

# Impact of culture on the spread of hiv aids in kenya

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June 21, 2004 Impact of Culture on the Spread of HIV/AIDS in Kenya a national culture is not a folklore, nor an abstract populism that believes it can discover the people's true nature.... a national culture is the whole body of the efforts made by a people in the sphere of thought to describe, justify and praise the action through which that people has created itself and keeps itself in existence (Fanon, Frantz). Introduction Culture, even in the twenty first century, has numerous denotations.

In various parts of the world, it has been and is still considered to be important for the development of civilization and of people's minds; a particular society or civilization is considered in relation to its beliefs, ways of life and values. In short, culture plays a crucial role in a groups' quest for identity and is therefore at the centre of the socio-cultural development of a people, region or even county in terms of identity and politics-it serves as a code of life that must be followed under any circumstances even with an HIV/AIDS epidemic.

These observations help illuminate responses to our central thesis: that cultural barriers and the ensuing gender bias have not only perpetuated the spread of HIV/AIDS among women, but are also hindering an effective HIV/AIDS prevention campaign in Kenya. Our position is that HIV/AIDS prevalence is a gendered issue because women in most parts of the developing world, due to the repressive cultural practices women have no power. Furthermore women continue to be betrayed by outdated traditional norms such as widow inheritance, widow cleansing, polygamy and gender inequality, as is the case in parts of Kenya.

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When these issues may seem to differ, in reality they are intertwined and date back to generations. To make matters worse those infected with HIV, both women and men blame witchcraft as the source of death (McGeary, J. Time Magazine, p, 30). Moreover as Madhu Bala Nath states “ myths are also rooted in the nature of denial that is associated with HIV/AIDS. Because HV/AIDS is so frightening, there is a temptation to deny the existence of the disease (2001, p, 32). Such denial plays a large part in sustaining such outdated practices.

We should point out from the outset that the current risky practices were at one time seen as strength (pre HIV/AIDS era) since they were really helpful and appropriate for their communities. Among the merits of such traditional practices were, among others, the widow’s security within the household was guaranteed and the orphaned children were guaranteed the extendedfamilysupport and therefore survival within the community. It was meant to ensure the widow and children never became homeless.

According to the Washington Post, In Western Kenya, the custom known as wife inheritance once held an honorable promise: A community would take care of a widow and her children. She did not remarry. Her husband's family simply tookresponsibilityfor her. If a brother-in-law could not care for her, then a cousin or a respected outsider would. The inheritor made sure that the widow and her children were fed, clothed, sheltered, educated, protected, kept (Buckley, Stephen.

Washington Post, November 8, 1997). For the purpose of this paper, we take a position that the spread of HIV/AIDS has rendered what were once cultural assets into deadly liabilities particularly towards women and children. That is <https://assignbuster.com/impact-of-culture-on-the-spread-of-hiv-aids-in-kenya/>

why there is a need to be creative and embrace alternative rituals that do not involve risky sexual behavior. Our position is that inheritance per se is not bad, but widow inheritance and cleansing that endanger the lives of the widow and the inheritor/cleanser should be discarded.

Wife inheritance or wife cleansing involves an inheritor who has his own family. As reported by the Washington Post “ he infects his first wife and the widow he has inherited. Then he dies, and two other men inherit the women he leaves behind. Those men die. And then their widows are inherited” (ibid. ). It is this vicious circle that explains the rising HIV rates in Kenya. Kenya has vibrant and diverse cultural groups but some groups elevate ethnicity above nationalism.

This makes it sometimes problematic to deal with intra and inter cultural norms or to undertake reforms of certain entrenched traditions. On one hand you have believers in Christianity who are more willing to abandon certain outdated traditions such as those discussed in this paper. For instance, a Kenyan bishop, called on widows to take a stand against wife inheritance (Gonza, Sam. 2000, p, 1). On the other hand you have the rigid traditionalists who are not open to any reforms or changes within traditions.

There is usually no middle ground and unfortunately it cuts across class lines. We agree with the position put forward by Human Rights Watch in their report entitled Double Standards: Women’s Property Rights Violations in Kenya that “ as important as cultural diversity and respecting customs may be, if customs are a source of discrimination against women, they like any other norm-must evolve” (2003, p, 2). Kenya has approximately forty tribes, which are co-related to the four greater ethnic groups (Buckley, Stephen.  
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Washington Post, November 8, 1997): Bantu, Nilo-Hamitic, Nilotic and Hamitic (see figure i). Because of its neighboring, cultures are related to each other within Kenya and in the border countries such as Uganda, Tanzania, Ethiopia and Sudan. [pic] Figure: i Source: <http://www.lib.utexas.edu/maps/kenya.html> It will be imperative for this paper to provide short historical events in Kenya so as to provide a proper understanding of both the internal and external dynamics of this country.

Kenya attained its independence from Britain in 1963 and has a population of thirty two million (32 million). [1] Kenya like other Sub-Saharan countries is a creation of European scramble for Africa. [2] As a result same ethnic groups are presently dispersed across different countries. The boundaries are like artificial divisions in a way that the people cannot be checked at all border-crossing zones. [pic] Figure: ii Source: <http://www.lib.utexas.edu/maps/kenya.html> The point, which we want to discuss, is that it is difficult to try to convince these communities to abandon some of their practices, because they feel that at the end, abandoning their customs, would completely wipe out their culture and eventually lose their identity. In some African countries, various ethnic groups are the minorities and would want to keep intact their culture for the purpose of their own identity, so as to enable them to negotiate any political power in the government (Kanyiga, Karuti. 1998, p, 7)). On the other hand the ethnic groups, which are the majority, would want to maintain their hegemony and are not ready to change their traditions (ibid).

Thus why dealing with health issues such as HIV/AIDS creates profound consequences. Current HIV/AIDS Situation in Kenya The synopsis about <https://assignbuster.com/impact-of-culture-on-the-spread-of-hiv-aids-in-kenya/>

Kenya is not good at all. United Nations AIDS (UNAIDS) reports that over 2 million out of a total population of 29.5 million (2000) were infected with HIV and a cumulative number of 1.5 million people had died due to AIDS. The high prevalence rates of HIV/AIDS have negatively impacted life expectancy to the extent that it has dropped by approximately 13 years to 51 years (1998); while GDP reduced by -0. in 2000 and is expected to worsen in coming years. The average literacy rate is estimated at 78% (1995) and total fertility rate in Kenya is about 4.4 (1998). Approximately 30% of the population lives in urban areas and more than half of the population live under the poverty line, women constituting the majority. UNAIDS estimates that about 500 persons died of AIDS each day in the country in 1999. ([www.unaids.org/Unaid/EN/geographical+area/by+country/kenya.asp](http://www.unaids.org/Unaid/EN/geographical+area/by+country/kenya.asp)).

According to the World Health Organization (WHO), the estimated number of adults and children living with HIV/AIDS, in Kenya end of 2001 stands as follows: Adults and children 2,500,000, Adults (15-49) 2,300,000, Women (15-49) 1,400,000 and Children 220,000, current living orphans, 890,000, estimated number of death due to AIDS (2001), 190,000 and the current adult rate of 15.0 percent ([www.who.int/hiv/pub/epidemiology/pubfacts/en/](http://www.who.int/hiv/pub/epidemiology/pubfacts/en/)). Furthermore, the Human Rights Watch Report (2001) indicates that an estimated 2 million adults and children live with HIV/AIDS, representing about 14 percent of the sexually active population. The scary statistic is that Kenya has the ninth highest HIV prevalence rate in the world to the extent that the U. S. Census Bureau projections indicate that by 2005, there will be about 820 deaths per day from AIDS in Kenya. (<http://www.hrw.org/reports/2001/kenya/kenya0701->

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03. htm#P144\_18884). Factors behind the Gendered HIV/AIDS rates in Kenya. Through culture and society, we are able to transmit skills and other systems of social relations to modify our environment.

But that has not been possible with women in Kenya in both rural and urban areas even in the event of a HIV/AIDS epidemic with no cure in sight. Since our beliefs and ways of life are inseparable from our particular cultures, it is common for people to reject a behavior if it is not signified in their culture's social code. It is however much harder for the marginalized groups like women and girls to reject what is supposedly part of their culture as is the case among the Luo and Luhya[3] of Kenya where they practice their culture to a fault.

In such cases, individual behavior patterns alone are not responsible for the observed high-risk activities that cause HIV/AIDS. Needless to say, HIV/AIDS transmission in parts in Kenya is mostly through heterosexual relations. Because of [blind] loyalty to their culture, many within the group (most educated women with the economic means to support themselves are now increasingly defiant against certain regressive policies like widow inheritance) in a society which has its own subculture, often face social risks, such as wife (widow) inheritance, to the extent that failure can result in exclusion from participating in communal events.

For example, women who refuse to be inherited among the Luo and Luhya automatically lose their right to remain within their households, because their behavior is considered odd. Consequently women are frequently subject to violence, abuse, scorn and ridicule and other expressions of hate (HRW, 2003, pp, 16-21). Similarly, when it comes to apportioning blame as to <https://assignbuster.com/impact-of-culture-on-the-spread-of-hivaids-in-kenya/>

who is the responsible party for bringing HIV/AIDS among married couples; it is usually women who are blamed even though in most cases, it is the men who have multiple partners.

That goes to show that in the name of culture, women in Kenya find themselves in subordinate positions to men and are socially, culturally, and economically dependent on them. Because of the cultural biases, women are largely excluded from decision making, have limited access to and control over resources, are restricted in their mobility, and are often under threat of violence from male relatives (that is why many women have no choice when it comes to certain oppressive rituals, because they have no where else to return to should they be evicted from their late husband's property) (ibid).

In many cases, women in many parts of Kenya are perpetual minors subject to the guardianship of their male relatives and husbands. As a result, not only are their statuses lower than that of men, but also their condition is also dependent on that of their men folk. This subordination of women is connected to the distribution of power in society. In Kenya, economic, social and political power accrued to men partially as a result of their control of women, even though the thinking was and still is that a prosperous homestead depended on female reproduction and production.

This keeps such oppressive rituals like widow inheritance in practice. Additionally, the gendered HIV/AIDS prevalence rates illuminate how gender as a constitutive element of social relationships. The Human Rights Watch of 2003, stated that of the 1.4 million were women and girls with HIV positive, between the ages of fifteen and forty nine, this clearly shows how differences between sexes-power relationship within and between different  
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women, urban versus rural and single versus married is very much embedded within society.

Furthermore, the violation of fundamental human rights, and especially reproductive rights of women, plays an important part in perpetuating gender inequity and the observed HIV/AIDS prevalence rates in Kenya. As discussed in some parts of Kenya certain groups have taken Fanon's dictum above about culture to new levels (p, 42), which have resulted in the discrimination, violation of women's rights and have placed women at great risk of contacting HIV. The impact has been traumatic on women as members of a community that continues to marginalize them in all aspects of life.

Yet women continue to provide care as wives, mothers, daughters, nurses, teachers, and grandmothers towards the sick, the dying and the orphaned children, many of whom are traumatized by the loss of their loved ones from AIDS. Unfortunately, in most parts of Kenya as evident elsewhere in Sub-Saharan Africa, as Fanon further argued, societies have not acknowledged the totality of culture and its vital role within the context of culture and history (p, 43).

What we know and will be shown in this essay is that an examination of cultural practices allow us to know the nature and extent of the imbalance and conflicts (economic, social and cultural) which characterize the evolution of a society: culture allows us to know the dynamic synthesis which have been developed and established by social conscience to resolve these conflicts at each stage of its evolution in search for survival and progress (ibid).

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In the case of Kenya, and elsewhere as it was made clearer in this course, the quest for in Kenya such attitudes pervade all aspects of social life to the detriment of girls in particular and women in general. Evidently, the recurring theme in Kenya is the conflict between modernity and tradition that is often treated in terms of its relevance to women and men, rural versus urban or what it means to belong to a particular ethnic group. This goes to the heart of gender equity, property rights, agrarian reform and its problematic impact on women.

In parts of Kenya, those who believe that culture is stagnant rather than vibrant to the extent that oppressions against women are presented in terms of cultural harmony and the survival of entire ethnicities have hindered the process of social liberation by women. Some of the cultural traditions discussed include wife (widow) inheritance, widow cleansing and polygamy all of which contributed to the lack of secure property rights that result into the violation of human rights for women, and the observed disparity in HIV/AIDS rates between men and women in Kenya. [4] Unfortunately westerners including many of our classmates sometimes do not seem to understand that countries like Kenya have very poor laws that govern human freedoms and rights like the Canadian Charter of Freedoms and Rights. Women in Kenya are routinely discriminated against in most cases with the connivance of the state. [5] While personal freedom and choice have certainly played a role in the rapid spread of HIV/AIDS elsewhere, where laws are enforced, in the case of Kenya, the interplay of culture and gender roles is to a great extent responsible for the statistics cited above in this essay.

Although awareness of HIV/AIDS is reasonably high in Kenya this is not reflected in sexual behavioral changes, given the high prevalence and incidence of HIV/AIDS (Rosenvard, C and T. Campbell, 1996, p, 11). This finding reflects our thesis; the entrenched cultural biases against women and girls can explain such behavior to the extent where awareness is high yet infections rates are also rising. It is not that Kenyans in general or women in particular are not rational, they are but they have become victims of outdated cultural traditions and gender biases.

What this rather contradictory finding shows is the need to view the HIV/AIDS pandemic through, multiple lenses but most importantly through the lens of power inequality in society that are rooted in gender. Gender norms pervade all aspects of Kenyan culture and society to the extent that culture dominates anything else among the Luo and Luhya of Western Kenya. The marginalized status of women plays a key role in the spread of HIV/AIDS in Kenya as reflected in the UNAIDS and WHO figures.

It is thus important to recognize the complex underlying factors influencing the role of women and how such roles affect African societies and behavior. In the traditional Kenyan society, women are expected to be submissive and to provide for their household at all times (Caldwell, 1989, p, 185). In Kenya especially in the rural setting, the woman's marital status does not end when the person who married her dies; she is by all accounts married to the clan in the sense that under certain 'invented' customary traditions, the clan has the right to inherit her.

Traditionally, Luo or Luhya women have little or no say in such matters of inheritance including the retention or sharing of resources such as land and <https://assignbuster.com/impact-of-culture-on-the-spread-of-hiv-aids-in-kenya/>

property. According to Human Rights Watch: Widows are often evicted from their homes as in-laws rob them of their possessions and invade their homes and lands. These unlawful appropriations happen even more readily when the husband died of AIDS... In some places, widows are forced to undergo customary, sexual practices such as " wife inheritance" or ritual " cleansing" in order to keep their property. Wife inheritance" is where a male relative of the dead husband takes over the widow as a wife, often in a polygamous family. " Cleansing" usually involves sex with a social outcast who is paid by the dead husband's family, supposedly to cleanse the woman of her dead husband's evil spirits. In both of these rituals, safer sex is seldom practiced and sex is often coerced.

Women who fight back are routinely beaten, raped, or ostracized (Double Standards: Women's Property Rights Violations in Kenya) ([http://www. hrw. rg/reports/2001/kenya/TopOfPage](http://www.hrw.org/reports/2001/kenya/TopOfPage)). While the quotation above tells us sufficient story about the problems facing Kenyan women, Human Rights Watch report entitled, Double Standards: Women's Property Rights Violations in Kenya captures the agony of Kenyan women in their own voices. It is thus important to reproduce just three of their experiences below to capture what Human Right Watch calls " the heinous nature of women's property rights violations: through personalinterview. Human Rights Watch of 2001, reports, " AIDS exacerbates those hardships". • Jiwa, a fifty-five-year-old widow from western Kenya, said that after her husband died, her brother-in-law brought a " cleanser" to her home to have sex with her. She objected, saying: " I don't know this man's HIV status, and if I die my children will suffer. " Her brother-in-law and four cousins pushed the cleanser into Jiwa's hut and he

raped her. She screamed but the cleanser covered her mouth and the in-laws stood guard outside. The brother-in-law paid the cleanser with a cow, chickens, and clothing. Jiwa was then forced out of her home and into a shoddy, makeshift hut. Her brother-in-law took over her land and furniture.

She reported this to the village elder, who did nothing. Jiwa now has a persistent cough and has lost much weight. She fears she contracted HIV from the cleanser but has not been tested and cannot afford medical treatment. • Adhiambo, a thirty-year-old widow from Nairobi, said that when her husband died of AIDS in 1998 he left her HIV-positive with five children. She quickly went from being relatively affluent to destitute after her husband's family took her property. Her in-laws grabbed household items from her Nairobi home and took over a rural home, land, and livestock even though Adhiambo helped pay to construct the house.

Her father-in-law called a family meeting, told her to choose an in-law as an inheritor, and ordered her to be cleansed by having sex with a fisherman. Adhiambo refused, and fled when her in-laws threatened her. She now struggles to meet her children's basic needs, and her slum landlord has threatened to evict her. • Imelda, a twenty-five-year-old widow with AIDS, lost her home, land, and other property in Kenya when her husband died in 2002. She told her in-laws that she had AIDS and wanted to stay in the house. They snatched her property anyway and wanted her to be "inherited. She recalled: " I told my in-laws I'm sick . . . but they took everything. I had to start over . . . They took sofa sets, household materials, cows, a goat, and land. I said, 'Why are you taking these things when you know my condition? ' They said, 'You'll go look for another husband. ' My in-laws do not believe in

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AIDS. They said that witchcraft killed my husband. (<http://www.hrw.org/reports/2001/kenya/TopOfPage>). The above tribulations capture the victims in their own words and show how widow's inheritance and cleansing devalues the dignity of women.

While case law establishes that family property may be evenly divided upon separation or divorce in practice, the captured words of the three widows above, seems to differ. But above all, as has been our point of argument throughout this paper, under the very oppressive and discriminatory customary laws that are extremely influential in Kenya, it is the men who are accorded greater property rights than women. Other discriminatory practices are usually sexist customary tradition that obstruct women's equal rights to property and also prevent women from seeking redress for violations of these rights.

Additionally, the problem is made worse by unresponsive authorities that ignore women's woes regarding property violations, and ineffective courts that are biased against women. However the greatest setback is the fact that many Kenyan women and men too have land problems where squatters are routinely evicted even though they have lived on such land for generations. The other is low level of awareness of their rights, the time and expense of pursuing claims, violence, and the social stigma of being considered greedy or cultural traitors if they assert their rights. ([www.hrw.org/campaigns/women/property/factsheet.htm](http://www.hrw.org/campaigns/women/property/factsheet.htm)). Evidently, what the discussion above illustrates is that in Kenya, women's rights violations must be understood and combated in the context of Africa's AIDS epidemic.

In Kenya, 15 percent of the population between the ages of fifteen and forty-nine is infected with HIV, more than half of whom are women, and one out of eight adults in rural Kenya and one out of five adults in urban areas is infected, though most do not know it. AIDS has reduced life expectancy from sixty-five to forty-six years ((<http://www.rw.org/reports/2001/kenya/TopOfPage>). These figures are quite telling in that in Kenya, HIV/AIDS is worse among urban dwellers than is the case among rural dwellers. According to Dyson, the higher urban incidence rates are due to “relatively high rates of social interaction and crowded urban living conditions and squalid living conditions” (p, 427). Similar results for Sub-Saharan African in general, has been documented by Caldwell who found that “urban levels of HIV infection rates are typically four to ten times those of rural areas” (p, 44).

In countries with a substantial level of urbanization, and home to some of the largest slum areas in Africa, the numbers are certainly depressing. Moreover as noted by Bollinger et al, Sometimes traditional practices that occur in Kenya, particularly in the rural areas, can contribute to the spread of HIV. For example, a director of the Kenyan governments AIDS efforts attributed the high prevalence rate in some parts of western Kenya to the practice of wife inheritance that exist there (5-6). These findings do illuminate our thesis.

Furthermore given the feminization of poverty due to Structural Adjustment Program (SAP) policies (Cooper, 2002, 87), women in urban areas and also in rural areas find themselves on the economic margins where they are forced to engage in risky behaviors like prostitution. Moreover, because of SAP polices and the introduction of user fee in hospitals; women are  
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disadvantaged with regard to health and health care (ibid), a clear indication that gender inequalities have led to a systematic neglect of women's health and the gendered incidence of HIV/AIDS in Kenya. It is not our intention to call such traditions as ' uncivilized' or extreme.

It would be naive to make this assumption and one has also to try to understand the dynamics of Africa and its communities at earlier times. Caldwell captures the reality that " it is clear that lifestyle plays a dominant role in determining individuals' chances of infection, and it seems probable that level of the disease over the coming decades is more likely to be decided by changing lifestyles than by medical breakthroughs. Those changes will be more successful, and least damaging to the society, if behavioral factors in the spread of the disease are well understood" (p, 186).

**Conclusion** This essay has outlined and argued that the disparity in HIV/AIDS prevalence rates between men and women are rooted in the cultural biases against women and girls such as widow inheritance in parts of Kenya. Our position in this essay has been that the cultural barriers and the ensuing gender bias have not only perpetuated the spread of HIV/AIDS among women, but are also hindering an effective HIV/AIDS prevention campaign in Kenya. We have shown the linkages between cultural biases against women and girls and the spread of HIV/AIDS.

The challenge has been to decouple the notion that addressing women rights in Kenya is a western value or that concerns of equity must take a back seat in the struggle against HIV/AIDS epidemic. We recognize that eliminating all forms of discrimination against women in Kenya will take time, but the government must start to enforce existing laws to protect women against

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repressive cultural practices like widow inheritance. The people must be told that culture is not static but rather dynamic, and should be encouraged to discard risky cultural traditions and activities that expose women to HIV/AIDS and thus endanger their lives.

From this course (Sociology 309), we know the relationship between safe and improved reproductive rights such as increased condom use and the health status of women are crucial in fighting the spread of HIV/AIDS. As shown in this paper there is a positive correlation between women's precarious health status and their susceptibility to HIV/AIDS particularly in urban areas, inequitable gender relations and women's poverty and powerlessness in society especially in rural areas.

Finally, the Kenyan stakeholders - politicians, church leaders, civil society, NGOs, women leaders, youth groups, cultural and traditional leaders, must deal urgently with the existing power inequality among the sexes, that accounts for the excessive burden of HIV/AIDS transmission and the consequences on women in general who have so far been hit most by the spread of HIV/AIDS. That trend needs to be reversed if Kenya is to stem the devastating impact of HIV/AIDS epidemic and its distressing impact on the Kenyan society at large.