

Full Length Research Paper

Socio-cultural factors that perpetuate the spread of HIV among women and girls in Keiyo District, Kenya

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The human immuno- deficiency virus (HIV) pandemic is still ravaging, after the first case was diagnosed more than twenty years ago. Women are disproportionately affected, in 2008/2009 HIV prevalence among women was twice as high as that for men at 8 and 4.3% respectively (NACC, 2009). The aim of the study was to investigate the socio-cultural factors and risk perceptions that pre-dispose women and girls to the spread of HIV in Keiyo district, Kenya. The study further sought to determine the adverse effects of HIV on the livelihoods of the women and girls and also assessed the contribution of the government and NGOs in taming HIV. The study targeted women and girls in reproductive age (15 to 49). Kamariny and Metkei divisions were purposely sampled for the study. Two locations were further purposely sampled from the two divisions and basing on the number of house holds in each of the locations 98 females in reproductive ages were randomly selected. The key informants including the district medical officer, divisional education officers, leaders of CBOs, women group leaders and youth group leaders were purposely sampled and interviewed. Questionnaires, interview schedules and focused group discussions were employed. Secondary data was also used to supplement the primary data. Data was analyzed qualitatively and quantitatively and data presented in the form of frequency distribution tables, pie charts and graphs. In logic, assumption have in place that better- educated people have better access to information about HIV, how it is transmitted, and how it can be avoided and that inadequate or total lack of information on retrogressive socio-cultural factors perpetuating HIV spread leads to 'knowledge gap'. The study revealed that most women beyond the ages of thirty one years have the perception that they are least at risk to HIV infection as compared to the younger females (girls). Majority of the respondents (60%) associated FGM with HIV spread. Thirty one (31%) of the respondents pointed out that FGM is a step from childhood to adulthood. Forty percent pointed out that removal of the clitoris reduces libido in a bid to prevent promiscuity and 23.5% believed that the clitoris is a source of deviant behaviour. Concerning the effect of HIV on women and girls, majority of the respondents (80.6%) admitted that HIV leads to greater burden in the household income and 77.6% of the respondents thought that HIV infection or AIDS related deaths among women leads to loss of family income. Illiteracy was rated as the highest (95%) cause of women vulnerability to HIV infection followed by Poverty and FGM at 93 and 70% respectively. The study recommends that adequate resources be availed to support the capacity of women and girls to lead change on HIV through knowledge. There should be pro active leadership to ensure that women and girls are free from physical, sexual and psychological abuse especially stemming from negative socio-cultural practices.

Key words: Female genital mutilation, human immune-deficiency virus, HIV prevalence, socio-cultural.

INTRODUCTION

Globally women make up 46% of all people living with HIV, and the proportion of women infected with HIV is increasing in Asia, Eastern Europe and Latin America. In sub-Saharan Africa, the region most affected by AIDS, 61% of all adults and three out of four young people living

with the virus are female. Gender has a significant impact on (1) the transmission of HIV/AIDS in both heterosexual and homosexual relationships and on (2) the "differential" experiences of infected and affected women and men. As the world addresses the HIV/AIDS pandemic, the

inequitable sexual interaction between men and women will continue to have grave consequences, highlighting the importance of addressing gender-related expectations and attitudes. Despite this reality, policies and programs have been slow to incorporate a gender perspective into the HIV/AIDS agenda.

Although much has been written in this area, scant information is available on how socio-culture predisposes women to the spread of HIV in Keiyo District, Kenya. One of the striking features of HIV and AIDS is its impact on women and girls. At the beginning of the pandemic, women and girls were at the periphery; today they are at the centre. Globally, the incidence of HIV and AIDS among women has gone up (NACC, 2002).

Women now account for about half of all people living with HIV worldwide. This is attributed to poverty; gender based abuse and violence in homes, schools, work places and other social spheres, lack of information, coercion by older men and men having several concurrent sexual relationships that entice young women in a giant network of infection (NACC, 2002).

Willis (2002), reports that women are seen as disadvantaged in many areas of life. Sadly, this is also reflected in the clinical statistics surrounding HIV and AIDS, particularly in developing countries. In spite of the statistics from researchers pointing out that much has been made of the spread of AIDS by sex-workers in various African countries, a large number of women infected have one and only one sexual partner. Willis continues to say that through no fault of their own, majority of women worldwide who are infected are frequently monogamous, living out their lives as good wives and mothers in a variety of situations.

NACC (2002) observes that not all young people have sex because they want to. In a nationwide study of women 12 to 24 years old, 25% said they had lost their virginity because they had been forced. Unwilling sex with an infected person carries a higher risk of infection, especially for girls. Since force is used, abrasions and cuts are more likely and the virus can easily find its way into the bloodstream. More to this, condom use is unlikely in such situations.

Objectives of the study

This study sought to:

- (i) Identify socio-cultural factors and risk perceptions that

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Abbreviations: **AIDS**, Acquired immune deficiency syndrome; **FGM**, female genital mutilation; **HIV**, human immuno- deficiency virus; **NGOs**, non governmental organizations.

contribute to the spread of HIV in the District.

- (ii) Investigate the role of socio-cultural practices and risk perceptions in the spread of HIV.

- (iii) Determine the effects of HIV on the livelihoods of women and girls in Keiyo District.

METHODS

Questionnaires, interview schedules and focused group discussions methods were used to collect the data. Secondary data was also used to supplement the primary data. Simple random sampling was applied when selecting women in reproductive age where a total of ninety eight (98) women were selected as a representative sample. Questionnaires and focused group discussions were used for the women and girls. The key informants including the district medical officer, divisional education officers, leaders of CBOs involved in HIV, women group leaders and youth group leaders were purposively sampled and interviewed. This is because these are the individuals who are involved directly or indirectly with HIV issues.

Analysis

Because of the nature of the study, qualitative analysis has been widely used. Data has been presented and analysed by use of the following: Discussions, tables, graphs and pie charts. The results are analytically presented in the aforementioned methods in order to get visual advantage when comparing the results. Quantitative data have been presented in percentages and frequencies.

RESULTS AND DISCUSSION

The study sought to determine the socio-cultural factors that perpetuate the spread of HIV among Women and Girls in Keiyo District, Kenya. The study does this by examining the vulnerability that these women and girls face in terms of biological, socio-cultural and economic aspects.

Vulnerability of women and girls to HIV infection in Keiyo district

Throughout the world, the unequal social status of women places them at a higher risk for contracting HIV. Women are at a disadvantage with respect to access to information about HIV prevention, the ability to negotiate safe sexual encounters and access to treatment for HIV once infected (UNAIDS, 2007). This too is a reflection of the situation in Keiyo district, however information on socio-cultural factors perpetuating HIV spread among women and girls is lacking. This study will therefore look into this and avail information on the same.

Because of their different socio- economic, political, legal and cultural status, as well as biology, women and girls are affected by HIV and AIDS differently from men. They have less control over their own risk of infection, they risk the virus passing from their bodies to a foetus or baby, and they are the main carriers for everyone who

becomes ill with AIDS (Jackson, 1999). She adds that because of the typical pattern of sexual partnership, often involving younger women with older men, females also contract HIV at a much younger average age than males and die younger.

Deaths from AIDS typically peak in women in their 20s and in men in their late 30s and early 40s. HIV- infection levels in adolescent girls are often five or more times those in boys the same age (Jackson, 1999).

Biological vulnerability

Were (2004), observes that biologically, women are more vulnerable to sexually transmitted diseases/infections than men are. The biological susceptibility of women and girls is pegged to the following reasons:

Women are more of recipients during sexual activity and hence semen stays longer in their reproductive system; signs and symptoms of sexually transmitted infections tend to be realized sooner in men than women; girls mature and get involved in sexual activities earlier, yet their reproductive systems may not have fully developed to produce secretions that have some immunity to infections (USAID, 2006). It further explains that biologically women have larger mucosal surface, so micro lesions which occur during intercourse could be entry points for the HIV virus and also the sperm has a higher viral load than the vaginal secretions making the recipients (women) more vulnerable.

Women's increased biological vulnerability is compounded by their sub ordinate social status. A woman is more likely to have sexual contact even though she does not want to, whether she is raped or because she lacks the power to refuse her partner's demands (forced sex). When the vagina is not lubricated, the tissue tears more easily, increasing women's risk of exposure to HIV (UNAIDS, 2007).

Cultural and social vulnerability

The influence of culture on sexual behaviour is complex at both individual and societal levels. Peoples' control over their sexual lives and choices is in turn shaped by gender related values and norms defining masculinity and femininity. These culturally defined gender values and norms evolve through a process of socialization starting from an early stage of infancy (Nxumalo, 1999). Personal risk of contracting HIV is determined by numerous social and cultural factors that shape gender and sexuality perceptions, attitudes and behaviour. Gender norms are deeply rooted in the socio-cultural context of each society and enforced by that society's institutions and practices. Socio-cultural norms build

notions of masculinity and femininity which in turn create unequal power relations between men and women. These power imbalances impacts women's and men's access to key resources, information and their sexual interactions. It curtails women's sexual autonomy and expands men's sexual freedom and control over sexuality (IRIN). In many cultures women are not recognized, let alone treated, as the equals of men. Sexual abuse including rape is just one part of a wider problem of gender based violence (GBV). In every country, upwards from 20% of women have been abused by the men they live with. Where women fear violence from men-including emotional and psychological violence and social and economic deprivation, as well as physical violence-they are least likely to be able to negotiate for safe sex or condom use, or to prevent their husbands or partners from having other sexual relationships (Jackson, 1999).

High level of illiteracy causes women to be inaccessible to accurate and reliable information about HIV and AIDS (MOH, 1997). Studies in Sub Saharan Africa indicate that women are less likely to use condoms than men due to related power dynamics which make it difficult for them to request for condoms (Human Right Watch, 2003). Socialization of girls in many communities dictates submissiveness thus creating a situation where girls cannot negotiate or reject sexual advances (MOH, 1997). Culturally, wives are expected to provide sex- on-demand, regardless of their own feelings and needs. They are socialized within a framework that says, if you refuse your husband sex, you are pushing him into the ready and waiting arms of other women who are more beautiful, younger and available (Simon, 1999).

The world Health Organisation defines Female Genital Mutilation as 'all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs, whether for cultural or other non- therapeutic (non- medical) reasons (Willcox, 2005). It further observes that about 132 million women have been subject to FGM and that approximately 2 million women and girls are added to this number each year.

Willcox (2005) observes that in Kenya by the age of 19, 30% of women have been excised and 50% of women over the age of 35 have been excised. Among the Kalenjin community which the Keiyos form part of, the practice is still rampant with a percentage of 62% closely after the Maasais with an 89% practice rate.

Female Genital Mutilation predisposes women to HIV infection in many ways (example, increased need for blood transfusion due to hemorrhage either when the procedure is performed, at child birth, or a result of vaginal tearing during defibulation and intercourse). Women who have undergone FGM have a small opening, just large enough for the passage of urine and blood. Penetration or intercourse is difficult, often resulting in tissue damage, lesions and post coital bleeding (Simon, 1999).

Male circumcision is a rite of passage practiced by

most communities in Kenya on boys between the ages of 13 to 18 years. Among the Keiyos there are of two forms, the traditional one where the boys are kept in seclusion in the bush away from their parents throughout the period commonly called 'kipkaa', and the one where the boys are given a room within the homestead and are kept indoors for the entire period, called 'kipkanisa'. In the former alcohol is used and the trainers in most cases are not "respectable" people in the society. In most of the occasions the graduates that have undergone the former form of circumcision drop out of school at a very tender age. This has been attributed to the kind of doctrines and teachings they underwent. One such teaching is that of encouraging the graduates to engage in pre-marital sex in order to exercise their manhood. This has led to other undesired consequences such as rape, unwanted pregnancies, and unplanned early marriages but more so the risk of contracting HIV and other sexually transmitted infections (STIs) (Simon, 1999).

The high altitude training centre for athletes is located at the heart of Keiyo district headquarters, individuals from various parts of the country and even from abroad come to train in this centre. These individuals have different cultural values and come along with them. This mix up together with other factors such as idleness exposes these athletes to high risks of HIV infection. Athletes go for practice mainly very early in the morning and late in the evening, the other times of the day they are free. In the year 2008, there was an outcry from parents, guardians and teachers in the district, who complained of the extra burden they are forced to shoulder after their daughters gave birth and subsequently drop out of school. These athletes are trotting the villages of Keiyo district like peacock, impregnating gullible school girls then recklessly abandoning them and demanding the girls to undertake abortion, sometimes openly threatening them (Keiyo district children's officer, 2008).

Polygamy which is still a common practice in most parts of Africa, is particularly risky if men are allowed to have many girlfriends while seeking further wives, and if condoms are not used, or if wives seek extramarital relationships. If any partner becomes infected, the others are at high risk of infection during the window phase (Jackson, 1999).

The view that a boyfriend must use force in a first sexual encounter with a new girlfriend, so that she can prove she is respectable is still valued in the community. In this case, the abrasiveness of the sexual activity, and the fact that the girl is not aroused, increase the risk of tearing and hence of infection, and condoms are highly unlikely to be used.

According to Kenda (2005) with the rural women faced with numerous home chores like taking care of children, nursing the sick in the family, farming and daily provision of food, she is left with no time to participate in sensitization campaigns. Those nursing HIV and AIDS

patients are at a great risk of infection due to their ignorance and lack of information on transmission.

Cravero (2005) submits that poverty, ignorance and violence increase the vulnerability of women and girls to HIV and AIDS. You cannot tell a woman to abstain from sex when he has no choice on whether or not to have sex. You cannot tell her to be faithful when she already is and her spouse is not. You cannot inform her about the condom option when she is not in a position to negotiate for safer sex.

It does little good to tell a woman who is trying to figure out how to avoid being battered everyday about HIV. Socio-cultural factors in its cruelty are fuelling the spread of HIV and AIDS among women and girls. For example, older men are sexually exploiting young girls and infecting them. These, old men do not realize that their young women will soon infect young men since the old men are likely to die earlier thereby leaving these young women to be inherited by the young men. With feminization of poverty, the majority of the very poor are women even as they carry the burden of orphans and giving care to those sick of AIDS. And poverty further fuels the spread of HIV infection among the very poor women in their families.

Economic vulnerability

All over the world women's human rights are violated every day. Many women cannot earn a living wage and cannot afford the basic necessities of life. An area characterized by poverty and inequalities of wealth among women may put women and girls at greater risk. Women and girls in this category may personally wish to avoid casual sex, but since she has not had the education and job opportunities to enable her to earn a living safely, she may sell sex, with or without a condom, in order to survive (Jackson, 1999).

Research indicates that economically vulnerable women are less likely to terminate a potentially dangerous relationship, less likely to have access to information regarding HIV, less likely to use condoms and more likely to resort to high risk behaviors for a source of income (UNAIDS, 2007).

The study revealed that most women beyond the ages of thirty one and above have the perception that they are least at risk to HIV infection as compared to girls aged between fifteen to twenty six years. Practice of polygamy which was highly treasured by the Keiyo community in the olden days has faded with time as indicated by the small percentage of respondents (4%) in polygamous marriages. Further, women who were lower in the SES, that is, those who had lower levels of education had very little knowledge on HIV and retrogressive socio-cultural practices as they do not even have time to attend forums where such issues were discussed. Sixty four percent of the respondents had primary education with 44% having

gone up to the eighth grade and subsequently had no formal paid employment (only 12% of the respondents were in formal paid employment). Majority of the respondents (60%) associated FGM with HIV spread. In the district the practice still goes on secretly and goes hand in hand with early marriages and school girls dropping out of school.

Socio cultural factors, attitudes and behaviour play a very important role in perpetuating the continuation of the practice among the Keiyo. The most frequent reason that 31% of the respondents pointed out is that FGM is a step from childhood to adulthood. The study further found out that certain beliefs entrenched in the society play a major role in perpetuation of retrogressive socio-cultural practices.

One of these beliefs is that of removal of the clitoris to reduce libido in a bid to prevent promiscuity (40.8%). Twenty three point five percent (23.5%) of the respondents believed that the clitoris is a source of deviant behaviour such as lesbianism and thus should be removed.

Concerning the effect of HIV on women and girls, majority of the respondents (80.6%) admitted that HIV leads to greater burden in the household income and 77.6% of the respondents thought that HIV infection or AIDS related deaths among women leads to loss of family income as most women are the bread winners in their families. Illiteracy was rated as the highest (95%) cause of women vulnerability to HIV infection. Poverty and FGM followed closely with 93 and 70% of the respondents indicating that they were causes of women vulnerability respectively.

The study recommends that adequate resources be availed to support the capacity of women and girls in Keiyo to lead change on HIV through knowledge provision on the effects of negative socio-cultural practices. Further, there should be pro active leadership to ensure that women and girls are free from physical, sexual and psychological abuse especially stemming from negative socio-cultural practices.

Finally there should be proactive leadership to ensure that stigma and discrimination is eradicated, offering solidarity and support to all women and girls, particularly those infected or affected by HIV in Keiyo district.

Conclusion

Several socio-cultural practices and risk perceptions such as FGM, GBV, low status accorded to women, perceptions associated with dowry paying and young girls among others play a key role in perpetuation of HIV spread directly or indirectly. Most of these socio-cultural practices and perceptions are sacred and information about them is disseminated with care.

The society considers certain socio-cultural practices such as FGM, renaming of children, disciplining wives by

husbands and viewing women as children a prerequisite for one to be integrated into all the community's activities. For example, FGM which the society calls female circumcision is considered as a prerequisite to marriage and child bearing. Anyone who does not obey these taboos is breaking the socio-cultural and traditional norms of the community. Application of laws and rules of the state cannot stop these retrogressive socio-cultural practices without gradual change of people's culture and attitude.

HIV/AIDS has adverse effects on the livelihoods of women and girls in Keiyo district. Women and girls do not only have to shoulder the burden of being infected with HIV from the male counterparts, but also that of taking care of the infected and the affected in the home.

The government, religious organisations, Community Based Organisations and Non-governmental Organisations play a very important role as far as curbing HIV is concerned.

RECOMMENDATIONS

1. The study has made the following recommendations basing on the findings. Socio-cultural factors, risk perceptions, attitudes and behaviour are the main factors to be put into consideration if a long lasting solution to the factors that may pre-dispose women and girls to HIV infection is to be realised. Since information on these socio-cultural factors, risk perceptions, attitudes and behaviour is sacred to the community, it is recommended that advocacy be done on the need for the community to abandon the retrogressive socio-cultural factors and maintain the positive ones that give them their cultural identification.
2. The study further recommends that there should be proactive leadership to ensure that women and girls are free from physical, sexual and psychological abuse.

Studies indicate that women are more likely to be victims of sexual violence than men and thus more vulnerable to HIV. Secondly, adequate resource should be available to support the capacity of women and girls to lead change on HIV. As the HIV pandemic becomes increasingly feminised, there is need for increased funding to include building the capacity of women and girls to be visible and effective in making decisions, designing solutions and implementing strategies that will reduce the impact of HIV on them.

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