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Couples' communication on sexual and relational issues among the Akamba in Kenya

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A large portion of HIV transmission in sub-Saharan Africa occurs among married couples, yet the majority of research on safer-sex communication has focused on communication between couples in casual relationships. This paper explores how committed Kamba couples in Machakos District, Kenya, communicate about sensitive relational issues. The findings from focus group discussions with five groups of males and five groups of females are presented. The couples freely shared their thoughts about daily and economic issues and certain aspects of family planning and sexuality. Methods for raising sensitive issues with partners included monitoring the spouse's mood, gradual or indirect revelation, mentioning topics during sex, and use of third-party intermediaries. Interference by extended family members, especially husbands' mothers, and male authoritarian roles emerged as hindrances to effective communication between couples. The implications for HIV prevention regarding gender differences and the role of families in couples' communication are discussed.

Keywords: determinants of health, East Africa, gender issues, health communication, HIV/AIDS, HIV prevention, marriage, relationships, safer sex

Introduction

Heterosexual HIV discordant couples comprise an estimated 3–20% of the general adult population in sub-Saharan nations (Lurie, Williams, Zuma, Mkaya-Mwamburi, Garnett, Sweat *et al.*, 2003), and a high proportion of HIV transmission in those nations occurs within such couples (DeWalque, 2007; Guthrie, De Bruyn & Farquhar, 2007). Self-disclosure of seropositivity has therefore been cited as one key to HIV prevention (Kadando, Lyavala & Mulongo, 2008). Sharing of such information, however, does not take place within a vacuum, but in the larger context of ongoing partner interaction. Couples' communication about sex or the quality of their communication in general needs to be engaged in efforts to improve HIV prevention in sub-Saharan African cultures (Hart, Pool, Green, Harrison, Nyanzi & Whitworth, 1999; Susser & Stein, 2004). The manner in which couples communicate day-to-day as they work, make financial decisions, deal with in-laws, and raise their children together is almost certainly linked to the coping mechanisms they turn to should one of them be diagnosed HIV-positive as well as to the measures they use to prevent infection

in cases of HIV discordance. It may even be associated with the amount of higher-risk behavior that partners may engage in outside the marriage (Zulu & Chepngeno, 2003). This study set out to explore how committed couples communicate about sensitive relational issues in one particular cultural setting — that of the Akamba in Machakos District, Kenya.

Research has documented that both African men and women experience difficulties in raising the topics of infidelity and of condom use within marriage (Blanc, Wolff, Gage, Ezech, Neema & Ssekamatte-Ssebuliba, 1996; Knodel & Pramualratana, 1996; Fapohunda & Rutenberg, 1999). Because gender roles in marital relationships are often distinctly defined and the power differential between men and women is pronounced, women especially report being unable to express either their concerns or desires with respect to sexuality (Esu-Williams, 2000; Muturi, 2005; Issiaka, Cartoux, Ky-Zerbo, Tiendrebeogo, Meda, Dabis & Van de Perre, 2001; Kalipeni, Craddock & Ghosh, 2004; Rugalema, 2004). Men may likewise be uncomfortable about raising sexual issues, although they are the partner in whom sexual decision-making is most often vested

(Vos, 1994; Kesby, 2004). For example, some male participants in Muturi's (2005) focus group discussions in rural Kenya indicated they could never admit being responsible for bringing any sexually transmitted infection (STI) into the home. If their wives confronted them about such an issue, they stated, they would lay the blame squarely on their spouses. Moreover, when it comes to telling their spouses that they have been diagnosed as HIV-positive — a situation in which lack of communication has serious health consequences — a substantial minority of partners of both sexes do not reveal their status (Temmerman & Ndinya-Achola, 1995; MacNeil, Mberesero & Kilonzo, 1999; Antelman, Fawzi, Kaaya, Mbwambo, Msamanga, Hunter & Fawzi, 2001; Issiaka *et al.*, 2001; Maman, Mbwambo, Hogan, Weiss, Kilonzo & Sweat, 2003; Miller & Rubin, 2007).

Muturi (2005) argues that HIV/AIDS-communication programmes targeted to rural communities in Kenya have not addressed cultural beliefs, values, and norms adequately. HIV-prevention efforts have largely concentrated on casual couples (Bunnell, Nassozi, Marum, Mubangizi, Malamba, Dillon *et al.*, 2005), and most safer-sex mass-media messages in Kenya have emphasised abstaining from sex or using condoms. These are strategies that are not perceived by many couples to be appropriate within marriage (Zulu & Chepngeno, 2003). Only recently have a few HIV-testing campaigns targeted committed couples, such as two campaigns by Population Services International (PSI): *Chanukeni pamoja* ('Get smart together,' July–December 2003, targeting urban couples aged 18–28 years) and *Onyeshha mapenzi yako* ('Show your love,' January–April 2005 and March–September 2006, targeting low-income, urban and rural, male family decision-makers and established couples, aged 18–35 years).

Research on committed couples' communication patterns may turn out to have great utility for HIV prevention, as many African couples do, in fact, find ways to communicate effectively about HIV prevention and coping with infection. For instance, a study of sero-discordant couples in Uganda found that couples with strong relationships and good communication did not follow male-dominated patterns and generally had high coping ability (Bunnell *et al.*, 2005). In Muturi's (2005) study, Kenyan couples in which wives had some years of formal schooling or some form of income-generating activity reported engaging in more communication about sexual issues than couples in which wives had little formal education. Additionally, Zulu & Chepngeno (2003) found that the size of women's informal social networks, whether the couple discussed using family-planning methods, and whether either partner had accessed information about HIV from a clinic all influenced spousal communication about HIV. Research in family planning also suggests that spousal or partner communication is highly correlated with contraceptive use (Blanc *et al.*, 1996; Isiugo-Abanihe, 1994; Lasee & Becker, 1997; Dodoo, 1998; Fapohunda & Rutenberg, 1999; Bawah, 2002).

Although this research makes it clear that communication is associated with lowering risk factors for HIV, little information is available about the specific content of this communication. We do not know, for instance, exactly how husbands

and wives go about raising sensitive relational issues with their partners, such as condom use; we simply know that doing so has positive implications for HIV prevention. We do not know how men and women overcome cultural constraints regarding discussion of sexual preference or birth control; we only know that if they succeed in doing so it is likely to have positive repercussions. Given the suggestive (but hardly definitive), existing data about committed couples' communication and HIV transmission, additional exploratory research on this subject is warranted.

The present study explored heterosexual, committed couples' communication patterns among the Akamba of Kenya's Eastern Province. The Akamba are the fifth-largest ethnic group in the country and number around 2.9 million. The Kenya Demographic and Health Survey estimated HIV prevalence among Kamba adults at 5.4% (Kenya Central Bureau of Statistics, Ministry of Health & ORC Macro, 2004). Even so, the Akamba have received relatively little attention in HIV-related research in Kenya, where much attention has been focused on the Luo in Kenya's high-prevalence Nyanza Province, as well as on the populations in the capital city, Nairobi. This study took place in the Machakos District, which straddles the transnational Mombasa Highway and borders Nairobi.

Traditionally among the Akamba, youth were allowed to make their own choice of a marriage partner (Ndeti, 1972). Once they identified a potential mate, the family took over the courtship and marriage process. First, they examined the character and family of the prospective bride or groom to be sure that they were hardworking, kind persons who came from peace-loving families. If the results of a 'background check' were positive, the father along with another elder in the clan went to visit the family of the girl. Once both families agreed to the marriage, two goats were taken to the bride's home as a sign of the good relationship between the two families. If the young woman did not want to marry the man she returned the goats early the following morning. Assuming she was interested in marriage, additional meetings took place, including parties at the home of the prospective bride's family, where beer would be served to the elders, a goat ritually slaughtered, and the bride price negotiated. Payment of the bride price was an ongoing process that could conceivably take an entire lifetime, depending on the particulars of the agreement between the two families (Mbiti, 1992). Thus, marriage among the Kamba was and remains not so much a joining of two individuals, but two families.

By tradition, a newly wed Kamba woman left her parents and went to live with her husband, who might have additional wives, depending on his wealth and status (Nzioki, 1982). Once in the conjugal home, wives were expected to take care of kitchen chores, fetch firewood, thatch the huts, till the land, give birth, feed, and take care of a growing brood of children. In sum, their role was to serve their husband, children, and clan in the manner that their husbands saw fit. Kamba men, on the other hand, wielded absolute authority in the family, and if their wives or children misbehaved publically it was their job to discipline the offending members. They were typically wary of placing too much trust in their women, possessing a

keen awareness of what they believed to be the scheming power of the opposite sex (Michael, 1984). In the past, the rate of divorce among the Akamba was not high, but occurred on rare occasions, such as when a wife proved to be infertile. However, while the droughts of recent years have exacerbated struggles with hunger in the Kamba region, poverty is emerging as a new factor contributing to breakdowns in marriages (Kenya Central Bureau of Statistics, 2002).

Although these observations are decades old, and despite the massive social changes that have transformed patriarchal and family-centered values (i.e. the invasion of Western mass media programming, the nearly universal enrolment of children in primary school, the growing practice among young people of cohabitation before marriage, immigration of young men to the towns for work, and the influence of various Christian denominations), the experience of one of the authors is that the spirit attending them remains mostly intact. For instance, women with a tertiary education no longer gather firewood in the forest, yet both poor village women and educated urban ones are still expected (and themselves expect) to be subservient to their husbands.

Given this cultural backdrop, it is easy to imagine that communication between Kamba couples about deeply personal issues might differ widely from the way interpersonal communication is construed by Western theorising. For decades, popular and academic wisdom in the West has held that self-disclosure is a key to intimacy (Jourard, 1964) and that successful couples will move from scattered and superficial disclosure about themselves to progressively more complete and deeper revelations (Altman & Taylor, 1973). This process presupposes a more or less equal power relationship between the partners (though not necessarily identical roles), a quality that is manifestly absent in the above description of Kamba marital relationships. That is not to say that Kamba women necessarily view themselves as helpless victims. Like women in many African cultural groups, they may see themselves as active agents in shaping their own lives and in protecting themselves from sexual risk (Dilger, 2003; Dowsett & Aggleton, cited in Dilger, 2003; Susser & Stein, 2004). But Kamba women live their lives within the framework and definitions provided to them by their cultural system, and they often have fewer privileges and options than men do.

More recent theorising about interpersonal communication, even in Western contexts, has modified the early, extremely positive view of self-disclosure between intimates by suggesting that disclosure is more profitably seen as a dialectical tension between the opposing needs of privacy and openness (Baxter, 1990; Baxter & Montgomery, 1996 and 2000). Petronio (1991, 2000 and 2002) has cited both culture and gender as major influences on the shape that the management of communication boundaries will take, highlighting the importance of investigating intimate disclosure patterns among women and men in specific cultural contexts. The aim of this study, therefore, was to explore how discussion of intimate personal issues takes place within couples among the Akamba of Kenya. The following research questions were posed:

- RQ1: What types of issues do men and women say they discuss most easily with their partners?
- RQ2: What types of issues do men and women say they cannot discuss with their partners?
- RQ3: What methods do women and men say that they would use in order to raise important issues with their partners?
- RQ4: What hindrances do men and women say they face in communication with their partners?

Methods

Ethics reviews of the research were conducted by the Institutional Review Board of the University of Georgia (USA) and the Research, Publication and Consultancy Department of Daystar University (Kenya). We also obtained permission for research from the Kenyan Ministry of Education, Science and Technology.

We conducted ten focus groups, ranging from five to ten participants each. One women's group and one men's group were held in each of three villages, and two men's and two women's groups were conducted in a district town. We selected sites to provide maximum variation with regards to rural/urban and work situations within the Machakos District. Participants for the discussion groups in town were recruited with the assistance of a pastor from a local church and a local HIV activist. Participants in these groups were from households with a low- to middle-class socio-economic status (SES). Many of the participants were employed by a local cement factory.

Two small villages were selected from the environs of the district government seat as typical of the rural environment in the district. Participants represented a range of work situations, including subsistence farmers and small business owners. The third village at which we conducted focus groups was a semi-migrant community at the site of a large sand-mining operation. Men in the village work for wages considerably above the poverty level but in dangerous conditions; many women in the village work as day laborers on nearby flower farms. Marriages in the village were noted as being frequently unstable. We located participants for all village groups with the assistance of area chiefs and assistant chiefs. The chiefs mobilised headmen from different ridges to locate participants in order that we might draw a sample of persons who did not know one another socially and would therefore feel free to share about personal issues.

In all cases, persons assisting with locating focus group discussants were asked to recruit individuals who were involved in committed relationships. 'Committed relationship' was defined as marriage in a very loose cultural sense of the term. That is, individuals could be formally married according to civil law, or they might be 'traditionally married' (having reached an agreement between themselves and even their families regarding their live-in relationships without formalising their status in church or court). As it turned out, all participants were formally married, with their ages ranging from 18 to 35 years.

Discussion guidelines were initially formulated in English and then translated into both Swahili and Kikamba, with

back-translation into English to assure accuracy. Focus group moderators asked participants to choose whether they preferred the discussion to take place in English, Swahili or Kikamba. Discussions in the town were in a mixture of Swahili and English. Discussions in the villages were in Kikamba.

Focus groups were facilitated by ethnically Kamba research assistants who had been trained in discussion moderation techniques and who were the same sex and a similar age as the participants. Moderators reminded participants of the purpose of the research at the outset of the meeting and requested permission to audiotape the discussion. They assured participants of confidentiality and obtained informed consent orally. Because of the sensitive nature of the topic, participants were initially asked to respond to general questions on cultural patterns with respect to couples' communication in their locality. They were encouraged to recount personal stories if they chose to do so, but moderators did not insist on personal sharing. At the end of the approximately hour-long discussions, moderators thanked the individuals for their participation and debriefed them. We provided participants in the villages with the equivalent of less than US\$1, a common practice that enables participants to buy a snack. Town attendees were given the equivalent of US\$1.50 in order to also cover transportation to and from the discussion site.

Analysis

Tapes were transcribed into Swahili and Kikamba, and then translated into English for ease of analysis. Because the transcripts were subjected only to broad thematic analysis, we used only minimal notational conventions, though we did edit to remove participant disfluencies. The qualitative method employed to analyse these focus group data was thematic analysis, wherein patterns emerged via repeated analytic passes through the content (see Lindlof & Taylor, 2002). After patterns were identified, one of the authors combined and catalogued related patterns into categories related to the research questions. The categories helped bring together the components of ideas or experiences relayed by the participants. After one of the authors analysed the transcripts and drew tentative conclusions, the conclusions were discussed with the Kenyan focus group moderators as a form of 'member checking.' Their feedback was then incorporated into the analysis. Once this was completed, the authors reread the related literature and formulated theme statements, which then led to the development of the research findings.

Results

The results of the focus group discussions are organised below by research question.

Comfortable and uncomfortable topics of discussion between couples

RQ1 asked what types of issues men and women would say they discussed most easily with their partners, and RQ2 asked what topics men and women would say they could *not* discuss comfortably. Typically, at the beginning of focus

group discussions a number of men and women asserted that they were comfortable sharing almost anything with their mates. They believed that if one loved and trusted someone, sharing deep personal issues should not be a problem. As one woman said, *'Of course I can tell him. He's my husband, after all.'* As discussions progressed, however, clear divisions emerged for many participants between the ideal of what they would like to share with their spouses and the reality of what they actually did share.

Women said it was easy to discuss what had happened at work that day, mention clothes or land that they wanted to buy, ask for money to pay children's school fees, deliberate over starting a farm or getting a job, and talk over other economic and daily sorts of issues. A number of women also stated that they could talk about when to have another child or how many children to have.

The issue of sexual faithfulness in marriage was mentioned often. Women outlined arguments that they could make with their husbands, urging them to not to stray sexually outside of the marriage bond. Although a few indicated that they would present their own love for their husbands as the reason why the husbands should 'tow the line,' most referred to the HIV pandemic, the need to protect themselves healthwise, and ultimately the importance of preventing their children from becoming orphans. One woman said she had mentioned to her husband the habits of a specific woman in her neighborhood who was sleeping with many men for money. She then told him in essence, *'If you ever sleep with that woman you know you're going to get sick. You better find something else to do with your time.'*

Men, too, identified family planning, economic and budgetary issues, and daily events as issues that could be readily raised in conversation with their wives. They also stated that they could discuss sexual fidelity, although one man clarified that it was usually women who initiated dialogues about preventing HIV and about family planning.

Even though both male and female participants stated that they did not consider it improper for a husband and wife to discuss sexual matters, in practice participants seemed to find that talking about sex and sexuality was not always comfortable. Sexual desire and sexual satisfaction, using condoms to protect against sexually transmitted infections, family planning, requests for HIV testing, and the news that one was HIV-positive were all topics that at least some participants identified as difficult to introduce.

In part, this disjuncture appeared to arise out of lack of alignment between the ideal and real in people's lives, but it may also be explained by the possibility that certain aspects of each topic were acceptable for discussion while other aspects were not. For example, with regard to family planning, whereas women indicated they could be comfortable discussing with their husbands *when* to have another child, *whether* to have another child was not an issue they felt free to raise. Furthermore, although no single family-planning method predominated in the focus group discussions, several women mentioned that condoms were especially difficult to talk about. Suggesting the use of condoms for birth control brought up a host of unrelated associations in their husbands' minds, including the idea

that the wives might be either HIV-positive or unfaithful. Condoms, in fact, were a problematic subject all around. One participant responded instantly when asked what he would think if his wife asked him to use a condom: *'I would think she had become a prostitute.'*

Again, although some women said they could urge their husbands early in the course of their relationships to be faithful to them, when it came to confronting men who had actually been unfaithful, women said they felt they could not. Men, too, recognised that women felt themselves unable to broach sexual topics, and several men even suggested a change to the status quo:

'Mostly it's with the ladies, where they can't come and tell you they aren't satisfied or you're too fast or too slow. It's hard for them to say what's in their heart in regards to sex.... This is the main problem. They should open up and talk so we can know where the problem is.... If they are satisfied, then all of us are. But if [they] fail to say, then the problem remains.'

Among the female focus group participants, three reasons emerged as to why sexual issues could not be readily discussed with their partners. First, women believed that men were not likely to listen or to change. One participant observed, *'If you tell a man to stop having extra-marital affairs...he says when someone is used to eating food they can't change their diet. If you tell him there's AIDS, he says AIDS is just like malaria and everyone has to die sometime.'* Several women were especially adamant that telling a man she does not want to have more children is useless, as a man will always want more children.

Second, women feared that talking about certain issues might lead their husbands to suspect them of infidelity. Condom use and HIV testing were commonly mentioned issues of this type, but several women spoke of even being hesitant to tell their husbands they could not have sex because of their menstrual cycle for the same reason. In such cases quarrels might ensue, the man might physically abuse the woman, or, in the worst-case scenario, the woman might be forced to leave the home and sent back to her parents. Men themselves voiced the concern that if they talked about family planning or condom use their spouses would suspect them of infidelity, though they did not speak of fearing the same sorts of dramatic consequences that the women did. For them, too, condom use was especially difficult to talk about. If a man raised the topic unexpectedly, his wife was bound to suspect that he had something to hide. Thus, a number of men felt that condom use had to be started early in the marriage when the couple talked about spacing their children; proposing it later was tantamount to saying, *'Madam, I slipped somewhere, so you will use this.'*

The third reason that emerged for women's reluctance to be open about sexual topics was the belief that men would feel threatened if a wife showed signs of usurping a husband's authority as head of the house. The theme of power differences between the partners occurred throughout discussions among both males and females. In describing their own communication, for instance, women made comments such as: *'I can ask his permission to buy land'* or *'I can tell him [about a particular issue] without*

fearing him.' Some men criticised the mentality that led men to assume a dictatorial position in their home and that could lead a wife to fear him as a consequence. Others considered it normal, as illustrated in these remarks by male focus group members: *'A woman can request her husband for permission to use a certain birthcontrol method'* or *'If a wife is overly strict with your children you can correct her without much tension.'*

As wives strategised to meet their own needs, they continually factored in the implications of their lower power position. Conversely, men were constantly alert to the possibility of losing some of their authority if they let down their guard. This ongoing protection of their position led to some dilemmas. One male participant, for instance, admitted:

'I would shy off from telling my wife that I don't want sex. Some women may want to go even three rounds and yet the man is not able to do more than one. I would fear to tell her my weaknesses. Yet if I don't tell her, she might think I had sex outside before coming home.'

Men's position of authority in the home meant that not only were certain issues strictly under the husband's purview, but also that he did not want to hear about problems that he viewed as his wife's responsibility, such as disciplining of children. This was especially the case if the husband was a migrant laborer, perhaps away for a week at a time in Nairobi or a nearby town. One woman, for example, explained that it would be hard to tell a husband if older children, especially daughters, *'acquired bad behavior'* and became pregnant. This was news of momentous consequence; the child would have to drop out of school and stay at home. A husband would want to know why the wife was there all along and had never addressed the situation as it developed.

Not surprisingly, the participants distinguished between what they could say to their spouses in public and what they could say only in private. One woman talked about not being able to discuss some issues in front of her children; another mentioned that issues such as illness and school fees could be discussed even when the children were present. Unexpectedly, several women made a distinction between what they could say in front of a parent-in-law and what they could say when in-laws were not around. The general agreement was that discussions about buying a cow, expanding the farm, or buying clothes and shoes for the children could happen whether or not the husband's parents were present. On the other hand, more personal topics, such as the need for new underwear or clothes for the wife, had to be discussed privately.

It was clear that the relationship with in-laws was a sensitive one for female participants. One participant explained that discussing her personal needs with her husband when her in-laws were present could result in their gossiping about her: *'So-and-so is ruled by his wife; she tells him what to do.'* Another respondent indicated that she was careful not to be seen as receiving more from her husband than his own mother did; she could ask her husband to buy her a *leso* (brightly coloured cloth wrap) in front of her mother-in-law only so long as the mother-in-law

already had one, otherwise her mother-in-law would insist that she needed one also.

Methods for raising sensitive issues

RQ3 inquired into methods of discussing difficult issues with a partner. Participants were first asked to answer this question at a general level, and they answered by providing examples about whatever topics came to their minds. Next, they were probed with respect to the specific issues of family planning, condom use, sexual satisfaction, and physical abuse.

Participants' answers to this question reinforced our sense that differences in power lay at the heart of many of the communication patterns among the couples in our study. The overarching emphasis among female participants was that women had to be strategic and careful — even submissive — in their communication with their husbands, for their own good and for the good of their families. One woman explained that if a woman is not humble, it is as if she is taking a superior man's role in the house: *'Two men cannot live together, so it is likely the couple will separate.'* In contrast to this strategic focus of women's communication, men stressed the need to be patient with their wives. Several men urged that women must be allowed to process their husband's requests in their own good time.

The strategic approach advocated by women worked itself out in four major tactics that spouses used for addressing sensitive issues with their men: 1) being sure the spouse was in a good mood, 2) broaching the subject gradually and indirectly, 3) talking about sensitive issues in bed, and 4) communicating through a third party.

Making sure the spouse is in a good mood

Women most frequently mentioned being sure a husband was in the right mood before introducing an unexpected topic with him: *'You wait until a day when you see he's happy,'* was a typical statement. This involved both carefully observing him and being ready to speak when the time was right, as well as taking actions to get him into a good mood. Women gave specific suggestions for the latter, such as greeting the husband at the door with a hug, allowing him to rest awhile after work, drawing the husband's bath (note that in the absence of indoor plumbing this is a significant task which involves carrying water in buckets from storage containers, heating it over a burner, and pouring it into the tub; this tactic was mentioned by a number of women), preparing his favorite dish, going on a walk together, and wearing a mini-skirt or other attractive clothes.

Ascertaining whether or not a husband was in a good mood was especially important because in some women's experience, men did not need a reason to quarrel with their wives or even to beat them. A woman might have prepared a delicious meal for her husband when he came home at the end of the day, but when she began discussing some issue after his arrival he might begin beating her for no reason: *'They are hot tempered,'* explained one female participant, *'and so it's for us to see how we are going to handle them.'* In such situations women were forced to choose from a range of coping mechanisms. One woman said she was strong enough that if her husband beat her, she

defended herself and punched him back. More commonly, women spoke of going out to the kitchen or even out of the compound and sitting quietly until the man had cooled down, going to spend the night at their in-laws' house, or, in more extreme cases, seeking help from a pastor, the police, or a women's rights organisation.

Men also spoke of the need to be sure their wife was in a good mood before speaking of sensitive issues. They suggested women might be eased into the appropriate frame of mind through asking them to go on walk, buying them a soda, or having a picnic with them. Several mentioned that one might buy a wife something she liked before discussing the issue of concern with them. Others suggested prefacing remarks to the wife with a reaffirmation of love: *'You know I love you, but we have this problem.'*

Addressing issues gradually and indirectly

In combination with monitoring and facilitating their men's moods, women also mentioned addressing issues gradually. Typically, they described a process that the authors visualised as a series of concentric rhetorical circles on a target, growing smaller and more specific until the bull's eye at the center of their own relationship was reached. One woman's description of the sequence of topics she used to come to the point of urging her husband to be faithful in their marriage illustrates the technique:

'Firstly, [I would talk about how] in our country Kenya let's say generally, we hear that it's especially these big people, the ones who are the backbone of our country, maybe, are the ones who die of AIDS, because they have money and you know at times these women who loiter are the ones who are looking for money. Now, at that point, we shall start talking about the losses caused by AIDS, how we see children being left as orphans, and especially in this location of ours many homesteads have been locked; they have been left without people, and many children have been left orphans, and they have many problems. So then I will find a way of telling him [about the need for him to be sexually faithful to her].'

The same approach was illustrated with reference to family planning. One female participant talked about pointing out to her husband certain older couples who had few children and were managing their families well; after this she would ask him about engaging in family planning themselves. Another participant stated she could urge her husband to begin using condoms by pretending that she did not understand them and asking her husband to explain them to her; after he explained condom use she would tell him, *'I've never used them and you've never used them, why don't we try and see how it is?'* Men also mentioned that this circuitous sort of approach was appropriate for women: *'She can start maybe by telling you about other couples, and then she will say maybe we should try this thing,'* was typical of men's descriptions of how women could suggest changes in sexual and other behavior.

One specific concern for many women was how to let her husband know she was having her monthly period. Several suggested that men needed to be given this

information while both partners were still in the sitting room, 'after you have eaten and are just seated watching television.' One respondent suggested coming up with a coded way to inform the husband, such as telling him, 'It rained today.' Male participants also raised the issue of a woman's menstrual cycle. Even though they admitted it was an important concern with implications for family planning, they believed that some men were shy to discuss the subject and others simply did not understand or never thought about it.

Raising concerns during sex

Several female participants suggested that a good way to raise topics that might otherwise be objectionable to their husbands was to mention them during or after sex. Men were aware of this tactic, though their opinions on it were not necessarily positive. One man cautioned:

'In the Bible we learn that women are very cunning, as Samson was tricked by his wife. Always women like using their cunningness/weaknesses to convince their husbands. If a woman wants to introduce family planning methods she can use sweet words. They are taught these kinds of tricks at their groups/societies. They can even use sex as a bait by making love [differently, to please you] and then try to convince you. By using such a trick a man can pay attention, expecting to be given the same treatment if he accepts her proposal. Consequently men need to be very careful of these tricks. As for me, I make sure that when we are discussing crucial matters we are not in a sexually charged atmosphere, because in such a situation it is difficult to make a fair judgment and hence one can easily be tricked or convinced.'

The manipulation of sexual encounters to facilitate discussion of matters that women considered important may be seen as women's exploitation of one of the few areas in married life in which power is distributed relatively equally. Men were aware of what was happening and a number of them did not like it, but they were apparently not successful in discouraging it (perhaps because it was, to some degree, working).

Men mentioned two additional sets of tactics that either they or their wives employed. One male participant stated that a woman might refuse to eat or force herself to cry so that her husband would ask what was troubling her. They might even deliberately wrong their husbands, hoping to provoke a quarrel in which they could then blurt out their concerns. Apparently this passive-aggressive approach was not limited to women, as several men spoke of adopting similar strategies with their wives. One suggested a man could 'kesea' his wife. Pressed for an explanation, he replied that if you ignored your wife for some time she would begin to wonder what had happened; once she was softened up she would be ready to hear what was wrong and to correct it. Other male participants spoke of knowing husbands who communicated to their wives in writing; they would leave a note and money on the table in the morning for their wives, telling them what to fix for dinner or assigning them other errands to run. The focus group participants were divided in their opinions as to whether this was desirable, or dictatorial, behavior.

Use of third parties

Both male and female participants reported that they routinely turned to third parties to intervene in their relationships if communication between the two of them proved ineffective. Participants showed considerable variability about whom they would choose to serve as their intermediaries. Parents on both sides, good friends, the 'best couple' from the couple's wedding, religious leaders, counselors, provincial administrators such as assistant chiefs, community elders, sisters, brothers, and aunts were all spoken of as appropriate intermediaries. Most frequently mentioned among non-family members were members of the couple's wedding party: the maid of honor, the best man, or both (i.e. the best couple). When it came to selecting an intermediary from the family circle, it was more common to approach the husband's parents than the wife's. This was in part due to the close relationship likely to exist between mother and son, but also because in the Kamba kinship system, once a woman marries she is no longer considered a member of her own family but is considered to have transferred her membership to the family of her husband.

Use of intermediaries might happen in two ways. The outside party might be called in to mediate a discussion where both husband and wife were present, or such individuals might act as go betweens, conveying messages from one partner to the other. A male participant detailed how this process of intermediation might take place with a best couple:

'The best couple in our wedding is very close friends of ours. My wife can tell her all the problems. Then the best maid would tell the husband who would come and tell me what my wife is complaining about. If I have a problem I will explain to my best man, who will tell the wife, who in turn will tell my wife.'

Although both males and females used this strategy often, some males were reluctant to ask others for help. The one possible exception was the willingness of some men to have a doctor explain the necessity of condom use to their wife. Asked why this would be the case, men explained that they feared being exposed and ridiculed in bars, video houses, or other places frequented by other men. One participant explained:

'You can tell another man your issue. Subsequently he will mobilise a group of others [friends] and summon you for a counseling session. You may go through a very frank discussion, and the victim may pretend to be happy for a moment. But deep inside he will feel he has been humbled. He will always feel inferior in their midst and he may no longer fit within the circle of his age mates.'

The most extreme instances of using third parties were in cases when wives fled from their abusive husbands to the homes of their parents-in-law. In such cases the wife would tell her in-laws what their son had done, and she would sleep in the home that evening. In the morning his parents, and perhaps her parents or other older persons, would broker negotiations between the estranged spouses.

The direct approach

We would be remiss if we did not point out that some of our participants, both males and females, stated that they could tell their partners their concerns directly. To some degree it was difficult to tell whether they were speaking out of their own past experience or engaging in wishful thinking about what they hoped they would be able to do in the future. Nevertheless, a few women told tales of forceful communication with their husbands, such as the following statement by a woman whose husband threatened to throw her out of their home:

'I sit him down — Okay, so you say that I am bad and that I insult your mother and I do bad things to her. But understand that even if I were to go, you can never marry your mother. So the respect I give your mother should also be shown to me.... Because if you marry another woman today, you will not start from where we are but will begin building your home from scratch, and by the time you reach here you will have wasted a lot of time.'

Hindrances to marital communication

Finally, RQ4 asked what hindrances men and women experienced in communicating with their partner. Although some hindrances to communication have been mentioned above, several additional factors merit attention. The first arises out of current social patterns among the Akamba. Lack of job opportunities forces many residents, especially men, to seek employment away from home; in such situations, couples may spend considerable time away from one another. Typically the husband commutes to nearby towns or even as far away as Nairobi or Mombasa during the week; the wife is left back in the village, and, as one focus group moderator said, she will *'take care of their two goats and till the dry land.'* The participants identified several effects of this semi-migrant arrangement as contributing to poor communication. First, female participants talked about how people around the home, in particular their mother-in-law who was likely to live nearby, interfered with communication between a husband and wife. By their description, mothers were in competition with wives for their sons' allegiance and financial backing. Several women even insisted that men would buy soap, oil, and house supplies for their mothers before they would purchase similar items for their wives.

Male participants said nothing about their mothers, but instead discussed concerns that community members outside of the intimate relationship often undermined a marriage. They mostly pinned this negative influence on women's self-help groups or micro-savings groups. These 'merry-go-rounds' usually meet monthly and collect contributions from each member, taking turns distributing the collection to a different person each month. They also serve a social function, which was the aspect that disturbed male focus group members. In general men believed that women spoke much more openly about family matters to persons outside of the family circle than did men, meaning that men's innermost secrets and weaknesses were likely being paraded before the public. This disturbed them, and several individuals indicated that they believed such groups also encouraged women to have extra-marital affairs.

Conclusions

The participants in this study reported a number of similar patterns of communication about sensitive marital issues. Both males and females feared being presumed to be guilty of infidelity if they suggested condom use or HIV testing to their spouses; both mentioned gradual and indirect strategies for dealing with that type of communication difficulty. Despite these similarities, we were struck by the enormous impact of differences in gender roles on the communicative practices of the participants. This is by no means a novel observation (see Esu-Williams, 2000; Muturi, 2005; Issiaka *et al.*, 2001; Kalipeni *et al.*, 2004; Rugalema, 2004), but we were unprepared for the overwhelming presence of gender in almost every line of our transcripts. The focus group discussions were permeated by a consciousness among both genders of the frequently authoritarian position that Kamba men assume in the family, a role which apparently has deep traditional roots (Ndeti, 1972; Michael, 1984). This sort of masculinity not only forced Kamba women to carefully strategise about how to approach a husband about difficult issues, but it also constrained men's ability to admit weaknesses, even to a wife, for fear of being ridiculed in public or in private.

Importantly, not only the women but also some of the men voiced dissatisfaction with this situation. Some of the men might have been giving lip-service to the idea of a need for change in the dominant male's role, but even so an awareness that things could be different was clearly evident from their remarks. Thus, we suggest that although women can perhaps be trained in assertiveness and sensitivity, and so secure a better measure of health and safety for themselves and their children, systemic change can only take place if male roles are redefined. That sort of definition would entail a mammoth cultural shift, and it may be wishful thinking to propose that individual interventions — whether for HIV prevention or other purposes — be designed to facilitate it. On the other hand, at a grassroots level, respected institutions like churches and schools can teach a more caring, respectful male persona, and Kikamba vernacular radio and other edutainment efforts could prioritise the provision of male role models to encourage positive, even if gradual, change.

The second notable aspect of our findings was the mostly negative role that in-laws, especially mothers-in-law, played in the lives of our female participants. Interestingly, males seemed unaware of the magnitude of this issue for women, as they did not bring it up in discussion. One wonders whether or not the involvement of a mother-in-law in a son's marriage could be somehow redirected. Could pastors or other opinion leaders in the community be mobilised to encourage more supportive and respectful relationships? Could the desire of mothers-in-law to be involved in the lives of daughters-in-law be recast so that they carried certain positive responsibilities, for example encouraging sons to treat wives well, and to consider family planning, HIV testing or condom use? If so, in-laws could be influential in stabilising families and thereby contribute towards the reduction of extra-marital relationships. Future research could test the efficacy of interventions to that effect.

The focus group discussions also highlighted the importance of friends, family, church leaders, and others in assisting couples to resolve marital problems. Friendship bonds traceable to the wedding ceremony, pastors, and other relatives could also be key influencers of couples who have communication and relational difficulties that may render them at higher risk for HIV. HIV-positive persons in Kenya have been found to rely not infrequently on intermediaries to inform family members or even spouses of their status (Miller & Rubin, 2007). Although use of intermediaries is a cross-cultural phenomenon, the descriptions provided by the participants indicate a fairly scripted process among Kamba couples that potentially could be a powerful force for encouraging HIV prevention in committed relationships. Future research should more specifically explore ways in which relationship influencers (such as 'best couples') could be purposefully engaged in HIV prevention, in order to enable spouses to share about HIV serostatus, negotiate condom use, and accomplish other sensitive relational tasks. For example, churches might encourage long-term mutual accountability among wedding attendants, and especially best couples, towards that end.

Two limitations of this study should be mentioned. First, recruitment of the participants by headmen on different ridges for the village focus groups makes it unlikely that our participants knew one another socially; however, our dependence on the pastor to recruit participants in two of the town focus groups means that some participants in those groups may have known one another. Strictly speaking, focus group members should not be from the same social circle; thus participants in the town focus groups may have felt some hesitation in sharing their personal experiences. Although we felt that the gain likely to accrue from the interpersonal dynamics that operate in focus group discussions outweighed that potential cost, future research on this topic might consider using individual in-depth interviews as a way of providing a fully private environment. Second, although undoubtedly there are similarities between Kenyan ethnic groups regarding male roles and couples' communication, our study took place in only one district of the ethnically Kamba region in Kenya. Thus, caution must be used in applying these findings to other geographic areas or cultural groups.

We conclude by emphasising that understanding of committed couples' communication in various African cultural contexts is key to arresting the HIV epidemic (see also Zulu & Chepngeno, 2003; Kesby, 2004; Kalipeni *et al.*, 2004; Rugalema, 2004). With a large portion of HIV transmission occurring among married and committed couples, thoughtful and culturally grounded theorising about couples' communication patterns is a serious health matter. This study has attempted to suggest some possible implications of such patterns among the Akamba of Kenya.

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References

- Altman, I. & Taylor, D. (1973) *Social Penetration: The Development of Interpersonal Relationships*. New York, Holt, Rinehart & Winston.
- Antelman, G., Fawzi, M.C.S., Kaaya, S., Mbwambo, J., Msamanga, G.I., Hunter, D.J. & Fawzi, W.W. (2001) Predictors of HIV-1 serostatus disclosure: a prospective study among HIV-infected pregnant women in Dar es Salaam, Tanzania. *AIDS* 15, pp. 1864–1875.
- Bawah, A.A. (2002) Spousal communication and family-planning behavior in Navrongo: a longitudinal assessment. *Studies in Family Planning* 33, pp. 185–194.
- Baxter, L.A. (1990) Dialectical contradictions in relationship development. *Journal of Social and Personal Relationships* 7, pp. 69–88.
- Baxter, L.A. & Montgomery, B.M. (1996) *Relating: Dialogues and Dialectics*. New York, Guilford.
- Baxter, L.A. & Montgomery, B.M. (2000) Rethinking communication in personal relationships from a dialectical perspective. In: Dindia, K. & Duck, S. (eds.) *Communication and Personal Relationships*. New York, John Wiley & Sons.
- Blanc, A.K., Wolff, B., Gage, A.J., Ezech, A.C., Neema, S. & Ssekamatte-Ssebuliba, J. (1996) *Negotiating Reproductive Outcomes in Uganda*. Calverton, Maryland, Macro International, and Kampala, Uganda, Institute of Statistics and Applied Economics, Makerere University.
- Bunnell, R.E., Nassozi, J., Marum, E., Mubangizi, J., Malamba, S., Dillon, B., Kalule, J., Bahizi, J., Musoke, N. & Mermin, J.H. (2005) Living with discordance: knowledge, challenges, and prevention strategies of HIV-discordant couples in Uganda. *AIDS Care* 17(8), pp. 999–1012.
- DeWalque, D. (2007) Sero-discordant couples in five African countries: implications for prevention strategies. *Population and Development Review* 33(3), pp. 501–523.
- Dilger, H. (2003) Sexuality, AIDS, and the lures of modernity: reflexivity and morality among young people in rural Tanzania. *Medical Anthropology* 22, pp. 23–52.
- Dodoo, F.N. (1998) Men matter: additive and interactive gendered preferences and reproductive behavior in Kenya. *Demography* 35, pp. 229–242.
- Esu-Williams, E. (2000) Gender and HIV/AIDS in Africa — our hope lies in the future. *Journal of Health Communication*

- 5(supplement), pp. 123–126.
- Fapohunda B.M. & Rutenberg, N. (1999) *Expanding Men's Participation in Reproductive Health in Kenya*. Nairobi, Kenya, African Population Policy Research Center.
- Guthrie, A.L., De Bruyn, G. & Farquhar, C. (2007) HIV-1-discordant couples in sub-Saharan Africa: explanations and implications for high rates of discordance. *Current HIV Research* 5, pp. 416–419.
- Hart, G.J., Pool, R., Green, G., Harrison, S., Nyanzi, S. & Whitworth, J.A.G. (1999) Women's attitudes to condoms and female-controlled means of protection against HIV and STDs in south-western Uganda. *AIDS Care* 11, pp. 687–698.
- Isiugo-Abanihe, U.C. (1994) The socio-cultural context of high fertility among Igbo women. *International Sociology* 9, pp. 237–258.
- Issiaka, S., Cartoux, M., Ky-Zerbo, O., Tiendrebeogo, S., Meda, N., Dabis, F. & Van de Perre, P. (2001) Living with HIV: women's experience in Burkina Faso, West Africa. *AIDS Care* 13, pp. 123–128.
- Jourard, S.M. (1964) *The Transparent Self*. Princeton, New Jersey, Van Nostrand.
- Kadando, R., Lyavala, J. & Mulongo, M. (2008) *Sero-status disclosure in HIV prevention: encouraging results from TASO Tororo*. Paper presented at the XVIII International AIDS Conference, Mexico City, 3–8 August 2008.
- Kalipeni, E., Craddock, S. & Ghosh, J. (2004) Mapping the AIDS pandemic in Eastern and Southern Africa: a critical overview. In: Kalipeni, E., Craddock, S., Oppong, J.R. & Ghosh, J. (eds.) *HIV and AIDS in Africa: Beyond Epidemiology*. Malden, Massachusetts, Blackwell.
- Kenya Central Bureau of Statistics (2002) *Effective Management for Sustainable Economic Growth and Poverty Reduction: Kitui District Development Plan*. Nairobi, Kenya Central Bureau of Statistics.
- Kenya Central Bureau of Statistics (CBS), Ministry of Health (MOH) & ORC Macro (2004) *Kenya Demographic and Health Survey 2003*. Calverton, Maryland, CBS, MOH and ORC Macro.
- Kesby, M.G. (2004) Participatory diagramming and the ethical and practical challenges of helping Africans themselves to move HIV work 'beyond epidemiology.' In: Kalipeni, E., Craddock, S., Oppong, J.R. & Ghosh, J. (eds.) *HIV and AIDS in Africa: Beyond Epidemiology*. Malden, Massachusetts, Blackwell.
- Knodel, J. & Pramualratana, A. (1996) Prospects for increased condom use within marriage in Thailand. *International Family Planning Perspectives* 22(3), pp. 97–102.
- Lasee, A. & Becker, S. (1997) Husband–wife communication about family planning and contraceptive use in Kenya. *International Family Planning Perspectives* 23, pp. 15–20.
- Lindlof, T.R. & Taylor, B.C. (2002) *Qualitative Communication Research Methods* (2nd edition). Thousand Oaks, California, Sage.
- Lurie, M.H., Williams, B.G., Zuma, K., Mkaya-Mwamburi, D., Garnett, G.P., Sweat, M.D. Gittelsohn, J. & Abdool Karim, S. (2003) Who infects whom? HIV-1 concordance and discordance among migrant and non-migrant couples in South Africa. *AIDS* 17(15), pp. 2245–2252.
- MacNeil, J.M., Mberesero, F. & Kilonzo, G. (1999) Is care and support associated with preventive behaviour among people with HIV? *AIDS Care* 11, pp. 537–546.
- Maman, W., Mbawambo, J., Hogan, N.M., Weiss, E., Kilonzo, G.P. & Sweat, M.D. (2003) High rates and positive outcomes of HIV-serostatus disclosure to sexual partners: reasons for cautious optimism from a voluntary counseling and testing clinic in Dar es Salaam, Tanzania. *AIDS and Behavior* 7, pp. 373–381.
- Mbiti, J.S. (1992) *Introduction to African Religion*. New York, Heinemann.
- Michael, O.F. (1984) *The Kitui Akamba: Economic and Social Change in Semi-Arid Kenya*. Nairobi, Kenya, Heinemann.
- Miller, A.N. & Rubin, D.L. (2007) Motivations and methods for disclosure of HIV seropositivity in Nairobi, Kenya. *AIDS and Behavior* 11, pp. 687–697.
- Muturi, N.W. (2005) Communication for HIV/AIDS prevention in Kenya: social-cultural considerations. *Journal of Health Communication* 10, pp. 77–98.
- Ndeti, K. (1972) *Elements of Akamba Life*. Nairobi, Kenya, East African Publishing.
- Nzioki, S. (1982) *Kenya's People: Akamba*. London, Evans Brothers.
- Petronio, S. (1991) Communication boundary management: a theoretical model of managing disclosure of private information between marital couples. *Communication Theory* 1, pp. 311–335.
- Petronio, S. (2000) The boundaries of privacy: Praxis of everyday life. In: Petronio, S. (ed.) *Balancing the Secrets of Private Disclosures*. Mahwah, New Jersey, Lawrence Erlbaum.
- Petronio, S. (2002) *Boundaries of Privacy: Dialectics of Disclosure*. Albany, New York, State University of New York Press.
- Rugalema, G. (2004) Understanding the African HIV pandemic: an appraisal of the contexts and lay explanation of the HIV/AIDS pandemic, with examples from Tanzania and Kenya. In: Kalipeni, E., Craddock, S., Oppong, J.R. & Ghosh, J. (eds.) *HIV and AIDS in Africa: Beyond Epidemiology*. Malden, Massachusetts, Blackwell.
- Susser, E. & Stein, Z. (2004) Culture, sexuality, and women's agency in the prevention of HIV/AIDS in southern Africa. In: Kalipeni, E., Craddock, S., Oppong, J.R. & Ghosh, J. (eds.) *HIV and AIDS in Africa: Beyond Epidemiology*. Malden, Massachusetts, Blackwell.
- Temmerman, M. & Ndinya-Achola, J. (1995) The right not to know HIV-test results. *The Lancet* 345(8963), pp. 969–970.
- Vos, T. (1994) Attitudes to sex and sexual behaviour in rural Matabeleland, Zimbabwe. *AIDS Care* 6, pp. 193–203.
- Zulu, E.M. & Chepngeno, G. (2003) Spousal communication about the risk of contracting HIV/AIDS in rural Malawi. *Demographic Research, Special Collection* 1, pp. 245–277.