



HIV/AIDS Scourge in Nyanza Province: Poverty, Culture and Behaviour Change

1.0 Introduction

1.1 Background

HIV/AIDS has become one of the leading challenges to socio-economic well being of the developing countries, of which sub-Saharan African nations are the most affected. This is because more than one half of the reported HIV/AIDS cases occur among the economically active and productive segment of the population, viz. 16-55 years. This is the age bracket in which investments in education and training begin to pay off and families are established and natured. As a result, the pandemic leaves behind a pool of destitute orphans, in most cases under the care of the elderly and less productive grandparents. The consequences are heightened poverty levels, low school completion rate, rising cases of child labour, depression and increasing crime rates in the urban as well as rural settings, among other problems. The scourge is also associated with: (i) Low rates of investment because of a high dependency ratio. The number of dependants overwhelms the few active individuals, leading to very low or zero savings for purposes of investment in capital equipment for continued productivity; (ii) An over-burdened health sector with rising numbers of people seeking health services, thereby increasing the cost of healthcare; (iii) Over-stretched hospital facilities as bed occupancy rate escalates. The bed occupancy rate reflects the extent to which HIV/AIDS constrains facilities and undermines the capacity to provide other services; (iv) Poor quality education as teachers are decimated at an alarming rate; (v) Diverted investment attention as the government and the stakeholders channel funds to care for infected and the orphans at the expense of income generating activities and other social welfare facilities.

In Kenya, Nyanza Province is leading in the prevalence of the scourge. In spite of the high level of awareness, behavior change is desperately lagging behind, which can be traced to the retrogressive cultural practices among other factors.

1.2 Problem Statement

HIV/AIDS deaths have continued to rise unabated ever since the scourge was first diagnosed in Kenya in 1984. The government and the various stakeholders have over time initiated various intervention measures, targeting development of vaccines, awareness creation and sexual behaviour change. However, results yielded have varied from one geographical place to another. In some places such as Nyanza Province, only marginal success has been recorded, especially in adoption of safer sexual practices.

According to NASCOP over 80 per cent of HIV transmissions in Kenya occur through unsafe sexual contact. Yet, in Nyanza, sex is so deeply entrenched in the cultural framework that it cannot be understood in isolation. In order to understand the spread of HIV/AIDS better, it is critical to examine socio-cultural attributes such as marriage patterns, types and forms of sexual association, widow inheritance, power relations between men and women, especially regarding negotiation for safer sex. Even though the pandemic has attracted multidisciplinary studies and multisectoral responses, information on socio-cultural explanation of the spread of the virus in Nyanza remains scanty and outdated. Such information is vital for formulating effective programmes that can promote behaviour change for safer sex practices.

1.3 Study Objectives

The broad objective of the study was to establish the socio-cultural factors responsible for the spread of HIV/AIDS and effectiveness of the control programmes in Nyanza Province. Specifically, the study sought to: 1) Identify socio-cultural factors, which contribute to the spread of HIV/AIDS in Nyanza Province; 2) Establish the vulnerable and affected groups by gender, and level of education; 3) Establish the general level of awareness about the various aspects of the epidemic; 4) Establish the misconceptions about the pandemic and how it affects behaviour change; 5) Identify the existing

HIV/AIDS preventive programmes; and 6) Assess households' access to HIV/AIDS preventive programmes.

1.4 Methodology

The study used both primary and secondary data. The primary data was obtained using structured and unstructured questionnaires and observation to complement the secondary data. The units of study were the household heads, opinion leaders and the institutions managing HIV/AIDS intervention programmes. On the basis of prevalence rates and presence of active stakeholders, five districts were purposively sampled, namely, Suba, Kuria, Bondo, Kisumu and Nyando. From the districts 450 households were obtained through multistage sampling technique; 148 opinion leaders and 55 institutions were purposively sampled on the basis of the information provided by the provincial administration regarding active involvement in development issues and collective decision-making, duration of operation in the district and area of coverage. Both quantitative and qualitative procedures were used to analyze the data. Quantifiable information was coded, entered, cleaned and analyzed using Statistical Package for Social Sciences (SPSS) to produce frequency distributions. The study relied on qualitative analysis where field notes were beefed up and used to construct summary sheets which were then used to develop systematic analysis.

2.0 Results and Discussion

2.1 Socio-Economic Factors in the Spread of HIV/AIDS

Inadequate information and misconceptions about HIV/AIDS

Public awareness about the existence of HIV/AIDS in Nyanza is high with 94 per cent of the household heads interviewed confirming such knowledge. The respondents also reported awareness of various issues about the scourge, such as ways of transmission and status of the cure. However, in spite of the high level of awareness, misconceptions still exist, particularly on the mode of transmission.

Poverty, casual sex, promiscuity and spread of HIV/AIDS

Poverty is the leading pre-disposing factor to casual sex and promiscuity, which in turn enhances the spread of the scourge according to 60.7 per cent of the household heads and 97.4 per cent of the

institutional representatives. Casual sex is common among the youth and between the youths and adults. In most of the cases, the females, who are the poor majority, are lured into sex by the males of higher economic status in exchange for favours such as food, clothing and money.

Promiscuity was defined in the study as having more than one sexual partner and applied mainly to people who were married. It is a common practice in the area as indicated by 15.9 per cent of the household heads, who admitted that they had had more than a sexual partner in the six-month period prior to the survey. With regard to gender, more males than females are promiscuous. This is because it is culturally acceptable for men in the communities to practice polygamy. Many men have taken advantage of the situation to engage in extra-marital affairs. Many of the people are aware of the possible consequences of engaging in casual and promiscuous sexual relations. However, the short-term benefits appear to outweigh the risks involved. Besides poverty, the practices are also encouraged by rural to urban migration, especially where regular sexual partners are away for sometime when they migrate to look for job opportunities. The duration of separation provides an opportunity to engage in illicit sexual activities.

Commercial sex and the spread of HIV/AIDS

Commercial sex is a common trade for many women, especially in the urban areas. They resort to this practice due to various reasons: Poverty was cited as the major drive, with some doing it for leisure while others fall victims of peer influence. Whatever the reason for engagement in the practice, 92.4 per cent of the household heads pointed out that commercial sex work was one of the major practices behind the spread of the HIV/AIDS. This is particularly so because the sex workers have to provide services according to the wishes of their clients. They handle a variety of clients, some of whom have no regard for condoms as a method for safer sex. Even such clients are charged a little higher, the sex workers are still at a greater risk of contracting and spreading the virus.

Beach Culture and the Spread of HIV/AIDS

According to 91.9 per cent of the opinion leaders, beach culture is conducive to casual and commercial sexual practices, hence playing a major role in the spread of the scourge. Some of the reasons cited include: high liquidity among the fishermen, which corresponds with the influx of poor women from the hinterlands; consumption of illicit brews and drugs

and the proliferation of video houses for entertainment. The peculiar characteristics of the beach community are that men have sex at random and can change partners at leisure; and each woman at the beach must have a “husband” at any one time, to be assured of fish supplies and other favours; and in addition condom use is low. The consequences of the beach culture are felt not only among the immediate community but also in many neighboring hinterlands. This is because as the beach people move to the hinterlands to visit spouses and relatives, they carry the virus along with them.

Negative attitude towards condom use

The major outlets for condoms are the shops, Community Based Organisations (CBOs), hospitals, health centres and public offices. Even though 76.7 per cent of the household heads have access to them, use is very low as only 16 per cent of them were regular users. The use of female condoms is even lower as was confirmed by only 2.3 per cent of the female household heads. Various perceptions inhibit the acceptability and use of condoms in Nyanza.

Alcohol and drug abuse

Alcoholism and drug abuse are some of the factors exacerbating the spread of HIV/AIDS in Nyanza. This was confirmed by 90.9 per cent of the institutional representatives interviewed. Some drugs and alcohol increase the desire for sex, impair reasoning and increases the likelihood of engaging in sexual contacts. Illicit brew intake is particularly high because the bottled beer is too costly for the majority.

3.2 Cultural Factors in the Spread of HIV/AIDS

Widow inheritance and ceremonies associated with death

According to 66.2 per cent of the household heads and 86 per cent of the opinion leaders, widow inheritance is a key factor in the spread of the pandemic in Nyanza. The practice is deeply entrenched in the Luo culture and forms part of the important funeral rituals that a widow has to undergo. Various forms of punishment are meted out to widows who fail to agree to the practice. These include ostracism, alienation and ridicule. Widow inheritance is practiced without any due consideration for the health status of the parties involved and the principles of safer sex. Worse still, there is no limit as to the number of widows a man can inherit at any given time. Hence the practice has a lot of potential for transmitting the virus. Another funeral related practice that also enhances the spread of HIV is the

nightlong dance to mourn the dead.

Initiation ceremonies and rituals

Some of the risk factors classified as outdated cultural practices and cited by 47.8 per cent of the household heads include female genital mutilation and removal of teeth associated with the Kuria and the Luo communities respectively. The practices are particularly risky because they are performed under unhygienic conditions and use of one unsterilized equipment on several initiates. This provides a lee way for the virus to be transmitted. Other outdated and risky practices includes sexual contact between the parents or between one parent and a stranger in the event of marriage of sons; setting up a new homestead and major agricultural activities such as ploughing, sowing and harvesting.

Religion and the spread of HIV/AIDS

Some religious institutions indoctrinate false and unrealistic information about sexuality and HIV/AIDS on their faithfuls. As a result, many faithfuls have internalized misguided beliefs and practices that are highly likely to perpetuate the spread of the scourge. For instance, 12.6 per cent of the faith-led household heads confirmed non-use of condoms because they are “ungodly”, yet some of them had had more than one sexual partner in the six-month period before the survey. Other religious activities that provide suitable opportunities for the faithfuls to engage in casual sex include the all night crusades and prayer meetings.

Fear and failure to expose HIV/AIDS status

As was acknowledged by 90 per cent of the household heads, many people in Nyanza still fear taking HIV tests. Some of the reasons cited are:

1. The fear of finding out a positive status;
2. Fear of stigma, discrimination and isolation by friends and relatives;
3. High risk of contracting the virus during testing;
4. Lack of confidentiality about the results.
5. Lack of faith in the results, due to perceived ineffective equipment.

In addition, it is a taboo to reveal HIV/AIDS as the cause of death, more or so when the deceased is a relative. Hence the partners of the deceased are at a high risk of spreading the virus in the course of the rituals associated with mourning the dead.

Other factors that also play a role in the spread of the disease include, misconception about the body size. People believe that plump and healthy looking individuals are free from HIV and that the scourge is a disease of the thin and feeble. As such, many

people have been misled to engage in unprotected sex. Social gatherings such as discos, weddings and parties extending into the night provide opportunities for the youth to indulge in unprotected casual sex.

3.3 Impact of the HIV Pandemic on the Community

HIV/AIDS has heightened the level of poverty among the communities surveyed and in Nyanza Province as a whole. Poverty is perpetuated by the high cost of taking care of the medical and nutritional needs of the infected, the funeral expenses, increased dependency from the swelling number of orphans, reduced number of hours spent in economic activities to take care of the ill and lack of will and hopelessness.

Poverty and orphanhood have reduced the rates of school enrolment and completion. Many children resort to child labour to fend for themselves and siblings and in some cases, the elderly grandparents, whom most of them stay with. Many AIDS orphans are deprived of the opportunity for moral, intellectual, physical and spiritual development, as they are often mistreated, lured to sexual activities at an early age or enslaved by their adopters.

On the economy, the pandemic has decimated the workforce, thus increasing the dependency ratio, strained the health facilities and increased the mortality rate.

3.4 Control of the Spread of HIV/AIDS

Available control programmes and activities

Various programmes have been initiated by the governmental and non-governmental institutions to fight the scourge through awareness creation, advocacy, clinical measures and mitigation of effects. Specifically, programmes have targeted Counseling, HIV testing, STD treatment, condom promotion, behaviour change campaigns, home based care promotion and training, orphan and widow/widower support and income generating activities. Nevertheless, according to 58 per cent of the institutional representatives, the programmes have not made significant impact on the lives of the people. While 32.9 per cent acknowledged that the impact was moderate, only 9.1 per cent reported that their programmes had been successful. The major reasons explaining the minimal achievement registered by HIV/AIDS programmes in Nyanza include inadequate funds, corruption in channeling the funds

to the communities, counter-productive cultural practices and a “don’t care attitude of the people”.

Suggested measures to control the spread of HIV/AIDS

According to the household heads, efforts to control the spread of the pandemic should emphasize fidelity in marriage, promote condom use, advocate against retrogressive cultural practices such as widow inheritance and promote change in attitudes and misconceptions. For the opinion leaders, programmes should target awareness creation; establishment of VCT centers; safer sex practices and skills among youth and couples; modification of out-dated cultural practices associated with sexuality; and promotion of condom use. The institutional representatives stressed the need for more awareness creation; training of more community health workers in guidance and counseling; encouraging people to declare their HIV status; providing free and sufficient ARVs and other drugs to fight opportunistic infections; and reliable funding for the programmes, among others.

4.0 Conclusion and Recommendations

Even though several programmes have been initiated in Nyanza, the war against the scourge is far from over. A lot more effort and resources must be committed to improving the economic situation, counter the risky cultural practices, clear the misconceptions, provide VCT facilities and services, provide ARVs for free, promote safer sex principles and support the infected and affected. Many programmes find cultural practices a major impediment because they are not planned and designed with involvement of the targeted beneficiaries in mind. There is need for a bottom-up approach to planning and design, in order to capture the critical cultural artefacts, for sustained success of the programmes.

For detailed discussion of the issues contained in this Brief, refer to IPAR Discussion Paper No. 056/2004: **HIV/AIDS Scourge in Nyanza Province: Poverty, Culture & Behaviour Change** by Paul Odundo & Wasunna Owino. ISBN 9966-948-65-1.

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