

# The Potential of the *Nyoluoro* in the Prevention and Management of AIDS in Usigu Division, Bondo District, Western Kenya

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## ABSTRACT

*Nyoluoro*, a Luo term applied to a credit association made up of women living close together, has the potential to contribute to the prevention and management of AIDS in Usigu Division of Bondo District, Western Kenya. The main purpose of the study was to investigate whether the *nyoluoro* can be integrated into AIDS prevention and care strategies. The results suggest that the *nyoluoro* has the potential to assist in the prevention and management of AIDS in the area. Respondents indicated willingness to pass on health messages, to participate in the provision of home care to AIDS patients and to provide financial support to AIDS widows and orphans.

The study, therefore, recommends that the *nyoluoro* should be used as an entry point into the community for the purposes of sensitizing people on the ways of preventing the spread of AIDS and assisting AIDS patients.

## INTRODUCTION

*Nyoluoro* is a Luo term applied to a credit association (Lewis 1976). It is, therefore, a form of merry-go-round that many rural Kenyan women engage in to cater for their varied financial needs. *Nyoluoro* groups are mainly made up of women living closely together. The members constitute an econo-social network.

Upon joining the *nyoluoro*, each member assumes or creates an obligation to save a certain amount of money over a period of time. The members make monetary contributions to one another on a rotational basis. The money collected at each rotation

belongs to the member hosting the association. In general, members use the money to satisfy various needs such as buying household goods, expansion of business, medical expenses, paying school fees for dependants and settling other pressing needs.

AIDS is a life-threatening health problem that has yet to find a cure. It is particularly acute in the developing world where multiple factors have aggravated the already bad situation. In Africa, these factors include chronic political unrest, famine, poverty, depreciating economies and structural adjustment programmes. Here in Kenya, the HIV/AIDS epidemic has been spreading rapidly in the rural areas where 80% of the population reside (NASCOP 1998).

It is quite clear now that the solution to the AIDS pandemic is not a simple one, especially since the problem has no known cure as yet. The ability of HIV/AIDS to

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cure as yet. The ability of HIV/AIDS to spread rapidly necessitates interventions that can curb the spread before it saturates populations (Coates 1994). One such intervention that might probably reduce the potential of this rapid spread is a community initiative such as the *nyoluoro*. Such an initiative could, among other things: educate members of the community by providing consistent and correct messages; direct specific interventions to the most vulnerable groups in the community, such as women and young adults; and provide an enabling social environment for people with HIV/AIDS so that they feel wanted and accepted in the community (Coates, 1994:2).

The Luo people who occupy the district along the shores of Lake Victoria have been seriously affected by the HIV/AIDS epidemic, with HIV sero-prevalence rates for people aged between 15 and 49 years estimated to be between 30 and 39% (NASCOP 1998). This suggests that the epidemic is widespread among these people. Thus, attempts to combat the problem have to be multi-pronged, including the use of community initiatives such as the *nyoluoro*.

The purpose of this paper, therefore, is to describe how the *nyoluoro* can be integrated into AIDS prevention and care strategies, and then make recommendations that could ameliorate the problems of AIDS victims.

## METHODOLOGY

**Study Area:** This study was carried out in Usigu Division when it was still part of the larger Siaya District, between October 1997 and February 1998. Usigu's current home district of Bondo lies along the shores of Lake Victoria and covers a total area of 1,069km<sup>2</sup>. According to the Bondo District Development Plan for 1997-2001, the population was projected to be 96,108 by the

year 2001. This was based on a population increase of 3.1% per annum (Kenya 1997).

Most of the inhabitants in Bondo District belong to the Luo ethnic group. Their main economic activity is subsistence farming, with additional incomes from fishing, small-scale mining and migrant work.

Apart from AIDS and other health problems, Usigu Division experiences acute water problems due to lack of permanent water sources. It also lacks access roads and adequate health facilities and suffers from poverty and famine.

**Study Population:** The study population consisted of members of women groups. Some of these groups were registered with the Department of Social Services whilst others were not. The unit of analysis was the individual member of the group. All the participants were asked for consent before being included in the study.

**Study Design:** Data were collected using a structured questionnaire, focus group discussions and key informant interviews. The questionnaire contained both closed-ended and open-ended questions that were aimed at collecting basic information about the study issue. This included biographical data about the respondents, structure and functions of the *nyoluoro*, anti-AIDS efforts in the division and whether the *nyoluoro* could be involved in providing peer education on AIDS, taking care of AIDS victims in their homes and in looking after AIDS orphans and widows.

Focus group discussions and key informant interviews were used in collecting qualitative data on such issues as peer education, preventive efforts and home-based care. These methods enabled us to collect in-depth information with which to contextualize the potential role of the *nyoluoro* in the management of AIDS in the study area.

**Data Analysis:** Data collected using the structural questionnaire were coded and analyzed using the Statistical Package for Social Sciences (SPSS) computer program. The information was then presented in the form of frequency tables and percentages.

On the other hand, non-computerized analysis was used to analyze the qualitative data collected through focus group discussions and key informant interviews. First, the separate code sheets were prepared for the data collected by each method. Second, the responses were interpreted by looking at the trends within the responses and then formulating ideas that account for them.

## FINDINGS

### Dissemination of health education by *nyoluoro* groups

The findings indicate that the main activity of the *nyoluoro* groups is that of merry-go-rounds. It, therefore, came as no surprise that 53% of the respondents were not involved in disseminating health education messages to the community. The main reason given for this situation was that the groups had to focus on their main aim of forming a group, that is, monetary gains, instead of straying into other things. Nevertheless, the remaining 47% of the respondents reported that their groups had been involved in disseminating health information to the community at one time or another. Of these, 38% had educated the community on general aspects of health such as boiling water for drinking, building racks for drying utensils, and the need for constructing latrines. On the other hand, 9% had talked to the community about AIDS. Further probing revealed that those who passed on health messages to the community did not do so in their capacities as members of the *nyoluoro*. Rather, they did so in their

occupational roles as community health workers or traditional birth attendants.

About two-thirds of the respondents (68%) saw AIDS as a serious health problem in Usigu. They stated that its seriousness lies in the fact that it is incurable and ultimately leads to death. Another 25% thought that AIDS was a serious problem because of its terminal nature while 6% attributed the seriousness of the pandemic to its increased incidence. Overall, 98% of the respondents were aware that AIDS is real and that it is a serious health problem.

When asked about the causes of AIDS, about a half of the respondents (46%) were aware of the fact that AIDS is caused by unprotected heterosexual intercourse between two or multiple partners. Other factors of spreading AIDS cited by the respondents include cutting and piercing with unsterilized skin piercing instruments such as blades, needles or knives (15%), indiscriminate widow inheritance (38%) and blood transfusion using contaminated blood (1%). The incurable nature of AIDS was known to about two-thirds (68%) of the respondents.

Eighty-eight per cent of the respondents pointed out that AIDS symptoms include emaciation, diarrhea, hair loss, wounds and rashes. During the focus group discussions, the respondents were able to differentiate between the symptoms of AIDS and those of *chira*<sup>2</sup>. Their argument was that although the two conditions have similar problems, they could be distinguished on the basis of differences in the type of diarrhoea. In the case of *chira*, the diarrhoea is supposed to be less watery and less severe. On the other hand, the diarrhoea associated with AIDS

<sup>2</sup> Refer elsewhere in this Issue on discussions regarding *Chira*.

was said to be extremely heavy and mucus-like.

On the issue of prevention, the respondents gave various methods. These included avoidance of multiple sexual partners (55%), protected sex using condoms (17%), sexual abstinence (6%), and avoidance of indiscriminate wife inheritance (9%).

Finally, we wanted to find out whether the respondents would participate in efforts aimed at preventing AIDS. Most of them (93%) reported that they would participate in such efforts. The most popular preventive activity that they would participate in is information dissemination. Forty-one percent of the respondents stated their preference for this activity. This activity was popular because it was, according to them, less involving and therefore time-saving. The respondents were of the opinion that the activity could easily be done alongside their household chores. Other activities the respondents were willing to participate in included the sale of condoms (14%) and counseling (5%).

#### **Provision of Home-Based Care**

When the respondents were asked for their view about providing home-care to AIDS patients, 93% of the respondents stated that they would be willing to provide nursing care to such patients at home. The care would be in the form of bathing them, feeding them on nutritious foods, giving them medication, comforting patients by spending time with them and giving oral-rehydration to those with diarrhoea. The remaining 7% were reluctant to assist in this way because of fear of infection and the expenses involved in the purchase of foods and detergents for washing clothes and bedding. They also felt that AIDS patients have so many needs that the *nyoluoro* might not be able to cope with them.

Respondents were also asked whether they would provide nursing care to patients in their neighbourhood. Sixty-three percent (63%) answered in the affirmative. It was suggested that groups could take turns in caring for patients in their locality. Other respondents were of the opinion that visiting and caring for the patients would be easier if a central place was established for them. However, 37% of the respondents felt that it would be difficult to provide care to patients who did not belong to the group or had no blood relationship with the care-provider.

#### **Women and the risk of HIV infection**

Questions pertaining to women's risk to HIV infection, whether women can reduce their risk to HIV infections, and whether AIDS is discussed in group meetings, were asked. Thirty-five percent (35%) of the respondents stated that women were at a higher risk of HIV infection than men, young adults or adolescents of both sexes. The main reason for this is that society allows men to have multiple sexual partners and yet the men have control over their wives' sexuality. The women also fear denying their husbands sex because this could lead to domestic violence. This means that women have literally no chance of reducing their risk of HIV infection. Finally, 94% of the respondents stated that if they were equipped with adequate knowledge on AIDS, they would pass on that knowledge to other women. This would be done through individual home visits. Individual visits were preferred because they would provide ample time for the visitor and the hostess to discuss the subject adequately.

#### **Care for Widows and Orphans**

The final question we put to the respondents was whether they could divert their financial resources to the assistance of widows and

orphans left behind by AIDS victims. At the time of the study respondents were using earnings from their merry-go-rounds to purchase household goods (34%), purchase livestock (24%), invest in business (34%), pay medical expenses (12%), and buy personal effects (10%). Seventy-eight percent (78%) of the respondents stated that they would give financial support to AIDS widows and orphans in the form of donations. On the other hand, 18% preferred a centralized saving scheme where all members would give a fraction from their savings which would then be put together and be used to pay school fees or purchase school uniform for an orphan or, alternatively, build a house for a widow. Sixty percent (60%) of the respondents preferred a monthly contribution, arguing that widows and orphans have many needs that require regular attention.

The respondents were also asked if there were any other forms of assistance that they could be given to widows and orphans. The main (57% of the responses) non-financial form of support turned out to be the provision of food, clothing and utensils. Other non-monetary forms of assistance included providing school fees and uniforms to orphans (15%), weeding shambas for widows (8%) and orphans (9%), and constructing houses for widows (6%).

## DISCUSSION

The basic reason for the formation of *nyoluoro* groups is the revolving fund. In fact, all the thirteen groups that participated in this study started off initially as rotating credit associations. However, some of the secondary activities that they are involved in touch on the welfare of the sick and the bereaved. These activities include settling medical bills for the members and catering for the members' funeral expenses. In

addition, the members also participate in group counseling. Thus, although the groups were not involving themselves in disseminating health messages, the potential for doing this already existed. In fact, nearly a half of the respondents admitted to the importance of passing on health messages, especially on AIDS, to the community. Some of the respondents went on to assert that not making health information a priority was an oversight. Furthermore, 41% of the respondents gave the dissemination of health information as being the most important of the preventive and care activities. We can, therefore, conclude that *nyoluoro* groups are potential disseminators of health information to their local communities.

The respondents saw AIDS as a serious health problem in their division. This was based on the fact that there were increased incidents of patients suffering from the problem and the terminal nature of the pandemic. The members, therefore, had been left with no alternative but to start discussing the infliction in their group meetings. One of the most pressing issues discussed in these meetings was the vulnerability of the women to HIV/AIDS infection. This vulnerability is due to some cultural practices which allowed men to enjoy sexual freedom whilst prohibiting women from doing so. For example, the practice of polygyny, which is permitted in the Luo culture, carries with it the high risk of exposing the man to HIV infection from one of his partners. Once the man gets infected, he would definitely pass on the infection to his other wives, thereby increasing the potential pool of carriers. Ironically, even if a woman knew that her husband is HIV positive, she is culturally compelled to give in to his sexual demands.



Women have, therefore, no way of negotiating for safe sex in a marital situation.

Because of the problems outlined above, the respondents were happy with the various anti-AIDS efforts in their division. These efforts were in the form of campaigns for condom use, sexual abstinence and using sterilized piercing instruments. Other campaigns were against multiple sexual partners and indiscriminate widow inheritance. From these responses we concluded that *nyoluoro* groups have a positive perception of anti-AIDS efforts. They, therefore, have a potential to be involved in such efforts.

The incurable nature of AIDS means that a patient not only needs emotional, economic and medical support but also immense social support. According to Ntozi (1995), social support is important because it protects a person in crisis so much that it may ultimately reduce the amount of medication required by an individual to speed up recovery. This type of support often involves spending time with the patient, feeding the patient, washing him/her, and changing bedding for him/her. Women have, since time immemorial, played an important role in providing this kind of support to patients. They have been informal health care providers as daughters, sisters and grandmothers to their families and their communities at large (Pirzuka *et al.* 1987). The women in this study are no exception. Our findings indicate that these women have been assisting the sick in their families and communities. The findings also suggest that they have the potential to provide informal health care to AIDS patients, regardless of their relationship.

However, although the respondents in general talked about providing home-care, most of them seemed to prefer

hospitalization for AIDS patients. They assumed, like most people, that hospital care is the most appropriate for such patients (Tuju 1996). This does not, however, negate the fact that these women have the willingness to provide care to AIDS patients.

Finally, in the past one decade or so, the problem of orphanhood has attracted attention throughout the world. The main reason for this is the increasing number of children being orphaned as a result of their parent(s) dying of the HIV/AIDS epidemic (UNICEF 1994). There is also the increased number of widows resulting from the death of their husbands (Ntozi 1995). In a study carried out in the Nyang'oma area of Bondo District, Nyambedha (2000) found that there were many orphans left behind by parents who had died of HIV/AIDS.

Because of the fact that there were many AIDS widows and orphans in our area of study, we asked our respondents whether the *nyoluoro* groups could offer financial aid to these victims of the AIDS pandemic. The results indicate that apart from providing non-financial assistance, the groups were willing to make financial contributions to AIDS widows and orphans. We, therefore, concluded that the *nyoluoro* has the potential to provide financial support to AIDS widows and orphans.

## CONCLUSION AND POLICY RECOMMENDATIONS

This study has shown that the *nyoluoro* has the potential to assist in the prevention and management of AIDS in the study area. This is because all the members of the *nyoluoro* groups studied indicated their willingness to pass on health messages, to participate in the provision of home-care to AIDS patients and to provide financial support to AIDS widows and orphans. The members also have a positive perception of AIDS and the efforts

aimed at preventing the spread of HIV/AIDS.

On the basis of these findings, the following two recommendations can be made:

1. The stakeholder dealing with health issues in Bondo District should use social networks, such as the *nyoluoro*, as entry points into the communities for the purposes of sensitizing people on the ways of preventing the spread of AIDS and assisting AIDS patients. This is because most of the members of these groups are women and women already have channels of communication through such groups. However, for these groups to be effective communicators, their members should be provided with training in methods of peer communication as well as accurate and up-to-date information on HIV/AIDS.
2. To allay the fears that the members of the *nyoluoro* groups have regarding infection if they were to provide home-care to AIDS patients, the government and NGOs interested in health matters in the district should train these people in preventive measures and also provide them with simple protective equipment.

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