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# Sociocultural Risk Factors Associated With HIV Seroconversion among Breastfeeding Women at a Rural County in Kenya

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**Abstract:** Postpartum period is a period after birth which is the most neglected aspect of maternal health, yet a time of high risk for maternal mortality. While many women access antenatal care, much fewer women globally have access to postnatal care. It is clearly evident that some women who test HIV negative in pregnancy end up testing HIV positive post delivery. Although most pregnant women in sub-Saharan Africa are HIV negative, they remain at risk for HIV infection in the breastfeeding period. The purpose of this study was to describe the sociocultural risk factors associated with HIV seroconversion among breastfeeding women in a Rural county in Kenya. This was a descriptive cross-sectional study conducted at Homabay district hospital, in Homa Bay County in Kenya. The sample was 178 breastfeeding women who tested HIV negative at the last HIV test after delivery. The results revealed that violence of a partner to the women correlated with her positive HIV test ( $X^2=128.112$ ,  $df=3$   $p < 0.0001$ ). Refusal to use condom by the woman's partner was as well associated with the mother's positive HIV test ( $X^2 = 109.926$ ,  $df = 3$ ,  $p < 0.001$ ) and partner status in last HIV test ( $x^2 = 20.944$ ,  $df=3$ ,  $p < 0.001$ ). Lastly, being forced to have sex correlated with mothers positive HIV test ( $x^2 = 118.657$ ,  $df=3$ ,  $p < 0.001$ ). Therefore, the study demonstrated that domestic violence is a major contributor to unprotected sex which therefore escalates the spread of HIV infection. Wife inheritance, as opposed to widow cleansing is still a major cultural practice in Luo culture which leads to spread of HIV infection.

**Keywords:** Sociocultural factors, HIV, Seroconversion, Breastfeeding.

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## 1. INTRODUCTION

Postpartum period is the time after childbirth, lasting approximately 2 years, during which the anatomic and physiologic changes brought about by pregnancy resolve and a woman adjusts to the new or expanded responsibilities of motherhood and non-pregnant life (Mosby's Medical Dictionary 2014).

This period after birth is the most neglected aspect of maternal health, yet a time of high risk for maternal mortality (WHO 2013). While many women access antenatal care, much fewer women globally have access to postnatal care. In Africa, 75% of women in Uganda, who have had a live birth, received no care during the postpartum period. Only one in five mothers receive post-delivery care within the critical first two days after delivery, (Rosen and Fox, 2011).

Canner, et al. (2006) concluded that the rate of new HIV infection increased in the first 24 months after delivery, annual seroconversion rates being 2.84 per 100 person-years in the 1st year and 6.66 in the 2nd year postpartum. While, only 2.2% of the women reported sexual contact in the first 6 weeks postpartum.

According to Kinuthia et. al (2010), the incidence of HIV among women who were 6 weeks postpartum was 2.6%. In Nyanza-Kenya HIV prevalence of women aged 15-49 years, (KNBS and ICF Macro, 2010), was 17.1%. In Homabay county, HIV prevalence in women aged 15-49 years, (National AIDS and STI Control Programme (NASCO) and Kenya AIDS Indicator Survey 2012), was 27.1% among women. Also, according to the figures of a research conducted by (NACC, 2011), women were leading in HIV infection. The high prevalence rate in Homa Bay county was attributed to some social cultural practices like widow inheritance, widow cleansing and postpartum abstinence that, all which promote the spread of HIV infection (Global AIDS Progress Report, Kenya, 2012.) Due to extreme poverty, sex is a common part of this transaction and the spread of HIV/AIDS is escalating. As a result, Homa Bay has many AIDS orphans and widows (AMREF 2013).

Widow inheritance is a widespread cultural practice in sub Saharan Africa that has been postulated as contributing to the risk of HIV transmission (Agot, 2010). The practice of widow inheritance has persisted among the Luo community in Kenya despite the emergence of HIV/AIDS in Kenya in 1984. Studies carried out have provided evidence of the association between widow inheritance and HIV/AIDS (Shisanya A. et al. 2007). Widow inheritance, whether traditional or modern practice has a sexual component except in the case of old women who may no longer bear children and/or have no interest in sex, the practice was symbolic.

Gunga, (2009) observed that, “the ritual role of sex remains hugely important” among the Luo. They further observes that, “unprotected sex constitutes part of the ritual for blessings as upon the marriage of one’s child, in the marking of important events in the farming calendar, “cleansing” of widows upon the death of their husbands and the initiation of activities such as the establishment of a homestead or the construction of a house”. Concurrently, birth related rituals include cleansing of unplanned pregnancies, abortion, breech and stillbirths. Among the Yao, when a young unmarried woman has just delivered, she is not allowed to mix with other people nor use the same utensils with other members of the family until she is cleansed. A man termed “hyena” (Fisi) – because he performs the act at night and in secrecy- is hired to have sex with her, an act that is believed to cleanse her (Chimbiri, 2007).

According to UNAIDS (2012), Women’s inability to negotiate safe sex and refuse unwanted sex is closely linked to the high prevalence of HIV/AIDS. Forced sex and even rape results in a higher risk of abrasion and bleeding and easier transmission of the virus. Women who are beaten by their partners are 48 per cent more likely to be infected with HIV/AIDS. Young women are particularly vulnerable to coerced sex and are increasingly being infected with HIV/AIDS. As with sexual assault, sexual coercion often involves unequal power relations, which limit the extent to which a woman or girl can exercise control over condom use or take other measures to protect herself from HIV infection, (Kacane, 2013).

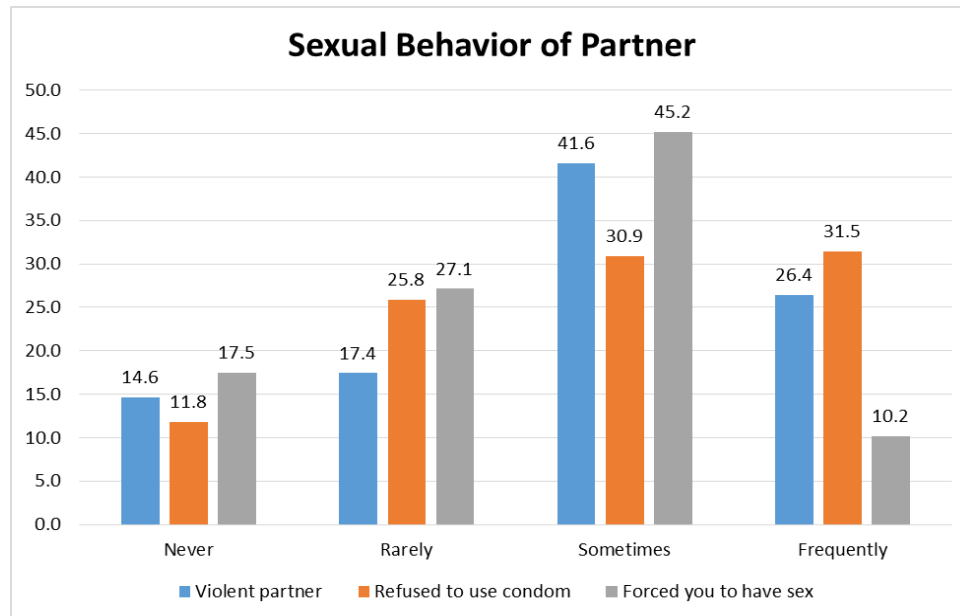
## 2. METHODOLOGY

This was a descriptive cross-sectional study which was conducted among breastfeeding mothers during their two-year postpartum period and who were attending MCH clinics within two months in Homabay county. The study area was Homabay district hospital, in Homa Bay County, located in the former Nyanza Province in Kenya, along the south shore of Lake Victoria’s Winam Gulf, in Homa Bay town County constituency. The target population was women, who were breastfeeding within 2years, who tested HIV negative at the last HIV test after delivery. The participants were selected through simple random sampling until the desired sample of 178 was achieved. A questionnaire developed from literature review used to collect maternal sociodemographic characteristics, sociocultural factors and previous HIV testing and results. Following administration of the questionnaire, mothers received individual pre-test counseling by a trained counselor, and then offered HIV testing. Those who accepted re-testing signed a HIV test consent form. HIV test was performed using the KHB rapid test kit (new a logarithm), for participants, which was reported as the true results. The study was conducted following approval by the Kenyatta University research and ethics committee.

## 3. RESULTS

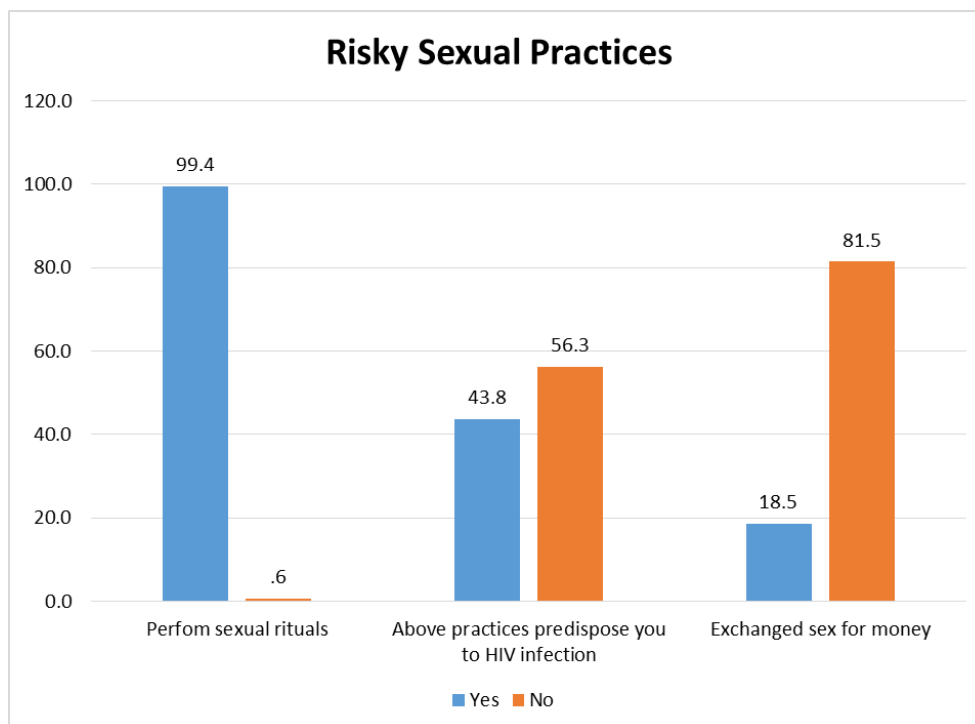
The results showed that 62.7% (n=111) were aged between 19 and 29 years. Most of the respondents were either in polygamous or monogamous marriages. The most prevalent age of the children of the mothers included in the study was between 6 to 8 months (n=50, 28.1%).

A variety of sociocultural factors was assessed. A vast number of respondents stated that they were forced to have sex sometimes (45.2%, n=80), had sex with a partner who refused to use a condom frequently (31.5%, n=56), and experienced violence from partner sometimes (41.6%, n=74). The findings are depicted in the figure 1 below.



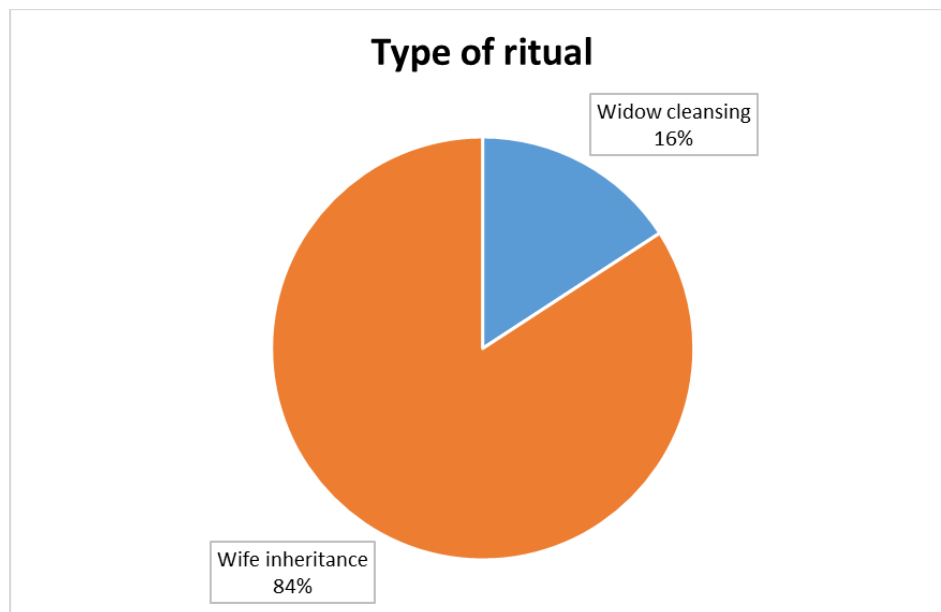
**Figure 1: Distribution of respondent's partner sexual behavior.**

There were a number of risky sexual behaviors reported by the participants. Almost all the participants (99.4%) admitted to performing sexual rituals despite the fact that 43.8% believed that the actions could predispose them to HIV. Further, 81.5% stated that they have never engaged in acts of sex for money. The figure 2 below shows the findings in detail.



**Figure 2: Distribution of respondents risky sexual practices.**

The type of rituals reported above that were commonly practiced were wife inheritance (84%) and widow cleansing (16%).



As depicted by table 1 below, different sociocultural factors were associated to positive HIV results of the participants.

**Table 1: Respondents HIV status compared to reported cases of domestic violence.**

Factor	Categories	Positive	Negative	Chi-square
Violent partner & mothers post HIV test	Never	0 (0%)	25 (100%)	$X^2=128.112$ df =3 p <0.001*
	Rarely	20 (64.5%)	11 (35.5%)	
	Sometimes	73 (98.6%)	1 (1.4%)	
	Frequently	47 (100%)	0 (0%)	
Violent partner & partner status in last HIV status	Never	16 (100%)	0 (0%)	$X^2=20.096$ df = 3 p <0.001*
	Rarely	11 (73.3%)	4 (26.7%)	
	Sometimes	4 (26.7%)	11 (73.3%)	
	Frequently	6 (46.2%)	7 (53.8%)	
Refused to use condom & mothers post HIV test	Never	0 (0%)	21 (100%)	$X^2=109.926$ df = 3 p <0.001*
	Rarely	31 (67.4%)	15 (32.6%)	
	Sometimes	53 (98.1%)	1(1.9%)	
	Frequently	56 (100%)	0(0%)	
Refused to use condom & partner status in last HIV status	Never	16 (100%)	0 (0%)	$x^2=20.944$ df=3 p <0.001*
	Rarely	12 (70.6%)	5 (29.4%)	
	Sometimes	2 (18.2%)	9 (81.8%)	
	Frequently	7 (46.7%)	8 (53.3%)	
Forced you to have sex & mothers post HIV test	Never	2 (6.7%)	28 (93.3%)	$x^2=118.657$ df=3 p <0.001*
	Rarely	40 (83.3%)	8 (16.7%)	
	Sometimes	79 (98.8%)	1 (1.3%)	
	Frequently	18 (100%)	0 (0%)	

#### 4. DISCUSSION

Domestic violence was revealed as one of the major contributors to spread of HIV infection, as supported from findings by (Kacanek, 2013), who outlined that domestic violence may increase women's risk of HIV acquisition through forced sex, coercive sexual practices, and limiting women's ability to negotiate safer sexual practices (such as condom use).

Among the sexual rituals, wife inheritance was seen to be the mostly practiced ritual as compared to widow cleansing, escalating the spread of HIV infection. Agot, (2010) revealed that widow inheritance is a widespread cultural practice in sub Saharan Africa that has been postulated as contributing to the risk of HIV transmission. Shisanya, (2007) further agrees that the practice of widow inheritance has persisted among the Luo community in Kenya despite the emergence of HIV/AIDS in Kenya in 1984.

## 5. CONCLUSION

Domestic violence is a major contributor to unprotected sex which therefore escalates the spread of HIV infection. Wife inheritance, as opposed to widow cleansing is still a major cultural practice in Luo culture which leads to spread of HIV infection. The researchers recommend Ministry of Health of Kenya should offer provision to Community Health Workers to educate community members on the dangers of some sociocultural practices to the health of the mother e.g widow inheritance.

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