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PRACTICES OF RELATEDNESS AND THE RE-INVENTION OF *DUOL* AS A NETWORK OF CARE FOR ORPHANS AND WIDOWS IN WESTERN KENYA

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Globally, the HIV/AIDS pandemic (UNICEF/UNAIDS 1999) has brought increased mortality for young adults, while many children have been orphaned and made vulnerable (Poonawala and Cantor 1991; Barnett and Blaikie 1992). A study carried out in Uganda confirms that the effects of HIV/AIDS usually spread beyond the households where parents or breadwinners die (Barnett and Blaikie 1992: 86–109). The increasing number of orphans also makes other children vulnerable because their share of available resources is reduced in households that accommodate orphans. In addition, some of these children are living with ailing widows, in most cases their surviving mothers, who are equally in need of support. An emergent problem is the lack of adequate support within the extended family network for those affected (see, for example, Ankrah 1993).

In Kenya, the number of young adult deaths due to HIV/AIDS was expected to increase to 300,000 annually by the year 2005 (NASCOP 1998). The prevalence of the pandemic has been reported as high and continuing to grow in western Kenya, especially in areas immediately north and south of Lake Victoria and along the road corridor to Nairobi (Republic of Kenya/UNDP 1999: 49). According to an estimate made by Hunter and Williamson in 2000, by 2005 there would be approximately one and a half million orphaned children in Kenya. This has been happening at a time when pre-existing forms of family solidarity, mainly rooted in extended family relations, are being eroded by a combination of internal and external forces of social change (Kayongo-Male and Onyango 1984; Ankrah 1993; Kilbride and Kilbride 1993). Available resources for care at the community and national levels can no longer match the increasing number of orphans and widows.

In an article published in 1991, Schoepf argues that the AIDS pandemic, when situated in its cultural and socio-economic context, is a window for viewing intersections of social structure and human

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agency. He argues that the spread of HIV/AIDS has been propelled by an economic crisis that has affected the fabric of African societies in varying ways (see also Ankrah 1993; Nyambedha 2004). The pandemic has led to profound changes in behaviours, ideas and new forms of relatedness in the affected communities. For example, both international and local responses to the effects of HIV/AIDS have stimulated new modes of interaction in the communities affected. These changes are mainly observed among the widows who expect to obtain assistance for their young orphans and themselves. One manifestation of this change is that these women join various community-based groups that provide an effective network of care for widows and orphans.

People in the Luo community relate closely to the activities of these groups, both by joining them and by adhering to group principles. 'Group principles' in this case include contributing when a member is bereaved or providing home-based care for the sick members. Such practices guarantee members a reciprocal exchange relationship: in exchange for their efforts they expect assistance and care for themselves when they are sick, and also support for their children (see Nyambedha 2004). These practices stand out as new forms of relatedness now developing in the community as part of societal transformations under the impact of HIV/AIDS. New associational and institutional ties emerge within which individuals and families become related to others because of shared experiences and their common anticipation of suffering and death. However, as Ankrah argues when writing on AIDS and the African clan system, these new forms of relatedness should not be seen as *replacing* the kinship system in Africa (1993: 10).

Carsten, in her introduction to *Cultures of Relatedness: new approaches to the study of kinship* (2000: 16), discusses the concept of relatedness as an approach to studying relationships in people's daily life practices. She shows that relatedness can only be understood as a dynamic process. It is based on daily interactions of people and local networks of connections in a given cultural setting. Her concept of relatedness goes beyond the traditional kinship relations and emphasizes a critical analysis of the daily practices and interactions of people in a given social environment to meet the demands of a livelihood. Van der Geest (2004), drawing on Carsten's argument on relatedness, sees it as a concept embedded in the ability of people to develop social and cultural values for sharing and exchanging the things they need in life. In this article, we use the concept of relatedness to analyse how Luo widows and orphans relate to the activities of community-based organizations as a way of finding solutions to the challenges of the HIV/AIDS pandemic in their lives.

The concern exhibited by the international community in giving aid to people affected by HIV/AIDS has contributed significantly to these new forms of association and practices of relatedness. The response of international donors to the impact of HIV/AIDS on the African continent has given rise to various networks of associations. Many community-based organizations (CBOs) and faith-based organizations (FBOs) have sprung up to address the problems of orphans and widows. These CBOs and FBOs have framed the procedures enabling people

affected by HIV/AIDS to obtain assistance in a manner designed to make a significant impact on their lives. One way through which resources from these organizations have been accessed is through membership of registered groups in the villages. Many widows and orphans have developed special forms of relatedness to donor networks through the re-invention of indigenous institutions that had fallen into disuse. One such indigenous institution among the Luo is *duol*.[1] The Kenyan government also recognizes existing community-based groups as a medium for improving income-generating activities for people at the grassroots level (Republic of Kenya 1997).

In this article, we present findings on community-based organizations in Luo society in western Kenya and show how emerging practices of relatedness are manifested in the activities of widows and orphans. We examine how the people studied have re-invented and related to the traditional institution of *duol* in their daily life practices. In discussing the institution of *duol* as a social system and a symbol of unity and solidarity in Luo social life, we explore its potential to address the current challenges of HIV/AIDS, orphans and widows in the community. Finally, the article suggests possible ways through which these practices of relatedness can be strengthened to improve the ability of grassroots organizations such as CBOs and FBOs to deal with problems of human existence in an AIDS-affected community.

THE SETTING

This study was conducted in the Nyang'oma Division of Bondo District in Nyanza Province. Bondo lies along the shores of Lake Victoria and is surrounded by many fish-landing beaches (Nyambedha 2000; Nyambedha and Aagaard-Hansen 2003). Most of the people in the area are Luo, but people from outside the Luo community have settled at the beaches to do business in fish products, food kiosks and small shops selling products that the locals may need in their daily lives. Some of these settlers come from neighbouring Uganda. Poverty levels in the community are significantly high: unreliable rainfall is one cause of recurrent crop failure and there are too few income-generating activities. HIV/AIDS prevalence is very high at these fish-landing beaches and along the Nairobi highway road corridor that passes through Nyanza Province into the landlocked countries of eastern Africa, such as Uganda, Rwanda and Burundi (Republic of Kenya/UNDP 1999). Living conditions caused by a combination of HIV/AIDS and poverty

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[1] According to Whisson (1964: 48), the term *duol* literally carried the meaning of a fireplace around which senior men of the community sat during the evenings in the head of the homestead's house. This name *duol* was also given to a house that the head of the home shared with the calves in his herd – the tradition can thus be traced back to its origins in the days when the Luo were pastoralists, agriculturalists and fishermen (Ocholla-Ayayo 1976:18). The *duol* was the eating place for all adults and therefore a symbol of unity in Luo social life (see also Mbuya 1965).

have aggravated the orphan problem in this community, where at least one third of the children have lost either one or both of their parents (Nyambedha *et al.* 2003).

The Luo continue to practise polygynous marriage (Hauge 1974). They have a patrilineal lineage system. They previously had an egalitarian mode of livelihood (Whisson 1964; Nyambedha 2000). There used to be collective eating arrangements – not only, as we have seen, in the patriarch's *duol*, but also in the *siwindhi*, the house of the senior woman of the home (*mikayi*). *Siwindhi* also served as the house where girls who had reached puberty and young boys slept. It was the house where the old woman of the home socialized young children, especially her grandchildren, to learn the society's ways of life (Cohen 1985). Furthermore, traditional beer parties involving elderly men and women were held in the *siwindhi*. Thus, in these central eating places, children – including orphans – whose mothers were not in a position to prepare a meal were able to eat. Women who for certain reasons were not able to make a meal could themselves eat in these places. This ensured that no vulnerable member of the community went without food. In terms of gender differentiation, only men and male children had access to the *duol*, where other important matters of the community were discussed.

Catholic and Anglican churches currently dominate religious life in the area. As has happened in many other pre-industrial societies, the typical Luo livelihood has undergone changes due to external delocalizing forces (Whisson 1964; Pelto 1973; Cohen and Atieno-Odhiambo 1989; Nyambedha 2000). Delocalization, according to Pelto, refers to the general change that takes place when a new technology is introduced in a non-industrialized community and its impact spreads to include every sphere of life of the local people. Delocalization thus refers to non-local forces of change based on technology and knowledge that do not originate from the community experiencing the change. Among the Luo, delocalizing changes due to the introduction of migrant labour and a monetary economy weakened traditional indigenous institutions for supporting orphans, widows and other vulnerable members of the community. Whisson (1964) explains that during the colonial period migrant labour and a monetary economy led to the disruption of domestic living arrangements in Luo life.

Perhaps the most noticeable sources of change in Luo society in the contemporary period are the effects of HIV/AIDS on the institution of the extended family and its various forms of relatedness (Nyambedha 2004). The traditional caring institutions can no longer be relied upon to assist the orphans. In the Luo community, as in many other African societies, the traditional obligation of the extended family was to assist those who were in need, including orphans and other children facing difficult life circumstances (Kayongo-Male and Onyango 1984; Kilbride and Kilbride 1993; Suda 1997; Nyambedha *et al.* 2003). This decline in the kin-based support system is widely attributed to many modern forces of production and social organization that have led to emphasis

on smaller family units (see Whisson 1964; Parkin 1978; cf. Wagner 1939).

THE TRANSFORMATION OF THE *DUOL*

Several researchers (Mboya 1938; Whisson 1964; Nyambedha 2000) have observed that in the past the institution of *duol* played a vital role in ensuring unity and solidarity in dealing with the problems affecting vulnerable members of Luo society. Thus Mboya explains: 'At the *duol*, orphans as well as those children who had no food from their mother had something to eat' (1938: 39). During and immediately after the colonial period, the Luo and other communities colonized by Western forces experienced the weakening of indigenous institutions such as *duol* during a process of economic delocalization (Wagner 1939; Cohen and Atieno-Odhiambo 1989). Economic delocalization in this context refers to the shift in the mode of production, distribution and consumption away from the local and indigenous means found within traditional Luo life – including collaborative communal labour during production and the communal eating arrangements in the *duol* and *siwindhi*. As migrating to the urban areas in search of wage employment became more fashionable (Cohen and Atieno-Odhiambo 1989), the institution of *duol* fell into disuse.

In the recent past, the term *duol* has re-emerged and even come to dominate the daily operations of the churches and individuals in Luo social life. Mainstream churches such as the Catholic and Anglican have now re-invented *duol* as a network and an institution through which their followers organize church activities. It has become an effective means through which the church is now reaching out to and even mobilizing its followers. In fact, the role of *duol* has become central to church efforts to assist its vulnerable members and the community in general – including the orphans and widows. Further, the re-invention of the use of *duol* as an expression has also become the means of organizing the community's collective approach to the same problems. Thus *duol* in this area has become the associational or institutional network through which people living with HIV/AIDS now receive the drugs, food donations and home visits that express their linkage to external sources of support. Thus new patterns of association transcend the kinship boundaries and traditional relations in Luo social life, and forms of relatedness are fast evolving in Luo society to respond to the contemporary challenges of a modern economy and the HIV/AIDS pandemic.

COMMUNITY-BASED ORGANIZATIONS AND FAITH-BASED ORGANIZATIONS

A total of 25 community-based groups with varying memberships were identified and studied in 1999. More than half of the groups (14 out of 25) were founded in the 1990s. The remaining 11 groups were founded in the 1980s. The earliest-founded group dates to 1982 while

the newest was formed in 1998. Of the 14 groups founded in the 1990s, eight were formed between 1997 and 1998 – showing how the idea of group solidarity had grown in the minds of the people as a response to an increasing HIV/AIDS crisis in the community. According to one of the local administrators, there were more HIV/AIDS-related deaths in the community between 1997 and 1998 than in any other period. In one of the community dissemination sessions in 1999, a local government administrator explained that he issued more than 300 burial permits in the year 1997 in an area of about 2,000 inhabitants – the highest number of deaths ever recorded in his administrative unit.

In terms of membership, females were found to be very active both in leadership positions and as active contributors. They dominated nearly all the groups. Six out of the 25 groups studied were exclusively for women while the remaining nineteen groups were for both men and women. No groups were specifically for men. Fourteen groups were affiliated to either the Catholic or Anglican churches, while the remaining 11 groups did not have any church affiliation. The biggest group had 72 and the smallest 11 members. Members' reasons for embarking on collaborative efforts included improvement of their income levels, assistance in funeral expenses, support for orphans and widows, and joining hands to meet church-related expenses.

Apart from organizing their members to meet the religious obligations of the different denominations, predominantly the Anglican and Catholic churches, the groups also organized various economic activities, mainly agrarian. Some of the groups were formed before the HIV/AIDS pandemic became a reality or just when the community had started bearing the brunt of the pandemic. These groups, therefore, did not take the plight of orphaned children and people living with HIV/AIDS into consideration at first. However, the later follow-up interviews indicated an adaptive, caring response to the new challenge.[2] Leaders of various groups argued that the pandemic started exerting its impact in the late 1990s, with special reference to 1997 when productive adults started dying in large numbers. This resulted in the challenge of supporting orphans and the large number of surviving young widows.

There was a general feeling running through the management of these groups that orphans and widows needed support from the community despite the constraints of high levels of poverty. One male group leader in his mid-fifties summed up the situation like this during a group discussion in 1999:

> There are many orphans these days because of the new disease [a local way of referring to HIV/AIDS]. Most of them are staying with their widowed mothers and a few are staying with their grandmothers. Those who stay with grandparents face severe problems of schooling because grandparents do not care about going to plead with school authorities but only send them back to school without money or any communication. Widows can afford to give

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[2] The findings presented in this section of the article are derived from a two-year follow-up study of the activities of some community-based groups in the area.

them food but not schooling. A possible way of providing support to these vulnerable members of the community is through collaborative efforts.

When probed further on the role *duol* can play in addressing the problems of orphanhood and widowhood, a female group member in her mid-forties explained:

> Our *duol* can do counselling by talking to the orphans to understand their problems. We can also monitor progress within the orphan households and come up with a different account for orphans and buy them some few schooling requirements.

Death and funeral ceremonies are common features of Luo life today. People hold weekend burial ceremonies almost routinely and there may be several such ceremonies on a given day. On such occasions, people divide themselves into smaller units to make sure that there is at least enough of a quorum to give a respectable send-off to the departed soul of a fellow villager. Carrying out such ceremonies is very expensive, especially now that they are frequent. This is perhaps why people welcome so warmly the idea of finding solidarity with other people in the village through the community-based groups or faith-based organizations. In response to crisis, new forms of relatedness based on sharing and exchanging of ideas and material resources have renewed group solidarity.

If solidarity has become the core principle of their existence, it also places groups under considerable stress. Almost all the groups studied claimed that they had lost some of their members through death. Many of them also supported orphaned children, often their own relatives. Members stated that they supported orphans from the proceeds of group activities and this had affected their level of participation in the groups negatively. In the 2002 follow-up study, 13 out of 20 groups reported the loss of no fewer than four members each due to HIV/AIDS. One group had lost seven members within two years. This led to instability in group membership and also to an increase in the number of orphaned children in the households of group members. Most members later claimed that they used the little income they had to support the orphans, instead of paying the subscriptions needed as part of their group obligations.

That the experiences group members have undergone under the newly re-invented *duol* as a network of care for orphans and widows in Luo society are derived from a wider process of group development is demonstrated by the historical background of one faith-based organization in the study area.

Ombugu faith-based group
Ombugu faith-based group, locally known as Ombugu Duol, is a Catholic-sponsored community-based group founded in 1995. Its membership comprises both men and women who worship at the local Catholic parish. However, women dominate both the membership

and leadership of Ombugu Duol. When asked the reason why they started their *duol*, members explained: 'We started our group to enable Christians to meet the costs of running church activities such as paying the quota [money each small Christian community is required to pay to the church every year] and to bring together church followers and make them strong in faith. We discourage discrimination by visiting every member who stays within our jurisdiction to pray and encourage them to be strong in faith.' Ombugu, like other faith-based or community-based groups in the area, has helped group members to meet burial expenses for dead members. They also assist with funeral expenses when a member loses an immediate family member such as a spouse or a child. One prominent way in which Ombugu helps its bereaved members is by arranging for the local parish priest or catechist to lead prayers during the burial ceremony. However, support for the orphans is not among the reasons why Ombugu was started in 1995.

In the year 1998 Ombugu, like other groups in the community, started recognizing the problems of the increasing number of orphans and sick members of their *duol*. A group member explained:

> Orphans are many these days. In the past one could come across one or two orphans in a village because one of their parents is dead, mostly the father, and the mother would be alive. These days many of them have lost both parents. However, supporting the orphans is a big problem. It should not only mean that our group can only assist orphans who are children of the deceased group members. Those in the neighbourhood also need assistance, which our *duol* can only do if the group activities are expanded.

During the 2002 follow-up study, we found that Ombugu had initiated new activities in addition to church-based concerns and meeting funeral expenses for deceased members and their immediate families. They had started farming activities and stocked grains, as well as raising chickens which they sold, keeping the money in the group's bank account. They had also raised money to sponsor the registration of some orphans for artisan courses through the Catholic parish in the area, and were offering home-based care for people suffering from HIV/AIDS. Members explained that their initiative to care for the orphans and widows within the area had been facilitated by the presence of donor-funded non-governmental organizations (NGOs) that are currently addressing the problems of orphans and widows affected by HIV/AIDS. Members explained further that group membership had expanded because of the new community activities facilitated by NGO support.

LOCAL EXPECTATIONS IN COLLABORATIVE EFFORTS

At first, enrolment in community-based groups was overwhelming, but as time went by there were signs of a decline in membership. In the 2002 follow-up interviews, we found that only 20 of the 25 groups initially studied were still active. Members responsible for running the

groups explained that most people abandoned group activities when they realized that group objectives could only be achieved through the hard work of members. Some members only attended meetings when the anticipated visitor was a donor or an outside researcher. Financial constraints further accounted for the decline in group memberships. For example, some members were unable to pay the weekly membership fees, found to be high in some groups; and in groups whose regulations required that meetings be hosted in people's homes, some members, knowing that they could not afford to provide meals and drinks when their turn came, stopped attending. These developments contrasted with the earlier experience of relatedness, when the activities of many community-based groups were anchored on sharing food and drink in the households of members on a merry-go-round basis.

Financial mismanagement of loans advanced to the community-based organizations also hindered progress and led to the disintegration of groups. Many NGOs gave loans to small-scale entrepreneurs in rural areas to boost business activities and charged a minimal interest. The loans were meant to catalyze group activities, but in some cases members were unable to repay the interest. Group activities in these circumstances were usually dominated by discussions and controversies about loan repayment and how to handle group members who were unable to repay. In the 2002 follow-up study, financial mismanagement was the cause given for the collapse of the five groups mentioned above. In the initial interview, none of the groups in the 1999 study that had acquired loans from donor agencies reported having been trained in group leadership and financial management. In the follow-up study, six groups mentioned having attended some training, which included home-based care for people living with HIV/AIDS, group management skills and finances. Financial management appears to be a very elusive management task.

Escalating poverty levels, persistent hunger and the surging death rate of young productive people due to the HIV/AIDS pandemic made it difficult for group members to maintain their income-generating activities in a sustainable way. In fact, the pandemic itself whittled down the number of those in a position to offer care and support to the people made vulnerable. Some group members had been relying on remittances from their working children in towns. When these young adults died, their dependants did not receive enough remittance money to enable them to participate in the group or *duol* activities. Proceeds from the business activities of the groups went towards meeting the subsistence needs of group members. On many occasions, members used up the capital and were unable to repay the loan. They became embarrassed and abstained from meetings. This was a great challenge to the collaborative group effort to support orphans and widows. Group members who performed successfully found the burden of repaying the loan demoralizing. They switched their efforts instead to activities that had direct benefit to themselves and not to the group. This again eroded relationships between members and did not augur well for community collaborative efforts.

Gender issues complicated the practice of relatedness within these community-based organizations. Women in some of the groups complained of the problems that arose due to the presence of men in group activities. Relations between men and women in many groups were strained. Women complained that men rarely complied with group regulations and sometimes usurped leadership positions. They also refused to pay weekly contributions and were inconsistent in repaying loans advanced to the groups by NGOs. Some women leaders of groups accused men of running away after taking the loans. Women complained about the domineering attitude of men who wanted to privilege their knowledge over that of women, who were seen as having less education. Such attitudes did not augur well for the spirit of collective initiative and shared approaches to the problems of HIV/AIDS. However, some men have now accepted and appreciated the role of women in leadership positions in community groups. As an elderly man who was also a group leader explained during an interview about a new sub-group within their *duol*, charged with issues of income generation for the members:

> Men are also there under women. Men are bad leaders because on many occasions they wait for women to work hard and whatever money they collect, if they (men) are in power they tend to take it unfairly, leading to the collapse of the group.

COMMUNITY-BASED INITIATIVES

As the effects of HIV/AIDS continued to be felt at the village level in Luo life, people were re-examining existing group practices with regard to the problems of orphanhood and widowhood. As they engaged in collaborative work, many ideas were developing for dealing with economic hardships and the burden of care now placed on them by the HIV/AIDS pandemic.

One idea was to create separate divisions or sub-committees within their *duol*. According to the leaders, these sub-committees could generate income under the big umbrella of the group but with separate sub-committee accounts. This income could cater for the orphans' and widows' financial needs. Groups also sought to give direct assistance to group members living with HIV/AIDS. To do so effectively, each group would need to expand its resource base – though very few had done so by the time of the follow-up study. However, as shown in the case of Ombugu, *duol* members recognized the problem as one that needed urgent action from the community. On a positive note, later interviews revealed that 16 groups had begun new initiatives that included 'merry-go-rounds' and small weekly fundraising efforts. These groups had expanded their collaborative initiatives to include caring for the sick widows and giving a little assistance to the orphans whose deceased parents were group members.

Members of various community-based groups, mainly organized under church auspices, testified that through the practice of merry-go-round, locally known as *nyoluoro*, and prayers they were able to

help their members to face their problems realistically. In this way, group members were able to monitor the progress of their past efforts, measuring the impact of collective remedies. In one group discussion, for example, 'seeing is believing' was recommended to group members: seeing the equipment brought by the group and the resulting progress in a kitchen garden project helped members to affirm the group principles that underlie their solidarity and relatedness to others in the network. In this way they are seeking shared solutions to the problems faced by members whose households are affected by HIV/AIDS and other problems of poverty.

The churches, especially the Catholic church in the area, now rely on the small Christian communities (*duol*) to identify and sponsor orphans within their areas of coverage. Practically all the *duol* groups studied in late 1999 reported that they had managed to sponsor at least one orphaned child through a church-supported scheme to provide training in artisan skills. Such training could help orphans who had dropped out of school to generate income, either with other artisans or on their own. The groups helped the orphans to raise the required Ksh1,000 (approximately US$14) for registration into the church-sponsored scheme – an amount not easily raised within the households that shelter orphaned children.

Some of the groups studied had embarked on other programmes to support orphaned children. Many widows expressed appreciation for such support because it relieved them of the strains they underwent to support their children alone. The help provided by such groups was confined to sporadic gifts of exercise books, other writing materials and, in some instances, food donations to hunger-stricken orphan households. These donations, however, were limited by the availability of food reserves, and did not have a clear focus on how such assistance could be sustained in future. The groups had only succeeded in mobilizing their members for prayers or sensitization on the plight of orphaned children.

Of those studied in 1999, only one group appeared to have gone beyond food donations to orphan households and approached various organizations to help pay school fees for the orphans, some of whom were in secondary schools.[3] Quite a number of orphaned children had benefited from this initiative. The group had in some cases advocated for the land rights of the orphaned children and distributed clothes to the orphans under its programme. Many widows and orphans worked hard to be included in this group because of its pre-eminence in the community as a source of ongoing support.

Encouragingly, in the follow-up study nine more groups mentioned having begun group activities within their *duol* to address the orphan problem. In two of these groups, leaders reported opening a new account specifically to look into the security of orphans and widows

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[3] In the year 2003, the Kenyan government introduced free and compulsory primary education.

within member households. As a middle-aged woman group leader explained:

> During that time we had goats, and now we keep poultry and do crop farming. We do home-based care for the sick and we have opened an account for orphaned children within the member households.

Some group leaders mentioned other productive activities that could help orphaned children and widows in their areas: poultry keeping, dairy cattle keeping, fishing and small-scale business activities. A few groups explained that they had assisted their members to start such activities through the provision of credit facilities. One female group leader in her mid-fifties, interviewed in 2002, explained the progress they had made in the last two years:

> Before, we only concentrated on assisting members during funerals, but we sat down and collectively discussed that it is important to assist during sickness and at the time of need – for example, by paying school levies instead of assisting only after someone dies. As yet, we cannot afford to assist with secondary school fees.

Most of the groups mentioned agricultural activities as an effective way of improving income generation at both community and household levels. This idea seemed especially feasible since there were large tracts of land that were not under cultivation. The groups could either borrow or lease this land by paying a token fee to the owners. Some groups observed, however, that their attempts to carry out agricultural activities in the past had been hampered by lack of equipment, seeds and capital to finance the farming activities. This had led to late planting and poor crop yields. Some groups, including a local vegetable-growing group, complained about the lack of a local market. They lacked the necessary social connectedness to the institutions around them needed to win supply tenders for their produce. They complained that when one successful tender to a local college was abruptly stopped, this undermined the income levels and participation of members.

CHANGING ASPECTS OF *DUOL*

Discussion of the social institution of *duol* brings out its ability to change and remain relevant to the challenges of life in the present period. This aspect of *duol* helps to demonstrate the broader significance of AIDS research in understanding processes of social change (see also Ankrah 1993; Nyambedha 2004). In this article, we have used the concept of relatedness to study how the changes in the social institution of *duol* are manifested in everyday Luo life practices. It is evident that the churches, especially the Catholic and Anglican churches, have spearheaded the internal transformation of the ideas originally expressed in the functions of *duol* in this community. The most important aspect of Luo *duol* in its contemporary manifestation lies in its attributes of symbolic

unity and solidarity in dealing with the problems of the community. These attributes form the foundation upon which current practices of relatedness by people affected by HIV/AIDS pandemic are premised.

Based on the old principle of lineage affiliation, *duol* was re-invented by the churches to enhance access to their congregation. Thus, the present meaning of *duol* membership in the society adds church to lineage affiliation, as well as referring itself to a locality previously designated as lineage land. People from outside the lineage locally known as *jodak* also live on such lineage land (see Mboya 1938). Such people are also incorporated in the modern *duol* if they are followers of the church that patronizes the activities of a given *duol*. Many of these groups have expanded their practices, however, and taken into consideration some of the needs of the surrounding community, especially as regards poverty, orphans and home-based care for the sick widows. Through these groups, members have organized themselves around the resources within the locality, with differing kinds and levels of success, as we have seen. These groups have also emerged as networks of relatedness through which international initiatives for supporting orphans and widows are mediated.

As Ouko (1999) showed in her study in the neighbouring locality, the current *duol* system through the practice of *nyoluoro* can be effective in disseminating knowledge about HIV/AIDS transmission and prevention among the people studied. This is also evident in the 2002 follow-up interviews, which revealed that groups had expanded their activities to respond to problems created by the HIV/AIDS crisis. Despite the creation of reciprocal exchange relations and new forms of relatedness among people affected by HIV/AIDS, however, our follow-up data on the activities of the modern *duol* did not provide any evidence that expanded group activities included the delivery of prevention messages such as the use of condoms for safer sex, faithfulness and abstaining from sex before marriage.

Traditionally, elderly men dominated the *duol* as a place of communal teaching as well as communal eating. It was also in the *duol* that the elderly met to discuss important matters, including community security. This was done in such a way that women and children were not allowed to access the information, regarded as a communal secret. Today's scenario, however, presents a different and modified notion of *duol*. One of the main differences between the *duol* of the past (see Mboya 1938) and that of the present day is the dominance of women's participation, both in leadership and membership. *Duol* in the contemporary Luo society is a collective action institution constructed and dependent upon new forms of relatedness aimed at providing care and support for orphans and widows. HIV/AIDS and poverty have altered the social and cultural factors that had shaped local relations in the past. A central aspect is the way traditional gender relations have changed with the increase of women's active participation in the operations of community-based initiatives. Some groups have had to recognize women's capacity for leadership.

But there is also evidence of continuity in the ideas embedded in the institution of *duol*. A central feature of this continuity is the aim of enhancing communal solidarity in caring for the disadvantaged members of the society. In the original *duol*, the disadvantaged members of the society included orphaned children who were given food at the *duol* during communal eating sessions (Mboya 1938; Nyambedha 2000). The need to support orphans and in addition sick adults through home-based care have re-emerged because of the impact of HIV/AIDS on the Luo society. In addition, the modern *duol* has continued to exist as a forum where members of the Luo society discuss problems affecting the community and also design community-based solutions, as we have shown.

In Uganda (Obbo 1995) and Malawi (Davison 1995) researchers have studied production systems based on existing rural labour patterns in which women dominate. In Uganda specifically, women had coped with the problems of HIV/AIDS by re-instituting traditional community networking mechanisms that had fallen into disuse during the immediate post-colonial period (Obbo 1995: 168). According to Obbo, the principle of *munno mukabbi* evolved from being just an impromptu community effort to assist the bereaved to one which helped with nursing the sick and lent support to widows and orphans (*ibid.*: 169). *Munno mukabbi*, like the modern *duol*, focuses on the welfare needs of its members and its management is dominated by women. Both these social institutions thus provide instances through which practices of relatedness and the effects of HIV/AIDS on the transformation of indigenous institutions can be studied.

In the situation of *duol* and other modes of collaborative production in rural western Kenya, women participating in the focus group discussions argued that they joined and struggled to retain their membership in these groups so as to enable them to have some income for their household expenditure and reduce dependence on their husbands. Apparently, this arrangement also appealed to the husbands. This was contrary to the women in the Malawian matrilineal community studied by Davison (1995), where women have land rights, control the means of production and enjoy relative autonomy as compared to their counterparts in the patrilineal communities. In a patrilineal set-up, the involvement of women in group activities has been seen as a response to economic crisis at the household level. This is how women have emancipated themselves from the problems of poverty, over-dependence on husbands and – now – coping with HIV/AIDS. The emergence of the pandemic and the need to nurture the sick and support the orphans seem to have made women more active in community collaborative efforts than before.

In his description of the *banja* production system in Zomba District in southern Malawi, Davison observed that a collaborative production system had not succeeded in this matrilineal community, as opposed to patrilineal communities in Kenya and Uganda (1995: 181). He identified a number of factors that contributed to the dismal performance of collaborative initiatives in southern Malawi. Lack of

sufficient profit from group initiatives has been singled out as one of the reasons that led to diminishing collaboration among members of the groups. Profit loss can be attributed to mismanagement of funds or incompetent leadership, as we have seen in discussing the present *duol* system in western Kenya. High levels of poverty within the community can inhibit the capacity to make profit, which can frustrate local efforts to lend support to orphans and widows (Nyambedha *et al.* 2001).

The *duol* system has shown dynamism in responding to the emerging challenges within the community. Many of these groups had a strong framework within wider organizations capable of providing care to needy people in the community. But as Poonawala and Cantor (1991) have suggested, lack of information on the implications of community involvement, and lack of appropriate guidance in providing community-based interventions, have rendered many NGOs ineffective in addressing HIV/AIDS-related problems. The question of community-based solutions to the problems of orphans and widows cannot be limited to providing finances for income-generating activities. Our study has revealed a lot of other problems, such as lack of leadership and financial management skills. Knowledge of the weaknesses and strengths of these community-based organizations can be enhanced if we look at the various practices of relatedness and the various orientations that group members have towards collaborative efforts.

The big challenge is how we can build on this ability to change and construct new forms of relatedness as a tool to steer development and change in this community and others that need community-based interventions. Development agents working with rural societies need to study the local institutions (such as *duol*, in our case, and many others) in order to strengthen responses to the problems of HIV/AIDS. Practices of relatedness built around the changes in the institution of *duol* can provide a window for analysing how HIV/AIDS can create social change leading to different modes of interaction within the society. Our purpose in analysing practices of relatedness built around the concept of *duol* is to stimulate further thought on how indigenous ideas can be helpful in solving the current problems facing people affected by HIV/AIDS.

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ABSTRACT

Duol is a term used in reference to traditional Luo life to signify unity and solidarity within a lineage under the authority of the elders. This authority was most prominent in the pre-colonial period, and continued up to independence. It declined steadily under the impact of modernity during the post-independence period. Consequently, the institution of *duol* fell into disuse. The emergence of the HIV/AIDS pandemic has renewed the need for unity and solidarity in finding community-based solutions. The original principles of *duol* are now manifested in a transformed version of *duol* and similar collaborative community initiatives. This article suggests that efforts to assist communities adversely affected by HIV/AIDS pandemic should base their interventions in the various community-based collaborative initiatives. Traditional institutions, it is argued, may be re-invented in times of turmoil as new forms of relatedness through which human agency is focused to counter serious challenges to rural communities.

RÉSUMÉ

Duol est un terme utilisé à propos de la vie traditionnelle luo pour signifier unité et solidarité au sein d'un lignage sous l'autorité des anciens. Cette autorité avait plus de proéminence au cours de la période précoloniale et de la socialité luo post-coloniale immédiate. Elle s'est progressivement affaiblie sous l'impact de la modernité au cours de la période post-indépendance. L'institution du *duol* est alors tombée en désuétude. L'émergence de la pandémie du VIH/SIDA a ravivé le besoin d'unité et de solidarité pour

trouver des solutions communautaires. Les principes d'origine du *duol* se manifestent aujourd'hui dans une version transformée du *duol* et des initiatives communautaires collaboratives similaires. Cet article suggère que les actions d'aide aux communautés affectées par la pandémie de VIH/SIDA devraient s'inspirer des diverses initiatives collaboratives communautaires. Il soutient que les institutions traditionnelles pourraient être réinventées, en période tourmentée, sous de nouvelles formes de liens à travers lesquels l'action humaine est canalisée pour contrer les difficultés graves auxquelles sont confrontées les communautés rurales.