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Vulnerability to HIV infection among Luo female adolescent orphans in Western Kenya

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Large-scale surveys have reported that about 55% of orphans worldwide are adolescents. In Kenya, the majority of HIV-infected adolescents are females. The current study used the anthropological methods of in-depth case studies to analyse how migratory life situations of individual female adolescent orphans in the Luo community of Western Kenya may increase their exposure to HIV. The study shows that the ability of the female adolescent orphans to adopt risk-preventive behaviour in relation to HIV is determined by a range of factors beyond their control of individual sexual behaviour. Although analysis of a single case study limits generalisation of the findings, the results provide insights into the reason for sex differentials in HIV infection rates among adolescents as reported in some large-scale surveys. The paper recommends that HIV prevention strategies for adolescents should examine the specific life situations of female orphans by focusing on the impacts of HIV and AIDS and poverty on the protective role of the family. It also recommends that keeping female adolescent orphans in school or in vocational training can be an effective HIV prevention strategy for them.

Keywords: East Africa, family, fostering, HIV prevention, Luo, migration, qualitative research, sex differentials, sexual behaviour, vulnerable groups

Introduction

The HIV pandemic has created an ever-growing number of orphans and other vulnerable children in sub-Saharan Africa (Hunter, 1990; Barnett & Blaikie, 1992; Ntozi, 1997; Hunter & Williamson, 1998; Hunter & Williamson, 2000), including among the Luo in Kenya (Nyambedha, 2000 and 2004; Nyambedha, Wandibba & Aagaard-Hansen, 2001, 2003a and 2003b). Likewise, the family institution in sub-Saharan Africa has undergone enormous transformation due to the HIV pandemic (Ankrah, 1993; Nyambedha & Aagaard-Hansen, 2003; Nyambedha, 2004). The combination of an increase in the number of orphans and a decline in extended family networks (Foster, 2000; Madhavan, 2004; Nyamukapa & Gregson, 2005) has exposed a number of children to growing up without family protection or nurturing from parents or other guardians. This has created conditions where children and adolescents are exposed to situations that make them more vulnerable to exposure to HIV (UNICEF, 2001; Yamba, 2005); examples are adolescent female orphans' exposure to sexual abuse or exploitation (UNICEF, 2001; Nyambedha, 2005) and particular HIV-risk behaviours (Eaton, Flisher & Aaro, 2003).

Recent studies have shown that orphans tend to begin sexual activity earlier than their non-orphaned peers and are especially vulnerable to coercive and transactional sex, unwanted pregnancy, and infection with HIV and other sexually transmitted diseases (Atwine, Cantor-Graae & Bajunirwe, 2005; Family Health International [FHI], 2005). In a longitudinal study of a Zambian family affected by HIV,

Yamba (2005) shows how adolescent orphans may face increased exposure to HIV as a result of lack of support within the extended family network. His description paints a harsh picture of efforts to reduce the HIV infection rate among adolescents, bearing in mind that recent estimates report that about 55% of orphans worldwide are adolescents (UNAIDS/UNICEF/USAID, 2004).

I confine my discussion of vulnerability to an analysis of how female adolescent orphans in the Luo community of Western Kenya become vulnerable to HIV infection. Orphans in this context are defined as children under age 18 years who have lost either one or both parents (Nyambedha, 2000). I examine how the risks associated with poverty and lack of protection within the extended family have the potential to expose female adolescent orphans to HIV infection. Through a case study of a 15-year-old female orphan and her movements in a beachside fishing settlement, I discuss factors within the extended family and the wider social environment that can increase the risk of HIV infection for orphans living in a similar context. I also recommend policy and intervention strategies that could be appropriate in the prevention of HIV among female adolescent orphans faced with similar life situations.

A study involving almost 10 000 teenage girls and young women reported that Kenyan girls, on average, become sexually active at age 14–15 (UNICEF, 2001). According to that study, sexually active girls who had not been exposed

to sex education were at greater risk of HIV infection. In Kisumu, Western Kenya, 15–23% of girls under age 20 were estimated to be HIV-positive, as compared to only 3–4% of boys of the same age (UNICEF, 2001; see also Kamal, 2002). The UNICEF (2001) report indicates that orphans often live in situations where they are not unlikely to experience sexual abuse, exploitation or neglect. According to Hunter (2001), HIV prevalence is increasing most rapidly among young people. In many cases young people depend on adult behaviour patterns that directly or indirectly result in lack of protection; this exposes children and adolescents to the risk of HIV infection. Kalipeni, Craddock & Ghosh (2004) observed that greater HIV awareness did not necessarily translate into ability to change higher-risk behaviours (see also Kamal, 2002; Eaton *et al.*, 2003). They argued that certain important determinants of higher-risk behaviour are not factored into many HIV prevention efforts. I suggest that one such factor is the HIV/AIDS awareness campaigns in societies affected by the pandemic which do not consider the broader context of power relations, economic necessity and resource-limited settings within which HIV transmission often takes place (see Eaton *et al.*, 2003).

There has been little in-depth research to explain how individuals' life circumstances lead to sex differentials in HIV infection rates among youths (UNICEF, 2001). This underscores the need to understand the circumstances surrounding the living conditions of youths in general, and orphaned teenage girls in particular, in order to make them targets for HIV prevention measures. Within the context of the HIV epidemic in sub-Saharan Africa, orphans may be forced to migrate and live with members of their extended family (Young & Ansell, 2003). Young & Ansell (2003) have pointed out that many discussions about the movements of children affected by HIV are explained by adults initiating these migratory patterns; they argue that children's own accounts of their movements remain unheard. Thus, children are not represented as their own actors in these migratory patterns as may actually occur as a consequence of parental death and changes in family obligations. In this paper I use the experiences of one adolescent female orphan to present an analysis of the circumstances under which children make decisions to move — either with the influence of adult caretakers or on their own. The analysis shows how such migratory practices can increase the orphans' risk of exposure to HIV, leading to other dimensions of child vulnerability in this era of HIV.

Luo kinship and child-rearing practices

Luo children traditionally grew up within the father's descent line (Whisson, 1964; Ocholla-Ayayo, 1976; Nyambedha & Aagaard-Hansen, 2003); thus, children's needs were supposed to be met by the adults in the patrilineage. The adults in this extended family network gained respect from the children and were able to discipline them (Ocholla-Ayayo, 1976). The support available within the extended family signified the protective role of the traditional Luo family. Children were protected in the family setting from forces that might hinder their normal development into responsible adults. Girls were given more protection than

boys but were allowed to construct independent relations outside the extended family at a later stage. For example, after reaching puberty, the girls would start to sleep in a *siwindhe* (Luo word for the girls' dormitory) (Ocholla-Ayayo, 1976; Cohen, 1985). According to Ocholla-Ayayo (1976), girls were taught about sex and sexuality in the *siwindhe*, such as how to relate to boys or maintain their virginity.

Marriage norms and ethical codes of regulating sexual behaviour greatly affected the Luo social organisation and status of both children and their mothers. Marriage and the rights of children of the marriage were recognised only after transfer of bridewealth (Evans-Pritchard, 1950; Ocholla-Ayayo, 1976; Nyambedha & Aagaard-Hansen, 2003). However, in some cases young women were married after they had become pregnant or given birth to a child from a different relationship. Such children (known as *kimirwa*) were accepted into the family but could not enjoy the full rights of inheritance and family protection as did the children of the marriage (Ocholla-Ayayo, 1976; Nyambedha, 2000; Christiansen, 2005). Cohen & Atieno-Odhiambo (1989) note that it was once rare for a Kenyan girl to become pregnant before marriage; they attribute the rise in the number of these 'children of children' to forces of social change and modernity in the post-colonial period. Ocholla-Ayayo (1976) further explains that such children will not have a strong body of paternal kin to protect them, and also they will have no strong lineage attachment. This makes their position in the social father's home difficult since the rights, duties, obligations, and privileges of each member of the Luo family are expressed through kinship value.

An earlier study (Nyambedha, 2000) in the Luo community revisited in this study showed that such foster children were incorporated into the family system. However, their paternity was kept secret to them as well as to other members of the community. Ocholla-Ayayo (1976) explains that such children were not allowed to inherit property from their foster father. However, my informants gave a different explanation, and they explained that such children are not discriminated against in the community (Nyambedha, 2000). In particular, girls were said to be easily incorporated into the patrilineage because they were seen as those who would bring bridewealth and then leave to stay with their husbands far away, but girls did not inherit from a foster father. Conversely, boys more likely experienced problems of acceptance because they competed for inheritance alongside the sons of the marriage.

Study setting

The study was conducted in Nyang'oma division, Bondo district, in Western Kenya. Nyang'oma division is situated along the shores of Lake Victoria. The main occupation of the inhabitants is subsistence farming; this is combined with other income-generating activities, such as fishing and trading in fish products on the beaches of Lake Victoria. Inhabitants also deal in small-scale businesses such as small retail shops and food kiosks. People doing business or fishing on the beaches mostly buy their lunch from the food kiosks, and there are beach market stalls selling groceries. These income-generating activities offer casual work opportunities for youths who come to the

beach areas hoping to secure some income. These are mainly youths who either have dropped out of primary school or are unable to proceed to secondary school for various reasons. In many cases, orphaned female adolescents who are unable to continue with their schooling are involved in casual employment opportunities in the food-processing kiosks.

Other people apart from the indigenous Luo do business in the fish-landing beaches. Some come from parts of neighbouring Uganda, mainly as traders. In some instances, Ugandan fishermen end up settling on the fish-landing beaches (see also Allison & Seeley, 2004). I observed that the relationships and interactions within the fish-landing beaches and neighbourhoods were characterised by the influences of a semi-urban lifestyle. This encouraged sexual behaviour that people in the area believe is characteristic of an urban mode of life; a general explanation for this was that people living there did not have common kinship descent, therefore they were not obliged to follow the incest taboos that regulated sexual behaviour among people who have kin relations.

Rampant poverty has also been used to explain the different sexual behaviour in the beachside populations. For instance, I observed that extensive exchange of sex for monetary or material gain occurred as a survival mechanism. Because of such practices, many people inland consider the people who are settled on the fishing beaches as people without proper sexual morals. In fact, parents inland may restrict the movement of their children to the beachside settlements as one way of protecting them from the associated sexual lifestyle. And this is regarded as one way of protecting adolescents from the risk of HIV infection.

Most people in the community seemed aware of the high prevalence of HIV among the people who settled on the fish-landing beaches. In everyday conversations one could hear the Luo phrase *'oseyudo tuwo ei nam'* (meaning that a person is infected with a disease in the lake) or sometimes *'tuoche mag nam'* (meaning diseases of the lake). Often, these local phrases were used to express people's concerns with the high prevalence of HIV in the Lake Victoria region. This partly explains why the fishing community is viewed as a group at high risk of HIV infection and has been targeted for interventions (see Republic of Kenya & UNDP, 1999; Allison & Seeley, 2004). One key informant, a 31-year-old male who had experienced life along the shores of Lake Victoria, said that young men used the network of their relations, and sometimes gave money or favours to adults who stayed with adolescent girls, to help influence the girls to begin sexual relations with the men: *'When you want a lady in one of the beach housing estates, you must go through the person with whom she stays.'*

In localities where the Luo typically live within their kin network, sexual activity is regulated by incest taboos. Thus, members of those communities feel they are not as exposed to the risk of becoming infected with HIV as compared to those who live on the fish-landing beaches.

Small-scale migratory practices have also helped sustain the HIV epidemic among the Luo people in Nyanza Province, Kenya; there is high mobility among the people

moving back and forth from the lakeside communities, with young widows marrying fishermen who may move inland or else marrying other Luo people who live along the Nairobi-Mombasa highway and so move to landlocked countries of East Africa (e.g. Uganda, Burundi and Rwanda) (Nyambedha, 2005). People have blamed long-distance truck drivers (e.g. from Mombasa, Kenya to other East Africa countries) as responsible for the rising incidence of HIV in areas occupied by the Luo along the highway (Republic of Kenya & UNDP, 1999; Nyambedha, 2005).

Approach to case analysis

The analysis of the case study presented here is based on a model of the extended-family safety-net mechanisms (Foster, 2000). Such an analysis is important for better understanding of the challenges faced by the extended family as a result of the orphan crisis (Ankrah, 1993; Madhavan, 2004; Nyamukapa & Gregson, 2005; Oleke, Blystad & Rekdal, 2005). Foster (2000) specifically examined the strengths and weaknesses of linkages between different members of an extended family and how marital unions can influence the effectiveness of such linkages within the extended family. He explains how children from unstable unions can easily slip through this extended-family safety net to end up in a variety of vulnerable situations. One such vulnerable situation is the risk of living conditions that increase orphans' exposure to HIV (Andrews, Skinner & Zuma, 2006).

Foster's (2000) ideas regarding the weakening of the extended-family safety net for the protection of orphans are bolstered by the explanation of how increasing levels of poverty have negatively affected the extended family and its ability to support orphans (Madhavan, 2004). In sub-Saharan Africa, where most societies are patriarchal, poverty has influenced sexual behaviour among female youths (Kamal, 2002; Eaton *et al.*, 2003). Thus, it is useful to look at the issues of poverty, the patriarchal nature of many societies, and the challenges faced by the extended family when discussing vulnerability to HIV among adolescent female orphans. Andrews *et al.* (2006) have suggested that there is a need to adopt a broader approach when analysing children's vulnerability to HIV infection because the factors that influence a child's vulnerability are in many cases beyond their control (Kamal, 2002; Eaton *et al.*, 2003; Madhavan, 2004; Oleke *et al.*, 2005). Such a broader approach, I suggest, should include a critical analysis of the socio-economic and cultural contexts of fosterage, which influence situations of vulnerability for children in the context of the HIV pandemic.

Vulnerability is frequently associated with other concepts such as dependency, fragility, victimisation, insecurity and risk (Delor & Hubert, 2000; Evans, 2005). However, in examining these associated concepts, one realises that the concept of vulnerability itself is complex and diverse. This is because the associated concepts are themselves difficult to define and their meaning may change depending on a particular social context. A good understanding of vulnerability needs to focus on identifying and describing the social situations in which vulnerability emerges and develops. In the recent past, children orphaned by AIDS, in particular,

have been identified as a category of children at risk (Evans, 2005). However, this conceptualisation of risk is problematic because it leads to assumptions of generalised vulnerability. Such a view of vulnerability does not incorporate into its analysis the sex differentials in vulnerability to show how female, as compared to male, adolescent orphans are differentially exposed to HIV infection risk. Such differentiation in exposure to HIV is particularly important for understanding the HIV epidemic among the fishing communities in certain parts of sub-Saharan Africa (Allison & Seeley, 2004), such as the study area for this research.

Methods

Data collection

The data for the research are drawn from a two-year project called 'Children on the move: everyday life practices and perceptions of kinship and relatedness among migrating Luo children in Western Kenya.' The study was conducted from January 2004 to December 2005, and it began with a household survey in a small village of about 131 households to record whether children had either moved out or into the households and the reasons for their movements. There were 210 children staying in the households in February 2004. Of these, 35 children were involved in movements either in or outside the village in the same month. Subsequently, 10 orphans were purposively selected on the basis of the appropriateness of their migratory circumstances for the study objectives and scheduled for long-term follow-up. The long-term follow-up involved tracing the orphans in their various migrations. This was done to seek their views on their migratory experiences and information on their ways of coping with life in new environments. In addition to long-term follow-ups and in-depth interviews, the ethnographic techniques of participant observation were used. Participant observation was done in selected households through home visits.

Data analysis

The data were analysed using ethnographic methods. This mainly involved content analysis, wherein statements and recorded interviews gathered during the single case study of a 15-year-old female adolescent orphan were studied to identify relevant themes emerging from data. These themes provide the basis for discussion of how the migratory history and changing fosterage practices within the Luo extended family can expose female adolescent orphans to HIV infection. The arguments based on these analytic themes are illustrated by selected anecdotes and comments from a female adolescent, maternal orphan.

Ethical considerations

Certain ethical challenges were associated with the follow-up of children affected by HIV. The objectives of the study were explained to the children and their caretakers before seeking their informed consent. It was made clear to the orphans and their caretakers that they would not be provided with material benefits because of their participation in the study. However, some orphans involved in the long-term follow-up faced an acute shortage of schooling

opportunity and other material resources in their livelihoods and were eventually assisted. In addition, the field assistants and the principal investigator were trained in basic child psychology to enable them to identify signs of psychological distress among the child migrants in the study; also, a trained child psychologist from a local university was hired to help by referring cases if signs of psychological distress were identified in any of the orphans.

Results

Socio-demographic characteristics of the orphans

The 10 orphans included in long-term follow-up comprised five girls and five boys. Their age range was 13 to 16 years old. Of the females, 2 were double-orphaned (13 and 16 years old), 1 was a maternal orphan (15 years old and the subject of the case study), and the remaining 2 girls were paternal orphans (14 and 16 years old). Of the males, 2 were double-orphaned (13 and 15 years old), 1 was a maternal orphan (14 years), and the remaining 2 boys were paternal orphans (15 and 16 years old). The study followed the migratory patterns of these orphans to examine how they coped with various life situations after the loss of their parents. An important aim of the long-term follow-up was to better understand the sex differentials in the orphans' vulnerability and explain how such differences could lead to dimensions of vulnerability related to HIV infection.

During the long-term follow-up, the 10 orphans were asked questions about school attendance, reasons for their migration, their relationship to the people they lived with, their friends in the new social environment, and the sources of support in their migratory lives. For those who were out of school, efforts were made to seek their views on the possibility of returning to school and the problems they felt they would anticipate there. During the two-year study period, most of the orphans migrated frequently to stay with different relatives. However, one 14-year-old female paternal orphan mostly stayed with her mother, and one 16-year-old male paternal orphan stayed with his brother, although they also moved for short intervals to visit other relatives.

Six of the orphans (2 girls, 4 boys) were in the school system throughout the study period. One, a female paternal orphan, was out of school but trained in dressmaking where she lived and worked as a house-helper; 3 of the orphans (2 girls, 1 boy) were completely out of the school system and were not engaged in any vocational training during the period.

Nine of the 10 orphans were engaged in various income-generating activities; with their income, they mainly bought personal items and items needed in the caretaker's household. However, the 3 out-of-school orphans more frequently reported involvement in income-generating activities than did the 6 who were in school and the 1 who received some vocational training; the 1 boy who was out of school specifically worked as a herdsboy in the various places to which he migrated.

Two female orphans worked mainly as house-helpers and in food-processing kiosks. There were reports that the 2 female out-of-school orphans engaged in sex with men in order to provide for their daily necessities. For example, the

16-year-old female double-orphan explained in an interview that she had lost hope in life after dropping out of school and so could do anything with herself regardless of what relatives said.

In this paper, I focus on a narrative relating the migratory life of the 15-year-old female maternal orphan. Although an analysis of a single case study cannot lead to generalisation of the research findings, my choice to present this individual case out of the 10 orphans in the long-term follow-up is based on the relevance of her migratory life experiences to provide insights into the vulnerable situations typically experienced by female adolescent orphans (see also Andrews *et al.*, 2006). Thus, a record of her experiences can provide insight into the micro-context of the individual lives of female adolescent orphans in similar communities, especially the implication of increased vulnerability to HIV infection. I also discuss possible policy implications and recommendations for HIV prevention strategies among adolescent orphans in similar life situations.

Adongo¹, a 15-year-old maternal orphan

'I dropped out of school in June 2003, shortly after my mother's death, which was on 29 May 2003. I was in class five. I dropped out of school because I did not have a school uniform and was always sent away from school. I could even take two weeks at home before going back to school. When I was bored of staying back at home while others attended school, I would go back to school without the uniform and again I was sent away. When I told my father, he told me he did not have money.'

During my interview with Adongo, she expressed disappointment that her younger sister was bought a school uniform and yet priority was supposed to be given to the first-born when family resources were inadequate. Therefore, she could not understand her father's casual attitude towards her schooling needs. After dropping out of school, she moved to stay with her paternal aunt who was a widow and lived alone in her compound in a distant village. From there, she moved from one place to another, including visiting relatives who stayed on a nearby fishing beach. She had two paternal aunts living on this beach and she alternately stayed in these two households:

'Yes, I moved back home from the aunt's place and at home my father was always quarrelling me. He has put some sanctions upon me that I should never move out of home. I feel insecure to continue staying with him and I am therefore planning to go back and stay with my aunt without his consent. I even came to the beach here without his consent, and I know when I go back he will quarrel me and I am prepared for it. I moved out of the aunt's place where I stayed previously because the other aunt I reside with at the moment got sick and requested that I assist her to perform household tasks. After one week, I moved out to stay with the other aunt within the same beach. This was because I could not stay there with her husband alone after she moved out of the beach to seek some treatment.'

When I asked her why she always quarrelled with her father and why she could not stay at home, she stated:

'You know my father, the way girls these days become pregnant before marriage and get married with their children, my late mother came with me and he always tells me that I am not his child and that I should go and look for my biological father.'

She later moved to stay with another aunt in the same beach village because there were rumours that she was having sexual relations with the aunt's husband, therefore she had moved out to stop the rumours:

'I had to change my place of residence from the aunt that I was staying with when you last visited me. This is because rumours went round that I was having sexual affairs with my aunt's husband, but this was not true. When the aunt moved out to her matrimonial home in a neighbouring locality, rumours again went round when people said that the paternal aunt moved back home to create room for me to continue with the sexual affair. I therefore moved out to stop further accusation. However, the paternal aunt has no problem with me and does not even talk about it. So I moved to stay with an aunt who does not stay with her husband around on the beach.'

On the beach, Adongo took up working in one of the food kiosks where she was paid 300 Kenyan shillings per month (about US\$4.50). When I visited her at the kiosk, she was in the company of three young girls about her age, who were coming from the lake to fetch water for the kiosk owner. Adongo later confided that her friends had boyfriends around the beach. Adongo also had a boyfriend and there had been rumours that she had gotten married. But she denied this and even mentioned that she had stopped the relationship:

'People were spreading rumours that I had got married to a man doing fishing, but this was not true. We were just friends, but I stopped the relationship. I dumped him because he was never faithful. He used to move around with many girls and brought them in the house in my presence. One day, I told him to buy for me some open shoes and he refused but ended up buying the same shoes for one of his girlfriends in my presence. I knew him through his sister who also lived on this beach. I decided to stop the relationship between August and September. The man I now stay with had a girlfriend and they parted ways. It's the same former girlfriend that he sent to talk to me on his behalf. He also talked to the paternal aunt I was staying with on the beach. It was on 2nd of October 2004. He approached my aunt in my absence. He told her that he wanted to marry me. When I came back in the evening, the aunt informed me about the idea. She later escorted me to the man's house and left us to discuss further, and I agreed. I agreed because I did not like staying in people's households. Perhaps the aunt did not also want to stay with me, and that could have been why she talked to the man to live with me.'

During a later visit, neighbours explained that Adongo was no longer married to the latest man in her life. She however denied this but admitted that she was facing problems in their relationship. When asked about the problems she faced in the three-week-old marriage, she explained:

'He went to another distant fishing beach and came back with two women together with another male friend at night. The male friend is also a fisherman. Then he told me to sleep on the floor so that he could sleep with one of the women on our bed. The other woman went with his friend. I resisted and he beat me, pushed me outside the house and locked me out. I later went to sleep in my aunt's place within the beach settlement and stayed there for one week until he came and talked to my aunt. My aunt asked me to go back to the man's house.'

Discussion

The HIV epidemic in sub-Saharan Africa has introduced new sets of complexities within the extended family that need to be clearly understood in order to address the problems faced by orphans. An important challenge to the extended family is the changing fosterage practices and perceptions of kinship obligations in the era of HIV. Observation of the emerging fosterage practices provides a framework to analyse how caretakers of the orphans perceive their responsibilities (see Madhavan, 2004) and shows how such perceptions might lead to various situations of vulnerability. In the case of Adongo, as with other children living in situations of extreme deprivation, we can gain in-depth knowledge of how vulnerable living situations for female adolescent orphans can influence unsafe sexual behaviour (see also Eaton *et al.*, 2003). It is important to situate such an analysis within the broader context of changing family life and the micro-contexts of how individual lives are influenced by the broader context. Such awareness can help us identify vulnerable children who can be classified as resilient or not, based on the quality of the parenting they receive, as well as the protection they receive from extended family members (Luthar, Cicchetti & Becker, 2000; Masten, 2001).

Changing family morality and orphans' risk of HIV infection

Several themes emerged from Adongo's narrative which relate to female adolescent orphans' understanding of sexual behaviour. One theme relating to vulnerability and increased exposure to HIV among female orphans in similar circumstances is the issue of morality and child protection practices in present Luo families. Yamba (2005) explains that lack of protection for orphans by the extended family can expose female adolescent orphans to situations where they are more likely to become HIV-infected, especially when men 'take advantage' of the situation and begin providing them material rewards in exchange for sex. In comparison to the other adolescent orphans in this study, the females (particularly those out of school) appeared most vulnerable to HIV infection. I argue

that a better way to understand how orphans can be vulnerable to HIV infection is through an examination of the role of the extended family in protecting orphans. This role of the extended family should be examined against reports of increasing poverty, which is partially also attributable to the epidemic (see Barnett & Blaikie, 1992). Escalating levels of poverty and the impact of HIV and AIDS on the institution of the family has consequences that negatively affect the protective role of the family. Thus, poverty within households fostering orphans can undermine the quality of parenting and expose these orphans to adverse life events and conditions, which can influence future unsafe sexual behaviour.

Adongo's narrative provides one account of how Luo family life is transforming in its ability to protect and nurture children. The protection that adolescent girls were once provided in the extended family/kin network is lacking in the now changing Luo communities. This is evident in Adongo's description of the child-adult relationships between her and her relatives in the beach settlements. For example, part of the nurturing responsibility in the past was to protect children from life situations that could interfere with their normal development into adulthood, and this was the primary function of the extended family kin (Bahemuka, 1983; Kayongo-Male & Onyango, 1991). Bahemuka (1983) argued that the moral obligation to protect children in many African societies was perceived as a religious duty passed on to present generations by the ancestors to guarantee continuity of the lineage. Thus, in the past, it would not have been possible that an aunt would play a role in negotiating for a sexual relationship between her niece and a man who did not have strong intentions to marry.

In their study on family life in southern Uganda, Kilbride & Kilbride (1993) explain that paternal aunts were feared for the way they traditionally instilled discipline into their brother's children. Among the Luo, aunts have been known to take special care of a brother's children. This is because a paternal aunt occupies the same generational order as a father. They could also participate in marital negotiations for a brother's daughter by initiating the negotiations between the two families, but act only as a mediator or go-between (*a jawang'yo* or *jagam*), as it was considered immoral for an aunt to escort her brother's daughter to a man's house. Thus, because of cultural restrictions, the aunts related to their nieces' boyfriends or husbands as in-laws; they were expected to observe a type of in-laws' avoidance behaviour, which has been practised for many generations by Luo people. However, in this regard, Adongo's lack of protection in her extended family could be attributed to the fact that she was born out of wedlock and therefore does not have strong patrilineal affiliation; such a position within the extended family is likely to influence her aunt's perceptions of kin obligations towards her (see also Madhavan, 2004). In Luo culture, such a child is deemed not to belong to any extended family (Foster, 2000; Nyamukapa & Gregson, 2005). The vulnerable situation of such a female adolescent orphan is further compounded by the sexual practices and negotiations associated with life in fishing beach settlements, and by increasing poverty. One would argue that Adongo's aunt considers the adolescent girl as a means

through which she could enhance her exchange relations with fishermen on the beach. A study by Allison & Seeley (2004) among fishing communities showed that the subordinate economic and social position of women in many fishing communities in low-income countries makes them vulnerable to HIV infection.

Risk factors for HIV infection

It is necessary to examine the micro-contexts of the lives of female adolescent orphans to gain an in-depth knowledge of the risk factors that influence their vulnerability to HIV infection. This in-depth knowledge can help explain the sex differentials in HIV prevalence among adolescents. These micro-contexts include HIV prevalence in the fish-landing beach communities and the prevailing semi-urban lifestyle in the settlements. One should also scrutinise how the conditions leading to altered residence patterns for orphans occur in the context of an extended family system. Nonetheless, adolescent female orphans who live and engage in unsafe sexual behaviour in fishing communities where HIV prevalence is already high are likely to face increased exposure to HIV. Adongo's narrative of her migratory life confirms many arguments about female orphans' increased vulnerability to HIV infection and their diminished resilience because of impoverished and adverse living conditions (see also Masten, 2001).

The role of education in child protection also emerges as a factor related to HIV risk (Nyambetha, 2005). For example, of the five female adolescent orphans engaged in long-term follow-up, high-risk sexual behaviour was reported by the female orphans who were neither in school nor attending vocational training. A recent large-scale study by FHI (2005) explains that difficulty in accessing education by many adolescents had negative consequences for local HIV prevention efforts (FHI, 2005). This suggests that keeping adolescents in school can be effective in controlling the rate of new HIV infections. Although the Kenya government introduced free and compulsory primary education in 2003, additional efforts may be required to ensure that a greater number of orphans, especially girls such as Adongo, access education. As observed in the case of Adongo and other orphans in the study, factors that hinder orphans from attending school extend well beyond meeting school charges. The family situations of orphans and other vulnerable children need to be considered if they are expected to attend school like other children.

A recent Ugandan study on children orphaned by AIDS explained that economic distress and discrimination among adolescent orphans may lead to higher-risk sexual behaviour and situations of extreme HIV-related vulnerability (Atwine *et al.*, 2005). The study further described that hopelessness and sexual risk behaviour are common reactions to life situations for many orphans. These characteristics are similarly noted with respect to Adongo in the current study.

Adongo's narrative also exposes how situations of vulnerability to HIV infection are related to the circumstances in which an orphan makes relationships and interacts. Although Atwine *et al.* (2005) concluded that orphans are especially at risk of increased exposure to HIV, their study

did not compare the sex differentials in this vulnerability. Adongo's narrative shows that in times of extreme deprivation, female adolescent orphans may be more vulnerable to HIV infection than are male orphans (see also Yamba, 2005). Larger quantitative studies in Western Kenya have reported higher percentages of teenage girls with HIV infection as compared to boys in the same samples (UNICEF, 2001). Adongo's narrative thus contributes insights into how individual life circumstances may influence higher HIV prevalence among female adolescent orphans, as reported in such surveys.

One way of understanding how sexual behaviour among adolescent orphans can lead to vulnerability is to look at their resources to cope with crisis situations. Delor & Hubert (2000) introduced the concepts of agency and structure to examine vulnerability in human life. They explain that the individual's reaction to risk and adoption of a given behaviour are not influenced by the quality of the available information alone, but also the relationship between agency and structure. They emphasise empowerment and entitlements as factors that determine the balance between agency and structure. Through a description of Adongo's life situation, I argue that factors such as entitlement to family protection and nurturing are vital elements often missing in the lives of Luo female orphan adolescents. Lack of entitlement, protection and care in a family setting are likely to prevent the adolescents from applying their agency in crisis situations, such as the ones Adongo has so far encountered in her adolescent life. As such, orphans are likely to behave in ways that can have negative consequences for their life course (this is particularly the case in the circumstances Adongo encountered in the man's house, which directly exposed her to HIV infection).

Implications for HIV/AIDS policy and interventions

Examining Adongo's life circumstances indicates the extent of coverage for youth that is needed from HIV prevention efforts. Her story reveals that many of her decisions to engage in sexual relations with men in the lakeside community are not just based on the fact that she is sexually active. Neither are they guided by her knowledge concerning HIV transmission. Her sexual behaviour is more influenced by her immediate life priorities such as shelter, food and clothing (see Andrews *et al.*, 2006). By implication, HIV prevention messages can be advanced if the variations in the vulnerable situations in the lives of adolescents and orphans are considered.

It is necessary to give consideration to the socio-economic conditions of the adults who are the caretakers of adolescent orphans and to acknowledge how role models may influence the sexual behaviour of these adolescents, apart from influencing their migratory patterns (Andrews *et al.*, 2006). Hunter (2001) explains that the behaviour patterns of adults with whom the youths stay could expose them to HIV infection. A critical look at these factors can help distinguish between those orphans who are able to adopt HIV-risk-prevention practices and those who are not in a position to adopt those practices, and who are therefore least resilient (Luthar *et al.*, 2000; Masten, 2001; Evans, 2005). For instance, Farmer (2001) argues that the

risk of acquiring HIV does not simply depend on knowledge of how the virus is transmitted, but also on the freedom to make decisions. Poverty is the greatest limiting factor of this freedom.

Consistent with the evidence conveyed in this narrative, a critical analysis of the micro-contexts of the lives of individual female adolescents can help in designing HIV prevention programmes that are sensitive to both the specific living circumstances of adolescents and the general impact of HIV/AIDS on adolescents in resource-limited settings. I suggest that large samples are urgently required to supplement the information so far obtained from qualitative studies, especially concerning the issue of vulnerability among orphans or children born out of wedlock in this era of HIV. While much has been written about street children, little information exists about children who live in some form of home environment, but who were born out of wedlock and consequently suffer discrimination and neglect, particularly after the death of their mothers. The present changes in family life and values have led to transformations in the institution of the family, both in form and structure. For example, the number of one-parent families worldwide is rising (Giddens, 1993). Many of these families are female-headed, with children born outside marriage. Many young women are choosing not to marry yet to have a child and lead an independent life outside male control (Ingstad, 2004). With rising rates of HIV-related mortality among adolescents and young adults, children from such families are likely to face problems as a result of inadequate nurturing, education and protection. This underscores the need to design risk-focused models of HIV-prevention intervention which are not based on generalised notions of vulnerability.

As much as HIV prevention efforts may promote condom use and other protective methods, there is a need to understand the varying realities concerning the power dynamics within which sexual exchange takes place. This ought to be a very important consideration in communities that are worst affected by the HIV pandemic, such as in many sub-Saharan African countries, where poverty, gender inequality, and patriarchal dominance are extensive. Such an understanding can enhance the formulation of more feasible interventions that focus on the living circumstances of various targeted groups, including female adolescent orphans.

Conclusions

Evidence provided in this paper shows the need to re-evaluate the concept of an adolescent's vulnerability to HIV infection and move beyond considering only sexual behaviour as a measure of HIV-infection-risk. It is necessary to broaden our understanding of adolescent girls' vulnerability to HIV by considering the socio-economic life circumstances that can influence their patterns of sexual behaviour. For example, we need to look at the changes in the institution of the family, orphaned children's migration patterns, and the broader socio-economic conditions in the lives of youth in resource-poor settings, particularly females.

It may be possible to design intervention strategies that distinguish between the female adolescent orphans who are most exposed to HIV-risk-conditions and those who are

in a better position to manage risk factors by effectively adopting preventive strategies. As one component, there should be concerted effort to keep adolescents in school or in vocational institutions that can provide lifeskills programmes. In addition, HIV prevention strategies should recognise the centrality of the institution of family in protecting children and adolescents from higher-risk behaviour that can lead to HIV infection.

Notes

¹ The names of people who participated in this study have been changed.

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