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Sociocultural and economic factors influencing the use of HIV/AIDS information by Women in Ugep, Cross River State, Nigeria

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Abstract

The sociocultural and economic factors affecting the utilization of HIV/AIDS among women in Ugep, Yakurr Local Government Area, Cross River State were empirically investigated. Systematic sampling technique was used to administer four hundred copies of structured questionnaire to adults with a mean age of 25.5 years in the four traditional council wards that make up Ugep. Stepwise regression generated two predictive models. The second being the full model being significantly ($p < 0.01$) explained 80.5% in the variability of HIV/AIDS information use ($R^2 = 0.805$) with marital status and occupation identified as the most significant socioeconomic variables. The study also identified male preference, taboo on contraceptive use and polygamy (polygyny) as predominant cultural practices that hindered women's use of HIV/AIDS information for healthy sexual behaviour as they may not be able to negotiate for protected sexual intercourse from their husbands/partners. The study suggested that women should be empowered to participate effectively in family planning decision.

Keywords: Socioeconomic factors, HIV/AIDS information, Utilization, Cultural practices

Introduction

Socio-cultural and economic factors predispose women to HIV/AIDS infection. These factors are more worrisome in the rural areas where women are most hit making them vulnerable to

the disease. HIV/AIDS has been recognized as a social disease and its aftermath is attributed to social sexual behaviour (Dallabetta, 1999; Dibua, 2009). Women are more vulnerable to the disease due to unequal right and access to basic necessities of life such as education. Cultural beliefs and imposture have increased women risks and restricted their decision regarding risky behaviour. Cultural practices such as early marriage and adolescent pregnancies cause girls to drop out of school at early age, thereby undermining their economic status. This makes them to be completely dependent on their husbands and opposite sex for survival. Polygamy and widow inheritance are other cultural practices that contribute to the incidence of HIV/AIDS among women. Other practices such as male-child preference, women circumcision, polygamy, and use of contraceptives have significant implications on HIV/AIDS infection. Some men refuse to wear condoms because they claim it is not in their culture to do so. Preston-Whyte (1999) reported that common socio-cultural barriers to embracing protective behaviour against HIV / AIDS are critical topics of research implemented to understand why some preventive strategies, especially those encouraging the use of condoms, have been unsuccessful throughout many parts of Africa

However, in addressing this sociocultural and economic divide; The Joint United Nations Program on HIV/AIDS emphasized the need to address the sociocultural behaviours and values of communities that expose individuals to HIV risk behaviours. This approach is believed would lead to effective HIV/ AIDS intervention strategies (UNAIDS, 2006). Furthermore, UNAIDS (2002) noted that sexual behaviour is the most important factor influencing the spread of HIV in Africa, Nigeria in particular and that behaviour varies greatly across cultures, age groups, socio-economic class and gender. A study in four African cities (Cotonou, Kisumu, Ndola and Yaounde) identified young age at women's first sexual intercourse; young age at first marriage; age difference between spouses; the presence of HIV-2 infection and trichomoniasis (a sexually transmitted infection); and lack of male circumcision to be highly responsible for the HIV prevalence in these areas. Culturally, women are particularly vulnerable to sexual exploitation; most of them are denied the freedom to manage their lives because the men who are head of the families dictate what will happen, when and where.

Poverty has been identified as a serious economic factor that could predispose persons mostly women to HIV/AIDS infection. Women who are poor are often sexually exploited as a result

of their desire to make a living. In buttressing this fact, Dibua (2009) alleged that the developing countries particularly, sub-Saharan African bear the brunt of the HIV epidemic on account of poverty and cultural factors among others which create particular vulnerability to the agonizing consequences of the infection. In a similar way, Panos Institute (1990) noted that developing countries have indicated that two out of every three person who fall below poverty line are women who have the highest rate of illiteracy, lowest educational levels and may not even have access to radio and television. This perhaps makes it difficult for women to receive adequate information about AIDS/STDS. Studies on sociocultural and economic cum political factors determining HIV/AIDS infection have been carried out. The available studies place much emphasis on adolescents (both males and females) due probably to their sexual behaviour (Conjoh et al., 2011), othersexamined the effects of these factors on commercial sex workers (Dibua, 2009). Several other studies related the influence of sociocultural, economic and political factors on contraceptive use (Preston-Whyte, 1999; Falola and Heaten, 2007). There are perhaps scanty studies on the causal effective of sociocultural and economic factors on HIV/AIDS information use among women in the rural areas who are at the risk of the scourge as a result of their limited access to education as well as their pre-occupation with household duties. It is on the background that the present study evaluated the effects of sociocultural and economic factors on HIV/AIDS information use by Women in Ugep, Cross River State, Nigeria

Materials and methods

Study area

This study was carried out in Ugep, the administrative headquarters of Yakurr Local Government Area (LGA). The 2006 National Population Census puts the population of females in Ugep to be 26, 640. The people of Ugep LGA are largely farmers. The dominant white collar jobs are teaching and civil service.

Research design

The descriptive cross sectional research design was used to investigate the effect of sociocultural and economic factors on HIV/AIDS information use among rural women of 18 years and above.

Sample and sampling procedure

Stratified and systematic sampling techniques were employed. Stratified sampling technique was used to administer the structured questionnaire based on the already stratification of Ugep into four traditional council wards, namely: Ijom-Ketabebe, Ijiman, Ikpakapit and Biko-Biko. Copies of structured questionnaire were administered to these council wards in relation to their population based on participatory rapid appraisal method. Ijom-Ketabebe is believed to be most populated, followed by Ijiman, and then Ikpakapit and the least populated is Biko-Biko. Participatory rapid appraisal method was used since the 2006 available Population Census Figure does not provide a breakdown of these council wards. The questionnaire was administered to the women in their respective houses using systematic random sampling with interval of four houses. In order however, to sample a fair representation of respondents across the council wards, the 2006 female population figure of females in Ugep (26, 640 females) was projected to 2013 (32, 414 females), and then subjected into the Taro Yamane formula for determining sample size of a finite population (Yamane, 1967 cited by Ukpong & Udofia, 2011) as follows:

$$n = \frac{N}{1 + N(e)^2}$$

Where:

n = sample size

N = projected population figure of the selected villages

E = limit of tolerable error (0.05)

This implies that 395 respondents (females) out of the projected figure of 32, 414 females were sampled (Table 1)

Table 1: Projected female population and sample size of Ugep

Village	2006 population	Projected population	Sample size (questionnaire administered)
Ugep	26,640	32, 314	395

The growth rate of 2.8% was used for the projection

Instrument

A structured questionnaire was the sole instrument used to collect data. The questionnaire contained questions in relation to the objectives of the study. The instrument was divided into three sections. Section A measured respondents' demographic characteristics; Section B

contained four set of questions designed to measure the utilization of HIV/AIDS information, while Section C had six questions that measured respondents' perception of the effect of a set of cultural factors on the utilization of HIV/AIDS information using responses ranging from Yes to No.

Procedure

The instrument was self-administered to the participants (women) by the researcher with the assistance of four trained field assistants. Respondents were requested to react to the items in the questionnaire by ticking options that best describe their feelings/perceptions. Some of the filled questionnaires were collected on the spot, while others were collected three days after completion. On the field, illiterate respondents were assisted to fill the questionnaire by the researcher.

Method of data analysis

The data obtained was analyzed using tables, percentages, Pearson's correlation and multiple regression analysis. To carry out this robust test, items in the questionnaire coded for descriptive analysis were transformed or recoded (Winarti, 2010). For instance, questions like the educational background of women with four (4) options was transformed or recoded into three variables of no formal education as 0, primary and secondary education as 1, and post-secondary education as 2; Occupation of respondents with four options was recoded into two dummy variables of skilled occupation as 2 and unskilled occupation as 1; utilization of HIV/AIDS information with two options was recoded to Yes as 1 and No as 2, while perceptual questions on cultural practices and HIV/AIDS information use with two options was recoded to Yes as 2 and No as 1 and so on. Statistical analysis was done with the aid of SPSS 22.0 for Windows.

Results and discussion

Socioeconomic and demographic characteristics of respondents

The study indicated that majority (75.4%) of the respondents were 26yrs and above. This implies that majority of the respondents were adults in their late twenties and late thirties. The marital status of the respondents indicated that 63.1% were unmarried, while 36.9% were married. This implies that majority of the respondents are single, and being in their active reproductive age will have the urge for sex which has implications on the spread of STDs

(Iwara, 2013). The education of respondents indicated that majority (97.2%) of the respondents had formal education. This shows that they are literates who should be aware of HIV/AIDS information and may have been utilizing them (Iwara, 2013). Information on occupation showed that majority of the respondents (52.7%) were farmers, this was followed by teaching (27.6%). The dominance of farming is apparent, as Ugep is an agrarian society with majority of the population engaged in farming as the main source of livelihood. Most of the women involved in farming are graduates who take to farming as a way to make ends meet in the absence of white collar jobs.

The nature of occupation has implication on women access to HIV/AIDS information vis-à-vis utilization. This is evident as farming in the area is a daily activity for majority, who travel considerable distances to their respective farms and may spend the entire day on their farms only to retire back home by 5 or 6pm. This has implication on access to contemporary HIV/AIDS information. In addition, the study showed that majority of the respondents was Christians (89.4%), followed closely by the traditionalists (5.6%). The dominance of Christians is expected considering the location of the study which is a Christian dominated society. The monthly income of respondents indicated that majority (75%) earned N21, 000 – N50, 000 monthly, and only 15.7% earned above N50, 000 monthly. The monthly income of respondents indicates that a significant population is poor, and this has implication on the spread of HIV/AIDS because women may have to exchange sex for money in the process they may contract HIV virus.

Utilization of HIV/AIDS information

The information in Table 1 showed that 74.2% of the respondents alleged they utilize the various sources of HIV/AIDS information (ranging from the print media, social media and television to radio), while only 25.8% had not utilized the various sources of HIV/AIDS information. The proportion of respondents that did not utilize the various sources of HIV/AIDS information call for serious concern and campaign to create necessary awareness on the importance of such information to women mostly in the rural areas. The point is that women could be aware of HIV/AIDS information, but do not utilize them for health seeking behaviour.

Table 1: Distribution of respondents on the utilization of HIV/AIDS information

Options	Frequency	Percent
No	102	25.8

Yes	293	74.2
Total	395	100.0

Socioeconomic and demographic factors and utilization of HIV/AIDS information

In this section, the effect of socioeconomic and demographic factors (age, religion, occupation, education, monthly income and marital status) on the utilization of HIV/AIDS information was assessed using stepwise multiple regression. The essence was to identify principal factors that influenced the utilization of HIV/AIDS information. The result of stepwise multiple regression results are shown in Table 2. The result shows that out of the 6 predictor variables (age, income, religion, education, marital status and occupation) simultaneously entered into the equation, only two (marital status and occupation) were significant in influencing HIV/AIDS information utilization. The analysis using the stepwise approach produced two models that explain the utilization of HIV/AIDS information. In the first model, only marital status (MS) was retained and significantly ($p < 0.01$) contributed 58.1% to HIV/AIDS utilization (Table 2). This is obvious as the marital status of respondents has significant effect on the utilization of HIV/AIDS information.

This is so as married women could be victims of unprotected sexual intercourse even when they are aware and utilize HIV/AIDS information. This is because they may not be able to negotiate for safe sex practices with their husbands, even when their husbands are involved in extra marital affair. Since, they are legally married, the culture subject them to be submissive to their husbands. Some of the women are so scared that refusal of sex to their husbands may lead to them been battered and starved (Irwin, 2003). This result is consistent with those of Krug (2002) and Uwakwe (1997) when they observed that married women may be unable to negotiate the use of condom. The refusal of safe sexual intercourse in the course of extra marital affair is a precondition to HIV/AIDS infection. This means that compared to the married, the unmarried could negotiate for safer safe through the use of contraceptives, thereby, minimizing the chance of HIV infection. The second model shows that marital status and occupation were retained and they significantly ($p < 0.01$) contributed 64.8% to the utilization of HIV/AIDS information (Table 2).

Occupation as earlier argued has significant influence on women use of relevant HIV/AIDS information. As noted earlier, the longer the time spent on the farm has effect on the use of HIV/AIDS information. This corroborates the findings of Adekanye (2004) that women in Africa and Nigeria constitute the larger percentage of the poor and they provide about 80% of the labour in food production and they take longer hours than the men. In the third model, with the introduction of occupation (O), the utilization of HIV/AIDS information significantly increased from 58.1% to 64.8%. Indeed, the inclusion of occupation of respondent in the model improved the accuracy of predicting the utilization of HIV/AIDS information in the first model by 6.7%. Occupation of respondent influences HIV/AIDS utilization; as women who earn high income are more likely to utilize HIV/AIDS information due to the ease to access available sources. Thus, the variability in the utilization of HIV/AIDS information was explained by marital status and occupation (Table 2). The stepwise regression results therefore indicate that the second model was most significant in predicting the utilization of HIV/AIDS information, because it explained 64.8% variability in HIV/AIDS information use ($R^2 = 0.648$). This means that the presence of these socioeconomic variables will go a long-way in improving women utilization of HIV/AIDS information.

Table 2: Result of step-wise multiple regression

Predictor variables	R	R ²	F-values	Regression equations
MS	0.762	0.581	544.923*	$Y = 0.622 + 0.689MS$
MS + O	0.805	0.648	360.857*	$Y = 0.418 + 0.598MS + 0.245O$

*Significant at 1% alpha level

Where:

MS = Marital status of respondents;

O = Occupation of respondents

Cultural practices and utilization of HIV/AIDS information

The types of cultural practices in a particular society affect the peoples' sexual behaviour choices and represent the greatest barriers to preventive strategies. The information in Fig 1 identified male preference, taboo on contraceptive use and polygamy (polygyny) as predominant cultural practices that influenced the use of HIV/AIDS information. In a society like Ugep where male child is highly preferred to their female counterpart as heir to the family, legally and illegally married males are involved in unsafe sexual intercourse with the aim of having a male child. This desire for a male child places the women at risk who may

not be able to negotiate for condom use during sex. This remains a serious health problem to the women who are not opportuned to have a male child. This finding is consistent with those of Oluduro (2013) when he submitted that son preference is one of the harmful traditional practices that constitute grave menace to the women particularly in developing countries.

Taboo on contraceptive use by some men is another cultural factor predisposing women to HIV/AIDS infection irrespective of the awareness and utilization of HIV/AIDS information. This cultural practice results in sexually transmitted infections. In a related study, Meursing (1999) noted that women's lack of sexual decision-making power, men's dislike of condoms, the importance placed on family, and the fear that the suggestion to use condoms are some of the sociocultural barriers to practicing safe sex, thereby putting women at the risk of HIV infection. Another significant cultural factor affecting the use of HIV/AIDS information is polygamy. The practice of allowing men to have more than one wife as well as concubines undermines women's utilization of HIV/AIDS information mostly as they cannot negotiate for safe or protected sex. The findings identified above are consistent with those of FaIola & Heaton (2007) when they argued that women are disadvantaged regarding safe sex as a result of cultural practices, which include gender hierarchies, polygyny and the preference for dry sex, among others increase the chance of HIV transmission as women are not usually in a position to negotiate condom use (FaIola & Heaton 2007).

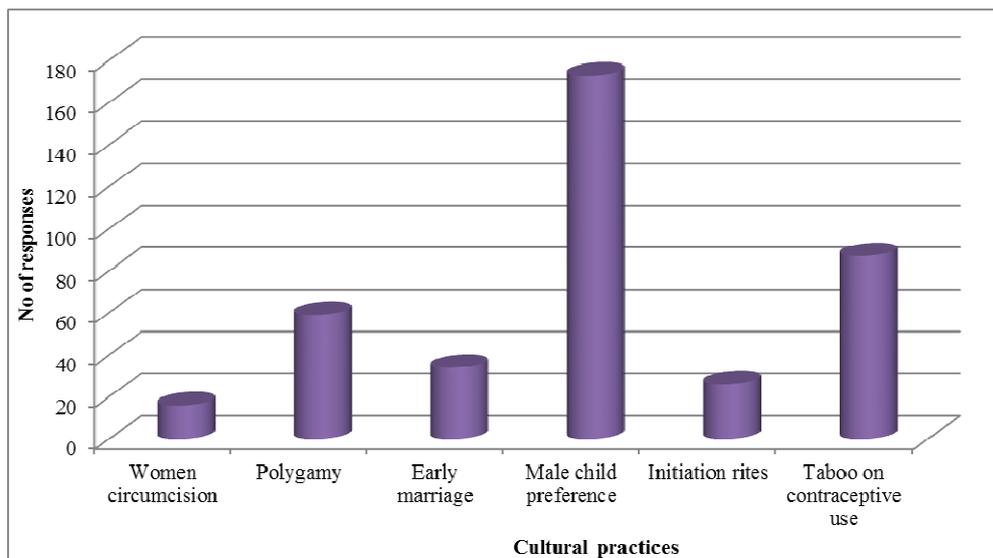


Fig 1: Cultural practices and HIV/AIDS information use

Relationship between cultural practices and HIV/AIDS information use

The research sought to find out if there is a significant association between a set of cultural practices and utilization of HIV/AIDS. The correlation result in Table 3 showed that women circumcision, polygamy, early marriage, male child preference, initiation rite and taboo on contraceptive use correlated positively and significantly with HIV/AIDS information use. This clearly means that cultural practices have effects on the utilization of HIV/AIDS information; this is because each has its own implication on the women. In all, the set of cultural practices correlated positively and significantly with the utilization of HIV/AIDS information ($r = 0.850$, $p < 0.01$). This result therefore indicates a significant association between a set of cultural practices and utilization of HIV/AIDS. The result obtained in this study is consistent with the finding of FaIola & Heaton (2007) that “the social and cultural factors that influence sexual relationships and decision making in Africa are quite complex, as some cultural beliefs about sexual practices may be so strong that they influence behavioral choices, such as encouraging increased condom use”.

Table 3: Multiple correlation between cultural practices and HIV/AIDS information use

Cultural factors	Utilization of HIV/AIDS information		Multiple r
	r-values	Sig	
Women circumcision	0.814*	0.000	0.850*
Polygamy	0.789*	0.000	
Early marriage	0.805*	0.000	
Male child preference	0.775*	0.000	
Initiation rite	0.821*	0.000	
Taboo on contraceptives use	0.615*	0.000	

*Significant at 1% confidence level.

Conclusion

The study identifies marital status and occupation as predominant socioeconomic factors that influence HIV/AIDS information, while male preference, taboo on contraceptive use and polygamy (polygyny) are predominant cultural practices that influence the use of HIV/AIDS information. These cultural practices hinder women’s use of HIV/AIDS information for healthy sexual behaviour as they may not be able to negotiate for protected sexual intercourse from their husbands/partners. The identified socioeconomic and cultural factors predispose women in the rural areas to the spread of HIV. Based on the result obtained, the study

suggests that women should be empowered to participate effectively in family planning decision.

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