

Kenya – Devastating impact of HIV/AIDS on rural women

Women are distinctly and devastatingly affected by HIV/AIDS. Trends indicate that HIV/AIDS is more prevalent in women than in men. Today, roughly 40 million people worldwide are living with HIV. In Kenya, the effect is greatest in rural areas, where over 80% of the population lives. Out of those infected with HIV, more than 60% are women and girls.

Women are more vulnerable to HIV infection in many ways; the reasons that account to the differences in the infection rate between men and women are:

- i. *Physical Differences / Easier to Transmit from Men to Women than Women to Men* – anatomical differences between men and women mean transmission from men to women is easier than the other way around. The mucosal lining of the vagina offers a large surface area to be exposed to infected seminal fluid and is more susceptible to small tears and irritation during intercourse than is the penis.
- ii. *Gender Inequities* – Prevailing gender inequities leads to higher-risk behaviours. For instance, in many cultures women are not free to refuse sex or to insist on safer sex

using condoms. Women have less access to employment and education in developing countries. The sex trade can be one of the few options for women trying to earn money and support themselves and their children. Sexual violence against women is also very high in some areas, thus exposing them to high-risk behaviours.

Gender inequity challenges facing rural women

Rural women living with HIV often face oppression in their relationships with male partners and within the wider community because of their gender, HIV status and economic (and social) marginalization. As a result, they are subjected to high levels of sexual and other gender-based violence. They are often unable

to protect themselves against HIV infection because they risk violence should they suggest safer sex.

Male partners are reluctant to test for HIV even when there are strong indications of infection. Many women face abuse from their partners when they access health services for HIV-related treatment and care. The assumption that men and women are aware of HIV and AIDS and know how to protect themselves does not apply to rural areas, particularly to young women. Myths, misconceptions, superstitions, stereotypes and stigmatization are widely prevalent. The less people know about the disease, the more negative they tend to be about HIV-affected families and the stronger the stigmatization.

In most Kenyan cultures, women do not inher-



Women's Group in Taveta.



it land and property, and until recently, banks did not lend to women because they lacked collateral. Economic dependence on men and lower levels of education condemn women to doomed marriages, and those who choose to remain single are often branded as having loose morals.

The HIV/AIDS scenario in Luo Nyanza and Taveta in Kenya

● Luo Nyanza: multiple sex partners encouraged for men

HIV/AIDS is more prevalent in Luo Nyanza mainly due to the socio-cultural behaviour of the Luo people. A report by Okeyo from Nyanza on 'The Impact of HIV/AIDS on the people of Nyanza'¹ blames socio-cultural behaviour which encourages sex with more than one partner in parts of Kenya and Sub-Saharan Africa. Widow inheritance (levirate) is deep rooted here; men have multiple sex partners including their wives and casual sex partners and are reinforced by the high frequency of exchange of men by widows. This coupled with low condom use in rural areas has contributed to an explosive spread of HIV. The report further indicates that, HIV/AIDS is more prevalent among women (8.7%) than men (4.6%) and the epidemic rages since secrecy persists in the face of sickness and death.

● Taveta: fear of women to confront their husbands with HIV/AIDS

While studying traditional maternal health practices of the Taveta people of the Coast Province, some incidental findings were found through the health care providers at the district government hospital where the poor, mostly women, seek health care and

treatment. The health providers identified an emerging problem in Taveta relating to HIV/AIDS. They showed a corner where they kept anti-retroviral drugs (and also family planning pills) for HIV infected women who claimed to have been infected by their husbands. But they would not dare confront them for fear of being kicked out of the marriage, thereby being denied the only source of income – the family land, which is usually the property of the husband. These women thus chose to manage the infection while continuing to stay in the relationships, thereby exposing themselves to re-infection. Women have to go to the health facilities to take their daily doses.

Suggested Interventions

The interventions that should be taken must address the two forms of unique vulnerabilities: physical differences / easier to transmit from men to women than women to men, and gender inequalities. Specifically, there has to be action by governments and civil society as well as other stakeholders in the following areas:

- Invest in women's education to prevent HIV infection among girls and young women – women who are better educated take better care of their own health.
- Abolish practices harmful to women's health – gender discrimination, domestic rape, and genital mutilation.
- Remove legal impediments to the effective delivery of health services – increase women's access to care.
- Intensify public awareness – where men, women and community will be free to seek aid and thus face less discrimination.
- Increase male involvement and support – health and other agencies need to make

concerted efforts to make men aware of women's health problems and rights, and take responsibility for the effects of their behaviour.

- Address economic and social inequalities affecting women.
- Ensure transport costs and distances in rural areas do not impede access to health services.
- Promote accessibility to and availability of new prevention options for women, including microbicides, as well as to ART services in rural areas.
- Ensure access to adequate food, credit, and cash.
- Improve women's access to civil and criminal remedies in cases of violence against women.
- Assist women in disclosing their HIV status safely.
- Women-focused HIV research, funding and sponsoring studies around the world.
- Protect the property and inheritance rights of women and girls.
- Support improved community-based care, with a special focus on women and girls.

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¹ Okeyo, Tom Mboya (2001). 'The Impact of HIV/AIDS on the people of Nyanza', in Elderkin, Sarah (ed) (1998). *HIV/AIDS and Development in Nyanza Province: Report (Leadership Symposium Report)*.