

# Social Cultural Beliefs and Practices Inhibiting Behaviour Change among Bakhayo Men in the Era of HIV and AIDS: A Case of Nambale Division Busia County

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**Abstract:** *This term paper is dedicated to exploring number of cultural discourses of male sexuality amongst Bakhayo community and establishing culture as a major determinant of health relevant behaviour, given that HIV and AIDS affects people socially, economically and culturally. The paper contends that sex and sexuality has to be scrutinized and understood from a sociological viewpoint because sex in itself has a social function. The study revealed the importance of taking into account cultural sexual realities when designing prevention strategies for HIV and AIDS. Furthermore the study threw light on the futility of the recent national HIV and AIDS prevention strategy of 'Abstain, Be faithful, and use a Condom' (ABC). An effective and workable alternative to the current national 'ABC' approach is to engage people profoundly in exploring their present-day cultural conditions and developing working approaches themselves.*

**Keywords:** HIV, Sexuality, Cultural, Morality, Abstain, Empowerment

## 1. Introduction

The HIV epidemic is complex and dynamic, and a number of factors can impact how prevalence rises and falls, including new infections, mortality due to HIV-related illness, and availability of care and treatment. The age and sex distributions of AIDS cases in Kenya show that men and women are infected in equal proportions (National Council for Population and Development et al., 1999). This is expected because HIV is predominantly transmitted through heterosexual contact.

In Sub-Saharan Africa, sexual activity appears to be driven largely by socio-cultural beliefs and practices and risk-taking sexual behaviour which is usually tolerated in some contexts. For example, multiple partnerships for men may be tolerated, while women's infidelity is highly penalized, meaning that aspects of sexual conduct are beyond women's control (Caldwell et al., 1999)

The recent studies comparing prevalence estimates shows some decline in HIV prevalence in urban areas among adults age 15-49 from 10% in 2003 to 9.2% in 2007. HIV prevalence in rural areas was 5.6% in 2003 compared to 7.4% in 2007 (Caldwell et al., 1999). The higher prevalence in rural areas in 2007 was more pronounced among men than women. This term paper seeks to establish why there is high prevalence of HIV infection in Busia County and investigate the relationship of their sexual health in a context of disempowering social and cultural norms, attitudes governing their sexual relations and socio-economic factors.

As Kenya endeavours to be a developed industrial nation by 2030, the mystery of HIV and Aids ought to be addressed in order to effectively deal with critical development issues such as manpower resource, without which development cannot occur. Busia County has the highest HIV prevalence

among the major regions of western Kenya. Our focus is to interrogate this reality with the aim of understanding; could it be due to poverty, illiteracy or some practices within the families and community at large?

## 2. Background

HIV infection is a communicable disease whose transmission, spread, and prevention depends very much on people's social behaviours that are in turn influenced by their attitudes, beliefs and the values. Therefore in order to determine the cause of high prevalence rates and the increased vulnerability to HIV infection in Busia County, it is important that this study be carried out. It will enhance our understanding of the dynamism of behaviour change with regard to male sexuality and help policy makers design prevention programmes that can more effectively address gender-related factors that influence personal and societal vulnerability to HIV and Aids.

The study holds a view that gender and sexuality must be understood as constructed by a complex interplay of Social, cultural, and economic forces that determine the distribution of power as far as HIV and AIDS is concerned, the imbalanced power between women and men in gender relations curtails women's sexual autonomy and expands male sexual freedom, thereby increasing both genders' risk and vulnerability to the epidemic (Heise and Elias, 1995; Weiss and Rao Gupta, 1998). Based on this theory of gender and sexuality, unequal power balance in gender relations increases men's vulnerability to HIV infection in rural areas because of, their greater power.

Among the Bakhayo community, masculinity norm that expects men to be more knowledgeable and experienced about sex, put them at risk of infection because such norms prevent them from seeking information or admitting their

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lack of knowledge about sex or protection, and coerce them into experimenting with sex in unsafe ways, and at a young age.

In sub-Saharan Africa, sexual activity appears to be driven largely by socio-cultural beliefs and practices risk-taking sexual behaviour may be tolerated in some contexts while in others it may be strongly disapproved of and regarded as irresponsible or immoral. For example, multiple partnerships for men among the Bakhayo community may be tolerated, while women's infidelity is highly penalized, meaning that aspects of sexual conduct are beyond women's control (Caldwell et al., 1999).

### 3. Methods

This research suggests that spousal communication may also influence HIV-related behaviours, but empirical research on this subject remains limited. Among a handful of studies that have attempted to link spousal communication with HIV-related behaviours, a study from Uganda showed that spousal communication was positively associated with condom use (Gage and Ali, 2003). A study in rural Kenya observed that spousal communication about HIV remains limited in rural couples, despite widespread dissemination HIV-related mass media messages. (Muturi, 2005). In the study of the HIV phenomena in Busia County, the study was founded on two main theoretical basis; the theory of planned behaviour and cultural transmission theory.

The Theory of Planned Behavior (Ajzen, 1991) provides a theoretical orientation for the present study. This theory asserts that intention to communicate flows from a couple's attitudes toward communicating with one another openly, their perception of the subjective (cultural) norms associated with such communication, and their beliefs regarding their ability to engage in such communication. How these factors are influenced by the relative Position of women in the relationship, are central to the dynamics of when, how, and to what degree spousal partners communicate with each other about HIV prevention, further, gender inequalities influence sexual behaviours and risk of sexually transmitted infections, including HIV (Harvey, et al., 2002; ).

Cultural transmission theory states that people are engulfed in a social environment that constantly provides stereotyped conceptions. It asserts that individuals are essentially neutral at birth with biological differences in gender identities. (Harvey, et al., 2002) Individuals acquire ways of thinking, feeling and acting characteristics of male or female through their social experiences most particularly through socialization.

The researcher adopted descriptive case study. According to H. Odum "the case study method is a technique by which individual factor whether it is an institution or just an episode in the life of an individual or a group is analyzed in its relationship to any other in the group. Purposive sampling technique was recommended for this study. Men aged between 18 to 55 years of age constitute the significant proportion of the sample.

To achieve the maximum level of precision, data obtained was subjected to regular cross checking, inspection and scrutinizing to ensure accuracy, relevance, completeness, consistency and uniformity. After the pre-test was done corrections were done to the questionnaire to make it realistic. The main drawback of this term paper was time. Time frame within which it was conducted was limited.

### 4. Results

The paper sought to investigate the demographic status of the respondents particularly on matters of age, education attained, marital status, life spent with the current partner.

**Table 1: Sampling frame and sample**

Type of clan	Population frequency of men	Sample population	Sample size	Return
Baguri	70	30%	21	21
Bamenya	65	30%	19	19
Bakhabi	45	30%	14	12
Bamudiru	40	30%	12	10
Baade	30	30%	9	7
TOTAL	250		75	69

Source (Author, 2016)

**Table 2: Distribution of the ages of the respondents**

Age	Frequency	Percentage
18-24	4	5.8
25-31	5	7.2
32-38	34	49.2
39-45	16	23.2
Above 46	10	14.5
Totals	69	100

Source (Author, 2016)

Majority of the respondents reported to have gone through formal education. The entire key informant interviewed reported to know how to read and write except for two who were illiterate. We can conclude that literacy level is high but some have lapsed into illiteracy due to ignorance and lack of motivation from leaders.

Among the respondents who are married, (72%) reported to discuss sexual matters with their sexual partners the same response shared by (28%) of the unmarried respondents. It is observed that the discussion of sex with partner is significantly affected by the current marital status of the respondent.

When discussing sex, (5.8%) of the respondents reported that it is their partners who usually initiates the discussion, then another (23.1%) reported that they both initiates the discussion, while (68.1%) usually initiate the discussion themselves whereas (2.9%) of the respondents did not to answer who usually initiates the discussion this is the un married. Among those who initiates discussion were asked why it is so, they respondent by saying it is a taboo among Bakhayo community for a woman to ask for sex or else she is termed a prostitute.

Among those who usually discuss sex with their partners, (31.9%) do have conflicts when discussing sex and (65.2%) do not have conflicts when discussing sex whereas two

respondents declined to respond to this question. This means 32% of women go through sexual violence if not rape.

It was also found that 18.8% of the respondents believe that it is the female who should dictate when to have sex, 59% believe that it is the men who should dictate when to have sex and another 23% believe that both partners should decide when to have sex. However, there is no significant relationship between the marital status and the belief of who should dictate when to have sex.

When asked whether it is okay for men to have more than one sexual partner, (64%) of the respondents agreed with the idea whereas a (36%) declined that men should not have more than one sexual partner. Among the married men, (64%) agreed that it is okay for the men to have more than one partner and this was also agreed by (63.1%) of the unmarried men. we conclude that this is one major cause of HIV infection in this community.

When asked whether they have ever been to a VCT, minority (28%) reported to have been to a VCT as compared to (71%) who reported to have never been to a VCT services. When asked why they haven't gone to VCT, majority said they would be suspected to be positive, some said they are ok some said their wives have been tested and are fine, some said it is not priority.

## 5. Discussion

During the group and clan leaders FGD it was revealed that Majority of men do not want to use condom due to a number of reasons such as sexual satisfaction, don't want to control birth, religious beliefs and it will portray that they engage on extra marital affairs. Secondly Men do not seek for treatment from health institution when infected by STI but prefer local treatment and this makes them vulnerable to HIV infections. Men also engage in local beer drinking and when drunk people lose control of themselves and indulge in unprotected sex. People who are Positive are infecting others because they say we cannot die alone.

From the FGD's held, the participants reported that some of the reasons why HIV has become a major challenge to the community is because of the constant and continuous cross border transactions to trade. They also mentioned the aspect of people's attitude which influences their behaviour especially belief in witchcraft no death among Bakhayo is termed natural and this is where many have not agreed HIV related deaths. Believes about sexual rituals being related to every activity in the community and people clinging to these rituals further promotes the spread of the disease

Both the family and societal norms are in place to socialize, regulate and control the sexual behaviour of members. For instance, grandmothers start engaging in sexual conversations with girls, from the age of 15 while grandfathers do the same with boys. Discussions usually center on areas such as potential sex partners, sex and health issues, and preparation for sex in terms of what to expect from the male partner, how to handle the opposite sex partner, and when to say no to sex, but due to polarization of

our society with western culture this is fading away as fast as the wind.

## 6. Conclusions

Findings of this study have confirmed that sexuality and sexual behavior in particular is not just a biological but also a social construct. The social function of sex demonstrated by five different cultural sexual practices are sex as procreation, pleasure, relations, family property, religion and healing. The Bakhayo men are aware of dangers of HIV, however, the knowledge is often not put into practice, this is because current approaches to HIV and AIDS prevention are based largely on persuading individuals to change behaviour, without due regard for the social, cultural and economic contexts in which behaviour is shaped and lodged.

This highlights the profoundly social – and economic – dimensions of the epidemic. A response that ignores the cultural, economic and sociological aspects of HIV and AIDS is unlikely to meet with success. This poses a major challenge: the challenge facing civil society, religious institution, the Kenya government in efforts to develop policies for implementation that impact on the cultural, economic, social and normative factors that make so many people vulnerable to HIV and AIDS.

The issue of cultural contexts and patriarchy as well as their implications for HIV and Aids has received little attention in amongst Bakhayo, gender inequality was identified as a key feature of HIV and Aids in Nambale Division In spite of National intervention strategy, not only the infection rate is rapidly increasing but also understanding gaps still exist in strategy there is lack of culturally relevant materials on behavioral change that targets vulnerable groups. Furthermore, spirituality and other influential cultural factors have not been addressed. Neither have influential people in society been given the opportunity to play a role in encouraging positive cultural practices. These gaps are testimony that this intervention against the scourge should go beyond just awareness.

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