

# ***Sigendni Luo* (Luo proverbs) as Communication Intervention Tool in the Fight against HIV/AIDS among the Luo of Western Kenya**

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## **Abstract**

*In Kenya, HIV/AIDS information and skills dissemination has been mainly through modern communication systems, such as the use of mass media — television, radio, internet, newspapers, and leaflets more than indigenous modes of communication strategies such as narration (sigendni), singing (wende) and dancing (miende). Mounting evidence indicates that these communication systems have the potential of alienating and disempowering the people they are intended to inform because the communication process does not start from within their experiences and in many cases are incapable of giving full respect to their values. To make a mark in the fight against HIV/AIDS in Africa there is need to embrace culturally sensitive communication systems in the fight against HIV/AIDS. The traditional systems of communication put greater emphasis on getting the audience involved in perceiving HIV/AIDS as their problem rather than a media, government, non government organization or an international agency agenda. This paper examines the use of narrative fiction as a strategy to create awareness and empower the community to take ownership of the fight against HIV/AIDS. The paper is grounded on Entertainment-Education (EE) strategy as propounded by Singhal & Rogers, Papa et al and Fossard. Data were gathered quantitatively and qualitatively using questionnaires, focus group discussions and in-depth interviews. Key findings indicate that sigendni Luo (Luo narratives) could be a powerful medium for learning and gaining understanding of others. Stories about people living either as victims or carers for sick relatives afford insights into what others have not experienced. This article concludes that sigendni Luo (Luo narratives) were important democratizing tools of communication. They put more emphasis on dialogue, debate and negotiation rather than persuasion and transmission of information from the external technical experts point of view.*

**Key Words:** HIV/AIDS prevention, *sigendni Luo*, culture, mass media and ora-media

## **Introduction**

A man named Tshintsha owned a garden situated along a riverbed. One rainy morning he went outside to watch his garden during the rain. When the rain cleared up, a rainbow (*umnyama*) descended into the river. All of a sudden it came out of the river and into Tshintsha's garden. When he saw the rainbow coming

closer to him, he became afraid and tried to run away. It dazzled him and struck his eyes with a red color. Men say that a rainbow is a disease; if it rests on a person some illness will befall him. Struggling to see, Tshintsha ran from his garden with the rainbow still chasing him. Because the rainbow poisoned him, he developed swellings on his body and became very ill. He decided to

leave his family to undertake a journey in search of a rainbow doctor, in an effort to rid himself of the poison of the rainbow. (Adapted from Canonici 1993, 58)

The foregoing Zulu story of a man called Tshintsha being poisoned by a rainbow might seem incredible to most readers. How, one may ask, can a rainbow inflict a disease as deadly as this one? Yet today millions of people around the world are also being poisoned by the *umnyama* – just like Tshintsha. Unbelievable? We live in a world ravaged by the onslaught of the *umnyama*, better known to most as the HIV/AIDS pandemic. From a Western perspective this story is just that – a folktale. But from a more traditionally inclined African perspective, this story might make perfect sense in relation to the prevalence of HIV/AIDS in African communities.

This story incorporates the African worldview on illness and death, with its reference to the negative impact a natural phenomenon such as a rainbow is believed to have on people. Even if Africans may know that an illness is caused by a micro-organism that can be explained from a medical point of view (such as the flu virus), they explain and understand illness and unnatural deaths (from diseases such as HIV/AIDS) in the light of their worldview. (Ngubane 1977: 23).

Since the mid-eighties, the fight against HIV/AIDS has gradually mobilized media, governments, international agencies and non-governmental organizations. Despite the concerted efforts by the media, governments, non-governmental organizations and other stakeholders to disseminate information on HIV/AIDS prevention, there is little impact on the ground as evidenced by the increase in HIV infection and AIDS cases (UNAIDS, 2006). UNAIDS (2006) observes that since the first case of AIDS was reported in 1981, infection with HIV has grown to pandemic proportions. In the year 2005 alone, an estimated 2.8 million people died of AIDS, 4.1 million were newly infected with HIV, and 38.6 million were living with HIV (UNAIDS, 2006). Regionally, the UNAIDS (2006) asserts that although only 10 per cent of the World population lives in sub-Saharan Africa, the region is home to approximately 64 per cent of the World population living with HIV. In Kenya, according to National AIDS Control Council(Kenya Aids Indicator Survey-KAIS,2012), by 2012, 1.4 million adults aged between 15 and 49 years were living with HIV, while about 500,000 people were suffering from AIDS. Within Kenya, the status of HIV/AIDS in Nyanza province predominantly occupied by the Luo has been described as “a mature pandemic” because of its high prevalence and devastating impact on individual, household and community levels (IPAR, 2004). The region has the highest prevalence rate in Kenya, which currently stands at 15.1 per cent (KAIS

2012). The provincial prevalence rate is significantly above the national prevalence rate, which stands at 8.03 % (KAIS 2012) and that of other Provincial rates: Nairobi (9.0 %) Coast (7.9 %), Rift Valley (7.0 %). Prevalence in Eastern is 4.7% and in Central, 3.8% of the adult population is infected. North Eastern province has the lowest adult HIV prevalence at 1%, (KAIS), 2012). In Nyanza province the effects of AIDS is marked by fresh graves and deserted houses, in homes only inhabited by the old and very young, grandmothers and grandchildren (Nyambedha et al. 2003), and in the weekly funerals that the people attend(Prince 2004).

From the above, it can be observed that despite mass media campaigns to inform the public about the (1) the use of condoms; (2) screening for HIV at Voluntary Counselling and Testing (VCT) Centres; (3) prevention of mother-to-child transmission (PMTCT); (4) the use of post-exposure prophylaxis (PEP); (5) the prompt treatment of sexually transmitted infections (STIs) (6) and voluntary male medical circumcision, behavioural changes are not occurring as expected(Elderkin 1998). It is therefore apparent that a gap exists in the communication process leading to a breakdown in communication on HIV/AIDS information. Everett Rogers (1995) referred to the discrepancy between awareness and behavior change as the knowledge, attitude, and practice (KAP) gap. The ineffectiveness of HIV/AIDS prevention messages can be traced to the media used for the dissemination of the messages among other factors (Elderkin 1998). The reason is that mass communication is not the same as information for change (Elderkin 1998). This is because behaviour change cannot occur when the audience is simply a passive receptor of large amounts of information that is mostly irrelevant to the audience's daily life circumstances (Elderkin 1998). Change may be realized if the audience is able to process the information offered within the audience's cultural context (Elderkin, 1998).

In mass communication presentations, discussions with the target audience are rarely facilitated. The communication approaches are clearly linear, top-down, expert driven and non-negotiable (Ashcroft and Masilela 1989). The indigenous knowledge; people's ideas, feelings, cultural values, existing communication channels were presumed to be uneducative and hence totally ignored (Ashcroft and Masilela 1989). The author's informal evaluation, through everyday interactions with the people, revealed that the community's discourse had little to do with the actual social change message delivered through mass communication. As a matter of fact, the odd items such as airplane-like vehicles, communication technology, urbanite aura, food and drinks were the salient items that

fueled and sustained most communal gossip.

An extensive review of literature conducted by this researcher has revealed that there is very little empirical evidence to show the extent to which cultural analysis in general and tradition media in particular informs ongoing efforts at promoting HIV/AIDS prevention measures in Kenya and other African countries. The influence of culture is mentioned in a number of documents, and even in some speeches launching campaigns against HIV/AIDS, but its influence has never been given an in-depth critical analysis. The terms “ora-media”, “traditional media”, “orature” and “folk media” have often been used interchangeably in referring to any form of endogenous communication system which by virtue of its origin from, and integration into a specific culture, serves as a channel for messages in away and manner that requires the utilization of the values, symbols, institutions, and ethos of the host culture through its unique qualities and attributes (Ansu-Kyeremeh 1998). Ora-media thus, refers to how word of mouth and performing techniques are utilized to disseminate information to audiences. The most important feature of ora-media is that it is oral and is performed. Types of folk media include storytelling, puppetry, proverbs, visual art, drama, role play, concerts, gong beating, dirges, songs, drumming and dancing.

The current paper is focused on examining the role of ora-media in the adoption of measures and strategies for the prevention of HIV/ AIDS among the Luo of Western Kenya. The region has been observed to be endowed with performing artistry. Some of the most credited musicians from Kenya have their roots in Luoland and have produced songs that have attracted both national and international applause. Some of these musicians include D.O Owino Misiani, Okach Biggy, Dr Osito Kalle, Collela Mazee, Kasongo Wuod gi Ayiera, George Ramogi, Paul Orwa Jasolo, Odhiambo Tusker, Atomi Sifa among others. These artists are currently being used to ‘transform’ development messages into forms of popular entertainment. The artist, it has been observed reaches a broad cross section of the population than any other communicators. The current study intends to investigate the way the Luo artists are using ora-media to disseminate HIV/AIDS prevention messages to the community, and suggest how ora-media can effectively be used to disseminate HIV/AIDS messages in Nyanza.

This paper will confine itself to discussion of Luo ora-media to *sigendni Luo* (luo narratives) as used in the dissemination of HIV/AIDS prevention messages to the community, and suggest how narratives may effectively be used to disseminate HIV/AIDS messages in Nyanza. Akivaga and Odaga (1982) observe that

through *sigendni* people learn, laugh, mourn, console each other, inspire one another and at times pass secret messages. These attest to the various functions that narratives perform in a community. They further argue that stories are about the people’s conditions of life.

#### ***Sigendni* (Narrative) Tradition among the Luo**

White (1993:36) proposes in his discussion of the narrative metaphor that all people, adults and children alike, live their lives by stories. These stories are what he calls the “... shaping of life, and they have real, not imagined, effects – and these stories provide the structure for life” (White 1993:36). All children love stories and there is no better way to get children to open up and tell their own stories than by using the stories they know and love.

Among the Luo, “*Sigana*” or “*goyo sigana*”, storytelling brings members of a family together to share in the creativity of the community. In the olden days, stories among the Luo were told in the evening after the last meal of the day before people retired to bed. The Luo insist that stories or *sigendni* must not be told by day, lest the narrator’s growth becomes stunted (Onyango-Ogutu and Roscoe 1974). Many times, stories were told as an overture to sleep (Miruka 2001). A grandmother may out of her volition or after request tell stories to her grandchildren in her hut. The children may also later tell the stories they have heard to other members of the family and in case they lose the plot, then they are rectified by the other older member of the society.

Story telling took place in the *Siwindhe* (Luo word for the girl’s dormitory), (Ochollah-Ayayo 1976; Cohen 1989), the hut of *Pim* (singular), *pimbe* (plural) - an old woman who in particular is a grandmother to the boys and girls of the village. Such a woman commands a lot of respect among the boys and girls and enjoys some intimacy with the children.

It is important to note that even boys slept in the hut of *pim* especially the pre-adolescent ones. In the hut, *pim* would sleep in her bed, *uriri*, located apart from the youth where she would control the proceedings of the story-telling sessions.

*Siwindhe*’s import was based on the fact that it was a formative institutional where the basic norms and mores of the Luo society would be imparted to the youth. It was the institute for cultural traditions and social preparation (Onyango-Ogutu and Roscoe 1974, 25). For the females, it was just indispensable: they were taught on how to relate to the males, how to take care of themselves and the acceptable aspects of behaviour. Girls were taught about sex and sexuality in the *siwindhe*, such as how to relate to boys or maintain their virginity (Ochollah-Ayayo 1976, 134; Ominde 1952, 37;

Cohen & Odhiambo 1989, 93). It was at the *siwindhe* that grandmothers taught girls how to make love between the thighs (Ochollah-Ayayo 1976, 134; Omindhe 1952, 37; Cohen & Odhiambo 1989, 93). The name given to this practice was *chodo* (Evans-Pritchard 1965:229). An illustration of the importance of *siwindhe* can be depicted from the following Luo saying:

*Iming' ka manane ok onindo e siwindhe [You are uneducated, like one who never slept in siwindhe].*

Sleeping in the *siwindhe* was compulsory (Ochollah-Ayayo 1976, 134; Omindhe 1952, 37; Cohen & Odhiambo 1989, 93). Absentees were upbraided with the insult, "plucker of women's ticks!" or "hunchback, sleeper in his mothers house-most abusive terms among the Luo people.

Boys who had grown enough and reached puberty would move from *Siwindhe* to *Simba* - a bachelor's hut built by the son in his father's home and often situated at the gate of the homestead. This was when the boys had attained eleven years and had had their six lower teeth extracted (Onyango-Ogutu and Roscoe 1974, 25). After moving out of *siwindhe*, the boys continued with the stories learnt in the *Siwindhe* in *duol*-a meeting place for all the adult male members of the homestead. The stories told, however, changed and in most cases concentrated on family life, leadership, history of the Luo, the clans, family trees, war techniques, warriors, famine, epidemics, settlement and migration.

By and large, *duol* and *Siwindhe* were important institutions which enlivened the Luo traditions, beliefs and values. Nonetheless, with a lot of changes in the social-set ups today, the institutions of *duol* and *Siwindhe* are diminishing, especially the latter. Today, stories are told at any time of the day as long as it is convenient both to the narrator and the audience. They are also not restricted to a particular place they are told in classes in schools, presented in festivals and gala ceremonies, aired over the radio and television while quite a number have been scripted down on paper and can be read.

Basing their foundation on the importance of *duol* and *siwindhe*, a number of *Dholuo* FM radio stations such as Radio Ramogi and Radio Lake Victoria have programmes called *Galamoro mag chike* (a gathering of people discussing Luo rules or Luo ways) and *budh jodong'o* (a gathering of old/wise men) respectively. The programs are like an advice column in the newspaper. The programs are very popular with the listeners and enjoy a massive air time of two and half hours running between 9.30 pm and 12 midnight every

Monday. The program listeners write to the producer with their problems, which will then be answered by a panel of "Luo elders". The programs explicitly present itself as a forum for the promotion of the Luo tradition and continuity of the Luo culture. The elders refer to the audience as "the grandchildren of Ramogi" (the mythical Luo warrior who led his people to their present-day homeland). The elders present their advice not as their personal interpretation, but as what "Luo culture" says you must do. These radio programs are part of a proliferation of discourse on Luo culture that has become common in the last decade. This discourse is found in books, articles and pamphlets and there is even a website ([www.jaluo.com](http://www.jaluo.com)) devoted to discussion of *chike Luo*.

The problem with the two programs is that the themes they try to address are most often outdated. For example, during the programs, presenters are known to bombard listeners with taboos and dire consequences if disobeyed. In one of the programs the presenter admonished listeners that:

- A man cannot move out of his father's homestead to build a house if the dad is still at his grandfather's homestead.
- One can not utilize roofing sheets (used) plucked from his mother's house to construct a house.
- A man can not greet, share a meal with his brother or enter his house if the brother is younger and happened to have constructed a homestead first.
- Then there is this queer one, where marriage would be terminated instantly if a woman slaps her bare thighs following a disagreement with the husband.

It is our view in this paper that the program controllers at both radio stations should transform the themes of the two popular programs and focus on key challenges the society is grappling with such as HIV/AIDS epidemic. This observation agrees with Ogutu (1995:24) observation that "culture is never static" and given that the majority of Luo people have converted to Christianity, our church elders should liaise with the traditional elders to determine how to inculcate widow cleansing practices by, for example, formulating special widow/widower cleansing prayers/ masses. In addition, he says:

To be noted are cases where widow cleansing did not involve sexual intercourse like *mond liete* (levirate wives who had already gone through cleansing), *pim* (a woman who had gone past menopause), et cetera. Such cases only required *chodo*

*okola* (breaking banana fiber which widows tied around their waists until they were cleansed), *tero kom* (staying vigil on a stool in the widow's house overnight) or *ganda ndawa* (a grandson passing a roll of tobacco to the widow). Such exceptional cases, and those where symbolic sex was performed like those of *jambiko* (lepers), *janeke* (mad spouse), and so fourth, should be given the emphasis they deserve (Ogutu 2005, 24).

In this passage, Ogutu appears to endorse the replacement of sexual with symbolic intercourse. On the same breadth, previously, the Luo elders disapproved promotion of male circumcision, terming it as 'highly emotive cultural issue, fraught with heavy, demeaning, and political undertones' (Akoko 2008, July 22). The present research therefore suggests need for a broad based dialogue within the Luo community on how such radio programs should be planned, redesign and implemented to help the audience of the radio programs cope with the dilemmas of following *chike* in the era of AIDS-trying to respect the principles while seeking, viable, pragmatic solutions.

Today, stories are told in schools while quite a number have also been scripted down in books. They are also told at any time of the day or night. Old people, grandparents or parents are also not necessarily the only ones who narrate and / or moderate them. Stories are narrated by anybody who is able to tell stories, such as teachers, professional storytellers and children themselves. Even the types of stories told have changed as a result of new images in the environment and partly as a result of the influx of foreign culture.

### Context and Methodology

#### Design

The present study is descriptive and adopts a cross-sectional design. A descriptive research can be put under two categories namely quantitative and qualitative. Qualitative research deals with the observation, impression and interpretation. It entails descriptive or analysis of phenomena whose variables were not easily to measure. Hancock (1998, 2002) states that qualitative research is about opinions, experiences and feelings of individuals and production of subjective data. Lindlof and Tylor (2002) define qualitative studies with what researchers do and intend to find out. Qualitative researchers "seek to preserve and analyze the situated form, content, and experience of social action, rather than subject it to mathematical or other formal transformations" (Lindlof and Taylor 2002).

While a quantitative research uses measurement and statistical principles and models, this involves quantification of the phenomenon under study. It is mostly used in cases where the phenomena under study

can be expressed in terms of quantity.

The current study was designed in such a way as to investigate how Luo *sigendni* have been appropriated as a tool for promoting public health campaigns in the fight against HIV/AIDS. It was envisaged that the cross-sectional design would enable the researcher to collect both qualitative and quantitative data. The data for the study was collected for a period of six months. The first part of data collection involved quantitative data collection methods while second part involved qualitative data collection.

#### Study Site

The study was carried out in Nyanza region, Kenya. The area lies within the Lake Victoria basin. The study focused on the Luo people, who are agropastoral group of Nilotic cluster of societies (Ogot 1967). The Luo speak *Dholuo* language, which has a Nilo-Saharan and eastern Sudanic accent and affiliation (Ogot 1967). The choice of Nyanza region as the site for the current study was motivated by the fact that the province has for the past two decades recorded the highest HIV prevalence in Kenya, with the latest being 15.3 per cent against national figure of 8.03 per cent (KAIS 2007). The province is located on the south western part of Kenya and covers an area of 16,162km<sup>2</sup>.

The data for the study was collected from the three representational counties of Nyanza region. Migori represented the greater southern Nyanza region. Kisumu was next and accounted for the central part of the region. The third county was Siaya representing the northern part of Nyanza.

Two divisions in each county were purposively sampled depending on the availability of theatre groups. Within the study counties, that is, Migori, Siaya and Kisumu, community theatre groups as well as music and drama clubs in various schools have mobilized the youths within their reach to fight AIDS pandemic. The groups use folk media and puppetry to sensitize the community about HIV/AIDS.

#### Selection of study participants

A multistage sampling approach was used to identify respondents in this area. The First stage was purposive identification of two divisions (purposely selected). The same procedure was used to sample two locations from each of the two divisions. The entire population of theatre group members in the eight sample locations was established to be 318 as shown in the population. In order to trim the target populations further the recommendation by Fischer *et al* in Mugenda and Mugenda (1999) was applied. It recommends that in the absence of estimate of proportion in the target population assumed to have the characteristic of

interest, at least a sample of 50 per cent of the accessible population should be used. 50% of 318 equals 159. Table 1 gives a summary of the sampling procedure in the survey.

**Table 1 Summary of the Sampling Units at each stage**

<i>(i) Migori County</i>					
Division	Locations	No. of Theatre Groups	Sample Size (Theatre Groups)	No. Of Theatre Members	Sample Size (Group Members)
Karungu	West Karungu	2	1	16	50/100x16=8
	East Karungu	3	1	24	50/100x24=12
Nyatike	Central Kadem	3	2	34	50/100x34=17
	North Kadem	2	1	26	50/100x26=20
Sub-Total	4	10	5	100	50/100x100=50
<i>(ii) Kisumu County</i>					
Division	Locations	No. of Theatre Groups	Sample Size (Theatre Groups)	No. Of Theatre Members	Sample Size (Group Members)
Winam	Township	2	1	38	50/100x38=19
	Kondele	2	1	26	50/100x26=13
Maseno	West Kisumu	1	1	28	50/100x28=14
	South West Kisumu	1	1	14	50/100x14=7
Sub-Total	4	6	4	106	50/100x106=53
<i>(iii) Siaya County</i>					
Division	Locations	No. of Theatre Groups	Sample Size (Theatre Groups)	No. Of Theatre Members	Sample Size (Group Members)
Yala	Yala Township	2	1	38	50/100x38=19
	Central Gem	1	1	22	50/100x22=11
Ugunja	South Ugenya	1	1	28	50/100x28=14
	North East Ugenya	1	1	24	50/100x24=12
Sub-Total	4	5	4	112	50/100x112=56
Total	12	21	13	318	50/100x318=159

(Source: Field Survey)

follows:

*The Ora-Media*

The total number of ora-media collected from the 159 respondents was 24. They were distributed as

**Table 2 Number of Ora-media as per Respondents**

Locations	No. of Respondents	Ora-media types				Total No. of Ora-media
		<i>Wende</i> (songs)	<i>Sigendni</i> (narratives)	<i>Tuke</i> (Plays)	<i>Ngeche</i> (Proverbs)	
West Karungu	12	1			1	2
East Karungu	8	2	-	1	-	3
Central Kadem	17		2	1	1	4
North Kadem	20	1			-	1
Township	19		1	1		2
Kondele	13	1	-		1	2
West Kisumu	14	1	-		-	1
South West	7	1	-		-	1

Kisumu						
Yala Township	19	1	-	1	-	2
Central Gem	11	1	-	1	-	2
South Ugenya	14	1	-	-	-	1
North East	12	-	1	1	1	3
Ugenya						
Total	159	10	4	6	4	24

(Source: Field Survey)

The ora-media pieces collected during this research were further analyzed on the basis of the ora-media types. In order to trim the ora-media types further, the recommendation by Fischer *et al* in Mugenda and Mugenda (1999) was applied. It recommends that in the absence of estimate of proportion in the target

population assumed to have the characteristic of interest; at least a sample of 50 per cent of the accessible population should be used. So 50% of 24 equal 12. Table 3 gives a summary of the sampling procedure for the ora-media types in the survey.

**Table 3 Sampled ora-media types**

Ora-media Type	Total No. of Ora-media Type	Sample Size
<i>Wende</i> (songs)	10	$50/100 \times 10 = 5$
<i>Sigendni</i> (Narratives)	4	$50/100 \times 4 = 2$
<i>Tuke</i> (Plays/drama)	6	$50/100 \times 6 = 3$
<i>Ngeche</i> (Proverbs)	4	$50/100 \times 4 = 2$
Total	24	$50/100 \times 24 = 12$

(Source: Field Survey)

The main unit of analysis was the individual member of a theatre group in the area of study from whom data was gathered through interview schedules, observation schedules and focus groups.

#### *Data collection*

Data was collected by six trained graduate research assistants (three males and three females) using a pre-coded questionnaire administered to each respondent in a face-to-face household interview.

The quantitative data was supplemented with qualitative research findings, which included open ended questions that gave the respondent a chance to give his/her own suggestion or comment about the media use habits, their preferences, attitude towards the existing channels and his/her perception on the coverage of various health issues/topics. Other questions also helped to explore the demographic data such as marital status, religion, level of education, composition of family, type of house the respondent lives in and their source of income. The data collection exercise took thirty days running from 7<sup>th</sup> April to 7<sup>th</sup> October 2008 and this was done concurrently in all the districts by well trained research assistants.

#### *Data entry and analysis*

The quantitative data collected through face-to-

face interview was entered into a Statistical Analysis Systems (SAS) program. Data analysis was done using SAS and Ms Excel. The tool was used to establish age, gender, average monthly income, place of residence, levels of education, and levels of income and media accessibility by the interviewees.

The Luo ora-media from participant observations were translated from Luo to English language using the translation theory by Steiner (1992) for the purposes of description and analysis. They were analyzed into the following thematic areas: the types of ora-media present among the Luo, the Luo ora-media with HIV/AIDS characters, the major themes on HIV/AIDS from the Luo ora-media and the effectiveness of the Luo ora-media in disseminating HIV/AIDS prevention messages. This mainly involved content analysis of the various oramedia types collected. Data from the key informant interviews and focus group discussion were analyzed by identifying insights and implicatures that were used to explain observed patterns. Based on the above procedures, generalizations were drawn after in-depth discussion of the findings.

#### *Ethical considerations*

Certain ethical challenges were associated with respondents infected and affected by HIV. Most of them expressed reservation about their HIV status being disclosed to others. Other respondents deliberately

concealed information for fear that it could be publicized in the media. The purpose of the study and their roles was explained to them before seeking their informed consent. It was made clear to the respondents that the data collected was purely for academic purposes and not for any other use. The respondents' identity was to remain anonymous.

Another ethical issue encountered during the data collection stage was that sexuality is a sensitive issue and so not all respondents felt easy providing information about their sexual life. Some were shy, others felt offended by some questions, yet others demanded financial reward to be able to provide information. To overcome this challenge, the objectives of the study were explained to the respondents before seeking their participation in the research. It was made clear to them that they would not be provided with material benefits because of their participation in the study.

## Results

### *Socio-demographic characteristics of the respondents*

Among the 159 respondents interviewed during the study, a majority at 36.1% were in the age group 15-19 years. From the total respondents interviewed 82

were male whereas 77 were female. An important aim of the study was to better understand how the sex differentials among the respondents are related to media accessibility and utilization. The majority 63/159(39.6%) of the respondents were residing in rural areas. During the study it was observed that most respondents (34.67%) either had no education or stopped in primary school. Among the respondents, almost a half (49.58%) of the households live in mud walled houses with iron roofing. The shelter condition of respondents is an important marker of their economic status. Fishing was the main economic activity of the respondents at 36.3%. It is a huge industry comprising of boat builders and repairers, fishing nets and gear manufacturers, boat engine mechanics, fish purchasers, sellers and processors, truck drivers who transport the fish and businessmen. Among the respondents the most preferred language when speaking was Dholuo at 62.7%. It is also the second most preferred (53.90%) when writing or reading; this is irrespective of which language a respondent uses most in speaking. A majority of respondents at 93.6% were aware of existence of HIV/AIDS pandemic. The following table gives a summary of socio-demographic status of the study respondents:

**Table 4 Socio-Demographic characteristics of the respondents**

Variable	Characteristics	Frequency	Percentage (%)
County	Migori	50	31.4
	Kisumu	53	33.3
	Siaya	56	35.3
	Total	159	100.0
Location of the Respondent	Rural	63	39.6
	Semi-Urban	55	34.6
	Urban	41	25.8
	Total	159	100
Gender	Male	82	51.2
	Female	77	48.8
	Total	159	100
Age	15-19	57	36.1
	20-25	40	25.1
	26-30	24	14.9
	31-35	16	10.3
	36-40	10	6.3
	41-45	12	7.3
Education	Total	159	100
	No Formal Education	6	3.76
	Primary Complete	23	14.44
	Primary incomplete	26	16.47
	Secondary incomplete	40	25.19
	Secondary complete	36	22.93
post secondary	27	17.22	

	Total	159	100.0
Occupation	Still in School	9	5.8
	No Source of Income	20	12.5
	Fishing	58	36.3
	Personal business	4	2.4
	Formal employment	41	25.6
	Casual work	26	16.3
	Others	1	1.1
	Total	159	100.0
Types of Houses	Mud wall and grass thatched	16	9.96
	Mud wall and iron roofing	79	49.58
	Wooden wall /Makuti wall	3	2.15
	Brick wall/Stone wall	58	36.55
	Others	3	1.76
	Total	159	100.0
Preferred Language of Speaking	Dholuo	100	62.7
	English	43	27.0
	Kiswahili	6	3.7
	Others	10	6.6
	Total	159	100.0
Preferred Language of Reading/Writing	Dholuo	49	31.0
	English	94	59.3
	Kiswahili	13	8.0
	others	3	1.7
	Total	159	100.0
Knowledge of HIV/AIDS among respondents	AIDS kills	149	93.6
	AIDS does not have cure	146	92.0
	The Disease could be transmitted from mother-to-child	145	91.0
	The Disease could be transmitted through blood transfusion	146	92.0
	HIV could be contracted from sexual intercourse	148	92.9

It was of interest in this study to identify socio-demographic characteristic variables that appear to be more associated with ora-media accessibility and effectiveness. To achieve this, the respondents sources of information about HIV/AIDS-the dependent variable was cross tabulated with the socio-demographic

characteristics of age, location, gender, education and the types of houses the respondents were living in. Chi-square statistic was used to test the significance of the correlation. Table 5 reports a summary of these results.

**Table 5** The relationship between Social demographic characteristics and access to ora-media by the respondents

Variable	Characteristic	With Access to OM n(%)n=103	Without Access to OM n(%)n=47	Chi-Square	p Values
Age	<25	44(42.72%)	40(85.12%)	23.53	0.00
	≥25	59(57.28%)	7(14.89%)		
location	Rural	57(55.34%)	17(36.17%)	4.74	0.029
	Urban	46(44.66%)	30(63.83%)		
Gender	Male	48(46.60%)	21(44.68%)	0.047	0.82

	Female	55(53.40%)	26(55.32%)		
Education	≤Primary	68(66.02%)	19(40.43%)		
	≥Secondary	35(33.98%)	28(59.57%)	8.67	0.003
	Employed	38(36.89%)	29(61.70%)		
Occupation	Unemployed	65(63.11%)	18(38.30%)	8.03	0.005
	Types of Houses	Semi-Permanent	66(64.08%)	19(40.43%)	
	Permanent	37(35.92%)	28(59.57%)	7.35	0.007

Keys: OM, ora-media; \*p value is significant at  $\alpha=0.05$

As indicated in Table 5, the results from the chi-square analysis indicates that the social demographic characteristics of respondents such as the age(chi-square=23.50;  $p=0.00$ ), location (chi-square=4.74; 0.029), levels of education (chi-square=8.767; 0.003), occupation(chi-square=8.03; 0.005), and the types of houses the respondents resided in (chi-square=7.35; 0.007), were found to be significantly associated with ora-media accessibility by the respondents.

The table further shows that 66.02 % of those with primary education and less pointed out that ora-media is their primary source of information on HIV/AIDS compared to only 33.98% with secondary education. A majority (55.34%) of the respondents residing in rural areas mentioned ora-media as their source of information on HIV/AIDS, as opposed to only 44.66% living in urban areas. A majority (63.11%) of unemployed and poor residence (64.08%) cited ora-media as their primary source of information on HIV/AIDS.

Several previous studies have also concluded that the levels of education determine audiences' media choice. Dissanayake (1977, 122-124), while listing advantages folk media have over mass media in social development in poorer countries, said the peasants consider mass media to be elitist and alien and identified with centers of power. Dissanayake adds that traditional media employ the idiom of the people and the symbols which are readily intelligible to them, reach a part of the population that is impervious to the influence of mass media and demand active participation in the process of communication.

This paper focuses on few samples of Luo ora-narratives which are used to disseminate HIV/AIDS messages. Although an analysis of just a few Luo narratives cannot lead to generalization of the research findings, the selected samples provide insights into the relevance of these types of ora-media as means of educating the Luo community on the dangers of HIV/AIDS. The interest in these forms is driven by the

fact that they are most recurring in the daily livelihood of the Luo, and that they cut across all the ages.

#### *Sigendni Luo (Luo Narratives) and HIV/AIDS*

It was observed during this study that majority (90.32%) of informants representing 140 of the total 159 interviewed, had heard a story about HIV/AIDS prevention and were able to recount the plot of the stories, and picking out the messages in the stories. HIV/AIDS is referred to as *ayaki* within the community. The name is derived from the verb *yako*, meaning "to grab, to eat greedily, to gopple up": also "to plunder" or "take by force. The name conveys the image of an emaciated HIV/AIDS patient. In one narrative collected from one of the theatre groups, HIV/AIDS prevalence in the study area is captured as below:

#### *Sigand OpichoJamipira Mang'ula (The Story of Opicho the Great Footballer)*

During the study, we recorded the following *sigana* (narrative) as performed by Trainers of Peer Educators (TOYPES) theatre group at \*Bungu Beach in Karungu. The title of the story was *Sigana mar Opicho*-the story of Opicho. In the preamble the narrator set off the story by asking the audience:

*Agannue?[May I narrate to you a story?]*

*Response: Gannua ja sigana [Narrate to us the story teller]*

The response is supposed to act as an assent to the narrator to start off the story. Then the narrator went on:

*Chon gilala [A long time ago]*

*1<sup>st</sup> Narrator: E piny Karungu ne nitie ng'ato ni Opicho [In the Land of Karungu there lived a man by the name Opicho]*

*2<sup>nd</sup> Narrator: Opicho ne jamipira mangula [Opicho was a great footballer]*

*1<sup>st</sup> Narrator: Opicho ne ohero goyo mipira gi*

*tiende nono [Opicho used to play the game of football barefooted]*

*2<sup>nd</sup> Narrator: Kata japuonj ne kwere to ne oko winji [Despite the numerous warnings from the football coach he continued playing the game of football barefooted.]*

*1<sup>st</sup> Narrator: Chieng' moro achiel Opicho ne ogoyo mipira e pap mani ni gi kudhe mangeny mane kudho ochuoye [One day Opicho played football in a thorny field and got pricked by one].*

*2<sup>nd</sup> Narrator: Chakre kanyo Opicho ne ochako fuolo gi tuo ma pile [After the incident Opicho started coughing and was unwell most of the times].*

*1<sup>st</sup> Narrator: Gikone to Opicho ne odho [Finally Opicho succumbed to this illness].*

At this juncture the narrator paused and asked the audience the meaning of Opicho playing football barefooted. The following were some of the responses from the members of the audience:

*Ruath mariek tho gilum mamit e dhoge [A wiser bull dies with sweet grass in his mouth (and Opicho is such an example)]*

*Dhiang' tho gi lum e dhoge [The cow dies with grass in its mouth]*

*Wan duto wabiro tho, kaok kawuono to chieng' moro [We will all die, if not today then later].*

*Tiyo gi condom en chamo tam tam gi juande [The use of condom is like eating a sweet with the wrapper on].*

*Pien maoko en condom, kaeto irwako condom kendo...mano chalo rwako condom ariyo [The foreskin is already a condom on its own; then you wear the real condom...it is like wearing two condoms].*

*Wan duto wa ti gi condom e seche ma wariwore [We should all use condom during sexual intercourse].*

The debate goes on for about 15 minutes focusing on the advantages and disadvantages of using condom in a sexual intercourse. One side of the theatre group insisted that condoms bring no pleasure. As one woman discussant puts it:

*The man ejaculates into the woman that is sex, you are joined together in the process. Moreover, the use of condoms introduced suspicion in relationships (Female, 28 years old)*

Another female discussant noted that:

*Myself we have tried using condom but stopped using it after it slipped and remained inside my body and had to be removed in hospital (Female, 34 years old)*

Another reason cited by those who argued that condom use was not acceptable, was that when a couple used a condom, the semen was thrown away. By throwing away the semen these people argued, that the man was putting his children at risk because if any of his sons eventually constructed a house in that home and had sex with his wife in the home without using the a condom, then they will be the ones who will have fulfilled the customary ritual, since the son's semen will go into his wife. As a lady discussant put it during one of the group discussions:

*When you use a condom and your son does not use a condom with his wife, then it can be considered that he is the one that fulfilled the kwer mar dala (customary ritual of the home). This is because his semen will go into the wife while yours you threw away (Female, 34 years old)*

These comments by the discussants suggest that issues of culture, trust and love shaped the non-use of condoms. The local health clinics, local shops and a number of Community Based Organizations (CBOs) had a large supply of condoms donated by Government and other aid agencies but many young people admitted to being embarrassed to take them. Condoms were associated with immorality, with brief sexual encounters rather than a love relationship. Female respondents informed the researcher that they could not tell a lover to use a condom as he would ask: "Who have you been with?". In a love relationship based on trust, the use of a condom raises the suspicions of both partners about infection and sexual promiscuity. One female participant expressed that her male sexual partner insisted on abandoning condom use because they had known each other for some time. She said:

*He hates condoms and only uses it because I insist on it. He says that we should have trusted each other by now. He says that the condom turns him off (and) he wants to feel me flesh-to-flesh (Female, 31 years old).*

According to another female discussant, old Jane claimed that: "in our days we lay under the man and kept quiet, whilst young girls of today shake their breast and make noise", an indication that sexual

practices are still shaped by a notion of male initiative and female passivity. Moreover, sexual intercourse should take place in darkness, and this, together with the fear of touching the man's penis, makes it difficult to ascertain whether or not the man is wearing a condom. As one respondent during our research observed: "*he can easily cheat*".

These comments by participants suggest a certain defiance of death and celebration of sexual relationships, an insistence on continued togetherness against all odds. They resemble the heroic understandings of love in the era of HIV/AIDS that Dilger found among Luo youths in Tanzania, who told the ethnographer: "it is better both to die than to use condom" (2003, 36). After all, in a world where death was close, what should one do but live a life while one still can? The intimate relation of life and death is expressed in the funeral dances organized by youths during the night before and after the burial, when lovers pair up in the darkness (and old people tease their grandchildren: "just go and name that person!"), (*dhiuru uchak ngane*), meaning that the child conceived during such a funeral dance should be named after the deceased.

The pro-condom group on the other hand argued that a part from condoms stopping semen from the penis, it has other uses as well. One male discussant observed that:

*Apart from stopping the semen from entering the vagina, a condom also stops vaginal fluids or blood from entering the penis. Condoms when they are used correctly have been proven to provide an effective barrier against viruses such as hepatitis B, herpes simplex 2 and HIV, the virus that causes AIDS (Male, 28 years old).*

On the issue of culture, those who hold the view that using a condom was acceptable, maintained that there were many other things that were purely symbolic that could be used during home establishment such as the leaving behind of a cloth, hence to them having sex with a condom was acceptable since in this case there was even penetration with the only thing not happening is the man's semen remaining in the woman. As another lady discussant stated during the group discussions:

*If even a cloth could be used to symbolically tieko kwer dala (customary ritual of the home), why would using a condom which still involves actual entry of the man into the woman be seen as inappropriate? (Female, 35 years old).*

These people are essentially saying that, whereas others may emphasize the importance of semen during intercourse, to them the fact that sex was involved is sufficient and as such condom still allows for sex to happen.

However, during the individual interviews and during the focus group discussions both those who held the view that using a condom was acceptable and those who held the view that it was not acceptable unanimously agreed that where there was a case of either of the couple having a disease, then it was acceptable to use a condom if it could prevent the spread of the disease. In the discussion that ensues, condom use is subjected to value judgment of whether it is right or wrong to use a condom within the context of sexual intercourse. The value judgment of appropriateness or inappropriateness in this case is on one hand thrown back into the past when issues of HIV/AIDS never existed to examine its appropriateness within that context, which automatically leads to its dismissal. At the same time it is reflected upon within the context of the present reality within which people are living and the changes in the practices related to sexuality and prevalence of diseases and in this case it gets a nod of approval as appropriate. There is therefore an inherent contextualization of the value judgment attached to condom use. The implication of this on the present study is that the designers of IEC projects should take into account this mental contextualization of the value judgment.

Opicho's narrative exposes the low use of condoms in sexual relationships among the study population despite their availability. This result is in agreement with earlier studies done in Kenya on condom usage (IPAR, 2004; Kamau, et al, 1996; Cronk, 1991; Erulkar et al, 2004). Further still, demographic and health surveys in Kenya and other studies indicate an awareness of modern contraceptive methods among married women of up to 98%, but only one-third of those aware (32%) are using contraceptives (Gule 1994; National Council for Population and Development 1998; Westoff & Rodriguez 1995). It is also clear that most people who are aware of the consequences of unprotected sexual practices are not changing their behavior even in this era of the HIV/AIDS epidemic. In a study on condom use among the Luo, IPAR (2004) reported that even though 76.7 per cent of the study respondents had access to condoms, the use was very low as only 16 per cent of them were regular users. The study further reported that the use of female condoms was even lower as was confirmed by only 2.3 per cent of the female respondents. This clearly indicates that even with awareness of the fact that condom use is important in the prevention of spreading HIV and re-infection, the

bulk of the respondents still failed to use condoms. These findings imply that designers of IEC projects must include strategies to address low use of condoms among the study population.

Opicho's narrative further reveals that, behaviour change interventions that adapt to indigenous traditions among the Luo can be both acceptable to communities and are closely associated with meaningful changes in young people's behaviour (Erulkar et al 2004). It is therefore the observation of this study that an intervention that aims at influencing behaviour change among population should appreciate the significant role of culture in shaping individual behaviour. These results are in agreement with Boal's (2000) Theatre of the Oppressed theory in which he observed that Theatrical experience should begin not with something alien to the people (theatrical techniques that are taught or imposed) but with the bodies of those who agree to participate in the experiment the very fact that the educator (change agent) comes with the mission of eradicating illiteracy (which presupposes a coercive, forceful action) is in itself an alienating factor between the agent and the local people. (Boal,127).

*Sigand Obong'o Japur mang'ula (The Story of Obong'o the great farmer)*

From \*Ragna theatre group, we recorded the following interactive narrative: In the preamble the narrator set off the story by asking the audience to be silence by saying:

*1<sup>st</sup> Narrator: Ot mondo odhi kwath [Let the house go grazing].*

*Ot mondo odhi tung' [Let the house go to the end.*

*Ot mondo oduog diere [Let the house come to the centre].*

*Ot mondo oling' thi [Let the house be dead silent].*

After this, everyone is aware that the narrative session has begun. The narrator starts by asking:

*2<sup>nd</sup> Narrator: Agannue? [May I narrate to you a story?]*

*Response: Gannua ja sigana [Narrate to us the story teller].*

The response is supposed to act as an assent to the narrator to start off the story. Then the narrator went on:

*1<sup>st</sup> Narrator: Ndalo machon [In the past].*

*2<sup>nd</sup> Narrator: E piny mar Gwasi ne nitie ng'ato ni*

*Obong'o [In the Land of Gwasi there lived a man by the name Obong'o].*

*1<sup>st</sup> Narrator: Obong'o ne en Japur Mang'ula [Obong'o was a great farmer].*

*2<sup>nd</sup> Narrator: Kaka yor ikuok ne ndalo komo [As he prepared for the next planting season].*

*1<sup>st</sup> Narrator: Chieng' moro achiel Obong'o ne otero kweye ne japak kwee [One day Obong'o took his hoe to a grinder to sharpen it].*

*2<sup>nd</sup> Narrator: Chakre chieng'no Obong'o ne ochako puro puodho moro amora [From then Obong'o the great farmer started digging every farm he came across indiscriminately].*

In the course of the narration, the audience pays keen attention and instinctively reinforces the process by performing whatever is done by the hero (ine) in the narrative so long as it is not adverse to the flow of the narration or the concentration of everyone else. For example, in the second part of the narration the narrator would mention different types of farms that Obong'o saw and dug and the audience would respond as follows:

*1<sup>st</sup> Narrator: Koneno puoth rabuon (When he saw a sweet potato farm)*

*ALL-ee opuro! (He would dig it)*

*2<sup>nd</sup> Narrator: Koneno puoth bando (When he saw a maize farm)*

*ALL-ee opuro! (He would dig it)*

At the peak of the narration the following song was sung by all:

*Solo Luo (gathers all)*

*Solo Luo (gathers all)*

*Obong'o solo Luo (Obong'o gathers all)*

*Obong'o wuod baba solo Luo (Obong'o the son of my father gathers all)*

*Osolo kata ondiegi solo Luo (Obong'o gathers hyenas as well as human beings)*

*Okelo kata mak kel solo Luo (He gathers the good, the bad)*

*Obong'o wuod Owade solo Luo (He gathers the ugly, the beautiful);*

*Obong'o solo Luo (He gathers all kinds around him)*

This song was accompanied by *Nyatiti* performance. Through rhythmic movement and song, the dancer translates his messages into dancing motion.

This observation is consistent with Brummett (1999) assertion that the dance and song naturally invites participation in its rhythms thus enabling the people to intelligibly process the meaning in their own context. After all participated in performing of this song the narrator went on with his story:

*1<sup>st</sup> Narrator: Obong'o ne odhi nyime gi puro puothe tee [As Obong'o went on digging every farm].*

*2<sup>nd</sup> Narrator: Chieng' moro achiel Obong'o ne opuro puotho motimo kite [One day Obong'o dug a farm that was full of stones].*

*1<sup>st</sup> Narrator: Chiengno Obong'o ni oturo kwee [In that day Obong'o had his hoe broken by the stones].*

*2<sup>nd</sup> Narrator: Chakre kanyo Obong'o ne ochako fuolo gi tuo ma pile [After the incident Obong'o started coughing and was unwell most of the times].*

*1<sup>st</sup> Narrator: Gikone to owetena, wuonena, dayena, kwerena, nyiminena, minena Obong'o ne odho [Finally, brothers, grandmothers and fathers, sisters mothers Obong'o became so weak that he hadn't even the strength to walk. So one day he fell thump! He succumbed to this illness].*

At this point the narrator paused and asked the audience to identify key lessons from the Obong'o story. The responses from the audience were varied:

As one male participant noted:

*Nenore ni sirkal okelo wach nyangu mondo gi tiek joluo [It seems as if the government and Ministry of Health with its policy on voluntary medical male circumcision is targeting the Luo community] (Male, 29 years old).*

Another male discussant observed that:

*Obong'o ne odho nekech adhola [Obong'o died as result of post operation infection/wound] (Male, 30 years old).*

Non-circumcision was mentioned by most participants as a significant cultural characteristic that distinguished the Luo from other communities, and some expressed fear that introducing circumcision could result to loss of this important cultural identity. An old male participant who does not believe in the existence of HIV/AIDS suddenly clears his throat. He can neither read nor writes, but is attracted to the story of Obong'o the great farmer. He confesses to have been attracted to

this story by the symbolic graphic design that the theatre group used to present and illustrates Obong'o's story.

A sudden air of silence falls on both the facilitator and members of the audience. Here is the village sage, whose word on custom and tradition is faultless, and is revered to the point of becoming law. He explains the philosophy behind the removal of six lower teeth as an initiation rite among the Luo. He explains:

*Long time ago, our people used to remove six of their lower teeth to symbolize that they were adults and not children anymore...this dental operation was known as nak...when they were attacked by the lock jaw disease the gap was used to administer medicine and food to them. Male circumcision is like taking other people's culture and leaving Luo heritage. As far as I am concerned Obong'o broke a cultural taboo and his death was expected (Male, 50 years old).*

He presents his explanation slowly but firmly, drawing his examples from a wealth of ageless ancestral wisdom, that no man or woman present dare dispute. His peers in the audience nod knowingly, as the younger men in the audience look at him in awe and amazement.

Many discussants who were in agreement with the old wise man mentioned several labels that were associated with circumcised men or those with shortened prepuces. Terms such as *rayuom*, *apum*, *mwache*, *jomwa* and *kimirwa* featured prominently. Further exploration of these terms revealed that they are derogatory terms, often used to refer to men who are circumcised, or whose prepuces are shortened. One male discussant stated:

*Rayuom is an insult. It tells you how different you are from other normal people (Male 30 years old)*

Some participants expressed a perception that males, who were circumcised or had their congenitally shortened prepuces, were embarrassed and experienced isolation in the community. In the words of one male discussant:

*In most cases you will observe that young boys who are circumcised do not wish to take off their clothes and shower with their peers by the lake or by the river...they are really humiliated...they would rather bath with their pants on ...or shower away from peers...this cause some feeling of isolation (Male, 18 years old).*

The present research therefore suggests need for separation of cultural preservation from health issues in line with recent media reports in Kenya which have indicated that Luo opinion leaders are of the view that male circumcision should be considered and promoted as a health issue, guided by cultural choice rather cultural practice of non-circumcision (Menya 2008, September 28; Oywa 2008, September 28).

There was also an expressed perception among most participants that promoting male circumcision would lead to a misconception that male circumcision was some “magic bullet” against HIV, which could have an adverse effect on other preventive methods. Some discussants were of the view that if men believed that circumcision offers protection from HIV infection, they may engage in higher HIV risk behaviour like discarding of condoms and increase in multiple sexual partners. One male participant expressed:

*It will increase prostitution...will make them (circumcised men) more careless...and then a project that aims at preventing HIV will end up increasing it. People will begin to have reckless sex...some youths will even go out experimenting with how it feels to have sex when circumcised. That is natural, just like a new dress you have just bought from a shop...you always want to put it on...then the risk of getting infected would be faster than those who are not circumcised...yet you claim it reduces infection (male 28 years old).*

Some discussants felt that the concept of male circumcision facilitating risk reduction may be interpreted to imply risk elimination, thereby leading to riskier sexual behaviours. A female participant noted:

*You know some of the men would interpret the message that male circumcision is full-proof and that it prevent HIV and not reducing the chances of getting it. They (the circumcised men) will just go spraying fire...they would want to be perceived as real men...you recall the story of HIV/AIDS is like a road accident...everybody is involved in at sometime...or the idea that having sex with a virgin cures AIDS. (Female, 29 years old)*

The above concern about possibility of increase in unsafe sexual behaviour among circumcised men has been reported in previous studies such as WHO/UNAIDS (2007). WHO/UNAIDS emphasizes that counseling and education must be provided to men who undergo circumcision, reinforcing the idea that male

circumcision only reduces but does not eliminate the risk of HIV and other STIs.

A second school of thought quickly established itself in the discussion forum. It is represented by middle aged practicing and retired professionals that include school teachers, a clinical officer, and an ex-captain in the air force. They attempt to reconcile the traditional practice of non-circumcision with the harsh realities of existing with HIV/AIDS.

The discussants in focus group discussions expressed the perception that some men were not capable of maintaining genital hygiene and had bad odor. Penile skin (present in the uncircumcised penis) was perceived as harboring dirt (*ondoyo*), making the penis unhygienic and germs infested. The female teacher argued that when they perceive the penis as clean, they have the courage to explore even oral sex. This is what she had to say:

*It is easier to clean the penis of circumcised men. In fact if uncircumcised, after the first round, you feel like vomiting if he asks you to put his penis into your mouth to stimulate him for the next round...you are not motivated... it feels dirty (Female, 28 years old)*

The above observation is in consonance with previous studies which have reported that women believed that circumcision made it easier for their partners to maintain proper hygiene and it reduced their own chances of infection (Bailey et al., 2002)

A clinical officer participant at a focus group discussion expressed an awareness that male circumcision could help reduce incidence of STIs such as syphilis, genital ulcers and HIV. In his own words he referred to an uncircumcised penis as:

*Soft and fragile...more susceptible to cracks and scratches during the penetrative sexual intercourse (Male, 34 years old).*

The focus group discussion members expressed the association of male circumcision and reduced HIV/STI risk as follows:

*Male circumcision helps reduce HIV/STIs because germs causing infections hide under the foreskin; the foreskin accommodates many germs. If you sleep with that man without a condom, these germs are transferred to you during the penetrative sexual intercourse, and you get infected. Again the foreskin is fragile and breaks easily and this makes the man to get AIDS from the infected woman (Male, 34*

years old).

The above observation confirm findings from previous studies, which reported that many younger men from traditionally non-circumcising groups cited being accepted as a sexual or marriage partner by women from other communities as an important reason for their choice of circumcision (Bailey et al. 2002).

As the discussion draws to close, there is a moment of instantaneous applause when the village wise man and his followers declares that he is convinced by the clinical officer, retired teacher and the ex-air force captain that in deed HIV/AIDS does exist. He further agrees with scientific evidence that medically conducted male circumcision has the potential of lowering the rate of new HIV infection among circumcised men compared to men who remain uncircumcised (Bailey, et al. 2007).

In the Obong'o's narrative, the applause is like a signal from an invisible orchestral conductor. It is like a timely call to all: fathers and sons, mothers and daughters, the young, the middle aged and the elderly that HIV/AIDS is a reality amongst them and not even the male circumcision could provide the "magic bullet" against HIV. All the members of the focus group discussions agreed that ora-narrative is participatory, it "gives space for dialogue". This finding is in consonance with several scholars (Tuftte 2005; Barman 1998; Singhal and Rogers 1999; Kincaid 2001; Mwansa et al 2003; Kamlongera 2005) whom have strongly argued that narrative especially the live one is highly participatory because it brings the audience and the communicator together at the same time, same place and therefore involves and engages the community as a whole. These findings imply that designing an IEC program is a process and not an event. First, all affected members of a society or community set out to adopt a universal and impartial principle. Everyone must acknowledge the perspectives of others so as to create a balance of interests. Secondly, through discourse, a moral claim can only be made if everyone approves. Finally, no one is to be coerced into accepting a condition.

Obong'o's narrative shows how perception among most participants that promoting male circumcision would lead to a misconception that male circumcision was some form of 'magic bullet' against HIV, which could have an adverse effect on other preventive methods. This concern about possibility of increase in unsafe sexual behaviors among circumcised males has been previously reported (WHO/UNAIDS 2007). Overall, the belief that circumcision could offer maximum protection from HIV infection need to be monitored carefully because it could lead to an increased percentage of men engaging in risk behaviors. These views resonate well with WHO's emphasis that counseling and education must be provided to men who

undergo circumcision, reinforcing the idea of male circumcision reducing, not eliminating, the risk of HIV (WHO/UNAIDS 2007). These findings imply that designers of IEC projects must include strategies to address perceptions of risk elimination resulting from male circumcision.

### Discussion

This study demonstrates that there is a mismatch between the media used to disseminate HIV/AIDS information on one hand and target audience on the other. Though majority of the respondents interviewed were aware of the existence of the pandemic, majority of them had not changed their behavior to avoid the disease, leading to such questions as to why there is no behavior change that corresponds to the level of HIV/AIDS awareness. Behavior change may occur if the audience is able to process the information offered within its cultural context. An important channel of communication that takes into account the cultural aspect of a community is the indigenous modes of performative communication, such as ora-narratives. In the words of one female respondent:

*"After attending a magnet theatre (MT) rehearsal- a form of participatory and interactive community theatre that takes place in the community. I went home with many questions regarding my HIV status. After agonizing for a week, I decided to seek more information from a nearby HIV testing centre. After discussion with the counseling personnel in the centre, I decided to be tested. When I came back I talked to 14 close friends (six Male and eight Females). They asked many questions about VCT. One by one, the friends started taking the tests. I can confirm that all the 14 friends have been tested".*

The current finding agrees with other studies done elsewhere. For example, in an Indian study, Kumar (2006:1), working among different caste classes, creed and tribes advocated for use of traditional media to reach common people in the process of change and development in India. In Ghana, Panford et al (2001, 1) have suggested the integration of folk media such as songs, proverbs, storytelling and dancing with radio for HIV/AIDS prevention in rural Ghana.

Another mismatch in HIV/AIDS mass media campaigns is in the area of language. Although most mass media campaigns have primarily used the official languages of English and Kiswahili, this study shows that the most preferred language when speaking was

Dholuo at 62.7%. It is also the second most preferred (31.0%) when reading and writing; this is irrespective of which language a respondent uses most in speaking. This finding is in line with what Adegbija (1994) and Ngugi wa Thiong'o (1986) have pointed out concerning language use in sub-Saharan Africa. For example, Adegbija 1994:3 says that,

Many of the indigenous people are ignorant of the day-to-day happenings in government circles and are unable to participate effectively in national life. Part of the ignorance stems from lack of access to information in the languages that people understand. Ngugi (1986:13) on his part observes that, any language has a dual character: it is both a means of communication and a carrier of culture. English for example is spoken in Britain and in Sweden and Denmark. But for Swedish and Danish people English is only a means of communication. It is not a carrier of their culture and history. For the so [meaning?] the English, it is additionally, and inseparable from its use as a tool of communication, a carrier of their culture and history.

The foregoing observations are in line with the key finding of the present study which shows that in order to effectively run an anti-HIV/AIDS campaign there is need to use the language the local community employ in their daily discourse on HIV/AIDS.

The socio-economic status of respondents' location seems to have influence on the media accessibility. Theatre group members residing in urban areas get most of their information on HIV/AIDS from radio and the newspapers. On the contrary, those theatre group members residing in rural and semi-urban areas preferred ora-media as their main source of information on HIV/AIDS. This could be explained by the fact that most urban residents are working class themselves or dependent on their working relatives, unlike peasants in the rural community. They can somehow afford to buy newspapers once in a while and they can access radio because they have access to electricity or can afford dry cells for powering their radios. This finding is in line with Ranganath (1976, 25) assertion that folk media are comparatively cheap. They do not have to be imported. They belong to the community and not to individuals, state or private/public industry.

Our study showed that people with low levels of education, that is, those with no education, primary incomplete, primary complete and secondary incomplete consider ora-media as their main source of information. However, those with good education cited expensive mechanisms for disseminating information such as radio, newspapers and television as their source of information. The finding agrees with other studies that showed the levels of education determines audiences'

media choice. Dissanayake (1977, 122-124), listing advantages folk media have over mass media in social development in poorer countries, said the peasants consider mass media to be elitist and alien and identified with centers of power. Dissanayake (1977:123) adds that traditional media employ the idiom of the people and the symbols which are readily intelligible to them, reach a part of the population that is impervious to the influence of mass media and demand active participation in the process of communication.

### Conclusions

This study has revealed that there is need to re-evaluate the existing HIV/AIDS communication strategies particularly those targeting the rural population. Instead of valorizing literacy or Eurocentric communication channels such as radio, newspapers and television they should focus on Afro-centred ora-media such as singing, storytelling, drama and proverbs. Mounting evidence indicates that the euro-centered communication means to a large extent do alienates and disempowers their audience from the communication process. In order to make a dent in the fight against HIV/AIDS in Africa, there is need for culturally sensitive intervention that put greater emphasis on getting the people involved in perceiving HIV/AIDS as their problem.

The *sigendni Luo* (Luo narratives) in the study area were found to be important democratizing tools of communication. They put more emphasis on dialogue, debate and negotiation rather than persuasion and transmission of information from the external technical experts. It makes the intervention program more participatory at all levels of development: educates, entertains, stirs thinking toward mobilizing for action (problem-posing), and utilizes peer educators basically handing over the means of production to the people in accordance with Freire (2000:105-121) and Boal (2000:122)'s work. This result is in consonance with previous studies on the power of stories to change and direct our lives (Scholes 1981). Scholes states that the "study of narratives is no longer a province of literary specialists and folklorists...but has become a positive source of insight for all branches of human and natural science. For social scientists, narratives can be seen as the landscape within which individuals live and make sense of their lives and what goes around them.

Although oral-media are yet to be recognized in most Western literature as important tools of education in most aspects of African social life, the effectiveness of ora-media in changing negative social behaviors in rural Africa is clear. Rural Africa, including the study site we have described in Western Kenya, is endowed with rich, popular means of communication including songs,

proverbs, storytelling, dancing, drama and poetry recitals. It is therefore, imperative that interventions which aim at behavior change and sustainability in rural Africa settings to recognize and use the potential of oramedia for the benefit of rural community.

Implications for HIV/AIDS policy and Interventions

Several specific policy recommendations follow from these observations:

The Luo voices and preferences need to take precedence in message design. Many current interventions are perceived as coming from outside international organisations or donors, and many materials are available only in written English. This precludes those who are not confident in English language or literacy skills and who are most at risk: the rural, poor, and uneducated.

*Siwidhe* and the cultural context in which they exist should be utilised more in programming. As a pre-existing cultural intervention, they have the potential to strengthen family and community structures that have been weakened by the epidemic. They also have the potential to support the role of the grandmother as a strong female voice in Luo society. This is important given the strong gender-based patterns of HIV risk that exist in the Luo community.

Values that are perceived as inherently among the Luo can and should be integrated into prevention messages. Cleverness, unity, suspicion of strangers, and respecting other people are all integral parts of Luo culture which can be adapted to behaviour change messaging in myriad ways.

The narrative of HIV prevention in Luo Community should change. The current approach creates a storyline in which individuals who fail to adhere to basic rules (abstinence, monogamy, or condom use) are punished with HIV infection, despite the fact that these "rules" exist within a complex social framework in which their execution is not always up to the individual.

A new narrative can be created which celebrates those who have managed to protect themselves, their partners, and their communities through the fulfillment of Swazi values in a genuinely Swazi way.

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