

## Personality Disposition to HIV/AIDS: A Study of Locus of Control among HIV Positive Women in Thika Sub-County

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### Abstract

The prevalence of HIV/AIDS remains a major concern in Kenya because of the high rates of infection among adult population and significantly among young people. Young women, in particular, have consistently been found to have higher prevalence rates than men in the same age group. The major purpose of this study was to investigate personality disposition of HIV/AIDS positive women in Thika district. The scare study also aimed at find out the locus of control among HIV/AIDS positive women in Thika sub-county. The central idea was to critically analyze the counseling implications of the findings. The study consisted of 70 respondents all HIV/AIDS positive from Thika sub-county. To accomplish this objective, Rotter's I-E scale was availed as an instrument for data collection. The purposive sampling procedure was used to derive the sample. Expost-facto research design was used. Descriptive statistics were employed for data analysis. It was discovered that majority of HIV/AIDS positive women in Thika District had external locus of control. Externality was noted among respondents of low levels of education. However, it was noted that there was no difference between scores of respondents living in urban areas and those living in rural. The implications of the results were critically examined. The results were found to be of particular interests to practicing counselor's health educators and policy makers. This is because the findings can be useful in designing public health interventions in control of HIV/AIDS pandemic. Recommendations were made for counselors, education policy makers, as well as for the future researchers.

**Key words:** Locus of control, HIV/AIDS, personality disposition.

### Introduction

The prevalence of HIV/AIDS remains a major concern in Kenya because of the high rates of infection among adult population and significantly among young people. Young women, in particular, have consistently been found to have higher prevalence rates than men in the same age group.

In response to this, the Government has established the National AIDS Control Council in the Office of the President to provide leadership and strong co-ordination mechanism for new multi-sectoral response to HIV/AIDS. The National AIDS Control Council has been charged with the responsibility of creating AIDS Control Units in each of the sectoral ministries, and provincial and district AIDS control committees (UNAID, 2001).

There has been development and implementation of National blood policy to govern transfusion practices. This involves screening blood through laboratory tests and screening potential blood donors through interviews to determine viable blood donors. Unnecessary blood transfusions have been avoided. Treatment and control of sexually transmitted diseases such as syphilis, gonorrhea and chancroid has been initiated as a critical move for managing HIV/AIDS epidemic in the country. In this regard, National Condom Policy and Strategy (2001 – 2005) was released by the Ministry of Health to ensure adequate supply and access to condoms. Condom use has also been promoted through mass media, counseling and education. Special initiatives to promote condom use among high-risk populations such as commercial sex workers and long distance truck drivers has been initiated (WHO, 2002). In addition, HIV/AIDS was declared a national disaster in an attempt to curb its spread. But despite all these activities HIV/AIDS prevalence has continued to rise in Kenya. A critical question that then arise is: "Does it mean that these efforts are having no effect?"

Recent research shows that knowledge of HIV/AIDS in Kenya is almost universal as almost all women and men (99%) know of HIV/AIDS. For example, it is now believed that majority of the people know that HIV/AIDS can be avoided through abstinence, use of condoms and avoidance of multiple sexual partners (Thumbi, 2002). It has also been observed that more than 90% of people in Kenya are aware of means of transmission of HIV/AIDS. Considering that women are aware of how HIV/AIDS is transmitted, know the preventive measures

and have seen the destructive consequences of HIV/AIDS in households and communities, one will then be curious to ask: why do they still persist engaging in risky sexual behaviour? Why have they not resorted to behaviour change? Is vulnerability of women to HIV/AIDS related to personality variables? The central task of this study was to explore research based answers to the above questions. Consequently the major problem of this study is to establish relationship between locus of control and being HIV/AIDS positive.

## **LITERATURE REVIEW**

### **Theoretical framework**

The study is guided by the theory of social learning by Julian B. Rotter. Julian Rotter (1966) constructed a theory of personality based on learning concepts and principles.

The term locus of control refers to a dimension of personality that distinguishes between people who believe their actions control the important outcomes of their life. In other words, Locus of Control refers to the assumed states that explain why certain people actively, resiliently and willingly try to deal with difficult circumstances, while others succumb to a range of negative emotions.

For some individuals, many outcomes are experienced as being dependent upon the effort expended in their pursuit. They feel they are personally responsible for what happens to them. Generally they take credit for successes and blame themselves for their failures. As a result, they are likely to look for casual relationships between their actions and significant events in their lives (Gletman, 1991). They are of the perception that one can control one's own fate and destiny. Such people may act independently, feel less depressed and can cope with various stresses including marital problems. They may also come to believe that outcomes are generally contingent upon work put into them (Lefcourt, 1991).

On the other hand, individuals living in less responsive milieus may fail to perceive the connections between efforts and outcomes. Such people believe that whatever happens to them is caused by forces outside their control whether by chance or fate or by other people who are more powerful than them and that the environment is unresponsive to their own efforts (Warren, 1999). This indicates that such a person views his or her outcome being determined by external forces, either luck, social context or other persons (Lefcourt 1991). Hence he feels unable to predict the effects of his behaviour because he finds the world too complex and confusing.

They therefore feel less personal responsibility for their situation and that they are at the mercy of the environment. As such, they are generally passive people who feel oppressed and have a sense of helplessness which may deepen their feeling of resignation into a defensive position.

In relation to this, it means that, depending on the personal control and perception, a woman can internalize customs, values and belief system unquestioningly. Passively attribute them to self with a sense of helplessness and resignation. To her the outside forces determine the situation she finds herself in. She may believe that health is determined by God not her actions (such as diet, exercises and safety measures). Due to this belief, the person may not enhance or protect her health, because she believes that it will not do any good, as everything is decided by God. A question that arises at this point is "Is belief in ones ability to control events lead some people to ignore very real dangers to the extent of engaging in risky behaviours (like unprotected sex) that can lead to contracting HIV/AIDS? One of goals of this study was to provide an answer to this question. Internal – External scale has been used widely in research and has led to a number of significant findings.

### **Health and body care**

Internals and Externals may approach health care differently (Strickland, 1989, Wallstone 1993). Researchers have found that people who believe a lot of control over their health report fewer problems than those who hold external set of beliefs, (Marshall, 1991). People with internal locus of control are likely to recognize their role in staying health and take steps to maintain their health. On the other hand, people with external orientation are less likely to see that their actions affect their health and thus are unlikely to engage in health maintaining behaviours. A question arises at this point "Who is more likely to contract HIV/AIDS, is it the externals or the internals? The goal of this study was to provide answer to this question.

The impact of locus of control on health also extends to avoiding risky behaviours. For example internals may be likely than externals to avoid behaviours that put them at the risk for contracting AIDS (Jefferson, 1995). The contention of this study was to establish the extent to which locus of control orientations contributes to HIV/AIDS infection among women.

### **Gender differences in locus of control**

Most studies show similar scores for males and females although study by Strickland and Haley (1980), which examined patterns of response on the I-E scale discovered that on certain items males and females respond differently. Items to academic achievement showed males to be more internal than females, while items dealing with political influence revealed females to be more internal than males. The task of this study was to find out the I-E scores of women as far as health matters are concerned.

### **Socio-Economic status and locus of control (I-E Scale)**

Lower socio – economic status has been associated with external beliefs (Phares, 1976) children born of parents in minority groups or racial and ethnic groups that have little access to power and mobility, learn from their own cumulative experience that their own efforts had little to do with their achievement in society and will likely show more external belief systems.

These findings were earlier reported by Rotter (1966) who observed that people have little control over events that happen to them, are more anxious and less likely to behave in ways that lead likely to positive outcomes than individuals who believe their own actions affect external events and consequences.

A number of studies suggest that family has a part to play in the belief systems of individuals. By and large parents who exhibit protective, positive, warm and nurturant in their child rearing practices tend to have children with internal orientation. Consistency of parental reinforcement, discipline and standards are also linked to the development of internality. Davis and Phares (1969) found that externals reported their parents as being inconsistent in discipline. There is also evidence to suggest that the child's locus of control may to some extent reflect the parents own locus of control. The current study did not however investigate family background of HIV/AIDS positive women but on their Socio-Economic status that is more likely to affect their locus of control thus making them vulnerable to HIV/AIDS infection.

### **Attitude Change**

The greater persuasibility of externals is also reflected in studies of attitude change. Ritchie and Phares (1969) found that externals changed more in response to a high-prestige source than they did to a low prestige source. They also responded more to a high-prestige source than did internals. Internal manifested similar attitude change across both low-and high prestige sources. Sherman (1973) found that internals show greater attitude change after they have written counter attitudinal messages, whereas externals revealed the greatest change after reading a persuasive message.

The general conclusion from the research done appears to be that externals are more readily perusable, conforming and accepting of information from others. Those effects seem enhanced in the presence of prestige. Internals, on the other hand seem to react negatively to subtle attempts to influence them. The reasons for such differences probably reside in expectancy, values, or a combination of both. That is externals may be more susceptible simply because of their relatively low expectancy for the success of their own unaided efforts or perhaps because of a disbelief in their unaided ability to control outcomes. Similarly, internals may have greater confidence in their own competence.

### **Factors leading to the Changes on Locus of Control**

#### **Age Factors**

Growth in the same extent of belief in internal control may be expected with increasing age. Research by Penk (1969) supports the view that, as the child develops; he becomes a more effective human being and thus increases his belief in internal control. However, events in the life of the individual that lead to fear of loss might easily result to changes in an external direction. For example loss of parental support as one leaves high school may temporarily retard internal beliefs. Similarly, the plight of many ageing poor or else those whose physical determination makes them dependent on others would likely lead to an increase in externality.

#### **Experience in a Reformatory**

The element of preset circumstances is particularly evident in research by Kienbauch (1967) found that I-E scores of reformatory inmates over time showed a curvilinear shape. Using a cross-sectional approach, he noted that newly admitted inmates were relatively more external and inmates about halfway through their sentence. Inmates about to be released showed a reversion to a more external level. A logic interpretation here is that a new inmate is still unsure about the institution, its rules and power sources, thus leading to feelings of internal

control. By midpoint of his sentence the inmate “knows his way around” and expresses stronger feelings of external control. As he is about to be released, old fears assail him about whether he finds a job, or whether he would be accepted back in the community.

### Training & Experience

There has been some research to assess the effects of training programs on I-E scores. Using the origin –Pawson notion, which has strong similarity to the concept of Locus of control, de Charms (1972) tried to enhance the growth of feelings of personal causation in black elementary school teachers & their pupils. Using highly structured series of training exercises, de Charms found that feelings of enhanced personal sensation positively affected the behavior of both teachers and pupils. Related work by Nowick & Barnes 1973 found that a highly structured camp experience enhanced internal control beliefs of a group of inner city adolescents.

### Effects of Therapy

A Lef Court (1966) very early recognized that psychotherapy can positively influence locus of control scores and that internals are better therapeutic risks. Much recent research has been designed to determine which form of therapy is better for internals and which for externals. Roback, and Jackson (1974) found that internals responded better to non-directive approach whereas the reverse for externals. Work by Friedman and Dires (1974) suggests that internals will respond better when therapy involves relatively greater client control whereas externals prefer greater structure and control by therapist.

Helweg (1971) observed that students and patients who preferred the directive approach of Ellis over the nondirective approach of Rogers were more dogmatic and are more external.

### Objectives of the study

1) Find out the locus of control orientation of HIV/AIDS positive women in the sample studied.

### Research question

1) What is the locus of control orientation of the sampled HIV/AIDS positive women?

## METHODOLOGY

The research design was both ex-post facto in nature in which attempts were made to establish the respondents locus of control; whether they are externals, average or internals. The study was carried out in Thika district. The study involved HIV/AIDS positive women from urban, peri-urban and rural areas of the district. The study was conducted among women of between 16 – 50 years who are HIV positive. The sample size consisted of 70 respondents. Locus control instrument (the I – E scale) was used. The I – E scale was published by Rotter (1973) and was used for the purpose of measuring locus of control. The I – E stands for Internal-External which are the two levels in the scale. The instrument itself consists of 40 questions which require the respondents to mark “Y” for yes against statements they agree with “N” against statements they do not agree with. The Internal – External locus of control scoring key was used. Low scores of zero to eight indicate internality or internal locus of control. Average scores of 9 – 16 and high scores of 17 – 40 show externally controlled. The validity and reliability of I-E scale was based on the fact that the scale has been used on population similar to the subjects of the study by Jefferson (1995). The scale has been used in Kenyan context with students in secondary schools and primary schools Murugami (2002) and Oliwa (1998). Lefcourt (1991) further confirms that the scale is suitable for adolescents as well as older subjects since no upper or lower age limits have been set. Further validation was done during pilot study. A pilot study was carried out prior to the main study. The Statistical Package for Social Science (SPSS) computer package was utilized to facilitate the analysis of the data.

## Results and discussion

**Table 1**

The percentages of respondents according to locus of control.

Locus of control	Frequency	Percentage
Externality	50	71.4
Average	16	22.9
Internality	4	5.7
Total	70	100.0

Information tabulated in table 1. represent response of the research on the above question. The results reveal that most of the respondents were of external locus of control 71.4% followed by average 22.9% and internals were found to be 5.7%. The results of the study revealed that most of the respondents were of external locus of

control. This is consistent with studies by Engler (1999) which indicated that female tend to be external in their locus of control. He explains externality in women as resulting from their greater awareness of external constraints and their ability to meet their goals at work and other settings. He says depending on personal control their perception they internalize dysfunctional attitudes, irrational beliefs and superstitions which lead to self defeat.

These results confirm the Rotters theory that people can be classified along a continuum from very internal, average to very external. According to Rotter, people with a very strong internal locus of control believe that responsibility for whether or not they get reinforced ultimately lies with themselves.

Internals believe that success or failure is due to own efforts. They have a firm belief of control over their lives and behave accordingly. They feel that they are personally responsible for what happens to them and that outcome whether good or bad are as a result of something they themselves did. Generally they take credit for their successes and blame themselves for failures. As a result, they are likely to look for causal relationship between their actions and significant events in their lives. They are of the perception that one can control one's fate and destiny. Hence the internals according to this theory feel that they are personally responsible for what happens to them and therefore act more independently, feel less depressed and can cope with various stresses. Researchers have found that people who believe a lot of control over their health report health few problems, are likely to recognize their role in staying healthy including avoiding risky behaviours that put them at a risk of contracting HIV/AIDS. The findings of the study confirmed the above view since very few respondents with internal locus of control had contracted HIV/AIDS.

On the other hand, there are those who believe that whatever happens to them is caused by forces outside their control such as luck, fate social contexts or other people. These people are externals and are therefore less likely to see causal relationships or look for them. This indicate that such a person view her outcome as being primarily determined by external forces. Hence she feels unable to predict the effects of her behaviour because she finds the world too complex and confusing (Gleitman, 1991). Therefore, she is convinced that she is powerless with respect to these outside forces. She has little belief or faith in the possibility of controlling their own lives in the present or in the future. Depending on the personal control and perception, a woman can internalize customs values and resignation. To her, the outside forces determines the situation she finds herself including being infected with HIV/AIDS. She may believe that health is determined by God not her actions (such a diet, exercises and safety measures. Due to this belief, the person may not enhance or protect her health because she believes that it will not do any good, as everything is decided by God. This indicates that such a belief may lead some women ignore real health dangers that may lead to contracting HIV/AIDS. The results of the study confirm the view that externals are more vulnerable to contracting HIV/AIDS since they comprised 71.4% of the respondents.

Some respondents in the study exhibited average score on I-E scale. The average group is said to be comprised of respondents who perceive control to be of both internal and external direction. In some areas they perceived that they had control over situations (internals) while in others felt helpless (external). Rotters (1982) believes that extreme belief in either internal or external Locus of control is unrealistic and unhealthy. However, many favourable characteristics have been associated with internal locus of control and it has been proposed that an internal orientation is more conducive to positive adjustment and functioning (Engler, 1999).

### **Conclusion**

This study reveals that though majority of HIV/AIDS positive women are of external locus of control, there are some who are average and others are of internal locus of control. However, it may not be easy to determine whether the externals were initially internals before testing positive for HIV/AIDS.

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