

Perception of the Rural Luo Community on Widow Inheritance and HIV/AIDs in Kenya: Towards Developing Risk Communication Messages

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Abstract

This paper explores the perception of the Luo community on widow inheritance and HIV/AIDS and examines the risk communication messages by recommending what successful risk communication messages should entail. The paper maintains that the practice of widow inheritance among the Luo community in Kenya should be reexamined due to the emergence of HIV/AIDS and the fact that Changes in the practice of widow inheritance has made women vulnerable to HIV/AIDS. Women's vulnerability need to be tackled for any progress to occur in the fight against HIV/AIDS and for the prosperity of the nation. This article has examined using a feminist lens. Women are often the 'bearers' of culture and, therefore, well positioned to be the agents of change now and in the future. A healthy population fosters development and stability. Theoretical approaches to bring to bear in this paper are Extended Parallel Process Model (EPPM) and Social Learning theory and Cultural Interpretive Model. The article is located within the fields of risk, health and development communication. Through communication, women need to be empowered to make informed decisions.

Key words: HIV/AIDS, women vulnerability, wife inheritance, communication messages

Introduction

Traditional cultural practices reflect values and beliefs held by members of a community for periods often spanning generations. Different communities in the world have cultural practices specific to them, some of which are beneficial to all members while others are harmful to a specific group, such as women. Culture is not a static term; it is constantly transformed by overarching changes. In many African societies, the custom of widow inheritance had been practiced for centuries and is still common in some tribes. It is practiced in some communities in Kenya. This practice has been recorded in other African countries including Zimbabwe, Malawi, Zambia, Namibia and Uganda as well as parts of India (Maleche and Day 2011).

The Luo as a cultural group are found in South Sudan, Ethiopia, Kenya, Uganda, Tanzania and the Democratic Republic of Congo (Ojwang' 2005:72). The Luo of Kenya speaks *Dholuo* and they live along the shores of Lake Victoria and spill into North Mara in Tanzania. They are found in the Diaspora in all major towns in East Africa and major cities of the world. The traditional political structure among the Luo revolves around *ot* (household), *dala/pacho* (homestead), *anyuola* (clan, extended family lineage system) *oganda* (nation) and *piny* (a conglomeration or nations) (Ogotu 2007). The household is headed by the woman and is made up of a mother and her children. The homestead is headed by a man and is made up of a man, his wives, children and other people living with him in the homestead. The Luo Nation is headed Council of elders under the leadership of *Ker*. Through the act of marriage, an individual became a wife/husband or daughter/son to a household, a homestead, a clan or the nation. The woman was, therefore, not only a wife to the husband but also a wife of the household, homestead and clan. This is an indication that marriage was not a husband and wife affair but an entire extended family affair. Death of a spouse did not dissolve marriage; therefore, the woman remains (*chi liel*) wife of the grave. Therefore, a woman should not remarry but have an inheritor (Nyarwath, 2012).

Marriage was a contract between the spouses and their extended families. In the event of death, therefore, the family of the deceased had a responsibility to provide a replacement.

Widow inheritance is a widespread cultural practice in sub Saharan Africa that has been postulated as contributing to the risk of HIV transmission (Agot et al. 2010). Further, they note that women in Africa continue to bear a much greater burden of HIV infection relative to their male counterparts, calling for targeted interventions that address women's vulnerabilities which may vary as a function of cultural and economic factors within each country and community. As of December 2011, 1.6 million people in Kenya were living with HIV. Though the prevalence rate has gone down – adult prevalence in 2010 (6.2%) is about 40% per cent lower than at the epidemic's peak – the number of new infections remains unacceptably high with an estimated 104, 137 Kenyans becoming infected in 2011. The epidemic varies widely between and within regions in Kenya with a 15 fold difference in HIV prevalence between the most heavily affected region (Nyanza) and the least affected region (North Eastern) (NACC & NASCOP, 2012). In addition, Kenya's epidemic disproportionately affects women, who account for 59.1% of adults living with HIV.

Risk communication is not simply a tool to protect public health, but should empower individuals to make informed decisions about the hazards within their control (Russell, 1991). It is an ongoing process and it is used to help individuals adjust to the knowledge that something has already occurred and may put them at greater risk for a negative health outcome in the future (Reynolds, 2002).

The practice of widow inheritance has persisted among the Luo community in Kenya despite the emergence of HIV/AIDS in Kenya in 1984. Studies carried out have provided evidence of the association between widow inheritance and HIV/AIDS (Shisanya, 2007). Widow inheritance, whether traditional or modern practice has a sexual component except in the case of old women who may no longer bear children and/or have no interest in sex, the practice was symbolic. Though the practice was done to ensure social and economic support for the widow and her children, changes in the practice due to the emergence of HIV/AIDS have led to the inclusion of professional wife inheritors to carry on the process. In addition, women are treated as property to be passed on from one man to the other.

It is against this background that this article seeks to examine the role of risk communication messages in leading individuals down the path of danger control. It seeks to answer the following questions:

- How does the Luo community perceive widow inheritance and HIV/AIDS?
- How does this perception affect their understanding of risk communication messages?
- What should successful risk communication messages entail?

Perception of the Luo community on widow inheritance and HIV/AIDS

Following the death of a wife or husband, there were rites performed to symbolize mourning. The woman tied a belt of banana fibres (Okola) around her waist to give her the strength. For a man who loses a wife, he is not allowed to sleep inside their house or mix with other men until the dead wife sets him free to continue using their bedroom. This would take days, months or even years depending on how the couple related to each other in life (Ogotu, 2007). Meanwhile, the stick that forms the pinnacle of the grass thatched houses in the homestead (osuri) were pulled down to show that the particular homestead lost its head or was 'kingless'. It was analogous to flags flying at half mast. This was an indication that normal functioning of the home had been interrupted. The mourning period was terminated by invoking the rites that included widow cleansing as part of widow inheritance. Among the Luo, if the widow had a choice it was respected, if not, the family members decided on who should take charge of the home.

The 'brother' who takes up the roles of the deceased is to be as jater (inheritor) (Nyarwath, 2012) and as Kirwen aptly puts it, the arrangement "is the cohabitation of a widow with her brother in law in which the brother in law relates to the widow as a substitute of her deceased husband" (Kirwen 1979:3). 'Brother' in this context would be wider in meaning – brother of the deceased or a paternal first cousin or a clan cousin or an adopted stranger (Wilson, 1961). To understand this practice there is need to appreciate the Luo conception of marriage and death. To the Luo culture, marriage intended to be an everlasting contract whose purpose and function extend beyond the physical death of one or both spouses. Therefore, a person physically dead is still considered alive, present and capable of influencing the living.

The widow remains the wife of the deceased (*chi liel*), not the wife of the guardian or “inheritor”. The practice entails cleansing as a prerequisite for restoring normalcy of the widow into the society, as a means of neutralizing the assumed cultural impurity and avoiding taboo violation (*chira*) (Gunga, 2009). Sex is central to the cleansing ritual (Kunda, 1995; Butlerys et al. 1994; Luginaah, Elkins, Maticka-Tyndale, Landry & Mathui, 2005). It is performed by a professional cleanser. During mourning, banana fibres are tied around the waist of the widow while in ritual cleansing (*chodo okola*) is achieved through obligatory sexual intercourse performed by a professional cleanser. He can be from within the clan or from outside. If he is from outside (*jakowiny*) he is a sexual perverse, or psychopath capable of doing what normal human beings cannot do. He is persuaded to perform a sexual cord cutting ritual to separate the widow from her deceased husband so that the widow may be free to be inherited. Where the widow was still young (in her child bearing age) the process began by breaking the sexual fast by elaborate rites that could last up to a month or more. Where the woman had reached menopause, the enactment of widow inheritance took a symbolic format. The brother/cousin (*jater*) either stayed vigil until cockcrow or gave the widow a roll of tobacco to redeem her from psychic pressure. According to the Luo culture, therefore, the only person who is dead is one who dies childless (Nyarwath, 2012). The physically dead (spirits) still have responsibilities towards the physically living members of their families (p’Bitek, 1986:18).

Traditionally, all widows were inherited with only a few women rejecting the practice if they were past menopause and unable to bear more children (Potash, 1986). This practice continues even today. Women feared ‘*chira*’. *Chira* is an indigenous illness that functions to uphold Luo moral principles or maintain “social and moral control on family and lineage life” (Sindiga, 1995:68). *Chira* may affect the offending individual or anyone in his or her family, usually the children. Thus, not only were widows pressured to maintain the practices; family members compelled widows to complete the traditions to ensure that they or members of the lineage would not be affected by *chira*.

The enforcement of widowhood rituals has been vested in elderly married women and widows. They have been psyched into believing that the rituals are for the widows’ benefits and those of their children. With fellow women in charge of the situation, young widows are silenced into submission (Sossou, 2002) as they are taken through the observation of the rites as “willing” participants.

In recent times a lot of changes have taken place. Marriage is a casual deal between two individuals, the husband and the wife. Widowhood practices have evolved overtime and this is due to religion and modernization and more so due to the emergence of HIV/AIDS (Shisanya, 2004). The sexual component has taken centre stage in widow inheritance and widows engage with any man who has accepted it. Due to the emergence of HIV/AIDS, there have emerged a group of professional commercial sex inheritors as the brothers, due to education, have shunned the process of widow inheritance. HIV related knowledge has increased over the last decade in virtually every age cohort. However, the most recent assessment of HIV related knowledge reveals knowledge levels below 2013 targets. This is especially true for women – well below the 75% target for 2013 (Kenya National Bureau of Statistics, 2010).

Risk Communication Messages

Although there have been significant advances in prevention and availability of life prolonging drugs since HIV was first discovered, the virus continues unabated in many parts of the world. In the early years, approaches to behavior change focused on providing correct information about HIV transmission and prevention based on the theory that lack of accurate information about transmission and acquisition was a primary catalyst for the spread of infections. Unfortunately this approach fell short of producing the desired effect and it became clear that more complex, multilayered strategies would have to be developed. In this article, emphasis is on the use of communication as an important tool for promoting behavior change – educating, informing and motivating people to improve their health and their family and communities. Risk is “the probability that a person may acquire HIV infection” usually as a result of specific behaviors that allow HIV transmission to occur (UNAIDS, 2007). By contrast, an individual is “vulnerable” to HIV when his or her ability to avoid infection is diminished by one or more other factors, such as lack of personal knowledge or skills, the influence of cultural norms that validate risky behaviors or physical surrounding that make risk reduction difficult or impossible (UNAIDS, 2007; Bates et al, 2004). The goals of risk communication are to enhance knowledge, understanding, built trust and credibility, encourage dialogue and influence attitudes, decisions and behaviours (Covello, 2006).

Risk communication is successful only if it adequately informs the decision maker by guiding them to the path where they will benefit healthwise. The sender, message, channel and receiver are important component in risk communication. The sender needs to be trusted by the target audiences and be credible. Credibility of information sources (and transmitters) is a key issue in risk communication. Risk messages come from a variety of sources; physicians, journalists, regulatory agencies, manufacturers and others. In a study carried out by Penaido (2008) to find out whether health risk messages are presented in such a way as to motivate risk reducing behaviors. The analysis identified the presence of the threat (severity and susceptibility) and efficacy (response efficacy and self efficacy) messages in articles, the framing techniques used by articles to convey these messages and the difference between articles about heart disease and diabetes. The study revealed that the vast majority of articles about disease prevention may fail to have a positive effect on behavior. Only 10% of the articles included all four components of the Extended Parallel Process Model. Most messages, therefore, fail because the four components are not all included.

Risk messages can be disseminated through localized mass media approach which lays emphasis on interaction with people and on the establishment of local media channels to provide access for the people. Because of the need for specificity in message content, localized method calls for the establishment of local media – local radio, rural press and/or television production/viewing centres (Moemeka, 1989). The messages need to contain warnings on the dangers of the sexual component of widow inheritance following the emergence of HIV/AIDS. This article emphasizes on targeting women with appropriate messages with emphasis on risk responsibility and control factors conveyed by credible sources. HIV response has been driven from a national level, with general overarching programs that have not focused on the most at risk populations. Messaging has been general and not focused on the unique factors that may give rise to rising incidence in specific sub populations (National AIDS Control Council , 2009). This has left the impression that most HIV prevention programs are driven nationally, with a strong concept of a nationally approved and uniform campaign for all counties.

In a study on the ABC messages for HIV prevention, questions remain about how well different groups in varied cultural contexts actually understand the terms as well as how best to address challenges to adopting the ABC behaviors (Kunyanga et al. 2006). In the study, abstinence is the most clearly understood term while respondents often confused the term “being faithful” with other concepts and qualities, such as loyalty to a friend, being a trustworthy person or trusting God. Negative opinions towards condom use are widespread. In the study, two groups of respondents were used – working adults in a flower farm and in school youth – and their responses reflected different ways in which they understood the ABC messages. The receivers usually consist of the general public, specific audiences within the general public, professional communities (business circles, public and private corporations and value groups (environmentalists, religious groups and others). The information should be presented in a manner that attract the attention and meet the expectations of the receivers. For effective communication of risks, it is critically important that the receivers place trust in the sources (Lee, 1986). If the sources or the transmitters are not credible, it is less likely that the receivers will pay attention to the risk message, or if they pay attention, they will be less likely to respond.

Nyanza and Nairobi continue to bear the heaviest burden of the HIV epidemic in Kenya (Kenya National AIDS Control Council, 2009). In Nyanza, in spite of the high level of awareness, behavior change is desperately lagging behind which can be traced to the retrogressive cultural practices among other factors. The audiences being addressed have low outrage yet the hazard is high (Sandman, 2003). Fear appeals can be used to raise the outrage of the audiences. “Fear appeals are persuasive messages designed to scare people by describing the terrible things that will happen to if they do not do what the message recommends.

Theoretical Framework

The Extended Parallel Process Model (EPPM) seeks to explain when and why fear appeals work and why they fail. It is based on the idea that in order to motivate people to take action to protect their health, messages must accomplish two tasks: First, people must be made to feel that the threat posed by the health problem is real and serious. In other words, both perceived susceptibility and perceived severity of the threat must be high, that is, both perceived susceptibility and perceived severity of the threat must be high. This is part of the theory that addresses the fear component. Second, 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.

At this stage, people's confidence in their ability to act (that is, their self efficacy) and their belief about the effectiveness of the act (that is, the response efficacy) must be both high. This is part of the theory that addresses the efficacy component (Witte, 1992). The theory 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. This is known as "fear control strategy", which people use to manage heightened levels of negative emotions, like anxiety. If, however, high levels of fear are combined with high levels of efficacy, then people invoke a "danger control strategy", which prompts them to take meaningful steps that will minimize the threat, including taking precautions or preventive measures. Whether people respond with fear control or danger control, will depend on their level of perceived efficacy compared to the level of threat they perceive. Fear appeals work when people have strong efficacy perceptions (Witte, 1998). Results on studies on effects of fear appeals (Witte & Allen, 2000) confirmed that the hypothesis that messages which lead to the strongest reduction of risky behavior are those that simultaneously evoke a lot of fear and at the same time recommend feasible and effective behavior. Messages which induce fear but whose behavior recommendations are insufficiently feasible and effective, have the strongest opposite effects in terms of rejection of and resistance to the message.

Cultural Interpretive Model

In this model (Kleinman, 1997) explores people's interpretation of the cultural phenomena handed down to them from their networks of relations within the Luo community and how they perceive those phenomena and understand them. The underlying principle here is that people are not merely receiving cultural phenomena and enacting them, on the contrary, they are active participants in the creation and transmission of cultural phenomena. As such, what may have been handed down to them may be rendered impractical by the changes in the living circumstances and consequently they have come up with appropriate adaptive mechanisms which over time become part of their cultural repertoire.

Social Learning Theory

It is the belief 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. The most common application of social learning in health and risk communication is in the use of role models, (for example, celebrities, authority figures) for the delivery of messages. The role models are people whom the target audience can identify with and who perform the behavior being promoted so that audience members can observe, learn and evaluate the results for themselves. A key concept in social learning is self efficacy, which is confidence in one's ability to perform an action and achieve the desired results. This theoretical framework also helps to pinpoint what type of messages will be the most compelling.

Conclusions and recommendations

The institution of widow inheritance accords the widow a sense of belonging and continued contractual responsibility and respect for the dead. Due to changes in the practice and society, however, the practice needs to be reexamined. With the emergence of HIV/AIDS in society brothers of the deceased shun away from the ritual and instead hire professional inheritors. If the inheritor is from outside the clan, he is a man considered capable of doing what a normal human being cannot do. This dehumanizes the woman by reducing her to a property of men to be passed on from the cleanser to the inheritor.

The Luo community have full knowledge about the spread of HIV yet the practice of widow inheritance still continues. Communication is an important tool that can enhance behavior change. The risk messages need to embrace fear appeals in order to lead the target audiences down the path of danger control. The message source should be known and credible to the audience and the behavior change the message is suggesting should be possible for the audience. The message should be understandable to the intended audience and it should be specific and include only a few concepts and information that enables the user to follow the message. Members of the intended audience should identify with the message. The message, therefore, should be attractive, personally relevant, persuasive, comprehensive and acceptable.

Education, through communication, is an empowerment tool. Through the risk messages women need to make informed decisions concerning their health. The Kenyan Constitution 2010 gives voice to women.

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