for sexual experimentation. The last is conducted in secret, although girls often "fail to notice" a youth visiting in the girls' dormitory. Two lovers might also go into the bush. A father and older sons might build a private hut for a son who reached puberty, especially since initiation ceremonies might be held only every few years. Under these circumstances, young men have free rein to engage in sexual activities. In slang, these huts are sometimes referred to as "the office," and "going to the office" means having a girl over for sex.

These patterns of sex education have continued into present-day society, where studies show that parents are a negligible source of information, while 31% of girls and 38% of boys indicate teachers as the most important source. This does not reflect organized sex education in the schools, but the influence of proctors and teachers in boarding-school settings.

4. Autoerotic Behaviors and Patterns

In Kenyan tradition, self-pleasuring is unacceptable among girls, and was part of the motive for clitoridectomy. For uninitiated (uncircumcized) boys, however, self-pleasuring is considered a proper preparation for a mature sex life. Boys in the same age group may engage in self-pleasuring together without shame, but all such activities are to be given up with initiation.

Adult male self-pleasuring is regarded as immature and childish after initiation, even for the unmarried. It is therefore surrounded with taboos. A man who has been circumcized is regarded as unready to assume adult responsibilities if he engages in self-pleasuring.

5. Interpersonal Heterosexual Behaviors

A. Children

Living in the unmarried men's hut, a boy has ample opportunity to listen to sexual conversations and observe older boys with their sweethearts. The degree to which an older boy may "play sex," as youth slang puts it, depends upon social custom. An uncircumcized Nandi boy rarely has an opportunity for intercourse, because of the strict controls of the warrior age set. Maragoli girls often participate in sex play with boys, although intercourse does not take place until after puberty. The Kisii tolerate extensive sex play among smaller children, although shame taboos require that after about age 7, such activities are not to be seen by parents.

Western influences have rendered many of these customs invalid. Many children are sent to boarding schools, where socialization is controlled by older children with little supervision. Nocturnal visits that are manageable in a traditional setting often turn into rape under these circumstances. Older youths who are not part of a tribal social system often feel little responsibility for younger children, and certainly not for female students who include no sisters or members of tabooed clan groups.

The urban family must dispense with age-set socialization entirely and keep their children in the home. Grandpar-

ents are seldom available for counseling or instruction. Other children and youths come from differing cultures, so that peer influences rarely reinforce traditional values.

B. Adolescents

The sexual world of the Kenyan adolescent is extremely complex, combining traditional initiation rites, Western values and ideas, and a changing set of social expectations.

In traditional society, adolescents were initiated in a clearly defined period and by a series of events. In all cultures, these included instruction in male/female roles within the tribe, marriage customs, morality, and acceptable sexual behavior. Bantu cultures included circumcision for men, and usually for women. The Luo are the largest group not practicing circumcision. Among the Maasai and Samburu, after initiation, the new warrior could take a mistress from among the unmarried girls.

Initiation was done by age sets that were given distinctive names and provided a strong sense of bonding. While there were differences among ethnic groups, the pattern was essentially the same. Age sets went through various stages of adulthood together and shared a common responsibility for one another. In a few cases (Nandi and Maasai), it was not regarded as adultery if a women slept with an age mate of her husband. Elsewhere, the opposite is the case—adultery within the husband's age set would be incestuous, and there are taboos against the marriage of a son or daughter to one of another age-set member. However different cultures interpreted it, the age-set bond defines sexual and marital relations.

Male circumcision is an important sign of adulthood, responsibility, and bravery. When performed as a part of an initiation ritual, the boys are expected to receive the surgery without flinching, lest they disgrace their families. It is preceded by a cold dip in a river to deaden the senses. Circumcision is such a public symbol, it is not unusual to hear a man say "I have been to the river," to mean "I know what I am talking about." Because of the social significance, youths who do not undergo initiation, either because the family lives away from the tribal area or they are in school, will arrange for private circumcision from a doctor or clinician. After his teens, an uncircumcized male is the butt of ridicule and at considerable disadvantage in finding sex partners. A youth who cries out during the surgery is disgraced for life and will be able to find a wife only among the handicapped, elderly, or those with illegitimate children.

Female circumcision will be discussed under Section 8D, Unconventional Sexual Behaviors.

Although custom severely restricts adolescent intercourse, in reality a certain amount of sexual activity takes place. This is most marked in mixed situations (e.g., in cities and boarding schools), but it is also the case in traditional settings. In several cultures, elaborate sex play is institutionalized. Neither penetration nor touching of the genitals is allowed to either partner. Among the Kikuyu, the girl wears a leather apron during this activity, which is conducted in a special hut set aside to provide privacy to young people. Breast fondling is the main stimulant, as well as frottage. The Luo use a method of interfemoral intercourse. Where intercourse is tolerated, the main technique of avoiding pregnancy seems to have been withdrawal.

Detribalized youths experience considerable social pressure to become sexually active, without balancing social support that might make sexual abstinance a viable option.

Two 1987 studies reported age at first sexual intercourse to be 14 in the cities, and 13.7 for boys and 14.8 for girls in the rural areas. By age 20, 42% of rural females and 76% of rural males had had intercourse. Almost all of these involved multiple partners. Forty-one percent of rural girls have had intercourse with more than one partner (mostly for money from married men), 17% with three or more. The figures for boys are 72% and 51%, respectively. A 1991 cross-cultural study of in-school adolescents reported 48% of primary school males, 69% of secondary, and 77% of vocational to be sexually experienced. The comparable figures for young women are 17%, 27%, and 67%. No studies record preferred sex partners, but the widespread prevalence of prostitution is not to be discounted for the disparity between males and females in comparable settings.

Correlates of sexual activity among adolescents are peer influence (males with sexually active peers are seven times more likely to be active themselves); weak religious commitment; risk-taking behaviors (smoking, disco attendance, and alcohol use); dysfunctional family situations (for females); attending boarding school (for males); and attending a rural school.

Only 5% of the general adolescent population use any form of contraception. In striking contrast, the figure for students is slightly less than 15% who use contraception regularly, indicating that birth-control use is strongly influenced by educational status. It must be remembered that somewhere around 90% (statistics are imprecise) of youths terminate schooling after Standard Eight at about age 14 to 15. Correlates of contraceptive use among school girls are high academic achievement and upper socioeconomic status—each of these triples the likelihood of contraceptive use. There is only one correlate for boys, a sexual relationship with a girl supportive of contraception, which doubles the likelihood of contraception.

C. Adults

Premarital Courtship, Dating, and Relationships

Traditionally, premarital sex activity was circumscribed and controlled. A youth who impregnated a girl was liable for brideprice to her father, and might be punished in addition. While a few nomadic peoples like the Maasai institutionalized mistress relationships for unmarried warriors, this was the exception. Those practicing female circumcision usually demanded proof of virginity at marriage.

Courtship is dominated by brideprice. All marriages involve brideprice or bride wealth, regardless of whether they are traditional or among the educated elites. The origins of this payment to the father's family is recompense for the lost economic services of the daughter. Brideprice was paid originally in cattle and goats, but today usually involves money. Negotiations are often protracted, and various members of the extended family receive gifts over a period of time which corresponds to the Western engagement period. One Kenyan manufacturer uses a television ad showing the suitability of its blankets for brideprice gifts. A woman with education or skills is highly prized, while someone of low status—a housemaid, single mother, or orphan—might bring only a small bride wealth, and be viewed as appropriate only as a second or third wife.

[*Update 1997*: The payment of the brideprice has several functions beyond compensating the family of the bride for their investment and loss of the daughter's economic services. Part of the ceremony is to announce to all the intention of the couple to marry. After the traditional goats and bananas are offered, the clan members of the man and woman meet to negotiate issues like who the daughter is, what her skills are, her level of education, and the general duties she will undertake in her new home. The purpose here is to give the visitors, the man's relatives, a general overview of the woman's family, their status, and prosperous attitude as reflected in the daughter. This gives them a

better reason to offer something substantial to compensate for the work done by the family on their daughter.

[The brideprice agreed to is always on the high side. This insures that the ties between the two families will never end. A Kikuyu aphorism states that the brideprice never ends. This underlines the purpose of the brideprice in maintaining the clan/family bond. Other ceremonies, involving a goat slaughter, sharing of the meat, and a traditional liquor between the clans, reinforce this bonding. While the brideprice ceremonies differ from one tribe to another, the principle and purpose remain the same. Among the social elite, the primary function may be the economic benefit, but for most Kenyans this is secondary. (*End of update by P. M. Kariuki*)]

If a marriage is not successful, the bride wealth is to be returned. Kenyan men marry at a later age than women, in part because of the burden of bride wealth. In Kenya, however, difficulties in acquiring bride wealth do not prevent marriage as it has in neighboring Uganda, and the Kenyan government continues to support the practice. Brideprice is a further indication that marriage is primarily seen as the alliance of families rather than an interpersonal commitment based on love. Marriage is cemented by the bride wealth, giving a large number of the bride's family a material stake in the perseverance of the marriage, a form of marital insurance.

Sexual Behavior and Relationships of Single Adults

This area of life has undergone great change. In traditional society, male youths became warriors after initiation, protecting the tribe and its herds. With this function lost, unmarried youths have no clear position in the kinship system. Those fortunate enough to pass rigorous examinations usually attend boarding schools, separated from the influence of their extended families. This has had disastrous results for identity, producing alarming rates of promiscuity, premarital pregnancy, and AIDS. Substantial numbers of women in the university and professional schools drop out because of pregnancy, a tremendous economic loss for the country and a major force holding back the advancement of women. A 1988 government study estimated that 400 to 500 women drop out of normal schools each year because of pregnancy. Pregnancy screening is now a condition for admission to teachers' colleges, and random screening is conducted among students after admission.

Working-class youths suffer similar dislocation. About 90% of young people terminate schooling by the end of Standard Eight, around age 14. [*Update 1997*: While the 90% figure just cited seems high to me, it is clear that the average age of terminating education varies from region to region. Today, the higher percentage of young people end their education by the end of form four (high school) and fewer by the end of Standard Eight (grade or elementary school). In the central region where I worked as education secretary for seven years, the majority ended their education with the completion of high school. (*End of update by P. M. Kariuki*)]

Where traditional initiation has lapsed, circumcision of boys takes place in a clinic or by bribing a clinic worker to perform the surgery at home. Girls' circumcision is now illegal in Kenya. The sexual information imparted at initiation is not given, and sex education is dominated by peers. Youths have evolved an argot of Kiswahili known as "Sheng," a street language seldom understood by adults. Kiswahili has a very restricted, even prudish, sexual vocabulary, but Sheng is rich in sexual slang.

Huge populations live in massive slum areas surrounding Nairobi and a few other major towns, and these have become breeding grounds for prostitution, venereal disease, and sexual abuse. Radically altered social conditions have shattered traditional mores in the cities, while providing no alternative social controls.

Marriage and Family

Most Kenyan societies are patrilinear, meaning that descent is reckoned in the father's line and authority over children rests with the father. In matrilinear societies, children are in the descent group of their mothers, but under the headship of the males in that line. The only significant implication of this presently is in marriage. In matrilinear societies, males are limited in their search for a wife, since they will bear responsibility for children in their sisters' families.

Matrilinear groups usually also practice levirate marriage, in which a man must take his brother's widow and children as his own. If the dead man has left no children, the brother may father children in the dead man's name. This aspect of African traditional law has been accepted into Kenyan jurisprudence in a contentious case involving a deceased Luo lawyer whose widow, from a prominent Kikuyu family, refused to accept Luo traditional law. When she lost the case, the brother's family seized the body to bury it in traditional fashion. By refusing to attend this ceremony, or to accept her brother-in-law as her new husband, she was regarded as divorced, and the deceased was buried as an unmarried man.

Of the five recognized forms of marriage in Kenyan law, three are monogamous—Christian, civil, and Hindu marriages. Islamic marriages are potentially polygynous, and African customary marriages are polygynous. Although the precise word for marriages of single husband/multiple wives is "polygyny," Africans use the broader term "polygamy," and it will be so used here.

Polygamy

A man may take junior wives only if he is able to support them, which limits polygamy. Bride wealth alone inhibits polygamy, but the increasing cost of educating children is equally daunting. A man may take a second wife as a display of wealth or prominence, to provide an assistant in farm work for the first wife, or to begin another family. Each wife has to have living quarters for herself and her children. In practice, men arrange a small plot of land that the wife works to support the children.

A polygynous husband is expected to be sexually active with all his wives. In some groups, she is entitled to a visit between each menstrual period. More commonly in the rural areas, a man will sleep with his wives in rotation, several weeks at a time.

In contemporary society, the husband may take a job in the city, and visit his wife or wives from time to time. It is not uncommon today for a man to live apart from his legal wives for many years in this way.

In some cases, one or more wives may live on the *shamba*, or garden plot, while another stays in the city, caring for her husband. In addition, many men will take a "city wife," a form of concubinage in which the man supports the woman in the city while not having a legal relationship with her. Many wives living on the *shamba* prefer this to another legal wife or the probability of her husband's resorting to prostitutes. Children born to a "city wife" are the father's, and are raised by his wife.

Polygamous marriages were never in the majority, and today are declining under economic pressures. At the same time, other less-formal arrangements have become common. These include the phenomenon of the "city wife" and polyandrous mistresses. This latter arrangement involves

several urban men who jointly support a woman. None of them live with her, but she shares a sexual relationship with each. In one case known to the author, one man paid the woman's rent, another her food bills, and a third paid for her clothing. Her arrangement was known to her peers since she held a professional position, and she was not regarded as a prostitute. Any children born of such arrangements are regarded as fatherless. [*Update 1997*: I am not aware of this polyandrous relationship involving a wife openly maintaining a sexual relationship with two or more men. However, a wife or mistress may have sexual relationships with more than one man for the purpose of obtaining money from each. When the men eventually learn about the multiple relationships, the result is a breakup that may escalate with a thorough beating of the woman or fighting between the men involved. (*End of update by P. M. Kariuki*)]

In the tradition, a marriage must be fruitful. The advanced stages of elderhood are marked by fathering children, having them come to the age of initiation, and having grandchildren. Among the Kisii, an impotent husband could recruit an *omosoi nyomba*, literally "warmer of the house," to impregnate his wife. He was preferably chosen from descendents of the same grandfather, and any children are the husband's heirs, not the biological father's. A childless widow could also make the same arrangement.

Since childbearing is such a central condition of sexuality, female orgasm is not sought in itself. Nevertheless, it is approved and acceptable. Male orgasm, however, is a sign of potency, and men will seek sexual relief even when abstaining from intercourse. Abstinence is observed from the time pregnancy is obvious until some time after birth, and during menstruation. During this period, if a man has only one wife, he may engage in other forms of sex, including fellatio. Kikuyu men, conditioned to breast stimulation, often center on this activity.

An interesting birth practice is found among the Luo, who are Nilotic and not Bantu. Several days after parturition, when a woman is to leave the birth hut with the newborn, her husband must have intercourse with her. Before this act, she may have no contact with anyone who has had intercourse, including midwives or relatives. To do otherwise would afflict the child with *chira*, a spiritual curse resulting in the child's death or the parents' sterility.

[*Wife Inheritance*

[*Update 2003*: In August 2000, an Anglican bishop in west Kenya called on the women belonging to his church to reject *joter*, a widespread African tradition with some similarities to the Levirate Law, which in biblical times required the brother of a married man who died without a male heir to have sexual intercourse with the widow to provide the dead brother with an heir. In the African tradition, the widow becomes the wife of another member of her deceased husband's family. The term *joter* may be used to mean "wife inheritance," or it may refer to the male relative who inherits a widow. *Joter* is traditional among the Luo people of Nyanza Province of western Kenya. The Luo people are often polygamous, so several widows may be inherited by a single male family member. Another element of this tradition is the practice of holding a "cleansing" ritual, in which the widow has sex with an outsider before being given to her brother-in-law or other family member. The bishop called for creation of a new ritual of "symbolic inheritance," which would transfer responsibility for the support of the widow to a male relative without giving him sexual access to the widowed wife. *Joter* and other patterns of multiple sexual partners are, along with female circumcision and "salt cuts," a factor in the heterosexual spread of HIV/AIDS.

[Some males, seeking to profit from taking on an extra wife or two, are now becoming professional *Joters*, with offices where they advertise themselves for prospective clients (widows) in return for a small fee. Most of these men now demand payment to *inherit.* Because of this, some widows now demand that these *Joters* undergo a blood test for HIV first before they pay them.

[An early 2003 Human Rights Watch report condemned the traditional African practice of wife inheritance, which is common throughout Kenya, and extends far and wide in sub-Saharan Africa, in which a widow is transferred to a male relative of her deceased husband. Typically, the new husband takes control of the property with or without the consent of the widow.

[Traditionally, according to the report, wife inheritance ensured that the extended family would take care of widows. But critics maintain that it strips women of their property rights and exposes them to sexually transmitted diseases like AIDS. "Wife inheritance is often portrayed as an act of generosity, in that the widow will have a man to 'look after' her and confer the legitimacy of being in a male-headed household. But men clearly benefit, not just from their inherited wife's labor and childbearing potential, but also from the property the deceased husband leaves behind."

[The report found that widows have little recourse to retain family property after the death of their spouses or as a result of separation or divorce. Taking their claims to the judicial system is costly, and judges, relying more on tradition than law, do not necessarily side with the women. "It should be remembered that a wife is married into the husband's clan," a Kenyan judge ruled in a 1997 separation case. "The matrimonial home, in most cases, lies within the clan land. It would, therefore, not be in keeping with our culture for the husband to be made to vacate the clan land for the wife." Husbands may orally will their property to their widows, but they are often reluctant to put this in a written legal form, because they might hasten their death. Researchers for the Human Rights Watch report described many women who found relatives descending on their homes immediately after the burial of their husbands to take everything the widow owned.

[The report called on the government of President Mwai Kibaki, which has pledged better treatment of women, to overhaul the legal system so that women have the same rights to property as men. The report recommends that judges and police officers undergo training on the issue and that a legal aid system be set up to assist destitute victims (Lacey 2003). (*End of update by B. Opiyo-Omolo*)]

Sexuality and the Disabled and Aged

The Kenyan government estimates that 5% of the population is physically disabled, mostly with deformed limbs and eye afflictions resulting from poor birth-delivery conditions. No studies of the sexual adaptations of this group have been reported, but the disabled can be observed in all types of relationships, married and otherwise.

Since childbearing so defines a married woman's importance, later sex is not spoken of. In at least one tribe, parental sex was supposed to stop when the first child was married. A wealthy man might take a young junior wife when his first wife reaches menopause, causing him to cease having sex with her.

Incidence of Oral and Anal Sex

Vaginal intercourse is the norm for marital sexual activity, with little foreplay. Anal sex is associated with homosexual rape, not unknown during civil strife, and both anal

and oral sex are culturally abhorrent, though fellatio is acceptable in a few cultures during periods of abstinence, such as the lactation period.

6. Homoerotic, Homosexual, and Bisexual Behaviors

A. Children and Adolescents

Certain types of same-sex activity were tolerated in tribal tradition, but only as childish behaviors unworthy of an initiate. In tribes where initiation involves long periods of separation from female contact along with powerful emphasis on male group bonding (Maasai), situational homosexuality is not uncommon. When limited to mutual self-pleasuring, it is regarded as merely unmanly. Oral or anal intercourse can, however, result in expulsion from the age set, severe beatings, and disgrace. One finds some nonpenetrative homosexual behavior among Maasai *askaris* (guards) who have migrated to Nairobi or the coast.

Urban poverty has created an underclass of abandoned street youth, almost all male, ranging in age from 7 to the late teens. These "parking boys" survive by protecting parking spots, begging, petty crime, and scrounging for garbage. Though the older protect the younger, situational homosexuality is normative.

B. Adults

Self-identified gay Africans hardly exist in Kenya, although homosexual activity is not unknown. There are no homosexual gender roles, such as the *berdache* in Native American societies, or the effeminate *gà'tuhy* of Thailand. Because homosexuality profoundly violates the traditional social pattern, it has been tabooed to the point that subcultural social norms have never developed.

Kenya has retained many aspects of the colonial British penal code, and homosexuality continues to be illegal as a "crime against nature." It is regarded with disdain and disgust by the majority of the population, and persons arrested for homosexual activity are treated harshly by the police. In some traditions (e.g., Kikuyu), homosexuality could be punished by death.

Kenyans discriminate against same-sex behaviors. Self-pleasuring with a partner or spouse present is regarded as childish, but relatively harmless, particularly between friends. While socially and legally tabooed, playing the inserter role in same-sex acts does not define a man as homosexual. Accepting insertion, especially in anal intercourse, is regarded with extreme disgust.

There are no gay venues nor any overt gay presence in Kenya. A small white, predominantly British, homosexual society exists in Nairobi. Most expatriate white homosexuals avoid African partners because of the drastic consequences, and confine themselves to sexual activity on trips to Europe.

Male prostitutes are readily available on the streets of Nairobi and Mombasa, usually catering to tourists. They are well dressed in order to be able to enter international hotels. Male prostitution serving an African clientele does not seem to exist. The prostitutes themselves are probably bisexual, many having girlfriends or wives, and consider themselves heterosexual. All religious groups abhor homosexuality and condone its complete suppression. There are no gay activist or support groups in Kenya, nor any gay publications. Foreign gay publications are proscribed.

Lesbian and bisexual relationships are either so rare or so hidden as to be unnoticeable. The "woman-to-woman" marriage discussed in Section 8 should not be confused with lesbianism, even if an occasional sexual exchange may occur.

Homosexuality is often ascribed to the coastal Swahili, Arabs, and Muslims generally as a racist slur, and the few Africans involved are said to be exploited by these groups. The sexual act in these accounts is always sodomy, which, as an image of rape and political dominance, effectively excludes mutuality in same-sex relationships. Male homosexuality is politically interpreted in terms of racist, anti-black exploitation by whites (former colonial masters) and Arabs (former slavers).

This pattern, both expatriate and African, is typical of sub-Saharan Africa except for the Republic of South Africa. Although the dramatic AIDS pandemic has generated interest in research on same-sex behavior, almost no such research has been done in Africa. A 1995 study indicated that such research is almost unknown in sub-Saharan Africa. In Kenya, all survey research designs must be approved by the Office of the President, a sufficient damper on any same-sex studies. The National AIDS Programme has no literature or outreach to homosexuals in Kenya.

The imposition of Western social notions of homosexual/gay patterns tends to obscure any true picture of same-sex activities in Africa. To say that there is no organized gay community in Kenya does not mean that there is no homosexual activity. There are cliques of men who are predominantly or exclusively homosexual, but who limit their sexual activities to their acquaintaince group. In this sense, in urban concentrations such as Nairobi and Mombasa, these serve as homosexual analogs to age-set groups. Occasionally, one finds a group organized as a brotherhood or fraternity, a form of homosexual support group providing casual, although not promiscuous, pairings. A 1995 survey indicated that violent assault was either likely or possible for homosexuals in Africa—at 69%, the highest in the Third World. This helps to explain the closed nature of homosexual society in Kenya and other African countries.

7. Gender Diversity and Transgender Issues

Gender-conflicted persons are regarded as homosexuals and treated as criminals. Suppression is so complete as to make such persons, to the extent that they exist, invisible.

Kenyan traditional societies did not provide for special gender roles. During the independence movement, sodomy was practiced by some in the Mau Mau society, with the sole intent of making the participants ritually unclean and thus unable to participate in normal society. This is the only ritual use of homosexual behavior known.

8. Significant Unconventional Sexual Behaviors

A. Coercive Sex

Sexual Abuse

Child sexual abuse seems to be increasing, and is part of a generalized child abuse resulting from pressures of social change and loss of the holding power of traditional taboos. An alarming new development, however, has appeared with the rise of AIDS. This is the exploitation of pubescent girls by older men, hoping to find inexperienced partners who are unlikely to be infected. The image of the prosperous "sugar daddy" is a stock figure in Kenyan humor, accompanied by his *ndogo-ndogo* (literally, "little-little").

Incest

Incest is as socially condemned in Kenya as in the West, and seems to be rare. The Kisii sometimes excuse it because of drunkenness, but in other societies, it would be severely punished by mob justice. In some cases, children conceived incestuously would be killed.

Pedophilia

True pedophilia, involving sexual contact between adults and prepubescent children, is rare in Kenya, scorned, and severely punished. Girls between 12 and 14 are often objects of older men's attentions, however, even though this is socially disapproved. Peasant fathers may accept bride wealth from men seeking a young wife, and this is not regarded as selling one's daughter. The government has campaigned against the practice, but has not been able to eradicate it in rural areas. In one district in 1988, only one girl completed Standard Eight, all the rest of her class having been married before completing elementary school.

Sexual Harassment

The forms of sexual harassment found in Western society are probably as common among the professional class of Kenyans as elsewhere. There is also a serious problem of sexual exploitation of schoolgirls by male teachers.

Poverty forces many rural girls as young as 10, to be employed as housemaids and child minders in middle-class homes. Besides the economic exploitation they endure, sexual harassment by males in the household is common. Being from rural areas, often speaking only a tribal language, these girls have no power to resist sexual advances. If they become pregnant, they are cast out and often forced into prostitution.

Rape

Reports of rape have been increasing in Kenya, although exact statistics do not exist. Practically speaking, only violent stranger rape is acknowledged as criminal. Neither Kenyan law nor general attitudes accept the concept of marital rape. Rape of such subordinate women as prostitutes or housemaids is regarded very lightly.

Sexual exploitation of girls in boarding schools and universities is common. A young woman who enters into a social relationship with a male student is expected to be available sexually. Because women have been conditioned to serve men and accept their orders from childhood, refusal of sexual overtures is difficult. In 1991, incidents involving mass rapes in secondary schools, in one case leading to several deaths, brought international publicity leading to government attempts at reform.

[*Update 2003*: The concept of sexual harassment is not Kenyan, and there is no vocabulary for sexual harassment in the local languages. So many times, this will be swept under the rug as the issue arises. Yet, there are so many unwelcome sexual behaviors, insults, remarks and jokes, unwanted physical contacts, requests, and even threats that create daily discrimination against so many women, particularly in Kenyan universities. In these universities, harassment occurs all the time. For example, women students are being groped and fondled as they queue for meals at the cafeteria. The result is that women students virtually end up retreating into their residence halls, and hence, their social life on campus is curtailed. They then cook and eat from their rooms, use the library sparingly, attend classes when it is an absolutely necessary, and avoid social functions on campus. Sexual guidelines do not exist on these campuses. (*End of update by B. Opiyo-Omolo*)]

B. Prostitution

Female prostitution is widespread and patronized by both tourists and Kenyans. Technically illegal, it is tolerated by the authorities. Prostitutes tend to come from the less-educated class of women, including single mothers, junior wives driven out of their homes by first wives, abandoned girls, and economically distressed women. A working-class prostitute earns the equivalent of one U.S. dollar per encounter, less in the poorer slums. Under these conditions, by 1990, almost 85% of Nairobi prostitutes tested positive for HIV. With weak economic inducement for remaining in prostitution, however, church programs such as Maria House in Nairobi teach cottage-industry and market skills that make it possible for women to earn a comparable living outside the sex trade.

Despite Kenyan government disapproval, sex tourism is promoted by German operators, including a "Sun and Sex Safari" that includes an antibiotic injection on return! Sex tourism in Kenya has never approached the exploitive level found in Thailand and the Philippines, but it is an ever-present element.

Male prostitution is a phenomenon of sex tourism, and is found mostly in coastal resort areas, such as Mombasa and Malindi.

C. Pornography

All forms of erotica and sexually oriented publications are illegal in Kenya and not available for sale. This includes publications featuring nudity, which is culturally offensive.

D. Female Circumcision

Female circumcision is practiced by Nilotic and some Bantu peoples. [*Update 2003*: Among the groups that practice female circumcision, it is thought that the procedure benefits girls. There is a widespread belief among those who practice it that ancestors will curse girls who have not undergone the procedures. Many believe that the cut reduces female promiscuity, ensuring virginity at marriage and marital fidelity. (*End of update by B. Opiyo-Omolo*)] It still continues widely among the Somali and Turkhana, and surreptitiously among others. Its purpose is to reduce female sexual pleasure, and make women docile to their husbands and less likely to engage in adultery. Women not circumcised are referred to by traditionalists as "unclean" or as "prostitutes." As a Kikuyu girls' circumcision song concludes, "Now we can make love, for our sex is clean."

The Kikuyu, Maasai, and Meru only removed the clitoris (clitoridectomy) during initiation at puberty. The Turkhana and Somali practice pharaonic circumcision, removing the clitoris and the labia minora. The wound is then sutured (infibulation), leaving a tiny hole for menstrual flow. This is often inspected at betrothal as a sign of virginity. Pharaonic circumcision is performed on girls between the ages of 3 and 7.

The Anglican Church strongly opposed female circumcision, and it has been illegal since the colonial period. The campaign reached a crisis in 1929, when the Church of Scotland Mission made opposition a condition of employment and school entry. This politicized the question and gave rise to the Kikuyu resistance, and the independent church and school movements. In 1930, an elderly female missionary died after rape, forced circumcision, and mutilation. Jomo Kenyatta, the Father of Kenya, made resistance a cornerstone of liberation, declaring that female circumcision "symbolizes the unification of the whole tribal organization."

After independence, Kenyatta permitted female circumcision, but President Moi again outlawed it in 1982 after the deaths of 14 girls. He reaffirmed this in 1990 after a widely publicized tribal ceremony. There are indications that the practice is waning.

[*Update 2003*: The practice is now illegal in Kenya, even though there are people who still practice it secretly in some communities. The government is now cooperating with a dynamic and broad-gauged campaign against the practice across Kenya being waged by NGOs and donor or-

ganizations in those areas where this is still being practiced illegally. There are now organizations that specifically provide protection to women or girls who wish to avoid this practice, for example, the Kenya Maendeleo Ya Wanawake, Federation of Kenyan Women Lawyers (FIDA), and Coalition on Violence Against Women in Kenya (COVAW), among others. Some churches and schools do offer occasional refuge to victims and potential victims of this practice. (*End of update by B. Opiyo-Omolo*)]

[E. "Dry Sex" and "Wet Sex"

[*Comment 2003*: In Africa, as in cultures elsewhere, there are certain sexual practices and topics that Africans simply do not discuss or acknowledge with non-Africans, because they are very sensitive, sometimes taboo, and many times very racially charged. Even within an individual tribal culture, some sexual topics and behaviors are not open for discussion between men and women, or between children and their parents. Unless one lives within a native community and becomes very, very close to the people, Africans balk at discussing these issues, and "dry sex" is one such practice.

["Dry sex" is not something new. It is a well-established and more or less widespread practice in various subequatorial African cultures. It is very common in Southern Africa, particularly in Zimbabwe, Zambia, Malawi, some parts of Nigeria, some parts of Uganda, in Southern Sudan, and even in Kenya and Botswana. The only difference is in what these women use for drying up their vaginas. However, you will never hear about these practices, unless you are a woman who lives within the community for some extended time and the women learn to trust you.

[In the northwest part of Tanzania and neighboring regions, "wet sex" is widely known and practiced. "Wet sex" consists of foreplay, where there is intense stimulation by the male partner on the woman's labia and clitoral regions. This stimulation results in copious production of secretions (thought to come from Bartholin's glands). People talk about it openly, sometimes mixed with a sense of humor and intertribe jokes. Some researchers have blamed this practice for the high incidence and prevalence of HIV and STDs. The implications of this kind of information for action plans (resource inputs and sociocultural issues) are enormous. Now that these behaviors have been brought into public attention, a well-thought-out survey that is representative of different segments of the populations becomes essential for an effective public health policy (Tanzania Personal communication 2003).

[In March 2003, when Dr. Francoeur, editor of this *Encyclopedia*, inquired whether "dry sex" was observed in Botswana, Dr. Ian Taylor replied; "'Dry sex' is common in Botswana as well and leads to vaginal tears and lesions which help spread HIV/AIDS, it is true."

[Personally, as I was growing up in the rural town of Kisumu, Kenya, there were many practices and myths that we were taught by some of our peers and even older women that we were to do to attract men. Some of them were good, but some of those things I do not feel comfortable talking about to this day. We were told that if you want your breasts to grow fast, you had to rub a certain poisonous leaf on your breast or let boys touch them, so that you could have them grow faster and more round. Many African men like women with large buttocks as well. As a result of this, many girls tried to do whatever they could to have big buttocks. One technique to accent the buttocks was to tie their belt so tight that the lower parts of their body stood out.

[Even today, many African men have three to five wives. These women compete among themselves to be the best cook for the man of the house, or the best in bed. This is obvious and was determined by where the man slept most of the time. Some women consult traditional healers and witch-doctors, who sell them love potions so they can out-do their co-wives. Some of these love potions come in the form of soil mixed with baboon urine, or even salt, that women use before they have sexual intercourse with their husband. It is the traditional healers who teach these women about the importance of drying their vaginas as a way to please their husbands. These concoctions also make their vaginas swell and become very hot, making it tighter so that when a man inserts his penis, he feels "big" and therefore, a "real man."

[Until recently, very few people knew about these practices. Unless one grew up in the village or became very, very close to the people, you can never know what goes on. As the HIV/AIDS epidemic devastates subequatorial Africa, and non-Africans have become aware of female genital mutilation, taboos about other sensitive sexual practices have weakened. In 2000, Mark Schoofs discussed the implications of dry sex in the spread of AIDS in his eight-part Pulitzer Prize-winning report on "AIDS: The Agony of Africa. Death and the Second Sex." In the chapter on Nigeria, Uwem Edimo Esiet, a public health physician, and his wife Nike Esiet, M.P.H, (Harvard), a former public relations officer for the Society for Women and AIDS, have raised the issue of "salt cuts." But these new insights into the complexity of the HIV/AIDS epidemic only came after considerable trust was achieved. (*End of comment by B. Opiyo-Omolo*)]

F. Woman-to-Woman Marriage

Some 30 Bantu societies provide for marriage between two women, including a dozen Kenyan ethnic groups. Among these are several large tribes—the Kisii, Nandi, Wakamba, and Kikuyu. In other parts of Africa, this was characteristic of status women, such as royals or political leaders, but in East Africa, it ordinarily represents a surrogate female husband who replaces a male kinsman as jural "father." The wife may bear children for her husband, in whose clan line they then belong. In other cases, women marry women to achieve economic independence, and brideprice is paid. These autonomous female husbands are accepted as men in male economic roles. This dual-female marriage is economic, and illustrates the separation of sex and gender in African societies (Amadiume 1987).

There is no evidence of lesbianism in any of these marriages, and the wife is often provided with a male sexual partner to raise the children. She is not permitted to refuse him when he visits the household for this purpose. The husband figure is henceforth forbidden to have sex with a man, because this would constitute homosexuality because of her legally male status. She may become an elder, and among the Nandi, may attend circumcisions, forbidden for females.

Although Westernization has made female marriages embarrassing, they were confirmed in customary law by the Kenyan courts in 1986, and are subject to divorce legislation. [*Update 2003*: In January 2000, a Kenyan court granted an 80-year-old tribal woman a divorce from her wife on the grounds of cruelty and molesting her daughter. In 2002, a Kenyan woman went to court, demanding the right to inherit a piece of land belonging to her deceased "husband"—another woman. Grace Wanjiru Ndungu, 70, was told by her "husband's" relatives to leave the farm, on which she had been living with her children for more than 40 years. Ms. Ndungu claimed she was a widow, and the only difference is that her husband happened to be a woman. Traditional inheritance law, her attorney argued, holds that in the event of death, the woman like Ms. Ndungu and her children are entitled to inherit the property of the dead woman "husband." The lawyer admitted that his client faced a tough legal battle,

because this would be the first time such an argument had been heard in a Western-style court. (*End of update by R. T. Francoeur*)]

G. Bestiality

Among pastoral groups and nomads, occasional instances of bestiality take place. When they involve uncircumcised youth, they are punished with a beating. Initiated males are treated more harshly. They are so disgraced after the public judgment of the elders that they would most likely go to a city. For a married man, bestiality is sometimes punished by death by mob justice.

9. Contraception, Abortion, and Population Planning

A. Contraception

[*Comment 2003*: Only about one in every five women in Kenya uses at least one method of contraception. This means that a large number of women are open to the risk of unsafe pregnancy. (*End of comment by B. Opiyo-Omolo*)]

Foreign birth-control agencies cooperate with the government population-control program. Condoms are distributed at hospitals and clinics, supplied in large numbers by the U.S. Agency for International Development (USAID) and by such nongovernmental organizations (NGOs) as the United Kingdom's Marie Stopes Institute. The government has forbidden their distribution in schools, and school contraceptive education is severely limited. Condom use runs counter to the common taboo forbidding a wife to touch her husband's penis with her hand.

[*Comment 2003*: There is a strong belief in Kenya that condoms should be used only in sexual contacts outside marriage. The idea of using condoms with a marriage partner is rejected by most men since "Condom use in marriage suggests unfaithfulness, which leads to mistrust." (*End of comment by B. Opiyo-Omolo*)] Because of cultural resistance to condom use, Natural Family Planning (NFP), using the Billings Method, has had some modest acceptance by combining NFP with traditional periods of abstinence, such as during lactation. Operating throughout the country in both mother tongues and Kiswahili, NFP has promotion and training teams made up of unmarried youth and married couples practicing NFP.

Contraceptive methods requiring medical intervention, IUDs and the pill, are beyond the means of most Kenyans, and limited to the elite and expatriates.

B. Teenage Unmarried Pregnancies

Having a baby outside marriage is unacceptable in much of Kenyan society where tribal customs are very strong. Teenage pregancies reported among schoolgirls between 1985 and 1990 ranged from 6,633 to over 11,000. These rough figures of only a small segment of the adolescent population indicate a serious problem.

C. Abortion

Abortion is illegal unless the mother's life is at risk or unless two doctors certify that the pregnant woman is mentally unstable and incapable of caring for a child. It is likely to remain so in the foreseeable future. Former president Moi strongly disapproves of abortion, and no religious tradition accepts it. Under the law, anyone convicted of assisting in an abortion or killing of an unborn child can face 14 years in prison.

With abortion illegal and the widespread practical ignorance about contraception—and cultural proscriptions that prohibit its use—thousands of Kenyan young women and teenagers are forced every year to turn to illegal and unsafe abortions, which are a lucrative underground business, especially in the sprawling squatter slums of Nairobi.

Statistics are unavailable, but Nairobi's Kenyatta National Hospital with 2,000 beds treats 40 cases of incomplete abortion daily. About 50% of its gynecological admissions are because of complications from induced and incomplete abortions. Dr. Khama Rogo, a gynecologist at the private Agha Khan Hospital, has estimated that at least 187,500 illegal abortions were performed in Kenya in 1993. One third of Kenya's maternal deaths are because of unsafe abortions. With an extensive hospital and clinic system throughout Kenya, this represents only a tiny fraction of botched abortions. [*Update 1997*: Kenya has both government-run and church-managed nursing schools. While the church-run schools do not permit abortion, the state schools require that nurses record and document how many abortifacients they have inserted in patients to pass their licensing examination. In one state school I visited, the principal informed me that if the student nurses do not do this, irrespective of what they believe, they fail the examination. In the same school, a number of back-door abortions were carried out by the students for money. (*End of update by P. M. Kariuki*)]

The Marie Stopes Center, a grassroots organization with 10 clinics, is one of the few to provide counseling and abortion under the mental health provisions. These clinics also provide family planning and medical care (Lorch 1995).

D. Population Control Efforts

Kenya's population growth rate is among the highest in the world, currently between 3.8 and 4% annually, at the current rate doubling every 17 years. With only 13% of its land arable, there is considerable population pressure. The government endorses population control as a national goal, and foreign-aid donors commonly demand active population-control programs as a condition for full assistance.

Kenya has succeeded in increasing contraceptive use to 27% of married couples, as compared with 10% throughout sub-Saharan Africa. Lifetime number of births per woman went from 7.7 in 1984 to 6.7 in 1989, but this still remains higher than the 6.4 figure for sub-Saharan Africa generally.

[*Update 1997*: The idea of population control has been unpopular among Kenyans for several reasons. Traditionally, children are embraced as a great blessing: They continue the family and clan lineage and also take care of the aged. The majority of Kenyans are firm in their Muslim or Christian faith, and all the religious sects have worked very hard to decry the Western methods of population control, which are viewed with great suspicion. Most Kenyans view the arguments for population control as overstretched and many times exaggerated. Most of the land is underutilized, and the real solution to the country's economic ills is not to reduce the population growth, but to provide good political governance and a sound economic system. With proper government and economy, Kenya can support its current growth rate. (*End of update by P. M. Kariuki*)]

10. Sexually Transmitted Diseases and HIV/AIDS

A. Sexually Transmitted Diseases

Syphilis and gonorrhea are widespread among certain ethnic groups (e.g., the Maasai). Nomadic tribes are heavily infected, as are urban prostitutes, street youth living rough, and the residents of the most degraded squatter slums in Nairobi. Antibiotic treatment is available at all hospitals and clinics, and mobile clinics treat nomadic peoples, who are especially at risk. [*Comment 2003*: However, most people do not seek treatment because of the stigma attached to the STDs. (*End of comment by B. Opiyo-Omolo*)]

B. HIV/AIDS

Because it borders Uganda and Tanzania, two countries with an extremely high incidence of AIDS, Kenya is vulnerable to AIDS. Since tourism is the greatest hard-currency earner, however, the government downplays the incidence of the disease. The first AIDS case was diagnosed in 1984, but the first death ascribed to AIDS was listed in 1984. In 1992, a powerful party leader argued in Parliament that "it is not in the national interest to release alarming AIDS figures." The Director of Medical Services in the Ministry of Health was dismissed for revealing that 700,000 Kenyans were diagnosed HIV-positive, with 40,000 confirmed AIDS cases, in an estimated population of 28 million. Current (1994) estimates are 800,000 HIV-positive Kenyans, including 30,000 children; an estimated 100,000 have AIDS. Dr. Frank Plummer of the University of Manitoba, who has done fieldwork in Nairobi for several years, calculates the infection rate among urban youth at 12% (see also Section 3, Knowledge and Education about Sexuality). The numbers are about equally divided between males and females, and heterosexual contact is the primary source of infection.

In Kenya, AIDS programs are based on a threefold attitude toward the significance of the disease. It is seen simultaneously as a health problem, a threat to the tourist industry, and as a insult to national pride.

Traditional initiation customs encouraged safe-sex practices among youths and limited intercourse outside marriage. With Westernization and urbanization, these controls have lapsed, however, and promiscuity is widespread. Condoms are readily available in the urban areas, but most traditions do not accept them. Christian and Islamic groups both disapprove, and in 1991, a prominent Muslim leader was disgraced when a condom was found in his luggage during a search by militant Islamic youth. The influence of religious groups is high, especially as Former president Moi was an evangelical Christian. When attempts were made to use television for safe-sex promotion, he personally stopped them. [*Comment 2003*: The use of condoms to prevent HIV/AIDS among Catholic faithful in Kenya is still out of question. They insist and believe in total abstinence for the unmarried and total faithfulness between spouses. In August 2002, the Anglican Church challenged the stigma associated with HIV as "a sin before God and humankind." They thus ended the silence surrounding HIV/AIDS by supporting the use of condoms in the fight against AIDS. (*End of comment by B. Opiyo-Omolo*)]

Despite political misgivings, the Ministry of Health has embarked on an extensive AIDS-education program since 1990. Devised by a national committee that has been relatively free of political pressure, it has centered on educating basic health providers and community leaders. This includes professionals such as physicians and nurses, but also herbalists, midwives, ritual circumcisers, and "market mamas," the influential local traders. Consequently, grassroots understanding of the causes of AIDS is high. For the future elites, use is made of the national service period, which is a condition for admission to higher education. Sex and AIDS education (with condom distribution) is included, and given in mother tongues. Studies done by the Marie Stopes Institute have shown that even university-educated youth respond to safer-sex education when it is given in their mother tongue, even though they may be fluent in English and Swahili.

Blood supplies have been screened for HIV since 1985. Despite this, as a further reassurance for the skittish tourist industry, special safari insurance was introduced, providing for air evacuation of injured tourists to Europe if necessary.

The implications of AIDS are very serious for the tourist industry. In 1987, the United Kingdom Ministry of Defense banned holiday use of recreational facilities on the Kenya coast to British troops. Resultant publicity in Europe caused extensive cancellations at resort areas, with loss of 20 to 50% of all bookings that season. Because of the catastrophic effect of this on the economy, the AIDS question is a delicate political issue.

Kenya, like many African countries, has been deeply offended by speculative Western theories that AIDS originated in Africa. This is ascribed to racism and colonialism, and has prompted denials and a defensive attitude towards AIDS and AIDS research. Conversely, it has spurred support for research leading to an "African solution." The government has strongly supported the work of Dr. Davy Koech of the Kenya Medical Research Institute (KEMRI) on oral alpha interferon (Kemron). Unfortunately, when Kemron was tested by the World Health Organization (WHO) and a Canadian NGO, Dr. Koech's positive results could not be replicated.

U.S. Agency for International Development (USAID) projections in 1993 show Kenya with 1.2 million cases of HIV/AIDS by 1995, 1.7 million by 2000, and 2 million by 2005. The government has acknowledged the problem and admitted that its educational program has not brought about behavioral changes. What seems to have created the crisis mentality in the government is the realization that HIV/AIDS is disproportionately high (and rising) among the best-paid workers, the base of the middle class. This includes urban business and long-haul truck drivers.

The Kenyan government healthcare budget for 1993 was $60 million in a falling economy, with 20% earmarked for AIDS prevention. Of this, Kenya contributed only $77,000, the rest coming from foreign donors. The United States doubled its $2 million contribution in 1994, but Western pressures to reduce foreign assistance make this source an unreliable one for the future.

There has been a recent shift in attitudes in the national leadership. Both former president Moi and current President Mwai Kibaki and his Health Minister, Honorable Mrs. Charity Ngilu, now regularly address AIDS prevention, although they do not speak out with the candidness of President Yoweri Museveni of neighboring Uganda, who openly endorses condom use. Although condoms are available in clinics, the government has not yet allowed them to be distributed to the young in schools. Since the great majority of high school and university students live in dormitories, this effectively removes the largest at-risk group from condom education.

According to a July 1996 report at the 11th International Conference on AIDS, Kenya ranked fifth in the world with 1.1 million people infected with HIV.

[*Update 2002*: UNAIDS Epidemiological Assessment: HIV information among antenatal clinic attendees has been available from Kenya since the mid-1980s. Nairobi and Mombasa are the major urban areas. In the major urban areas, HIV prevalence among antenatal clinic attendees tested increased from 2% in 1985 to 19% in 1995. In Nairobi, HIV prevalence increased from 2.7% in 1987 to 6.6% in 1990. By 1995, it had reached 25%. In 1999, HIV prevalence among antenatal clinic attendees in Nairobi was 17%. HIV prevalence among antenatal clinic attendees in Mombasa increased from 10.2% in 1990 to 16.5% in 1993 and then 17.8% in 1998. In Kiwi, a periurban area of Mombasa, HIV infection rates doubled from 12.2% in 1989 to 24.1% in 1995; in 1999, the rate was 23%. Information on age-specific HIV prevalences is not available.

[Outside the major urban areas, HIV information became available in 1988 from Machakos and from Kajiado in 1989. By 1990, 12 sentinel surveillance sites were reporting

HIV information. Among antenatal clinic attendees tested in these sentinel surveillance sites, median HIV prevalence increased from less than 1% in 1988 to 13% in 1997. In 1997, HIV prevalence ranged from 6 to 35% among 15 sentinel surveillance sites. In Kisumu, a town near the Uganda border, HIV prevalence plateaued between 1990 to 1993 at about 20%, and then shot up to 30% in 1994, 34.9% in 1997, before decreasing to 27% in 1999. In Busia, another border town, the rates increased from 17.1% in 1990 to 34% in 1999.

[Female sex workers tested in Nairobi were found with an HIV prevalence of 60.8% in 1985 and, by 1992, the rate had gone up to 85.2%. In 1993 to 95, 55.2% of sex workers tested in Mombassa were HIV-positive. HIV prevalence among male STD clinic patients tested in Nairobi increased from 16% in 1985 to 28% in 1991 to 1992, while among female STD patients, HIV prevalence increased from 33.3% in 1991 to 47.2% in 1998. In 1998, HIV prevalence among female STD clinic attendees tested in Nairobi was 29%. Nine percent of STD clinic patients tested in 1994 in Mombasa were HIV-positive.

[The estimated number of adults and children living with HIV/AIDS on January 1, 2002, were:

Adults ages 15-49:	2,300,000	(rate: 15%)
Women ages 15-49:	1,400,000	
Children ages 0-15:	220,000	

[An estimated 190,000 adults and children died of AIDS during 2001.

[At the end of 2001, an estimated 890,000 Kenyan children under age 15 were living without one or both parents who had died of AIDS. (*End of update by the Editors*)]

11. Sexual Dysfunctions, Counseling, and Therapies

Professional therapy is a serious lack in Kenya. The University of Nairobi has a post-M.D. psychiatric training program, but it includes very little preparation for dealing with sexual dysfunctions, and has only a few graduates. The services of psychiatrists are also beyond the means of all but the wealthy.

Kenyan cultures exalt the dominant virile male. Erectile dysfunctions are, therefore, considered serious and deeply shameful. Impotence is often a symptom of the pressures on men from traditional backgrounds who attempt to succeed in a competitive, capitalist, and urban milieu. Successful Western therapies that involve progressive levels of sensate and sexual exploration are seldom successful, since men rarely admit impotence to their wives. Male dominance allows them to assert that they have an outside "girlfriend" and, thus, no further interest in their wives. The average Kenyan wife would not challenge this. The level of marital communication is very low.

Male self-pleasuring is regarded as a dysfunction after initiation, but an acceptable release before. It is seen as a symptom of immaturity and sexual failure, and is rarely admitted by adult men.

An American Catholic missionary group has established the Amani Counseling Center in Nairobi, where a wide spectrum of services is available on a sliding-fee scale. The most commonly reported presenting issues of a sexual nature are male impotence, sexual abuse of subordinate women (e.g., maids and students), male self-pleasuring, and fear of homosexuality. Amani also sponsors a weekly newspaper column from letters received from around the country.

The Kenyatta National Hospital has operated a sex therapy clinic one afternoon a week since 1981, treating about 30 patients a year. Presenting problems are: erectile failure, 46%; ejaculatory problems, 25%; and reduced libido, 29%.

With no licensing requirements for therapists, charlatans abound. While witchcraft is illegal and vigorously suppressed, traditional healers and herbalists advertise cures for impotence, AIDS, and homosexuality, and are eagerly sought out.

12. Sex Research and Advanced Professional Education

Research on sexual matters is conducted either through the Ministry of Health or the Kenyatta National Hospital. Quality surveys of adolescent sexual behavior have been done, and statistics are kept on AIDS. There are no centers engaged in sex research on a regular basis, and there are no courses at the university level on human sexuality.

Research by expatriates must be approved in advance by State House, the office of the president. This is regardless of topic, and a condition of getting an entry visa. In addition, the results of all approved research may be released only with government approval. Approval for sex research has been rare, and only when of benefit to national policy. A Canadian medical group has been allowed to study the incidence of AIDS among prostitutes.

There are graduate-level programs in counseling (United States International University—Africa, and Catholic University of East Africa), pastoral counseling (Amani Center), and psychiatry (University of Nairobi). All include courses in sexuality or marital therapy, but there is no program devoted to sexuality.

There is no professional association for sexologists, and there are no journals on sexuality in East Africa. However, a related organization, the Family Planning Private Sector Programme, is a possible source of information; address: Fifth Floor, Longonot Place, Kijabe Street, P.O. Box 46042, Nairobi, Kenya. (Phone: 254-2/224646; Fax: 254-2/230392).

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