The Influence of Socio-Cultural Factors on Communication and Women Participation in HIV and AIDS Campaigns in Kenya[1]

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Abstract

HIV and AIDS is currently a major health, social and economic problem in Kenya. Conrolling the problem will largely depend on preventive measures that are based on sound communication, information and education strategies. This paper discusses the influence of socio-cultural factors on communication and women participation in the campaigns against HIV and AIDS among the Nandi of Western Kenya. Among the Nandi as is the case with other communities in Kenya, discussion of sex and sexuality is taboo and cultural practices and expectations hinder effective dissemination of HIV and AIDS messages. Women have low access to HIV and AIDS preventive messages due to attitudes, beliefs and practices that inhibit effective communication between them and the providers of HIV/AIDS information. To meaningfully involve women in the campaigns against HIV/AIDS in Kenya, HIV and AIDS information providers and educators need to design a comprehensive gender responsive communication strategies and programmes that are culturally sensitive.

Key words: Sociocultural, Communication, HIV/AIDS, Women, Kenya

1. Introduction

Communication is an essential process for all human activities. It is an act by which a person shares with others knowledge, feelings, ideas, information or facts in a way such that there is common understanding of the meaning, intent and use of the message. HIV and AIDS campaigns are information, education and communication (IEC) programmes whose main objectives include changing sexual behaviour of the targeted audiences and their perceptions towards HIV and AIDS. The change that is anticipated by the communicators (HIV/AIDS behaviour change agents) of the message may be visible in terms of behavior change and knowledge acquired. However, language and communication are influenced by social and cultural environment hence in a discussion of sexuality, AIDS and behaviour change, culture plays a central role (Crawhall, 1995). In many African cultures, the use of sexually explicit language in public elicits a feeling of shame. The Nandi cultural values prohibit explicit discussions of sexuality issues and the open use of anatomical terms particularly in public. Sexuality in Nandi as in many other African communities remains taboo subject and is shrouded in secrecy.

In the Nandi community, women have low social status compared to men and are generally considered as 'children' and thus the natural pattern is for the men to dominate (Chesaina, 1991). In this community, men control goods and services, information resources, decision making at the household level as well as in public. Public debates on sexuality and HIV and AIDS are particularly ineffective in public meetings where women are a small percentage.

Although HIV prevention campaigns have been conducted in rural Kenya including among the Nandi, the expected change in sexual behaviour has not yet fully been achieved. There still exists a major discrepancy between knowledge of HIV and AIDS, which is near universal and behaviour change (KDHS 2008-09). A major contributory factor to this is the clash between the strategies used in campaigns and the cultural tenets of the targeted communities. Since HIV is predominantly sexually transmitted, information concerning its prevention invariably involves issues of sexuality and sexual behaviour, which have rarely been comfortable areas of open discourse within heterogeneous groups in most African cultures (Nicholas, 1994).

The fact that women are at a higher risk of being infected with HIV and AIDS (NASCOP, 2008) and are greatly involved in the care of AIDS patients (Khaemba, et. al., 2009), implies that women must take active role in the fight against the pandemic. Women's traditional role as caregivers in many societies accentuates both their vulnerability to HIV and AIDS and the impact of the pandemic on women and girls. The inability of health care systems to cope with the demand of caring for the infected people have pushed the responsibility for care into the private domain of the family and the community where it is performed by mostly women. It is, therefore, imperative that women are fully involved in the prevention and behaviour change campaigns. In rural Kenya, however, the participation of women in the campaign against HIV and AIDS is still very low since, in addition to unequal power relations with men, most women lack proper knowledge on the prevention strategies of the infection.

It is now recognised that gender inequality is one of the principle factors fuelling HIV and AIDS (NACC, 2003) as well as hindering effective care of those infected (Khaemeba, et.al. 2009). Halting and reversing the spread of the epidemic depends on the success of efforts to address the deep rooted and interconnected gender inequalities that together have rendered women and girls vulnerable to HIV infection. Men have not been spared either. There is often unequal power balance in gender relations that favour men. In most circumstances, men have greater control than women over sexual matters and men's pleasure often has priority over that of women. This has not worked to protect men against HIV infection; it has instead exposed them to risks of infection (Maithya, 2009). Unfortunately, strategies to respond to HIV and AIDS crisis have consistently failed to include both socio-cultural and gender perspectives. This is because the interconnection between socio-cultural, gender and HIV and AIDS has either not been fully understood or appreciated (NAAC, 2003).

The higher rates of HIV infection among women and girls are explained not only by physiological differences but also socio-cultural factors (NAAC, 2005). The gender roles and relationships influence the level of women and men's risk and vulnerability to the infection (Lodiaga, 2000). Women's low status in society reduces their ability to make decisions on their lives and especially who to have sex with, when, how, where and under what terms. In this context, powerlessness of women makes it difficult for them to negotiate safe sex with their partners. Cultural norms that glorify women's and girls' ignorance on issues surrounding sex and sexuality and their low levels of education hinder their access to relevant information on HIV prevention. This paper seeks to explore and understand the socio-cultural factors that influence communication and women participation in the campaigns against HIV and AIDS epidemic.

Methodology

The research on which this paper draws adopted a cross-sectional design. The study aimed to describe women's response towards HIV and AIDS behaviour change programmes, their attitudes towards those who carry out the AIDS information communication and education and to understand and explain why women are inhibited in their participation in HIV and AIDS programmes. The study targeted both male and female members of the community aged between 15 – 55 years. This age category was chosen specifically because it is considered the most sexually active and the vulnerable to HIV infections (Obel, 1995, KDHS, 2008-09). The leaders of the various groups participating in the HIV and AIDS behaviour change programmes were also interviewed for their experiences during their campaigns.

Initially, purposive sampling technique was used to identify the four locations (administrative units) from which the sample was selected. The selected locations are Cheptiret, Kesses, Megun, and Kipchamo. These locations had a higher prevalence of the HIV mainly because they border Nairobi-Nakuru - Eldoret-Malaba highway, a major HIV and AIDS corridor. Simple random sampling was then used to select one sub-location from each location selected.

After selecting the sub-locations, a list of the Nandi community households from each village was prepared. From this list a table of random numbers was used to select 122 households. From each identified household, simple random sampling technique was employed to select one informant aged between 15-55 years to participate in the study. Care was taken to include men and women as well as different age categories.

Both quantitative and qualitative data were collected and analysed. Quantitative data were collected using questionnaires and face to face interviews. The questionnaire was divided into three sections; respondents' background information, source of HIV and AIDS information and women's attendance, perceptions and attitudes towards HIV and AIDS campaigns. Thus the questionnaire elicited information on people's perceptions, attitudes and behaviour in relation to HIV and AIDS information and the influence of interpersonal communication on women participation. These data were processed, coded and analyzed using Statistical Package for Social Scientists (SPSS).

Quantitative data were supplemented with qualitative ones obtained through key informant interviews, focus group discussions (FGDs), and direct observations. Six key informants were interviewed, that is three men and three women. Among the men interviewed, two were local administrators (chiefs) and the third a religious leader. The women key informants were two women group leaders and a health service provider who provided data on the methods they employ when passing HIV and AIDS preventive messages. Information on the level of women participation in HIV/AIDS behaviour change campaigns and their role in communicating HIV and AIDS information was also obtained. In addition, two FGDs, one with men and the other with women were conducted. Each FGD consisted of 6-8 participants purposively selected. FGDs members included People Living with HIV/AIDS (PLWHAs) who were women. Among the themes explored were women involvement in HIV and AIDS campaigns, the role of women in HIV and AIDS behaviour change communications, challenges women faced in involvement with these campaigns, and gender responsive strategies to improve communication on preventive messages. Data obtained from FGD and key informant interviews were analyzed thematically and reported in form of quotations.

Joining the AIDS educators during the campaigns provided invaluable data through observations on how they were conducted, channels of communication used and the level of women attendance and participation.

Findings and Discussion

Attendance at HIV and AIDS behaviour change campaign meetings

To establish the level of women's involvement in the HIV and AIDS awareness campaigns we sought to find out whether the informants had participated in the HIV and AIDS campaigns. Participation in this study refers to either attending the campaign meetings or acting to facilitate the awareness or listening to the messages and asking questions. The overwhelming majority (91%) had participated in the HIV and AIDS behaviour change campaigns at least once while a small percentage of the respondents had not participated. This suggests that there have been extensive HIV and AIDS campaigns conducted among the Nandi community. Indeed this finding mirrors the national level of HIV and AIDS awareness in Kenya, which is universal, standing at 99% of women and 100% of men aged between 15-49 who had heard of AIDS (KDHS, 2010).

Out of those who had participated in the HIV and AIDS campaigns men were 69.0% (84) while women accounted for 31% (38). Thus even though there was high attendance at AIDS preventive campaigns, overall, women accounted for less than half the total number of participants. The gender disparity is explained in part by the fact that attendance of public meetings popularly known as *barazas* is considered a male activity. What this means is that since the *barazas* are some of the major channels used for disseminating information, a large number of women get information about AIDS thorough men who may not necessarily pass the correct messages. Thus women may not receive the right information about HIV and AIDS prevention something which makes them more vulnerable to the infection.

Language used by the educators when discussing key HIV and AIDS issues

The kind of language used by the behaviour change agents or educators when discussing key issues such as sexuality and use of contraceptives is important in determining who will participate and how they will participate in the HIV and AIDS campaign meetings.

The findings show that the majority (86.1 %) of the educators use euphemistic terms particularly when they use the Nandi language as the medium of communication and interaction. Only a small number of the educators use the actual terms in Kiswahili (6.1%) or English (4.3%) or the actual terms in the Nandi language (3.5 %).

One of the key informants reported thus:

> Certain English terms are difficult to translate and that others when translated into Kiswahili acquire different meaning. One of the examples that I can give is the term Anti-Retroviral-Therapy (ART). This term is translated in Kiswahili as "*Madawa za Ukimwi*".

Clearly, the above translation is problematic because while the English term basically refers to medication that can slow down and even reverse the progression of HIV infection by reducing the multiplication of the virus thus delaying the onset of AIDS by twenty years or more, the Kiswahili term suggests one already has AIDS since "*Ukimwi*" refers to the full blown condition. There is no Nandi equivalent term to "*Ukimwi*".

The variety of responses received from the informants may be attributed to the different groups that provided HIV and AIDS information. But also because there is no single Nandi word that captures or describes sexuality related terms. For example, there is no Nandi equivalent term for condom. Most educators, therefore, use euphemistic terms in Nandi while discussing issues such as contraception, sexuality, and HIV and AIDS. For example, interview with key informants revealed that the term "*mpiret*" is used to refer to condom, which has a different meaning if used in a different context. In this sense the preventive message of condom use is not effectively passed to the target audience. A women focus group discussion, which included women Living with HIV/AIDS (PLWHAs) revealed that the Nandi refer to HIV/AIDS as "*miondom betusiechu*", which means the 'modern disease'. However, 'modern diseases' also refers to diseases such as cancer among other illnesses. Thus the lack of appropriate local terms to refer to or describe HIV and AIDS implies that health messages may not be accurately conveyed to the target audience during campaign meetings.

The Nandi culture discourages open use of anatomical terms in public or even private. The elderly women informants revealed that sexual terms such as female or male sexual and reproductive organs are a taboo to mention or discuss either in public or private. And discussions with women living with HIV and AIDS (PLWHAs) lend credence to the foregoing; they observed that among the Nandi, women cannot discuss sex and sexuality issues in the open. Further, it was established that there are strong social and cultural pressures and norms that limit women's ability to access information commensurate with the level of risk to HIV infection they may be exposed to. The PLWHAs reported that most women lack access to relevant information. Similarly, they lack resources and skills needed to avoid contracting HIV and to reduce the impact of the infection particularly when the change behaviour campaigners use euphemistic terms, which women may attach different meanings.

When and if the educators use the actual terms in a heterogenous group, they are likely to loose part of the audience/participants because of the cultural prohibitions. This partly explains the low attendance and/or participation of women in the AIDS campaign meetings, which almost always have mixed audience. Thus the kind of language used by behaviour change agents during campaigns contributes to the short duration of time that women spend to listen and participate in the programmes. Hence communication of the intended information on HIV and AIDS prevention does not effectively reach women. Language ultimately, therefore, becomes a barrier in the effort to explain issues pertinent to the prevention or treatment of HIV and AIDS.

Audience mix in the HIV and AIDS Campaigns

In order to know whether the HIV and AIDS behavior change agents take into account gender and cultural issues in their campaigns the informants were asked to state the nature of audience during the last HIV and AIDS campaign meeting (*Baraza*) that they attended. The results are displayed in table 1.

Table 1: Audience mix in the HIV and AIDS campaigns

Audience	Frequency	Percent
Homogenous (men only/ women only/ young men only/young women only)	8	7.0
Mixed young men and women	17	14.8
Mixed adult men and women	15	13.0
Mixed adults and young men and women	64	55.7
Men only (young and adults)	5	4.3
Women only (young and adults)	6	5.2
Total	**115**	**100**

Findings in table 1 indicate that the HIV and AIDS educators targeted and reach audience that is largely heterogeneous – that is, mixed, young and adult males and females. Observations revealed that men were the majority participants in these meetings.

Unlike other diseases, HIV and AIDS primarily affect young adults, particularly women (KNBS and ICF Macro, 2010). This notwithstanding, there is need to communicate prevention messages to all segments of the community. However, since HIV is primarily a sexual disease, and given that sex is considered a taboo subject in Nandi community, a large number of young adults particularly women do not have or acquire sufficient information or skills they can use to protect themselves through negotiating safe sex or refusing sex altogether. It is safe to argue that the Nandi culture encourages a conspiracy of silence on sexual matters - it is an accepted norm that sexuality matters should be treated with secrecy and silence. Yet the control and prevention of HIV and AIDS, which is primarily spread through sexual activities that require open discussion of sexual matters.

Baraza is a major channel in Kenya through which community issues are discussed and addressed including security, leadership, politics, food security, health and health diseases. In Nandi as in other communities in Kenya, HIV and AIDS information including preventive measures has been discussed and communicated in *Baraza* meetings. However, these *Barazas* are in the public domain where the Nandi women tend to be excluded because it is men who are culturally expected to participate. Indeed, when women attend these meetings, they are normally passive participants while men actively participate. Men are thus expected to pass the messages to women.

Dissemination of HIV and AIDS information to women through men is less effective because the intended meaning is likely to be distorted in the process. Thus the Nandi women do not always access the correct HIV and AIDS related information, yet they are the major care-givers of those infected and/or affected by the disease. Indeed, women carry the burden of caring for those infected and/ or affected by HIV and AIDS in the family (Khaemeba et al., 2009). Caregiving to a terminally ill person is not only emotionally, psychologically and physically exhausting, but it is also time consuming, which reduces the chances of caregivers to participate in the prevention campaign meetings.

Moreover**,** and as revealed by interviews with women living with HIV and AIDs, the kind of language used in a heterogeneous audience make women feel embarrassed, uncomfortable and difficult to effectively participate in the HIV prevention campaigns. A male community leader captured the difficulty of discussing such issues in a mixed audience *Baraza* thus:

Some of the things regarding certain diseases and illnesses…I cannot tell you in the presence of different age groups here… but I will tell the elderly women to pass the message to the young women like those sitting there… And next time we have a meeting on health issues and other related matters we must group ourselves into youth only, elderly people only. We need to maintain our respect all the time.

As is the case in most African cultures in which sex and sexuality are taboo topics, the Nandi would prefer a homogeneous audience such as men only, women only, or young men and women only. This would allow them to discuss issues related to sex and sexuality and health without hindrance since these groups have similar characteristics.

Duration of stay during the HIV and AIDS Campaigns

To obtain information on the duration informants stayed in an AIDS campaign meeting, they were asked to state whether they stayed for more than one hour during the last HIV and AIDS campaign meeting they attended. Eighty percent (97) said they did not stay for more than one hour while 13.8 %(17) said they stayed throughout the presentations. On average, a campaign meeting lasted about three hours. These findings suggest that women are less likely to stay till the end of the HIV and AIDS campaign meeting. This implies that they do not get the full range of information regarding HIV and AIDS. Without the full information, women are not likely to effectively deal with the pandemic.

The respondents who had attended HIV and AIDS campaigns were further asked whether they noticed other participants leave before the end of the presentations and a majority (92%) said they did. Those who reported that they noticed participants leave before the end of a presentation were asked to state the main reason they thought why the participants left. The findings are displayed in the table 2.

Table 2: Suggested main reason why others left before the end of the Presentations

	Frequency	Percent	Valid Percent	Cumulative Percent
Mixed audience	33	28.7	28.7	28.7
Age of educators	9	7.4	7.4	36.1
Educator's dressing pattern	10	8.2	8.2	44.3
Ethnic background of educators	17	13.9	13.9	58.2
Language used by educators	51	41.8	41.8	100.0
Total	**115**	**100.0**	100.0	

A significant number of the respondents (42%) thought the language used by campaigners against AIDS was the main cause of people leaving before end of the meeting. Discussing HIV and AIDS necessarily involves discussions of sex and sexuality issues because HIV is primarily transmitted through sexual contact. Discussing sexual matters can be embarrassing in a mixed audience, which is the main reason why 29% thought people left before the end of the presentations. This study thus suggests that the language used by campaigners against AIDS is not always culturally appropriate particularly in a mixed audience

Conclusion

Unless culturally acceptable educational and prevention programmes are made available and accessible to women, they will continue to be at a higher risk of HIV infection. In the Nandi cultural setting, where the discussion of sex and sexuality is taboo and where cultural orientation dis-empowers and inhibit women, demanding protection by women may not yield the desired outcomes. Nandi women face limited access to HIV and AIDS information due to the subordinate position they occupy. The Nandi women occupy a low status because the culture dictates that the man is the head of the household, decision-maker and controls important resources including land, livestock and information resources. As a result, women are not able to fully participate in decisions that impact their health including decisions on issues concerning HIV and AIDS prevention

Specific gender issues in HIV and AIDS infections and campaigns against the spread of the infection have to do with socialization processes, which engender unequal relations between men and women. This implies that there is unequal power relations that more favour men than women.

The primary aim of anti HIV and AIDS campaigners is to convey information concerning the pandemic to help people change their behaviour. The communication strategy employed and context in which the messages are conveyed can act as a barrier to the desired behaviour change.

To be effective in the campaigns and for the Nandi women, indeed African women to fully participate in the anti HIV/AIDS campaigns, the behaviour change agents need to understand the cultural dynamics of the targeted people in order to employ strategies including language that are culturally appropriate.

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