

Relationship between Age and locus of control orientation among HIV positive women in Thika sub-county, Kenya

Jacinta Nduta King'ori¹ Lydia Nduku Mutua ²
Department of Co-operatives & Community Development
Co-operative University College of Kenya
P.O Box 24814 – 00500 NAIROBI
kingsndegwa@yahoo.com
Academic Affairs Division
Co-operative University of Kenya
P.O Box 24814 – 00500
NAIROBI

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 sub-subcounty. 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 sub- county 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, age, 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 chanchroid 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 among women 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 (99%) of women know of HIV/AIDS. For example, it is now believed that majority of women 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 women 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 women still persist engaging in risky sexual behaviour? Why have they not resorted to behaviour change? Is vulnerability of women to HIV/AIDS related to demographic 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 age of HIV/AIDS positive women in Thika subcounty..

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 live. 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 related to age? The goals of this study was to provide an answer to this question..



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.

Cognitive Control

Several of the studies in health related areas indicate that internals possess greater information regarding their personal situation. Such knowledge places them in a superior position of control or changes their lives. Seeman (1963) observed the same phenomenon in a reformatory where he found prisoners with internal. belief system to be more knowledgeable about reformatory policies and rules, parole regulations and long range economic facts that could affect their lives.

Davis & Phares (1967) found that when subjects believe they are going to attempt to change another's attitudes, internals actively seek more information about the other person in order to be equipped to wield influence. Phares (1967) found that internals are superior to externals in the utilization of information in solving a problem even when both groups have learned the information equally. Left Court and Colleagues (1969) have also concluded that internals, more than externals will pay attentions to potentially information relevant cues and will avoid task – irrelevant thoughts. It has also been found that internals are more adept at discovering the rule involved in a problem solving task (Du Cetter and Wolk, 1973) and are superior in the realm of incidental learning.

Taken as a whole, the proceeding research clearly supports the conclusion that internals more actively seek, acquire, utilize, and process information that is relevant to their manipulation and control over the environment. In addition, intervals generally appear more competent and personally effective than externals. Phares and Davis (1967) reported that when subjects were given threatening feedback regarding their personality, internals were somewhat more disturbed by that feedback than were externals. At the same time, the internals were significantly more likely to express a willingness to take remedial action to deal with their personality problems.

In another approach, Phares (1965) found that internals experimenters were more persuasive and effective in inducing attitude change in their subjects than were external experimenters. This evidence is consistent with that of Hersen and Scheibe (1967), who noted that internals describe themselves as more active, stringing, achieving, powerful, independent, and effective. Tseng (1970) found that internal vocational rehabilitation clients were rated by their instructors as more proficient as possessing better personal qualities than were external clients.

Objectives of the study

1) To establish the relationship between ou locus of control orientation and age among of HIV positive women in the sample studied.

Research question

1) Is there relationship between locus of control orientation and age among sampled HIV positive women?



METHODOLOGY

The research design was correlational in nature in which attempts were made to establish the relationship between age and locus of control. The study was carried out in Thika sub-county. The study involved HIV/AIDS positive women from urban, peri-urban and rural areas of the subcounty .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 (I - E scale) was used. The I - E scale was published by Rotter (1973) 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 consist 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 OF THE STUDY

The study aimed at establishing the relationship between locus of control and age. Externality was noted among older adults respondents above fourty years of age. Average scores were concentrated among middle aged adults of between 31-40 years while the few respondents who showed internality were found among the younger respondents of between 21-30 years of age. The results of the current study are consistent with the findings of Coleman (1966) who found that there is a relationship between locus of control and age. He found that children show internality as far as school achievement is concerned but as we move to college, age subject relationship declines.

Research by Penk (1969) supports the view that as the child develops, he becomes a more effective human being and increases his belief in internal control, however, events in the life of the individual that lead to fear or loss might easily result to changes in an external direction. There is a pervasive perception that locus of control is generally more externally oriented among older adults as a group than among younger adults. This view may stem from the perception of older persons' greater reliance on others, or it may simply reflect a self-fulfilling stereotype that older people are "helpless" as well as "old" (Wolk and Ducette, 1974). A relationship between HIV/AIDS infection and age among women was also established. The highest number of respondents was noted among the younger adults of between 21 - 30 years of age. This is consistent with report by (USAID 2003) which stated that Kenyan girls and young women are particularly vulnerable to the infection; a high age differential between regular male and female partners. Young women aged between 15 and 24 are more than twice likely to be infected as men in the same age cohort. This greater vulnerability of women is explained to exist as a result of existing power imbalance in relationship, early marriages, social and sexual surbordination and economic dependency. Moreover the young adults do not perceive the seriousness of AIDS threat. They feel invulnerable to HIV/AIDS infection. A study carried out in Malawi, South Africa, Tanzania and Kenya showed that they did not consider themselves at risk while others said that if they became infected other people would be responsible not themselves (Helitzer, 1994). Such findings reflect that younger women have negative perception of HIV/AIDS infection and the belief that HIV/AIDS is not a threat to them.

As the current study corroborates most of these studies, then it is possible to make a conclusion that there is a relationship between HIV/AIDS infection and age, younger women of between 21 - 30 years being more vulnerable to HIV/AIDS. It also validates findings of other researchers that there is relationship between age and locus of control, that is younger adults are associated with internality.

Table 1 Relationship between age and locus of control.

Age	Locus of control							
	External		Average		Internality		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
21 -30	25	69.4	7	19.4	4	11.1	36	100
31-40	15	68.2	7	31.8	0	0	22	100
Above 40	10	83.3	2	16.7	0	0	12	100



Conclusions

The study concluded that there is a relationship between age and locus of control scores. Low scores (internality) was noted among younger adults of between 21-30 years.

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