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# **Socio-Cultural Factors Contributing to the Spread of HIV and AIDs in Homa Bay County, Kenya.**

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**How to cite:** Otieno, Edwine. Jeremiah. & Okuku, Michael. Tedd. (2017). *Social cultural factors contributing to the spread of HIV and AIDS in Homabay County, Kenya* In A. N. Maurice, *Beyond Agency, Voice and Space in Africa's Development* (pp. 135-146). Nairobi: Centre for Democracy, Research and Development

## **Abstract**

Kenya is still battling with the prevalence of HIV and AIDS and the disease has threatened her social and economic fabric. It has been estimated by National AIDS and STI control Programme that 1.6 million people live with HIV in Kenya. Most affected is Western Kenya which has the highest HIV prevalence in the country. The epidemic in this region has been seen to be propelled by the socio-cultural practices such as wife inheritance and other risky sexual behavior. The overall objective of this paper is to unravel the socio-cultural factors contributing to the spread of HIV and AIDS in Homa bay County, Nyanza Region, Kenya. It also investigates Meta factors behind traditional practices associated with sexual norms of the community. The theoretical framework for this study is founded upon the Extended Parallel Process Model (EPPM) and Bandura's Social Learning theory. The study adopted mixed research methods, both qualitative and quantitative. The research designs employed were explorative, descriptive and contextual. Purposive sampling and simple random sampling was used to select 250 participants aged between 15-70 years in Homa Bay County, In-depth, individual interview and focus group interviews were used to collect data using semi-structured and open-ended questions. Data were analyzed thematically by identifying and expanding significant themes that emerged from the informants' responses, include wife inheritance, setting up of new homes, youth entertainment, preparing to launch planting, harvesting, polygamous marriage and ritual performance. The findings revealed that social cultural practices lead to HIV infection, in most cases most are accompanied with sexual intercourse. Other issues which emerged include: lack of information about HIV/AIDS, poverty, substance abuse, unsafe sexual practices, Ignorance and cultural beliefs. The study also revealed that practices are practiced for fear of traditional curses which include taboos which may result to death and stigmatization from the society socialization. This study recommends that, youth need to be well informed about the pandemic, know its contributory factors and the consequences. The paper also challenges the actors involve in HIV preventive to include elders in negotiating the traditions to find cultural alternatives, this paper also acknowledges the involvement of local channel for fight against HIV.

**KEY WORDS:** HIV and AIDS, social cultural practices, Homa bay

## **Background to the study**

HIV and AIDS is a global pandemic that deprives households of incomes. The pandemic impacts negatively in all spheres of humanity and developmental sectors ranging from economic, political and social development. Its consequences are most severe in health care, farming and food security, households' income, the military strength, and education, (Stefan et al. 2009). UNIADS global update report, estimate that 36.7 million people lives with HIV, the most affected region being the eastern and southern Africa. Coverage increased from 24% [22–25%] in 2010 to 54% [50–58%] in 2015, reaching a regional total of 10.3 million new HIV infections (UNAIDS 2016). The report indicates that adolescent girls and young women aged 15–24 years accounts for 20% of new HIV infections among adults globally in 2015, and in sub-Saharan Africa, adolescent girls and young women account for 25% of new HIV infections among adults, and women account for 56% of new HIV infections among adults.

According to (Sharp and Hahn 2012), the tragic HIV and AIDS pandemic is principally a sexually transmitted infection, Medical scientist estimated that, 80% of HIV positive people in Africa acquired it through sexual intercourse. Ten percent are infected through blood transfusion donated by HIV positive people, another ten percent is got through the use of shared sharp objects HIV through child birth process. Kenya is one of the four HIV 'high burdens' countries in Africa, about 1.6 million people live with HIV infection in 2015. (National AIDS and STI Control programme 2016). Among 47 counties Homa Bay County contributes to 10.4% of the total number of people living with HIV in Kenya, and is ranked the second highest nationally.

The disease epidemic in western part of Kenya is reportedly propelled by the cultural practices such as wife inheritance, complemented with other elements of risky sexual behaviour including early age first sexual intercourse, multiple sexual partners, unprotected sexual intercourse with 'at risk' sexual partners, and untreated sexually transmitted diseases (Pricilla, et al. 2003). However culture is still being viewed as the main culprit of HIV spread in the region. HIV prevalence in Homa Bay County is 4.5 times higher than the national prevalence. The HIV prevalence among women in the County is higher (27.8%) than that of men (24.0%), indicating that women are more vulnerable to HIV infection than men in the County (National AIDS and STI Control programme 2016). This disproportion is attributed to cultural practice in the area;

The issue of the cultural activities has been widely debated by researchers as one of the contributory factors to the spread of HIV in the county, (Agot et al. 2010) postulates that cultural practices of widow inheritance and sexual cleansing as well as no circumcision of men are among the key factors that account for the disproportionate burden of HIV within the Kenyan Luo community, Homa bay being one of the Luo speaking community, is not exempted from this postulation. (Agot et al. 2010). Globally, unsafe sex is the principal mode of HIV transmission, heterosexual is the most common sexual practice in Kenya and is used in fulfilling of cultural rituals. The people of Homa bay, in particular, are affected by the practices of wife inheritance and commercial unprotected sexual behaviour among fishermen with female fish traders has been investigated by researchers. Previous research have been limited to the factors facilitating the cultural practices associated with sexual norms of the community, despite wide spread awareness of HIV and AIDS and accessible preventive measures. Still there is new HIV infection in the region even with the presence of both national and international agencies focusing on HIV prevention in region.

This paper focus on how the culture of Homa bay people contributes to the spread of HIV and AIDS. It examines existing certain cultural norms such as wife inheritance influence and

youthful sexual behaviour, their lifestyles, ranging from entertainment to social practices in sexuality, and more importantly on factors that continue to facilitate these cultural practices in the region.

### **Objectives of the study**

The overall objective of this paper is to unravel the socio-cultural factors contributing to the spread of HIV and AIDs in Homa bay County, Nyanza Region, Kenya.

#### **The specific objectives are as follows:**

- i. To examine the contribution of cultural factors to the spread of HIV in Homa bay
- ii. To explore the Meta factors behind social cultural factors in relation to sexual beliefs of Homa bay people
- iii. To discuss the possible solution to the spread of HIV in Homa bay

### **Literature review**

#### **Theoretical conceptual**

The theoretical framework for this study is based upon the Extended Parallel Process Model (EPPM) and Bandura's Social Learning theory.

#### **The Extended Parallel Process Model (EPPM)**

The Extended Parallel Process Model (EPPM) was developed by Witty in 1992 argues that protective behaviour stems from attempts to control a real or potential threat and that it is normally used to raise the outrage of people. It is persuasive and scares people by describing a terrible thing that will happen to them if they do not comply with recommendation or a cultural norm.

The model focuses on two processes, danger control, which leads to message acceptance, and fear control, which leads to message rejection (Witty 1992). It is based on the idea that for people to take action to protect their health or change their behaviour, they must firstly, must be convinced that the threat is significantly severe. In other words, individuals must feel at risk perceived susceptibility. Individuals must also feel the threat is serious and its consequences to be too severe perceived severity. If the people feel that the threat is not serious they can ignore the recommended behaviour.

Secondly, the model holds that once people are in a heightened state of awareness because of fear, they must believe that they have the capability to take action that will avert the threat. However, when the perceived threat is high but individuals doubt their ability to effectively minimize the threat such as personal, social or physical barriers, they turn instead to controlling their fear and engage in denial, or defensive avoidance (Witty 1992). This means that people confide in their ability to act, that is, their self-efficacy and their belief about the effectiveness of the act. The model further states that the combination of high fear and low efficacy can be counterproductive; if people's fear levels have been aroused and then led to believe that there is nothing they can do, then they will avoid dealing with the issue altogether (Witty, 1992)

Fear arousal has shown effectiveness in Uganda leading to HIV reduction. Green and Witty (2006) observes that general awareness was comprised of alert messages, ghostly Pictures, drumming that culturally symbolize danger. The immediate output was instillation of fear and negative reaction as the messages were related to death, the two scholars state that even after a D was added to the ABC model which meant the addition the word "DIE" in Uganda in sensitization programs to arouse fear, this was abbreviated as ABSTAIN, BE FAITHFUL, use CONDOM or DIE.

In a study on widow inheritance in Bondo Kenya, Kawango, et al. 2010 confirmed that in-laws are becoming less willing to inherit the widows of their relatives because of fear and as risk for acquiring HIV from the widow. This means that fear messages can lead to the strongest reduction of risky behaviour, when a lot of fear is simultaneously evoked and at the same time recommending an alternative and less risky behaviour.

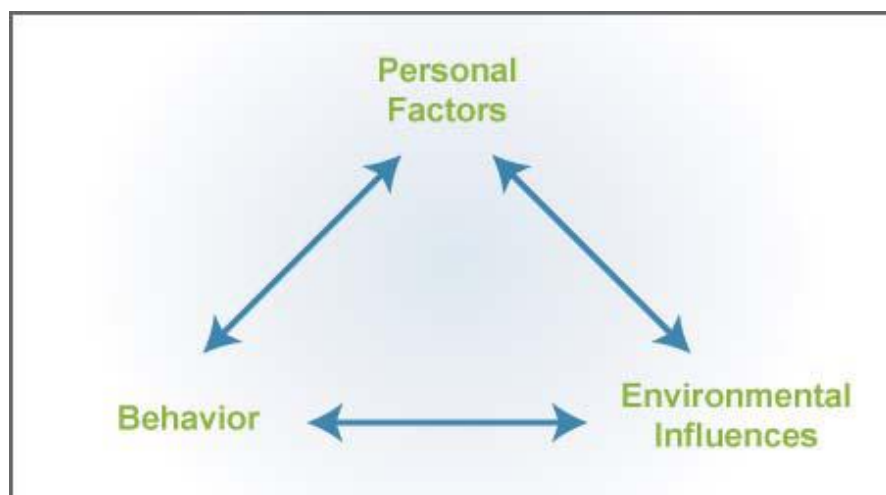
According to the Extended Parallel Process Model, those who practice widow cleansing, wife inheritance and other risky sexual behaviour who perceive HIV to be a significant health threat and believe that HIV protection is effective are more likely to make a cognitive choice to engage in protective health behaviors. This would be a form of danger control. However according to Kawango et al. 2010, cultural norms possess a greater fear due to its consequences of failing to comply with it. Culture is based on the obligation to fulfil societal expectation and gender roles.

Both taboo illness of culture and risk of HIV infection pose fear, this leaves people in a dilemma to balance in efforts to limit their risk for HIV infection with meeting cultural expectation (Kawango et al. 2010). In this way women and men who are afraid to confront potential HIV and AIDS, or have no alternative to cultural practices do not want to invest time in finding the most appropriate form of HIV prevention, they are more likely to focus on their emotional cultural response.

These individuals are likely to ignore or react to the advocated message leading to continued cultural practices that is fear control. Therefore, if the individual's attitudes, beliefs, perceptions, and behaviour are opposed to the recommended health behaviors, then the Extended Parallel Process Model provides the reasons why HIV prevention using fear appeal models have failed among the Luo speaking community and the high HIV prevalence in the area. The Model has been cited as explaining short term behaviour change when people are likely to react against scare tactics. It has also been criticized for being a basis for promoting stigma and being authoritarian as well as feeding denial. Though the recent HIV prevention utilizes positive messages rather than fear arousal, the model remains relevant in explaining the continued practice of traditional sexual norms such as widow cleansing, widow inheritance as well as sex ritual performances.

#### Social Cognitive or Social Learning Theory

This theory was developed by Bandura (1997) states that behaviour is learned either by modelling the behaviour of others or by direct experience. Social learning theory focuses on the important roles played by vicarious, symbolic, and self-regulatory processes in psychological functioning. It looks at human behaviour as a continuous interaction between cognitive, behavioral and environmental determinants.



Source: Bandura 1977

This theory explains that people learn to act by observing the actions of others, observing what happens as a result of those actions, evaluating the results in relation to their own lives and then rehearsing and attempting to reproduce those actions themselves. According to McAlister, Perry and Parcel, (2008), the Social Learning Theory posits that human behavior is the product of the dynamic interplay of personal, behavioral, and environmental influences. The common application relies on the role models and key opinion leaders to convey the message or to effect change. In the context of culture and HIV culture is handed over to the young people by elders describing what is to be done, and what is not to be done as well as the consequences. As is common in the socialization processes, young people will therefore predictably follow the traditions by practicing them. Such learning may adversely include the risky behavior “*bringing out the seed*” wife inheritance during planting seeds.

The social learning theory should be read closely with the historical earlier construct by Peaget (1896-1908), the famous French born Swiss scholar. He had stated that children learn through actively constructing knowledge through hands-on experience. Heavy reliance was put on the discipline of biology, philosophy, logic and psychology to construct complex theories about cognitive or knowledge acquiring development. He suggested that the role of an adult in helping the child to learn was to provide the space, appropriate materials for the child to interact and construct. (Santrock 1988, Wyse 2003).

Peaget’s theory focused on the rational thinking of the developing individual. That cognitive development improves in a stage-like sequence in an ordered and uniform manner. I.e. how individuals come to believe certain things and how they act in certain ways rather than in his thought or behaviour. However, Piaget’s stages theory of child development has remained a point of disagreement amongst child psychology researchers. They dispute evidence of and the characteristics of Piaget’s stages in a child’s intellectual growth.

Another point of disagreement is whether a child’s learning is mainly through the unlearned, biological processes, or, his experience and the social, environmental processes Berk, Laura (2003), Wyse 2003, Santrock 1988). His critics’ insist that this area requires much research before any convincing proofs can be established. Santrock accommodated this debate in his book by insisting that child development depends on both processes, i.e. an interaction of genetic/biological and environmental, social factors (Santrock 1988:18-19). However, Bandura

theorizes that the behaviour is learnt through social interaction influenced by environmental factors. In applying the social learning theory of Bandura to this study, therefore, it can be suggested that in learning from the older generation, some young people continue to inherit older women instead of marrying their age mates and setting up own homes.

### **The Contribution of Cultural Factors to the Spread of HIV in Homa Bay**

HIV and AIDS has affected Africa so badly due to the two key elements: a vector of transmission and an environment that facilitates transmission, (Sharp and Hahn 2012). the researchers and medical scientists estimated that 80% of HIV positive people in Africa acquired it through sexual intercourse. Ten percent are infected through blood transfusion donated by HIV positive people, another ten percent through sharing of the sharp objects. A few are infected by HIV through the birth process.

According to Pricilla, et al. (2003) sexual activity in sub-Saharan Africa appears to be driven largely by socio-cultural beliefs and practices, they explained that sexual behaviour is dependent upon social and cultural environment in which one lives. This is justified by the fact that HIV prevalence rates vary depending different geographical settings with each community having a unique culture. Studies conducted in South African and Nigeria on culture and HIV transmission show a link between HIV transmission and cultural practices such as polygamy, wife inheritance, dry sex, virginity testing are some of the investigated cultural practices by researchers which have a bearing on HIV transmission.

According to (Kendi, Mweru and Theresia 2008) in some Sub-Saharan Africa countries, sexual intercourse between unmarried partners is a requirement for some ritual practices. The traditional sex ethos among some Kenyan and South African cultural groups also requires females of non-prohibited degree of relationship to grant a request for sex. These practices lead to the spread of HIV and AIDS in those regions. In western part of Kenya HIV is more prevalent as compared to the northern part of Kenya. This is explained by the fact that heterosexual relationship is the major mode of HIV transmission. People of particular communities are thus at a higher risk of HIV infection due to the number of sexual partners than others..

According to Kawango et al. (2010), wife inheritance and widow cleansing is practiced among many African countries notably Uganda, Malawi, Zambia, Ghana, Senegal, Cote d'Ivoire, Democratic Republic of the Congo (DRC) and Nigeria. These practices are known to contribute to the rapid spread of HIV infection in the afore-mentioned countries. The obligation to fulfill societal expectation and gender roles creates room for individual to engage in unprotected sex even if the serostatus of the individual is not known. This reality undoubtedly puts the participants at the risk of HIV infection.

Despite the awareness and education campaign on HIV and AIDS it is evident that this has only increased knowledge but has not been sufficient to reduce the spread of HIV transmission. Pricilla, et al. (2003) assert that people make judgment based on a host factors and not just their knowledge of AIDS. This explains the fact that provision of information is not enough and other anti HIV interventions will rely heavily on societal norms to be effective. It has been suggested that the elimination of these cultural practices which are considered retrogressive should be the best option. They forget that there is no culture without moral canons and value.

Culture profoundly is a challenge to HIV prevention. Pricilla, et al. (2003) state that the ability of individual to be aware of to initiate and sustain safer sex depend upon the societal sexual norms and practices. This has been an obstacle is control and preventive measures of HIV infection

in Kenya and even among some African countries. Attempts to implement HIV prevention strategies often meet with culture as an obstacle, especially when the strategy does not conform to the people's culture.

### **Meta Factors behind Socio-Cultural practices in relation to sexual beliefs.**

According to Gaga (2011), cultural practices are responsible for the spread of HIV and AIDS. He investigated that how people are socialized contribute a lot in the spread of HIV. He states that discrimination begins at home, where men are regarded to be more superior than girls. Gaga explained that the tradition require the girls to be denature, accommodating and respectful. This affects their self-esteem as women easily submit to men for sexual intercourse. According to Kelly (2008), in his book, *Sexuality Today*, notes that in most of the countries, cultural norms affect females more as compared to males. Tholoana ( 2010) agreed with Kelly as he explained that gender differences/ inequalities contribute to the spread of sexually transmitted diseases. Unequal power relations becomes critical in making choices before sexual intercourse thus making women being unable to negotiate safer sex.

David and Abdulraham (1991) argued that women in Africa are portrayed as the principal vectors in the AIDS pandemic. He cites a study conducted in South Africa which revealed that women are more susceptible to economic incentives and, some, due to their social status, limit their ability to set terms of sexual encounter, particularly the use of condoms. Poverty is a factor and major influence of cultural practices, it increases illiteracy and hold people as slaves of culture. This has been significant in African pastoralist communities facilitating early marriage, early first sexual encounters and child labor both young boys and girls.

### **Effects of HIV and AIDS**

The UNDP (2013), states that chronic and catastrophic diseases are the main factors that push households from poverty into deprivation, as a result of mobility and morbidity. According to UNDP, there is strong evidence that most households invest part of their incomes on health needs either directly or indirectly in form of tax, AIDS pandemic increase morbidity and mobility in households. This has an impact in livelihood of an individual and society as a whole.

AIDs have a web of negative effects in our society. AIDS affect institutions in many ways, AIDs increase sick level, absenteeism, high medical expenses, low productivity, and high worker turn over, loss of skilled labor force, increase labor force, increase training cost, and increase expenditure on medical health, (OgunbodedeIle 2004). All this effects have made it almost impossible for people to break through vicious cycle of poverty especially among low income families.

### **Possible Solution to the Spread of HIV in Homa Bay**

According to UNDP, (2013) asserts that HIV epidemics are becoming more visible because many countries and cities have let previously successful HIV prevention programmers stagnate and shrink, rather than finding the right balance between ongoing focused work on HIV and broader efforts to strengthen health and community systems in general. According to Paul and Russell (2012), the conventional package of interventions in the fight against AIDS includes treating sexually transmitted infections (STIs), providing easy access to voluntary counselling, fighting stigma through public education programmes and the distribution of condoms, along with programmes to educate people about using the condom properly, for each and every intro-missive sexual act, in which the HIV status of both partner's is unknown.



Kenyan government is committed to the fight against HIV and has adopted several strategies which includes reduction of new HIV infections, improving health outcomes and wellness of all people living with HIV infections. Others strategies include using a human rights approach to facilitate access to services for people living with HIV (PLHIV), strengthening research and innovation to inform the goals, promoting utilization of strategic information for research and monitoring and evaluation to enhance programmes. Additional activities include increasing domestic financing for sustainable HIV response in voluntary, promotion of accountable leadership for delivery of services in all sectors (National AIDS Control Council, 2016)

In Homa bay county, male medical circumcision, door to door HIV testing are implemented to address serious levels of HIV infections. Other government and NGO programmes include youth seminars and workshops to sensitize and educate the youths on HIV prevention and life skills. However, while male circumcision lessens the risk of contracting HIV, the remaining risk is substantial. In fact, circumcision, like ARV therapy, may be incorrectly perceived as protecting fully against AIDS and this may lead to risk compensation. (.....) This means that culture forms a baseline to HIV prevention since there is not yet a cure for HIV infection or an effective vaccine, but there is evidence, technologies, and systems and experience that show what works in responding to HIV. With access to antiretroviral treatment, most people living with HIV can be kept alive, healthy and productive for close to a normal life-expectancy. The combination of treatment scale-up and appropriate prevention efforts, within an environment that protects human rights and addresses other relevant social factors, can significantly slow and reverse the spread of new HIV infections while reducing AIDS related mortality as suggested, by the (UNDP 2012).

## **Research Methodology**

### **Research Design**

The study employed exploratory design which involved review of literature relevant to the study, and allowed the use of qualitative and quantitative methods. The design was deemed relevant to this study because it allowed the researcher to do a highly qualitative study due to the nature of the study respondents.

### **Target Population**

The study population was derived from Asego ward and Obera secondary school, an estimated total of 7600 from which 250 respondents were sampled. Among these were 150 male students from Obera Boys High school (15-20 years), 50 were out of school female youths (15- 20 years), 50 adults (25- 70 years) consisting of 25 women and 25 men.

### **Sampling Techniques and Sample size**

The researcher used both purposive and simple random sampling to sample 150 respondents from Obera Boys High school. These were students from different classes (Form 2 to Form 4). From each form, 50 student all residents of Homabay were selected. Fifty young females were selected as respondents through simple random sampling. From Asego ward, 25 men and 25 women were selected using simple random sampling.

### **Data Collection Instruments**

Both primary and secondary data were used in the study. Due to the sensitivities of the study, the

researcher applied semi structured interviews, FGDs, In-depth interviews and questionnaire. These instruments allowed the researcher to connect with the respondents at personal level and get detailed information. The researcher used the Luo language which is widely spoken in Homa bay area. It should be noted that a significant number of the adult population are not well versed in English or Swahili.

#### Data Collection Methods and Techniques

Both open and closed ended questions were used to get the opinions and enhance objectivity of the respondents. The semi structured interviews gave the respondents more time to give their opinions while at the same time saving the researcher's time. In-depth interview schedules were used as an exploratory tool to validate the unexpected results revealed from the structured interviews. In-depth Interviews with key informants and observation helped the researcher to understand factors that influence traditional beliefs in the area. The researchers used two sets of questionnaires and interview guide for youths and adults due to the fact that some cultural practices are only observed by adults or those who own homestead and are married.

Focused Group Discussions were organized among the students to collect data that was used to clarify emerging data from questionnaires and interviews. The researcher organized 8 FGDs (14-15) of students aged between 15 and 20. Students were asked questions during the FGD sessions, and this enabled the researcher to gather data on all the research questions.

#### Data Analysis

The researcher employed analytical procedures of different types such as qualitative, quantitative data analysis methods. For the qualitative data, analysis was done along several stages. After coding had been done and themes identified, the researcher employed descriptive, analytical and interpretive approach in interpretation of data. All the returned questionnaires and written answers on interviews were checked to ensure that they were complete, accurate and uniform before analysis was done. The use of quantitative data analysis techniques was employed to analyze quantitative data which helped to generate frequencies and percentages these were presented using tables. Qualitative analysis was found most suitable and richer in terms of results because the researcher was able to present the information that was generated in direct quotes. Analysis of the information from unstructured questionnaires, interviews, observations and FGDs was done to achieve the study objectives.

### **Findings and Discussion**

The study revealed several cultural practices associated with HIV and aids, these cultural practices include; wife inheritance, Setting up of the homestead, Rituals of cleansing unmarried mother, entertainment and polygamy. Social issues such as poverty, illiteracy, ignorance are among factors fuelling the spread of HIV and AIDS as presented below. The study revealed that, among the people of Homa bay, sex is regarded as a sacred matter and precedes afore mentioned practices. This has not been considered by AIDS preventive agencies that focus on abolition of wife inheritance and sexual behaviour change.

#### **Wife inheritance**

Wife inheritance is a widely practiced custom amongst the Luo speaking people. It occurs when a married woman loses a husband. It was traditionally expected that close male relative such as an a brother in law would consummate sex with the widow, thus "inherit her" with the aim of

producing children with her to extend the lineage of his late brother. Gradually, however, the inheritance of widows has extended to persons outside the home of the husband sometimes to total strangers. Traditions demanded this to prevent prostitution and to continue the lineage of the deceased man. The tradition permits men who have established homes to inherit widows as young men are not allowed to inherit women. Ninety percent of the respondents indicated that wife inheritance is still a common practice. It was revealed that wife inheritance is widely practiced by men who own homesteads. According to the “rule of the gate” (or *Rangach*), which require individual who own the homestead to perform all the rituals regarding the homestead. The men indicated that they ought for wife inheritance because of purification, pleasure, domestic conflict, and request from the woman, and to acquire and protect the wealth of the deceased.

*When you have a querulous wife and there is a widow who is very young, polite and beautiful you may be attracted to her* (Respondent B).

Women respondents, on the other hand, also gave the reasons why inheritors are required and relevant. They claimed that widow inheritance facilitates the fulfillment of certain essential rituals such as purification, home development, sexual pleasure, raising more children, companionship, and to prevent prostitution, providing continued social and economic security for the widow, her children and family property. The consequences of not being inherited are too severe and they inflict fear among the widows, especially when it comes to the need for purification and fulfillment of the rituals already listed above.

**Table: 1. is wife inheritance still widely practiced in this area? (Adults)**

Gender	No of respondent	No	Yes	Total %
Female	25	3	22	50
Male	25	2	23	50
Total	50	5	45	100

Source (Author)

One respondents shared a shocking experience she witnessed:

*When my grandmother died, she had not been cleansed from her husband's death, so she could not be buried with the impunity (Chola), so someone had to be found to cleanse her, those day there were no nursing home, the body took two weeks, and was beginning to rot, when a man was found to cleanse her he demanded a lot of money for the service* (Respondent B).

Agot et al. 2010) observes that most of the widows who had children in the past five years of their husband's death and were not inherited, they argued that in an attempt to eliminated wife inheritance, this means that sexual activities are it replaced by alternative sexual behaviour or the practice is driven underground. Alternatives carry greater risk of contracting HIV. The study revealed that widows are left with little choice but to comply with culture unless the church comes into their rescue where a priest or pastor represent a man's figure, by praying for the family. However the sexual nature of people and cultural expectation possess a greater influence as the activity is driven underground. It is hard to fully abstain from sex and women don't prefer to be

remarried by another man leaving his children and possession hence prefer inheritance. This means that the fear and social exclusion play a greater role in widow compliance with these cultures.

The ABC model of HIV prevention is not effective among the people of Homa bay, (Agot et al. 2010) argues that sexual abstinence undermine cultural expectation in widowhood while the use of condom is deemed inappropriate in fulfilling cultural prescribe sexual rituals and is beyond widow ability to negotiate. The study confirmed that sperms is considered to be a cleansing factor in ritual performance, widow cleansing, launching of planting and harvesting and setting up of homestead.

### **Setting up of the homestead.**

This is a tradition which demands that when a man is setting up a new home, he cannot start living in it unless he has a wife and engage her in sex on the first night as a way of launching the home. The study revealed that no man can set a home without a partner. After the necessary preparations, the man and his wife leave his father's homestead to take up possession of or move to a new location to construct his own. They are not expected to come back to live with the home they have left.

The new home may or may not be complete or could be the merest shelter but the man and wife must be intimate on that very night. It was revealed through focus group discussions that said that when a man dies before setting up a home then the wife must look for an inheritor to build one for her and cleanse her. A change of bedding in the widow's house is also mandatory. The reason given for this tradition is that to affirm the code of unity among the couple, sign of possession as well as productivity and also to clear away any taboos for children. Respondents emphasized that failure to observe this tradition is believed to result in strange illnesses which may be attributed to taboo or "*chira*". Death of persons from such illness may occur soon after. Even much later on, any deaths or illnesses may be explained away on such grounds.

It was reported that this tradition contributes a lot to the spread of HIV infections. Widows are forced submit to sexual unions with inheritors whose HIV serostatus is not known. Such inheritors might also as well have their wives to look for alternative sexual partners elsewhere. However sexual intercourse is not the only way to implement this tradition. It was reported that this custom can be performed, for example by the widow asking the man to hung his coat in any place within the house or simply light for her a fire in the house to signify his new status as the new household head. The Church group to which the widow belongs to can represent a man's figure through the pastor or priest who pray over the foundation being laid for the house. When these alternatives are reinforced by the agreement of the elders, this can help to reduce HIV acquired through cultural practices. In line with this culture, boys, who own a house or "*apoda*", imitate this culture by looking for a lady to have sex with her **as a sign of ritual fulfilment** this later leads to sex at early age, early pregnancy and early marriage in most cases hence increase the chances of HIV infection.

### **Rituals of cleansing unmarried mother**

Apart from information on widow cleansing, the study also revealed that young women would require cleansing immediately she loses a child. This takes place when she is not married at the time she gets the baby. The ritual takes place after the burial of the baby. However, by custom, it was revealed that the body is not to be buried in the father's home but at their aunt's village. Before act of cleansing, the aunt needs to abstain from sex until the mother is cleansed. The study showed that young ladies are advised to look for the baby's father to cleanse her, failure

which she risks not getting another child or becoming barren. Most of these women possible have broken up with their partners hence because of desperateness they can scout for any man to cleanse them. Observance of such a tradition, therefore, puts these young mothers at risk of HIV infection.

*When my child died in 2011, I was told by my aunt to go and look for a man who could cleanse me, I had broken up with the man because she refuse to marry me and even take the responsibility so I found a man whom I did not tell the reason why and he cleanse me without knowing. If I could have not been cleansed I would be barren for life (Rochore) (respondent C)*

### **Launching planting and harvesting (custom of golo kodhi and duoko kodhi)**

This is a tradition that is performed during harvesting and launching of planting. It begins from the elders to the young, it requires the couple to engage in sexual union the night before planting and harvesting (this is the real meaning of launching planting). The reason given for this tradition is; (it is a tradition, for home development, and to prevent a taboo known as Chira, for high yields clear way for the young or ritual performance, for home stabilization). The study showed that the widows must find an inheritor to help perform this ritual, failure to observe this tradition can lead to taboo (Chira) which may lead to death. Hence leaving the widow with only one choice but to find an inheritor. In launching of planting one respondents said

*You do not need to have sex during launching of planting but you can give that maize to your cock very early in the morning to help you fulfill the ritual. (Respondent A).*

The consequence of not performing this tradition may also inhibit one from feeding from the produce, or a woman risk losing her sons through a taboo known as (Chira). Sexual union does not require the use of condoms. If the woman is old then she must live the homestead for the elder son to take control of the home stead however the son must be married, this tradition may force young men to marry at an early age hence early marriage for young girls and risk of HIV infection. The study revealed that very few people knew about the safe alternative to sexual cultural practices which exist and are well known to few elders in the society, in where individual belief they are ill of taboo illness they seek elder's advice or visit traditional healers for cleansing from the taboo illness. They believe the herbs (Manyasi) are given to cure the curse followed by some instruction.

*When you suspect you are ill of taboo illness you visit a traditional doctor (Nyamrerua) to give you the herbs (Manyasi) to cure you. (Respondent D)*

The people of Homa bay believed that the hospital cannot treat taboo illness neither can it be diagnosed in the hospital this belief may delay an infected person from getting treatment in the hospital as it might take time to cure the taboo illness.

### **Entertainment**

**The** study revealed that 75% of young people love night dance music, among them are boys .the night dance music is said to be as a result of, in-laws coming for death anniversary and after the burials. The reason given for this practice (it is a tradition, it is a form of entertainment, act as a good send off, to comfort the berried, showing solidarity, celebrating a life well lived and to appease the spirit of the dead). The tradition can also be used as a form of fundraising, Boy dance with girls at a price and the money is given to the bereaved, it also provide opportunity for them to meet ladies.

Drug abuse is common in this event since it is not monitored young boys take alcohol which intern can lead to unprotected sex, many young men confessed that during this entertainment is associated with violence and a fight usual erupt as a result of ladies wrangles, it is common for young people to engage in sexual intercourse at this event .

### **Table: 2. Do you attend village night dance music? Youths (15- 20 years)**

Gender	No of respondents	Yes	No	Total%
Male	150	131	19	75
Female	50	19	31	25
Total	200	150	50	100

Source (Author)

*Sometimes you just meet the lady and you have no condom so you just have sex because it is abrupt so you utilize the opportunity. (Respondent E)*

The study showed that young people are at risk of HIV infection especially those that attend these events.

### **Conclusion and Recommendation**

Culture is a very important component in HIV prevention before one think of elimination these culture one should ask why is it practiced, culture is internalized and possess a greater influence on how people will adopt any HIV prevention strategy. It should be noted that it is culture that will shape the health of the people not the message or the awareness unless they incorporate culture HIV preventions will continue to fail.

This study recommends that, youth need to be well informed about the pandemic, know its contributory factors and the consequences. The paper also challenges the actors involve in HIV preventive to include elders in negotiating the traditions to find cultural alternatives, cultural alternative found to be effectives should be advocated, this paper also acknowledges the involvement of local channel for fight against HIV, such as the church can be useful in HIV prevention. Traditional healers treat most of the sexual transmitted infection they should be included in the fight against HIV infection.

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