Pre-Modern and Modern Male Circumcision Rites among the Tharaka of Eastern Kenya

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Abstract
There is a current growing interest in intercultural studies throughout the world emerging from an increasing desire for people to learn something about their neighbours in order to boost inter and intra communal harmony. This paper documented some aspects of African male circumcision rites which are threatened by western modernizing trends. In the contemporary society, there is an ongoing debate on the preservation and expansion of indigenous knowledge with regard to religio-cultural practices. The nature and practice of pre-modern Tharaka male circumcision rite, the changing trends due to the introduction of modern circumcision methods, the effects of modern circumcision on traditional view of male initiation rites are discussed. The data informing this paper was gathered through library research and was supplemented by oral interviews with purposefully selected respondents. The main argument is that, both the pre-modern and modern forms of Tharaka male circumcision have merits and demerits hence, the need to integrate both systems. This is only possible if dialogue is instituted between practitioners of both systems. The article concluded by expressing the view that African culture has numerous cultural elements that can be utilized to suggest possible solutions to some of the challenges facing the contemporary Tharaka society.

Keywords: Initiation schools, administrative age-sets, ‘kirimo-swallowing’ ritual.
The Tharaka are part of the larger Ameru Bantu ethnic group who occupy the Tharaka Nithi County in the Eastern slopes of Mount Kenya which is located about 300 kilometres from the city of Nairobi. They speak kimeru and occupy the tharaka sub-county whose headquarters is at Marimanti that is located about seventy kilometers from Meru town. The tharaka arrived in this part of Meru in the company of the larger Ameru community who had migrated from Mbwa at the coast of Kenya. Upon their arrival in present Meru, they settled in different places along clan lines. The tharaka total population is estimated at between two hundred thousand (200,000) and three hundred thousand (300,000) people. They are pastoralists who rear sheep, goats and cattle, but also grow drought resistant crops such as cotton as their major cash crop, green grams and various types of grain crops in addition to apiculture. Unlike other parts of Meru, the tharaka sub-county experiences hot and dry weather conditions throughout the year which do not favour the cultivation of coffee and tea which thrive well in wet, cool and rainy conditions in other parts of the larger Meru region. The Tharaka form part of the seven major clans of the larger Ameru ethnic group. Other clans include: Igembe, Tigania, Iganang’ombe, Imenti and Chuka. They are close neighbours to the Embu and Kamba ethnic communities who are not only patriarchal, but also practice polygamy which is waning due to increasing levels of literacy attributed to the influence of Christianity and western cultural values. The tharaka landscape has beautiful scenery which attracts tourists to view the Mount Kenya. One famous market is Igaironi (literally translated as; ‘the place where the Ameru occupied before their dispersal’ (Mwaniki, 2004).

In the traditional set-up, the Tharaka valued their girls although, more significance was attached to male children who were not only potential heirs, but were also relied upon to protect the community. The importance attached to a male child is manifest right from delivery whereby five ululations marked his birth as compared to four ululations for a girl child. In his marriage life, a Tharaka man remained restless until he sired a son, because it was only male children who were allowed to inherit their father’s property. Women who gave birth only to daughters were accorded less respect than those who had male off springs. They lived under the fear of possible re-marriage by their husbands so as to beget sons. In some cases, women who gave birth to daughters only could arrange to have another woman get married to his husband under the levirate marriage system to bear sons for her. In such a case, the second woman was treated as a sub-wife and had no entitlement not even over her own children because, the off spring she bore were regarded as belonging to the first wife.

The tharaka patriarchal inheritance system was different from the western cultural forms because, it placed more emphasis on male children. In fact, when girls were married off, they never claimed any inheritance or property from their father. Boys on the other hand continued to stay at their home even after getting married and rightly claimed part of their father’s property. This anti-women perspective among the Tharaka changed with the onset of modernization because, girls now receive equal treatment from their fathers just as the male children. In the traditional setup, both boys and girls were taken care of by their parents equally until puberty when boys were now ready to undergo circumcision.

**Background of Male circumcision**

Circumcision has a long history in Judaism, dating back to the time of Abraham when male Jewish infants were traditionally circumcised as an outward symbol indicating the covenant between God and Abraham. In the bible, male circumcision is said to have began with Abraham as a mark of identity and ritual purification for the Jews and in some African communities (Mbiti, 1990). Uncircumcision was viewed as a form of abomination or
impurity. Male circumcision is one of the few dominant traditional practices that have survived the onslaught of western culture and continue to be observed among many African communities. The origin of this ritual is unknown although, it has been in place since time immemorial in Africa. It has a long history and various aspects of similarities in their ceremonial procedures. This ritual was practiced by the Egyptians as early as 4000 B.C and has continued among many communities to date. Circumcision marked the transition of male children from boyhood to manhood, prepared the initiates for adult life and gave them access to marriage and childbearing (Mugambi, 1992; Kenyatta, 1978). It was through this ritual that the initiates were taught and socialized into their cultural values while they were recuperating in seclusion before they could graduate into designated age-grades. The key purpose of male circumcision was to instil fortitude and endurance thus toughening the initiates because they were being trained to become warriors (Brown, 2001; Marck, 1997). This ritual has retained a great degree of Africanness in practice although it has undergone immense transformation in the contemporary society (Brown and Micheni, 2007; Bruce, 1996).

The practice of male circumcision among the communities living in the Mount Kenya region marked the transition of boys from adolescence to adulthood (Nthamburi, 1995). It was a key deciding factor for social responsibility whereby a circumcised boy was accorded a new status in society of becoming a man (Mugambi, 1992). It prepared him to become a trustworthy member of their community and was a tool for measuring bravery and discipline (Wa Thiong'o, 1965). Any boy who exhibited fear during circumcision risked withdrawal of his candidature for that year. This meant dropping behind his age-mates. Such a candidate brought abomination and dishonor, not only to himself, but also to his family. The physical operation was a symbolic action which pointed to a deeper system of cultural and religious values of the community (Nthamburi, 1995).

Just like in most Bantu ethnic communities in Kenya, the uncircumcised male offspring among the Tharaka was equated to a child who could not be offered any responsibility in society (Brown, 2001; Bailey, 1999). He risked being rejected by girls when he proposed marriage to them. However, there were rare cases of male children avoiding circumcision. And, once detected, the victim was forcefully circumcised regardless of his age. Nonetheless, there were exceptional or delayed cases of circumcision for mentally retarded boys in the society. Tharaka male circumcision was not only unique, but comprised three distinct stages: junior boys or pre-circumcision candidates-nkara, senior boys or circumcision candidates-rugu young men or circumcised boys-nthaka. An uncircumcised boy was referred to as mwiji whose plural is biiji. There were no particular restrictions placed upon biiji, in terms of general conduct because, they could be assigned domestic chores and entered their mother's kitchen and table room without any restriction. However, they were prohibited from interacting or sitting together with circumcised men, especially when drinking beer. Circumcision was therefore a gateway for the Tharaka boys to transcend into adulthood and escape the tribulations of boyhood.

The Kirimu or Pre circumcision ritual
The Tharaka followed a very unique system of preparing their boys for circumcision. Unlike other communities, the circumcision process consisted of two distinct phases: pre-circumcision and circumcision stages. Each of these phases was also accompanied by mandatory retreats into a forest, albeit for varying length of periods. These two stages could be likened to pre-school and school levels of education in the modern schooling system. The pre-circumcision period was more dramatic and occurred two years prior to circumcision whereby all boys who were preparing for the ritual were expected to take an oath of secrecy
which prohibited them from leaking out important information to unintended recipients. This was referred to as the kirimo-swallowing ritual. The kirimo was supposedly a mythical being, believed to be an ogre that dwelt in large rivers or any other solitary locations. On the eve of this ritual, boys were often anxious to see kirimo which the Tharaka elders treated with extreme secrecy and did not divulge its identity to children, women and non-Tharaka people. It was in essence a disguised elderly man who walked around making extraordinary and scary oral sounds while retreating to a designated venue for the hallowed ceremony. During this ritual, a boy was believed to be symbolically swallowed. The kirimo ritual was meant to usher the candidate from junior boyhood -mwiji to senior boyhood or circumcision candidate-rugu. Boys who accidentally got to know the true identity of kirimo, were warned against divulging the information to unauthorized persons, especially women, children, uncircumcised boys and strangers.

Kirimo swallowing according to Ross (1982), was a 'craft-bound discourse' whose goal was to equip the prospective warriors to defeat their enemy when need arose. The closest experience of kirimo for women and children was noted on the eve of this day when it was expected to make its way to the appointed special venue. Fire in the nearby homesteads was extinguished early; all women and children were commanded to stay indoors, maintain silence and were forbidden from glancing at kirimo while it was passing along path to the designated function. The kirimo's journey took place at mid night when it made a strange, loud and rumpling noise while the women and children were asleep. The kirimu ritual commenced when boys retreated into the forest or to any secluded place. They were accompanied by senior boys -rugu who had already undergone the ritual. Boys who participated in this ritual were circumcision candidates-nkara. While staying in the forest, they underwent elementary training and teachings from the rugu who were considered better endowed to educate their immediate juniors. This form of peer education which was highly valued among the Tharaka lasted several days and was effective because the nkara and rugu were contemporaries as compared to the elders. During their stay in seclusion, the candidates were fed by well selected female dieticians of good repute. They brought food close to the venue, but were prohibited from seeing the nkara. However, a few selected boys who were on the alert picked the food and took to the rest. They served themselves to their satisfaction routinely while undergoing teachings and training. Some of the skills they learnt included herding sheep and goats, important customs of the community, moral conduct, respect for elders, obedience, loyalty to leaders, clan and sub clan names and the family tree.

Upon mastering the secrets of their society, these boys were installed into a new rugu group and qualified to become circumcision candidates -nkara. At the end of seclusion, the boys were treated to a feast by their instructors - older rugu. On this day, their mothers prepared food which was served in calabashes. It was a moment of excitement because the newly crowned rugu were permitted to eat with fellow rugu who ushered them into the communal life of their ethnic group. Each boy was now released to rejoin his family, while brandishing a special object signifying his newly acquired status of a rugu. The kirimo swallowing ceremony was a preparatory process which enabled candidates to brave their encounter with the circumciser's knife. All candidates were encouraged to continue with the process until they were finally circumcised. After being promoted to rugu, the boys abstained from participating in certain domestic chores and shunned from entering their mother's kitchen or table room. The philosophy behind the kirimo swallowing ritual was to ascribe a military worldview oriented towards defence rather than offence. This was vital because in the indigenous set up, the Tharaka did not engage in cattle raids, but, were often targets of cattle
raids from the aggressive Maasai and Samburu communities. The focus was on defending their territory and property against external threats.

**The tharaka male circumcision ritual**

In traditional Tharaka society, circumcision took place during the month of August after the harvest season when there was plenty of food to feed the initiates, family members and other invited guests who graced the occasion. Circumcision took place in an open field, forest or a bushy area away from the homesteads. Every clan selected its own site which was traditionally classified as communal land and no one was allowed to convert it into any other use. Sometimes, these sites shifted to alternative grounds giving way if need arose for the development of public utilities such as schools, churches and stadia.

Preparations for circumcision began on the eve of the actual day when boys approached their sponsors informing them of the imminent ritual. Each initiate was allocated a sponsor who hailed from any part of the community or village. He was a married man of good character who was able to maintain close rapport with the candidate. The sponsor took care of the initiated boy by imparting moral teachings and character formation. He also acted as a godfather and link between the initiate and his parents. Upon receiving invitation from the candidate, the sponsor came with his supporters and those of his candidate. They were then joined by neighbours who came to witness and grace the occasion. Nocturnal merry making celebration was attended by men, women and children.

At about three o'clock in the morning, the candidates were grouped at a central place based on their villages and taken to the nearby river, accompanied by circumcised men, their sponsors and supporters. The candidates wrapped themselves in special sheets - lessos and each boy was instructed to deep himself several times into the water and bathe. They were then escorted to the circumcision site while singing circumcision songs. The cold bath was meant to make their bodies slightly numb so that they could endure the pain inflicted by the circumciser. After bathing, they started their journey to the circumcision site. Upon arrival, the initiates were commanded to cast aside their lessos, sit down naked in a row awaiting their turn to be circumcised.

Before commencing the operation, the chief circumciser ran around the site uttering incomprehensible words while aspersing some charms to cleanse the area in readiness for the occasion. The circumciser was most often an elderly man of impeccable character whose expertise was proven through his long experience. He was assisted by several circumcisers who to speed up the process. The candidates sat with their legs astride next to a big baobab tree while holding tightly onto a stick across their shoulders expressing their readiness for the operation. It was only the circumcised men nthaka who were allowed at this site. Hence, women, girls and uncircumcised boys - biiji were prohibited from witnessing the ritual. Candidates were expected to endure pain without showing any sign of flinching, crying or even screaming. A special knife was used to severe the boys' foreskins and some small sticks were used to hold together the stretched foreskins to ease cutting. In certain cases, the operation was complicated and more painful. It involved tie spotting - ndigi whereby a small section of the foreskin was cut while the remainder was pierced at the top. The tip of the penis was pushed through the hole leaving the rest of the foreskin hanging below the edge of the male organ. This operation was ironically believed to enhance sexual arousal. No medication was applied to the fresh wound after the operation, apart from the traditional beer which was smeared on the operator's knife to 'sterilize' it in readiness for the next candidate.
The circumcised boys were each served with gruel after the operation to cool their nerves after braving the challenging ordeal. Shouts of victory and praise reigned the initiates’ homes from supporters who congratulated the new nthaka for their bravery in overcoming the ordeal. The new initiates were showered with fifteen praises with crowns on their heads to signifying transition into a new status.

A moderate fee was charged for every initiate in terms of livestock or foodstuffs. After all candidates had been circumcised, the journey back home begun. Each initiate was escorted by his respective supporters and the sponsor. They were camouflaged by their supporters who prevented women and children from catching a glimpse of them so as not to tarnish their integrity. The initiates were welcomed home with songs of praise to their families and the entire clan. These songs characterized transition to a new life and what was expected of them. Celebrations began in earnest after the new initiate had entered their seclusion huts. Family members and invited guests ate, drank and danced together. The end of celebrations was marked when the initiate's father presented a he goat to the group of supporters who had escorted his son. The animal was slaughtered, roasted and shared among the supporters at a place of their own choice.

The new initiate was then accorded a male caretaker who was either the sponsor himself or his trusted friend that was a married family man. The seclusion period lasted between three weeks to a whole month. Initiates were instructed by their sponsors and on some occasions, knowledgeable elders could be invited to mentor the initiates accordingly. The younger nthaka visited the initiates took them into the forest or bushes, drilled and sharpened their hunting skills. They shared with the initiates some basic principles on how to adapt to the new status. Such outdoor adventures were secretly arranged so as to avoid the nthaka from being seen by either children or women. At the end of this period, the healed initiates were taken to the river to ritually bathe in preparation to rejoin their estranged families. Grand parties were hosted by them to welcome them back and honouring their great achievement. The new nthaka then began their adult lives and no longer participated in household chores. They shunned from entering their mothers' kitchen or table rooms, for they were now considered men who could now command respect. They kept away from the company of uncircumcized boys-biiji.

Each initiate was now accorded a new name that was pre-selected by his sponsor with the prefix M-Munto. Examples include M'Irebu, M'Mugweka among other titles. This selected name now became his new preferred title indicating that he had acquired a new status and identity into the society. After each circumcision period, an age set name was selected for the new initiates. The African concept of naming an age set signified the sense of time which according to Mbìti (1990) was event oriented and not calendar or clock oriented as is the western concept of time. An event had to take place before time was consummated. Emphasis was placed on the past, present and less on the future. The age of an individual was by and large determined by the events in social life, basing on the various transition rituals. Mbìti (1990) also notes that the older a person was, the bigger was the SASA - present time. Circumcision marked a stage whereby a boy's SASA - present age was expanded portraying a spiritual conscience culminating in the spilling of blood as a form of libation to God (Mugambi, 1992; Mbìti, 1990). Among the Maasai and the Ameru, the administrative age groups were identified and allocated names according to their year of circumcision. Male circumcision was also an act of worship to God with a religious experience. It marked the commencement of various administrative age groups which played an important role in the ontological reckoning of an individual's age (Kenyatta ,1978).
The modern tharaka male circumcision
The traditional male circumcision system has undergone some drastic changes with the introduction of Christianity making the indigenous Tharaka to re-examine the practice of this ritual. This has been exacerbated by the establishment of mission stations, introduction of hospitals and modern medical facilities. Hospital circumcision was first introduced in the larger Meru area in 1929, at Chogoria Mission Hospital. Among the Tharaka, Marimanti District hospital became the focal point of hospital-based male circumcision. This practice has now steadily become very popular among Christians, the educated and affluent members of society. Non-Christians as well as the poor still continue practising the traditional method of circumcision.

In the contemporary society, hospital based circumcision takes place during the third term school vacation in the months of November to December before pupils resume their studies in the New Year in January. This ritual is only eligible to those boys who have completed the class eight education and are on vacation. The practice and meaning of male circumcision has shifted among the Tharaka from being a mere initiation into adulthood ritual, and has become an education transition moment from primary to secondary education. It is for this reason that, boys who undergo circumcision at this moment find it difficult to repeat the class Eight even if they failed in their KCPE examination! In fact, some boys stop their education at the primary level since their KCPE examination results cannot allow them advance to a higher level of education. It therefore becomes challenging to compel them to repeat the class Eight in order to improve their grade. It is indeed a humiliating experience because they are already initiates- nthaka and have no peers in the primary schools to interact with. However, the male pupils who attain fairer grades in the KCPE examination and are unable to secure places in secondary schools are often admitted into village polytechnics. Here, they train in carpentry, masonry and tailoring. The nthaka who attain poor grades in KCPE examination are left with no other choice but to perform household chores and engage in other forms of casual labour such as sand harvesting and stone quarrying. A few of them engage in micro business enterprises such as hawking assorted wares in major towns and trading centres. It is now common practice for some boys to delay getting circumcised until the KCPE results have been released. In case the results are unfavourable, then circumcision could be deferred to allow them repeat class Eight and improve on their grades. This could the enable them become academically competitive.

Hospital circumcision takes two forms. First, boys go for the operation as outpatients and are released soon after the operation is over to continue with seclusion at their respective homes. Second, boys are admitted to hospital, circumcised and nursed until their wounds are healed before being discharged to return to their respective homes. The latter category presents a cultural conflict between pre-modern and modern practices. Under the pre modern tharaka cultural worldview, male children cannot be circumcised or even be attended to by a woman. In the hospital-based circumcision, female clinicians and nurses sometimes circumcise the boys and even attend to them as they recuperate in a ward. The boys' parents are forbidden from visiting the initiates during this seclusion period making some parents even to question the relevance of this prohibition. In a general hospital ward, the initiates- nthaka are housed in a shared room where other patients are also admitted! Furthermore, there is no restriction on who can enter or even visit the patients because, anyone can visit at stipulated times including children and women as they come to visit other patients. This means that the initiates are exposed to women and children which in itself, militates against the tharaka cultural values. Yet, parents are expected to honour these values and avoid visiting their sons while they recuperate in hospital!
Some parents perceive this practice as being paradoxical. To mitigate on this complication, some hospitals set aside a separate room for the healing initiates. In such cases, it is only the sponsors who visit the initiates in hospital and arrange on when and how the knowledgeable elders can visit and educate them on various tharaka cultural values. The fact that the initiated boys are somehow far away from their homes discourages the would-be sponsors and advisors from visiting them to inculcate the tharaka cultural values. They are required to cater for their own travel expenses. In some hospitals, circumcised boys are admitted and confined to a secluded room which is kept out of bounds to all women including female hospital staff and the uncircumcised boys. The initiates are often visited by the hospital chaplain/s who advises them on how to lead successful adult lives. He cautions them against negative behavior such as drug addiction, alcoholism and immorality. In addition, he instils into them basic interpersonal skills such as self respect to themselves and for others especially the elderly. After healing, the boys are discharged to their respective families and treated to parties to acknowledge their new status (Vincent, 2008; Meissner and Buso, 2007; Kanta, 2004). The modern hospital based circumcision is hygienically safer than the traditional one where a circumciser uses a single knife to operate on many candidates. The surgical equipment are sterilized and disposed so as to avoid contamination or transmission of communicable diseases. It is performed by trained medical health professionals thus minimizing injuries or deaths associated with a failed operation. Modern drugs are also applied to the wound to facilitate quicker healing.

The cultural conflict between pre-modern and modern practices among the Tharaka is challenging because, some members who opt for the hospital based circumcision are scorned at. The operation is deemed painless because anesthesia is used and deprives a candidate the experience of physical pain as compared to the traditional African practice. It produces soft-minded individuals who may not firmly defend the community in times of need. The problem of female hospital staff attending to initiates remains a major challenge because even the outsiders cannot dictate to the hospital authorities on which staff needs to attend to certain patients. Those admitted to hospitals are presumed to be patients hence the misconception about the status of the initiates. This form of circumcision is not accompanied by any major celebrations because it is performed secretly and boys may not enjoy the full rights while in seclusion. They may not even undergo instructions and the seclusion experience is just a mere formality. Such initiates are not only considered outcasts, but are also boycotted by the older initiated boys who considered them as being a cursed one- kiroge. The process of toughening the initiated boys into warriors is not complete without physically undergoing a painful experience that was inflicted by the traditional circumciser's knife. Nonetheless, it exposes candidates to numerous health hazards such as the contraction and spread of HIV and AIDS (Wilcken, 2010; Peltzer, 2008).

It is noted that the modern hospital-based circumcision lacks initiation schools because of the tendency by parents to make private arrangements for their sons. Second, emphasis is on individualism because, each parent arranges to have his son or sons admitted to a nearby hospital to be circumcised and not as a group to enhance communal solidarity. Third, circumcised boys are kept away from their peers, hence weakening the age-set system because of the lack of initiation schools. Fourth, the hospital based operation is costly to the family which leads to borrowing so as to settle the higher hospital bills incurred as compared to that conducted by traditional circumcisers. It is for this reason that the traditional method is likely to continue because the majority of the rural tharaka inhabitants cannot afford the high fees levied in hospital and hence turn to traditional circumcisers.
Conclusion

In the traditional set-up, initiates retreated into the forest for a specified period of time during which they were taken through important lessons. In the initiation schools, training was done in a uniform manner and there was no preferential treatment of candidates based on family or economic backgrounds. The initiates were taught the history and customs of the Tharaka, family life, military tactics and good morals. Circumcision became the basis for individuals to derive their identity and for grouping individuals into age-set fraternities. This provided a clear framework for political administration because; each age-set was accorded a specific name through which its members were identified. There were regulations on how a member of the group was expected to conduct himself both in private and public life. Taboos were observed so as to minimize deviation from these regulations. Heavy fines were imposed on offenders or defaulters uniformly regardless of the social and economic status of the offender (Drain, 2006; Gayraud, 2004; Olupona and Long, 2000). The initiates were required to take oaths of secrecy so as not to divulge any information that they were given to unauthorized persons. This gave them a sense of collective responsibility which enhanced their integrity. These oaths deterred them against careless talk and were reinforced by religious sanctions (Olupona & Long, 2000; Gehman, 1997; Curner, 1983).

The initiates were treated equally while in seclusion regardless of their family background (Kanta, 2004; Magesa, 1995). This fostered a sense of belonging while the age-set fraternities helped to enhance communal solidarity. The feasts that were celebrated provided opportunities for community members to bond thus enhancing the spirit of brotherhood (Curner, 1983; Ogot, 1976). Among the key demerits of traditional circumcision are that this ritual was performed by untrained traditional surgeons who cannot guarantee a safe operation. Several cases of deaths or injury of candidates have been reported (Mogotlane 2004; Magoha, 1999). This traditional practice can lead to the transmission of diseases enhancing the risk of mass spread of Sexually transmitted diseases, HIV and AIDS because a single knife is used to operate on several candidates. The traditional circumcisers also use crude knives with no form of anesthesia hence subjecting candidates to unbearable pain which they are required to endure. The use of obscene language which was prevalent in the indigenous male circumcision songs is abhorred and is now tantamount to hate speech in the contemporary society.

The traditional Tharaka male circumcision like other African male circumcision rites have faced a wave of modernization because, most Christian churches have modified the ritual and replaced them with certain features of the indigenous cultural practices (Beckford, 1988). This reaction between traditional and modern cultural practices constitutes the conflict between pre-modern and modern cultural practices. The present form of male circumcision is characterized by an elaborate system of development and conflict between the indigenous African customs and the western or modern way of life resulting in the disintegration of the African way of life. This has resulted into an African identity crisis where African people do not understand themselves well. Moreover, they do not have any control over their cultural system or even the capacity to determine their own destiny. This is expressed in the works of (Achebe,1958 & 1960) when he notes in his two books that ‘things fall apart’ and that life is ‘no longer at ease’.

Male circumcision is one example of a traditional practice that presents a good opportunity for a meaningful dialogue between pre-modern and modern cultural practices. This is vital in understanding the emerging trend in the practice of this ritual with the onslaught of colonialism and the introduction of western culture in Kenya and among the Tharaka in
particular. The tharaka take pride in their culture and are famous among the larger Meru community for rejecting hospital circumcision. They regard themselves as a beacon of hope in the preservation of Ameru traditional religious and cultural traits. It is for this reason that those families who take their male children to be circumcised in hospitals are scorned at. They are regarded as traitors of the traditional Ameru way of life. The boys who are circumcised in hospitals are regarded as being partially circumcised because they have not undergone any physical pain. They are referred to as iroge whose singular is kiroge, a humiliating and derogative title to a tharaka boy.

The traditional Tharaka male circumcision ritual has been perpetuated for many centuries as a transition platform to most of the tharaka men from boyhood to manhood. Through this practice, the initiates receive important moral and cultural information that mould them into responsible adults. Under this system, men were bonded together not only through initiation vows but also through the various age-group fraternities. They observed collective responsibilities, upheld the values of their respective age-group and those of the wider community. Some of these elements have been excluded by the modern system where circumcision is hospital-based. However, the traditional or pre-modern system has various weaknesses. It is unsafe and is practiced in unhygienic conditions. The introduction of western culture in Africa has brought many changes to the lives of local inhabitants because they no longer follow their traditional customs as prescribed. They have instead shifted their livelihood to suit the new dispensation of modernization as patterned under western cultural influences (Mugambi, 1992). Most African cultural practices have been condemned as being unfit simply because they are in the view of western missionaries incompatible with Christian values (Catholic Medical Mission Board, 2007; Mugambi, 1989). It is however, now largely accepted that some traditional African religious practices are authentic and concur with some biblical practices (Mbiti, 1986).

It is argued in this paper that although the modern male circumcision exercise which is hospital-based is hygienic and safer, it has deprived the ritual its purported essence of instilling moral and socio-cultural values which were imparted to the youth while in seclusion. There is need for dialogue between pre-modern and modern systems of Tharaka male circumcision so as to establish a hybrid system that incorporates the positive elements of traditional culture that if properly structured could meet the demands of modern society.

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