

Maasai Culture in Tanzania Health Development: Unveiling Opportunities and Challenges

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1:0 Introduction

Tanzania prides itself on its heritage, which not defines its identity, but also presents unique opportunities and challenges, particularly in the field of healthcare. Amidst the dynamics of cultures, in Tanzania, the Maasai culture stands out as a remarkable element. Beyond symbolism, the Maasai community is deeply rooted in cultural practices that bring both opportunities and challenges related to health. These encompass the coexistence of healing methods alongside healthcare, the impact of cultural beliefs on health seeking behaviours, and the intersection of infectious diseases with customary traditions.

Understanding these dynamics is crucial for devising strategies that leverage the strengths in Maasai culture, while effectively addressing health related challenges. Therefore, my focus is on exploring the relationship between Maasai culture and healthcare, identifying areas for improvement and proposing sensitive interventions that promote well-being, while preserving their rich heritage.

This essay embarks on a journey into Tanzania's cultural wealth by examining the health opportunities and challenges associated with Maasai culture. I have chosen Maasai culture as my focal point due to its distinctiveness (Asiema and Situma, 1994) within existing literature.

To begin, I will explore the cultural background of Tanzania specifically focusing on the roots of the Maasai culture. By consulting literature, I will analyse the opportunities and challenges associated with integrating the Maasai perspective into the development of Tanzania's health sector. Based on my findings, I will provide recommendations before concluding by highlighting the significance of recognizing and addressing any complexities related to the contributions of the Maasai. It is crucial to acknowledge and appreciate their contributions within the field of healthcare, while also understanding how culture, health and development interconnected, in order to promote progress and adopt a sensitive cultural approach, within Tanzania.

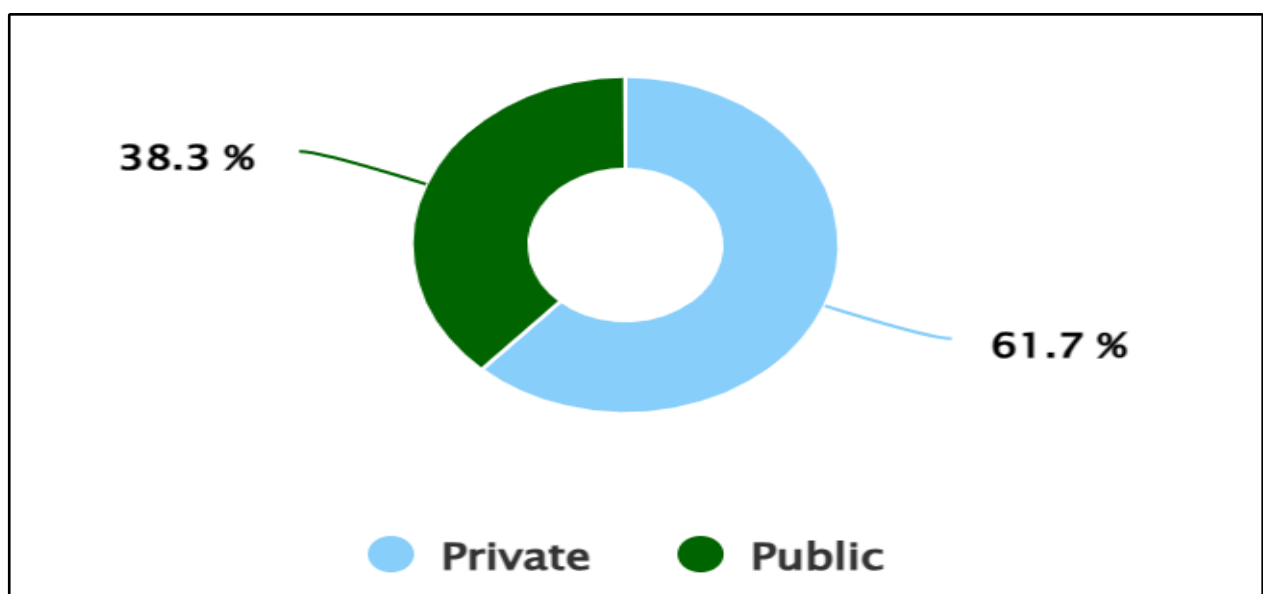
2:0 Historical Background: Exploring the Origins of Tanzanian Culture and the Maasai Narrative

The cultural dynamics of Tanzania is a rich interweaving of diverse communities and their narratives cultivated over centuries. Tanzania's cultural dynamics have been influenced by European colonisation, Arab traders, and the tricky threads of ethnic diversity. Otiso (2013) notes that this East African nation boasts over 130 indigenous ethnic groups, each contributing to the dynamic heritage of Tanzania's culture. Amidst this diversity, the Maasai culture emerged as a distinct entity (Tarayia, 2004), resilient in the face of globalization that posed challenges to the identity of many ethnic cultures in Tanzania during the period surrounding its independence in 1961.

Semali (1994) describes the various pastoralist Maasai communities, including Lloitai, Ildamat, Hpurko, Isiria, Ilwuasin Kshu, Imoitani, Iloodokelani, Ilkankere, Ilmatapato, Ilkisonko, and Isikirari. Tracing their historical origins back to the Nile basin north of Lake Turkana in Kenya, the Maasai journeyed to central and northern parts of Tanzania by the 18th century. Over time, they actively engaged in developmental processes while safeguarding their cultural beliefs and adapting to evolving socio-economic conditions.

A key sector in which the Maasai community actively participated in development is healthcare. Like many developing nations, Tanzania grapples with challenges in providing accessible healthcare facilities and personnel (Kabyemela, 2022; Kwesigabo, 2012); Mæstad, 2006). According to Tanzania Ministry of Health (2023), the dominance of the private sector in the healthcare industry, owning 61.7% of the operating health facilities in the country (See Figure 1), has shifted health services from being a fundamental human service to a profit-driven business, resulting in the cost of health services. Also, the low investment by the Tanzanian government in health services worsens the cost of healthcare, as revealed by Sahn et al. (2003), citing Mackintosh and Tinbandebage (2002).

Figure 1: Operating Health Facilities by Ownership in Tanzania



Adopted from Tanzania Ministry of Health, 2023

In response, to the challenges faced in the healthcare sector, members of the community have turned to traditional healthcare services as an alternative to mainstream healthcare, which can be costly and challenging. A recent study conducted by Liheluka et al. (2023), discovered that, a significant 60% of individuals in Tanzania who seek healthcare services rely on traditional healthcare practices. This reliance on traditional healthcare practices is particularly significant when considering the healthcare landscape in Tanzania. The Maasai culture, deeply rooted in Tanzanian history serves as an example of these practices. Greatly influences health norms and approaches within the country. The interplay between cultural healing methods embraced by the Maasai community and the broader healthcare sector creates dynamics that warrant examination. Given this context and the unique position of the Maasai community, this discussion will explore both the opportunities and challenges associated with integrating culture into development efforts in Tanzania with a focus, on the healthcare sector.

3.0 Conceptual Framework and Methodology

3.1 Understanding the Framework

In examining the impact of culture on health development in Tanzania, it is essential to establish a framework that considers cultural aspects, health opportunities, and challenges within a developmental context. This framework draws inspiration from the Cultural Ecological Model while also incorporating theories such as Social Determinants of Health and Development Anthropology.

According to Bronfenbrenner's (1979) argument, the Cultural Ecological Model suggests that factors at different levels, community, and societal influence health outcomes.

The Social Determinants of Health is the concept that suggests various social, economic, and environmental factors shape individuals' well-being (Braveman et al. 2011; Marmot and Wilkinson, 2005; World Health Organization, 2008). Elements such as cattle ownership, access to healthcare services, and environmental conditions enable us to analyse how Maasai cultural practices can either contribute to or hinder health development.

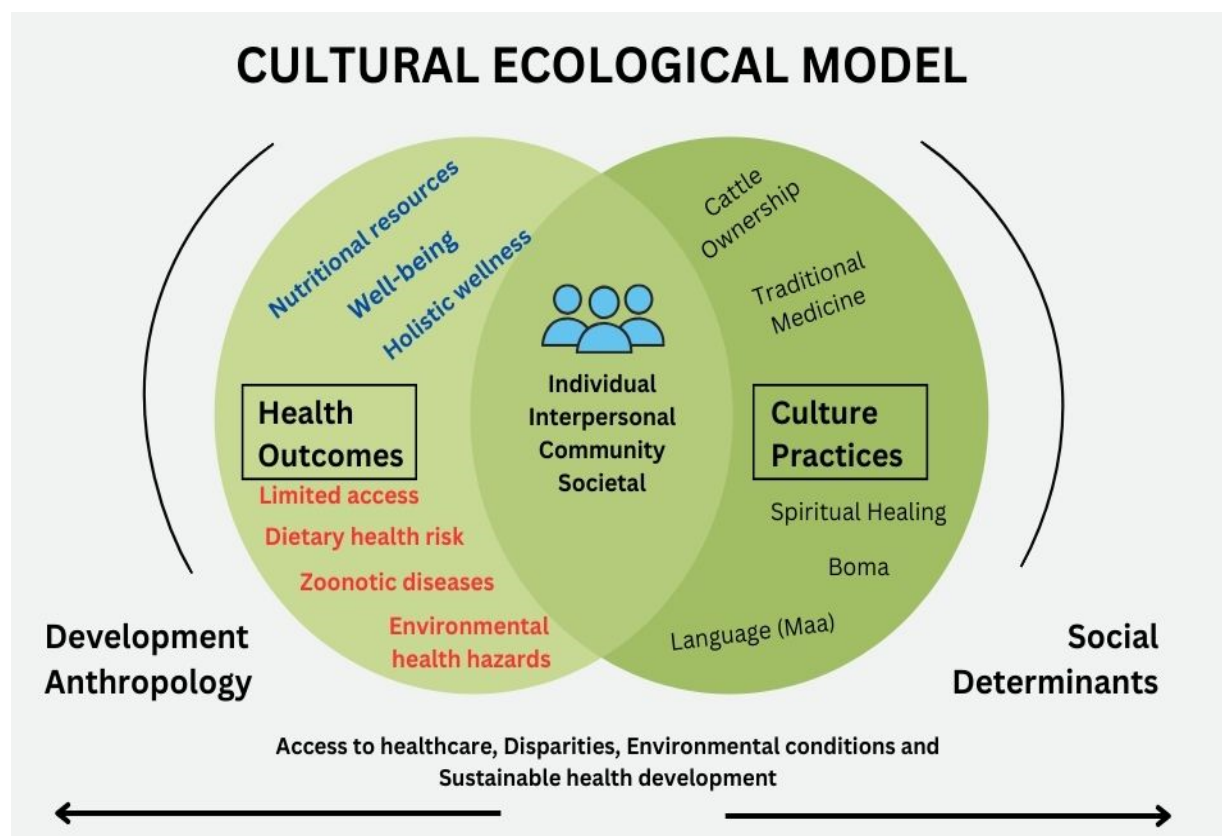
Development Anthropology takes an approach that explores the interaction between culture and development (Escobar, 1997). It helps us gain insights into how cultural practices like traditional medicine and cattle ownership can be utilized to promote health development while addressing disparities and challenges.

This framework provides a lens through which we can examine the complexity of Tanzania's culture particularly Maasai culture and health development. It integrates ideas from Braveman, Bronfenbrenner, Escobar, Marmot & Wilkinson, and the World Health Organization. By drawing on established theories and real-life evidence, this framework ensures an understanding of the subject matter.

3.1:1 The Importance of the Cultural Ecological Model

In my exploration of culture within Tanzanian health development, the Cultural Ecological Model is a framework that stands out. It proves to be useful in understanding the relationship between cultural practices and health outcomes within the Maasai community (refer to Figure 2). The essence of this model lies in recognizing that health is influenced by factors at different levels ranging from individual behaviors to societal and environmental contexts. By emphasizing the interconnectedness of community and societal factors, the Cultural Ecological Model provides a strong foundation for explaining the complexities involved in Maasai culture in health development. This emphasis, on different levels, fits well with the many aspects of Maasai culture. It proves to be a tool for my essay as it enables us to understand how cultural dynamics affect health differently.

Figure 2: A framework Portraying the interplay between Maasai culture and Tanzanian health development.



Source: Author's own based on Cultural Ecological Model

3.2 Methodology

This essay explores Maasai culture in Tanzania by examining opportunities and challenges associated with integrating cultural elements into health development processes. It is crucial to prioritize considerations throughout this process by respecting sensitivities, ensuring informed consent, and safeguarding the privacy and dignity of the Maasai community members involved in this essay.

Although this essay is based on existing data, it is crucial to highlight that my personal experiences have contributed to the findings. I have lived for nine years in the Northern Zone of Tanzania, home to the Maasai community, and spent 20 years in Ilonga Village, Morogoro, where Maasai people reside and receive social services. These first-hand experiences have provided insights that complement the existing literature. By combining insights with evidence, I aim to inform a conceptual framework and provide practical recommendations for policies and interventions.

4.0 Dynamics of Maasai Culture in Tanzanian Development

4.1 Health Opportunities

The profound knowledge of medicinal plants and the utilization of **traditional or herbal remedies** deeply rooted in Maasai Culture signify a significant opportunity to alleviate the inadequacies in Tanzania's healthcare system. Kiringe (2006) and Stangeland et al. (2008) further reinforce this perspective, emphasizing that the evolution of Traditional Medicine, including Maasai practices, not only influences healthcare and livelihoods but also presents potential income opportunities. The Maasai people have started selling their traditional medicines (locally known as **dawa za asili za Kimasai**), domestically and internationally. This financial resource is utilized not only for acquiring food but also for covering the expenses associated with healthcare services, especially in complex or severe diseases. Thus, this cultural practice, rooted in their beliefs and knowledge of medicinal plants, has become an alternative income-generating activity for the Maasai community.

Beyond filling the void created by deficiencies in modern healthcare services, the economic implications of this practice are noteworthy. Healthy individuals tend to be more productive, leading to increased economic output compared to those who are unhealthy. This economic rationale underscores the potential of traditional medicine not only in addressing health needs but also in contributing to broader economic well-being within the Maasai community. However, Komba (2012) offers a contrasting viewpoint, highlighting that traditional medicines may lead to uneven access to healthcare. Rural areas, in particular, exhibit a greater preference for herbal remedies compared to urban areas. Dunn (2017) further criticizes the traditional medicine sector in Tanzania, pointing out poor regulation and limited government support for traditional practitioners. These critiques draw attention to the challenges facing the traditional medicine sector, including concerns about safety, quality, and effectiveness, especially regarding herbal medicines developed by the Maasai community.

An additional opportunity for integrating Maasai culture into the health sector in Tanzania lies in the inherent **spiritual rituals** that are an integral part of Maasai healing practices. The rich tradition of these rituals within Maasai Culture offers a distinctive health opportunity, presenting a holistic and culturally grounded approach to wellness, as highlighted by Sharp and Twati (2017). However, it is crucial to acknowledge critiques of this healing practice, as noted by Tervalon (2003), who emphasizes the potential implications for clinical care and health outcomes. Some healing methods may need to be validated through rigorous clinical measures, as the adequacy of scientific validation by Maasai healers can be a point of contention.

Cattle ownership, deeply ingrained as a cultural symbol within the Maasai way of life, stands as a health opportunity. According to the Ministry of Livestock and Fisheries in Tanzania, the total livestock population, including cows, goats, and sheep, reached 70 million in 2023, with an astounding 60% of these under the custodianship of the Maasai community, which to them is prestige and social standing. Beyond its economic and social dimensions, cattle ownership promotes health by providing access to nutritional resources such as milk and meat. Kelly (2010) supports this idea, arguing that the Maasai cultural and financial dependence on their livestock creates an avenue for implementing fundamental changes in water quality and food security, which enhance the overall health and sustainability of the Maasai people and their livestock. Therefore, this cultural practice underscores the complex connection between Maasai identity, sustainable livelihoods, and physical well-being.

However, amidst these development opportunities, critics persist, primarily rooted in inequalities in cattle ownership (Quinlan et al. 2016). According to traditional Maasai cultural norms, women are not allowed to independently own property, relying instead on their male relatives for such rights (Sharp and Twati, 2017). Expanding on this, Nkedianye et al. (2019) draw attention to the disparities existing between impoverished and affluent households across four distinct Maasai regions. Their findings, presented in Table 1, indicate that the top 10% of households in these communities own a significant majority of livestock assets, ranging from 38% in Kitengela to 71% in Simanjiro. Conversely, the bottom 10% of Maasai households in Simanjiro, Tanzania, possess a mere 0.35% of livestock assets, revealing stark economic inequalities within these communities.

Table 1: Distribution of Livestock Ownership among the Wealthiest and Poorest 10% of Households in Maasai Communities.

Area	No of Cattle	Richest 10%	Poorest 10%
Amboseli	100	38.8	1.30
<u>Kitengela</u>	99	38.2	1.11
Mara	100	46.7	1.10
<u>Simanjiro</u>	95	71.0	0.35

Source: Taken from Nkedianye et al (2019:5)

The Maa language, spoken by the Maasai as a part of their identity, presents a valuable avenue for promoting effective health communication within the Maasai community. According to Kreuter and McClure (2002), local languages like Maa play a role in determining the success of health communication and persuasion efforts.

However, the prevalent use of Maa over Swahili, the Tanzanian official language among the Maasai population, can have implications for healthcare service quality. Al Shamsi et al. (2020) argue that language barriers in healthcare can result in miscommunication between professionals and patients, reduced satisfaction levels, and compromised healthcare delivery and patient safety. Moreover, Temba et al. (2013) highlight concerns regarding utilization of interpreters during health communication, which can impact patient privacy—an essential ethical aspect of healthcare provision. This ongoing discussion highlights the relationship between practices, language use, and effectiveness of healthcare communication within the Maasai community.

Another opportunity for integrating Maasai culture into health sector development in Tanzania is through **the Orng'eshher ceremony**—a rite of passage among the Maasai people. According to Sharp and Twati (2017), the Orng'eshher ceremony is a set of practices that receive attention from the Maasai community, particularly the graduating cohort called Korianga. In 2022, the Korianga cohort built a dispensary in Oldonyosambu village in Ngorongoro District, as part of Orng'eshher cultural practice. Orng'eshher ceremony not only showcases cultural pride but also contributes value to the well-being of society as a whole.

However, one inherent challenge with the Orng'eshher ceremony is that it may reinforce gender inequalities within the Maasai community. By focusing on male participants, there is potential for unequal opportunities and differing experiences between male and female Maasai. It is crucial to address and minimize gender disparities to foster a fair cultural environment within the community.

4.2 Health Challenges

However, despite the potential opportunities of integrating Maasai culture into Tanzania's development, particularly in the health sector, it is not without its challenges. One significant health challenge within the Maasai community is the **limited access to modern healthcare facilities** due, to their lifestyle. They mainly reside in hard to reach areas like bushes and forests. This geographical isolation makes it difficult for them to access healthcare facilities, which poses a challenge to their overall health and well-being. According to Karanja et al. (2018), accessibility becomes a major obstacle due to geographical distance to health facilities, the availability of means of transport, and poor terrain that increases the time taken to reach these facilities. As per Karanja, this may lead to even potential fatalities among patients. This cultural practice highlights the pressing need for targeted efforts to understanding of their context and creative solutions that can bridge the gap, between their traditional way of life and modern healthcare services.

Another challenge of involving Maasai culture in the health sector is **environmental factors**, which contribute to an increased risk of waterborne illnesses and other environmental health hazards. According to Strang and Mixer (2016), the Maasai pastoralist lifestyle, involving living in remote areas, raises concerns about their living conditions, particularly the availability of clean water. Also, moving to different camps in search of green pastures places them at risk of diseases such as malaria, which claims over one million lives annually (Owens, 2015).

While their remote lifestyle provides extensive knowledge of medicinal plants, sustainable environmental practices, and infrastructure improvements are crucial to mitigate these challenges and safeguard community health.

The semi-nomadic lifestyle embraced by the Maasai, coupled with their extensive ownership of cattle, presents another significant challenge to the health sector due to its association with the **transmission of zoonotic diseases**. Kriegel (2021) cites disease concerns such as brucellosis, anthrax, and rabies, which pose a fatal threat and are transmitted from domestic animals to humans through direct contact, bites, scratches, or exposure to animal products. The interaction between dogs as a primary means of safeguarding Maasai and their cattle in the wilderness, cattle, and the Maasai is one of the sources of an increased number of rabies cases in the Maasai regions of Arusha and Manyara. Statistics by Cleveland (2002) emphasize the severity of the issue, indicating that rabies alone is responsible for an estimated 1,499 deaths annually. As a result of Maasai's cultural reliance on cattle, it highlights the formidable health challenges confronting the Maasai and neighbouring communities.

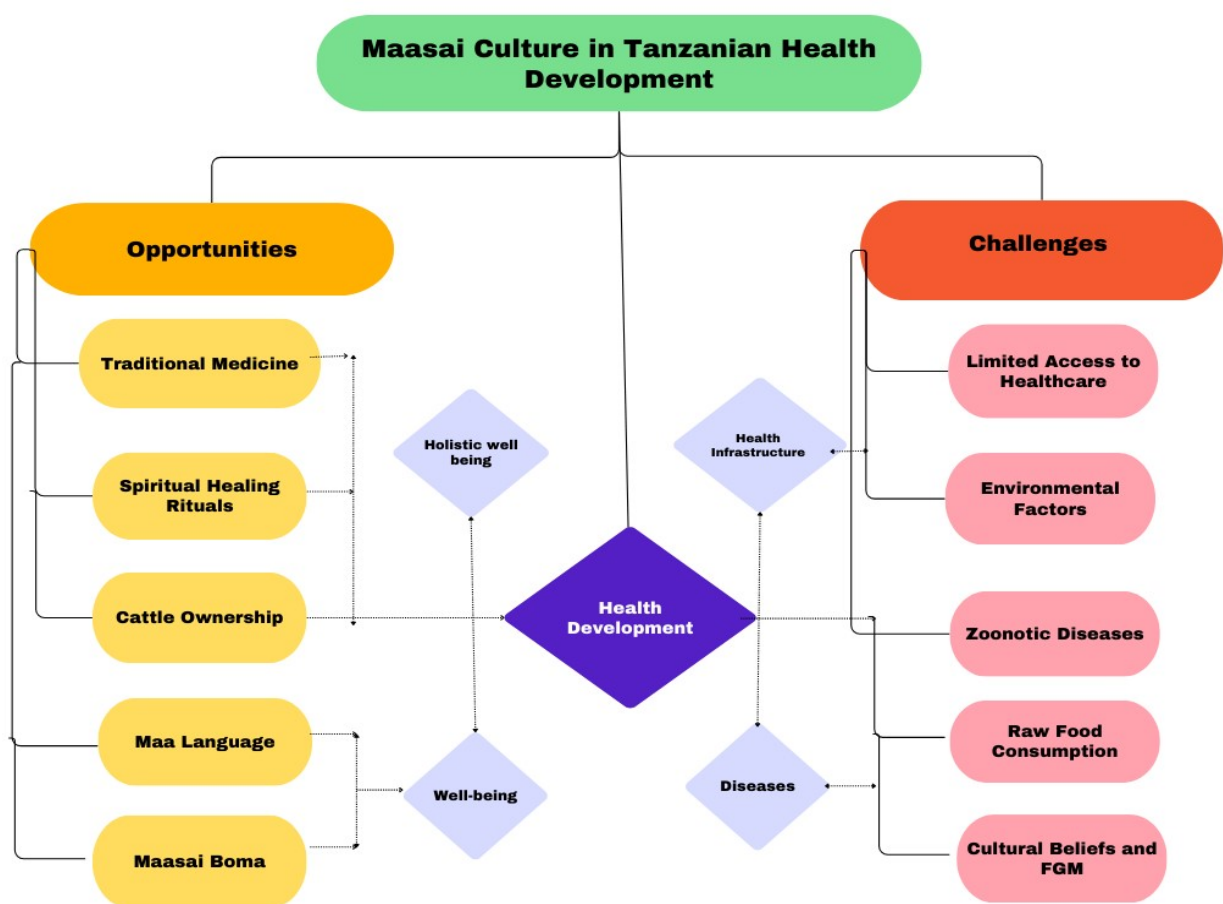
Furthermore, integral to the Maasai cultural identity is the **consumption of raw food** derived from their cattle, which forms the cornerstone of their diet. Their culinary staples include honey, meat, milk, tree bark, oil, and fresh blood (Piniel, 2021). Within this cultural context, raw food from animals is a dietary practice that imparts strength to the Maasai community but also a means of protection against diseases and a remedy for the ailing. However, an examination of this cultural dietary preference reveals potential health hazards. Clark's study (2022) highlights that raw meat and blood may harbour harmful bacteria and pathogens, posing risks such as food poisoning and transmission of diseases such as hepatitis B, hepatitis C, and norovirus. This underscores the importance of understanding and addressing the health implications associated with traditional Maasai dietary practices in the context of contemporary public health concerns.

Cultural beliefs, exemplified by practices such as **Female Genital Mutilation (FGM)**, emerge as a complex health challenge within Maasai culture and pose significant risks to the health and well-being of individuals. Maasai is one of the nomadic communities still practices female genital cutting, as argued by Graamans (2018), who cited Kiage (2014), Mohamed (2011), and Saitoti (1980). Although FGM is illegal in Tanzania, Sharp and Twati (2017) assert that a significant number of Maasai women participate in an unauthorized circumcision ceremony (FGM), viewing it not only as a cultural rite but also as a prerequisite for marriage. While this practice is deeply ingrained in Maasai beliefs, it is associated with short- and long-term health risks, such as bleeding, genital tissue swelling, urinary infections and retention, sleep disorders, bacterial and viral infections, psychological problems, intense pain, difficulties in daily life and sexual life, gynaecological and tearing during childbirth (Andro et al. 2014; Berg et al. 2014; and Klein et al. 2018). Addressing such cultural challenges requires a delicate balance between respecting cultural heritage and promoting health education and awareness to encourage positive behavioural change.

5.0 Summary of Findings and Integration with Conceptual Framework

The cultural exploration in the context of Tanzanian development in the health sector uncovers a complex landscape filled with both opportunities and challenges. These findings align closely with my established framework, which draws from the Cultural Ecological Model and disciplines such as anthropology, health studies, and development studies. In my in-depth analysis of this subject matter, I discovered the dynamics that unfold across aspects of Maasai cultural practices, which contribute to the overall narrative of health development, as illustrated in Figure 3. In short, the diagram reveals a careful balancing act between opportunities and challenges in the complex dynamics of Maasai culture in Tanzanian health development.

Figure 3: Opportunities and Challenges of Maasai Culture in Tanzanian health Development



5.1 Health Opportunities in Summary

Traditional Medicine and its economic empowerment potential; My essay highlights the role played by traditional medicine within Maasai culture. This observation resonates with the Cultural Ecological Model and Development Anthropology. Scholars like Kiringe (2006) and Stangeland et al. (2008) emphasize how Maasai traditional medicine holds potential by providing an avenue for income generation. This aligns well with the concept of addressing determinants of health

through not only promoting better health outcomes but also enhancing economic well-being.

Cattle Ownership as an essential cultural practice; The possession of several cattle is deeply ingrained in Maasai culture. This carries immense cultural significance. It emerges as an avenue for improving health outcomes with the principles outlined in the Cultural Ecological Model. Dercon (1998) underscores both benefits. Improved access to healthcare services associated with cattle ownership emphasizes its role, in meeting basic needs. However, it is important to recognize the differences, in cattle ownership as discussed by Quinlan et al. (2016). This adds a layer of complexity to the health opportunity we are discussing.

Communication; the use of the Maa language as a health opportunity aligns with our framework's focus on societal factors that influence health outcomes. According to Kreuter and McClure (2004), local languages play a role in health communication. However, we must carefully consider language barriers and their impact on healthcare delivery as highlighted by Al Shamsi et al. (2020). This introduces complexities that need to be taken into account within the context of dynamics.

Orng'eshher Community Contribution; The Orng'eshher ceremony contributes to community well-being, exemplified by the construction of a village dispensary. This aligns with the perspective of Development Anthropology. Sharp and Twati (2016), emphasize the significance of this ceremony showcasing how cultural practices can actively contribute to healthcare infrastructure. However, we should address concerns about gender inclusivity within these contributions since there seems to be a focus on male participants. This challenge deserves attention within our framework.

5.2 Health Challenges in Summary

Limited Access to Modern Healthcare; The challenge of access to modern healthcare facilities aligns, with the theory of Social Determinants of Health which emphasizes how social and environmental factors impact health outcomes. Karanja et al. (2018) emphasize the importance of addressing the infrastructural barriers that exist to bridge the gap, between modern healthcare practices.

Environmental Factors and Zoonotic Diseases; The Maasai pastoralist lifestyle presents a situation when it comes to the risk of diseases. According to Kriegel (2021), interactions between communities, their livestock, and wildlife can potentially lead to health hazards. As the Maasai community navigates its pastoralist traditions in a changing world, understanding and addressing the environmental factors contributing to the transmission of diseases become pivotal in safeguarding both human and animal health.

Cultural Dietary Practices; The cultural beliefs underlying Maasai dietary practices pose health challenges that intersect with the Social Determinants of Health theory. In a study by Clark (2022), it is pointed out that consuming raw animal products can have health risks. Balancing heritage with public health concerns becomes essential in addressing this issue.

Cultural Gender Inequality; The perpetuation of gender inequalities within Maasai culture through practices like **Female Genital Mutilation (FGM)** aligns with the perspective of Development Anthropology. Graamans (2018) emphasizes the significance of FGM highlighting the need for a distinction approach that considers both sensitivity and health education.

When we integrate these findings into our framework, we can observe how aspects of Maasai culture influence health development in Tanzania, variously. The interaction between cultural practices, societal factors, and environmental considerations highlights the complexity involved in addressing health opportunities and challenges within this cultural context.

6.0 Conclusion

To conclude, involving Maasai culture in the development of healthcare in Tanzania sheds light on a landscape where cultural practices intersect with both opportunities and challenges. By integrating traditional medicine, cattle ownership, local language such as Maa, cultural ceremonies, and dietary habits into the framework, we understand the complex dynamics at play. While cultural practices offer opportunities for empowerment and community well-being, they also present challenges such as limited access to modern healthcare, environmental factors and the spread of zoonotic diseases, gender inequalities, and potential health risks.

This complex understanding emphasizes the importance of interventions that leverage the strengths of Maasai culture while addressing disparities and health risks. As Tanzania continues its journey towards improving healthcare, it is crucial to acknowledge and navigate the complexities of dynamics within the Maasai community in formulating inclusive health policies. The essay findings underscore the significance of an approach that respects cultural heritage, encourages community involvement, and ensures equitable access to healthcare for everyone. These efforts lay a foundation for building a more resilient Tanzanian society.

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