

Male Gender Roles and Sexuality: Implications for University Girls' HIV/AIDS Awareness in a Nigerian University

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Abstract

This study was conducted to examine the implications of male gender roles and sexuality for University girls' HIV/AIDS awareness. Information was elicited from 2399 randomly selected undergraduate students, from the nine faculties of the University of Lagos, Nigeria. Results indicate moderate levels of HIV/AIDS awareness and that of the hypothesis testing showed a no significant difference at $p > 0.05$, as a result of male gender roles. The paper draws the conclusion that the prevalence rate of HIV/AIDS was on the increase, and that University undergraduate girls are more vulnerable because of high risks of sexual behaviour for monetary gains. The paper also concludes that intervention strategies cannot be achieved without addressing the issue of male gender roles and sexuality in the spread of HIV/AIDS infection.

Keywords: Nigeria, HIV/AIDS, male gender roles

Introduction

Male adolescents in particular have been a neglected category in terms of their psychosexual development (World Health Organisation, 1989). Males, more than females, are often under intense pressure to initiate sexual activity, even when they still lack adequate information on sexual matters (WHO, 1996, and Macphail and Campbell 2001). Gender norms and expectations about being male or female are learned at an early age through the influences of the family, peer groups, community, mass media, globalization, and among others. Norms for boys are usually built around power, control and independence, which embody such behaviours as not betraying emotions, risk taking, resolving conflict with violence, early sexual activity and having multiple sexual partners (Schueller, Finger and Barker 2005).

Studies on adolescents have mainly focused on females, while the needs and perceptions of male adolescents are rarely taken into consideration. Campbell (1995) and Varga (2001) point out that the existing body of knowledge about male adolescents is often fragmented and hazy and the focus is quickly made to shift to the precarious situation of females. Male and female adolescents follow different sexual scripts and this is due to the fact that females are often socialized at an early age to defer to males, even in relationships (Meursing 1997). Gender inequality, bred by stereotypical cultural norms and expectations that are difficult to change, strongly influences heterosexual

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relationships in an unhealthy way (Sen, Germain and Chen, 1994). During adolescence, boys begin to establish patterns of sexual behaviour usually based on expected gender roles. In some cultures, sexual experience is viewed as a rite of passage for boys. Social norms can reinforce the notion that controlling women is a sign of masculinity, contributing to acts of sexual violence and transactional sex (Finger, Thapa, Jepeobhoy et al 2004). These behavioural patterns have direct implications for risk of pregnancy and the contraction of HIV infection.

It is pertinent to put into perspective the sexual behaviour of male and female adolescents since it is central to the awareness of sexually transmitted infections (STIs) and human immunodeficiency virus (HIV). Arowojolu (2002) in his study among Nigerian undergraduates on human sexuality, contraceptive choice and AIDS awareness discovered that female undergraduates were more likely than the males to have relationships with older partners. He discovered that the age range of these females was between 16- 25 years, with 60% of them having two or more current partners. Some of the reasons given by the females for such indulgence were monetary gains and understanding by older partners.

Akinsete (2002) commenting on HIV/AIDS awareness in tertiary institutions, states that successfully proven approaches to HIV prevention have been identified. He recognized that community mobilization is the core strategy on which success against HIV has to be built. He lamented that Nigerian Universities have done nothing in this regard, but that in Botswana and Zimbabwe, they have “taken the bull by the horn” actively engaging the campus community. Akinsete suggested that lecturers, students, faculties and departments should form a committee that will take the campaign to all nooks and crannies of Universities and a think-tank campaign should be established. Adebayo, Bamgbala and Oyediran (2003) revealed in their study in Lagos, that a significant proportion (95.5%) of the study subjects had appreciable (moderate to high scores) knowledge of the causes and prevention of HIV/AIDS. However, in- spite of this revelation, there existed serious gaps in their knowledge of HIV infection and its transmission. Most of the respondents knew the causative agent of AIDS to be a virus and main mode of transmission to be sexual intercourse, blood transfusion, sharing of sharp objects and perinatal process. There were some erroneous beliefs by the majority of the respondents that HIV could be transmitted through insect bites (84.3%), touching and hugging (90.6%), sharing of toilet facilities with infected persons (90.6%) and levels of health and nutrition (92.9%).

However, the Federal Ministry of Health (2003) in its study found that awareness of HIV/AIDS was slightly higher among males than females. In Mozambique, Machel 2004 found among youths between 13-20 years of age that the boys had more knowledge of preventive means of HIV/AIDS than the girls. But in Puerto Rico, Boad, Kregnick, Susser and Vincent (1997) found that men and women were aware of HIV infection in the community and that no one group appeared to be more informed than the other. Also in Oregon, United States of America, Hales and McGrew (1991) did not find any significant difference in the HIV/AIDS awareness of males and females. A recent literature review by Barker and Ricardo (2005) identified factors that promote gender equity to include self-reflection, places to rehearse new behaviours, family models for equitable and non-violent behaviours and drawing on men’s sense of responsibility and of being good fathers.

This study, therefore, is aimed at determining male gender roles and sexuality: Implications for University girls' HIV/AIDS awareness. The research question for this study is: Is the level of HIV/AIDS awareness higher in male adolescents than the females as a result of male gender-roles? The hypothesis is: There is no significant difference in students' HIV/AIDS awareness as a result of male gender roles.

Method of Study

This study was carried out at the University of Lagos with a total population of 24,362 comprising 13,852 and 10,510 male and female undergraduates respectively (2002/2003 Session). The sample for the study was got in proportion to the number of students from each of the nine faculties through random sampling. And this gives us 2,436. A sample size of 10% of the entire population, according to Gay (1987), if well selected, can be representative of the entire population.

A total of 2,400 copies of the questionnaire were administered. The researchers obtained formal approval from each of the Dean of Faculty and departmental heads. With the assistance of course lecturers and two research assistants, copies of the questionnaire were administered in a classroom setting with 99% returns. The researchers assured the respondents of the confidentiality of information supplied, emphasizing that the instrument had no wrong or right answers and was purely for research purpose. The questionnaires were completed anonymously and respondents submitted their copies in a locked box provided for the purpose within each faculty.

TABLE I: A General Description of Research Variables: 2399

Variable	N	X	SD	REMARKS
Gender				
Male	1177	184.15	24.41	Moderate Awareness
Female	1222	184.44	24.89	Moderate Awareness

The presentation of the General Description of research variables and personal information showed moderate levels of awareness. This level was determined by mean difference between 180 -199, as having moderate level of awareness above 199, and below 180, high and low levels of awareness respectively. This was determined from the second part of the questionnaire, which contained 60 items on a five-likert scale. This brings the maximum score to 300 and minimum to 60. The table showed male with a mean difference of 184.15 and standard deviation of 24.41 and female with a mean difference of 184.44 and standard deviation 24.89. Both male and female undergraduate respondents fell within the range of 180 – 199. The conclusion drawn, therefore, is that they are moderately aware of HIV/AIDS.

In order to determine if these observed differences were significant, they were further analyzed by subjecting them to hypothesis testing at 0.05 alpha level. The result is presented in Table II.

A t-test Analysis of Gender Roles on HIV/AIDS Awareness in a Nigerian University.

Variables	N	X	SD	t-Cal	T-Git:	Remarks
Gender Male	1177	184.15	24.41			
				-0.287	1.96	
Female	1222	184.44	24.89			

Table II, $t = -0.287$ $P > 0.05$. The table showed that the critical t-value of 1.96 was greater than the calculated value of 0.287. The null hypothesis was therefore upheld as there was no significant difference among University of Lagos students on HIV/AIDS awareness as a result of male gender roles.

Discussion

This study was designed to determine male gender roles and sexuality: Implications for University girls' HIV/AIDS awareness in a Nigerian University. The findings showed moderate levels of HIV/AIDS awareness among University of Lagos undergraduate students as a result of male gender roles. This finding is in agreement with Hales and McGrew (1991) and Boad, Krenighke, Susses and Vincent (1997), which had reported that males and females had the same levels of awareness of HIV/AIDS infection. However, these findings contradict that of The Federal Ministry of Health (2004), which reported that boys were more aware of HIV/AIDS infection than girls. In the light of the above, it is difficult to conclude that male and female students have the same levels of HIV/AIDS awareness. While further investigation is suggested, it is worrisome after years of campaign and enlightenment that our undergraduates at the highest citadel of learning in Lagos could only show moderate levels of HIV/AIDS awareness. More worrisome is even the erroneous beliefs of some respondents in Lagos that the virus that causes HIV/AIDS could be contracted through insect bites, touching and hugging and sharing of toilet facilities with infected persons and poor levels of health and nutrition (Adebayo, Bamgbala and Oyediran 2003).

The hypothesis tested in this study showed no significant difference between male and female students as a result of male gender roles. This finding may be accounted for by the assertive nature of female undergraduate students outside their traditional home environment. It is also possible that socialization process of deferring to the males, Meurising (1997), and the stereotypical cultural norms, Sen, Germain and Chen (1994) which may be eroded in a University environment might have accounted for the no significant finding discovered.

Conclusion

The prevalence rate of HIV/AIDS is on the increase and the spread is gender biased. University undergraduate women are more vulnerable because of the likelihood of involvement in high-risk sexual behaviour for monetary gains.

It is obvious that the male undergraduates, more than the females, are under more intense pressure to initiate sexual intercourse. It is a truism that HIV/AIDS is contracted mainly through sexual activities. The level of awareness and intervention strategies cannot be achieved without addressing the issue of male gender roles and sexuality in the spread of HIV/AIDS infection.

References

- Akinsete, I. (2002) November 21) AIDS Scourge Ravages Varsities P. 23
- Arowojolu, A O. (2002). Sexuality, contraceptive choice and AIDS awareness among Nigerian undergraduates. *African Journal of Reproductive Health* 6, (2) 60-70
- Barker, G. and Ricardo, C. Young men and the construction of masculinity in sub-Saharan Africa: Implications for HIV/AIDS, conflict and violence. Washington DC: World Bank.
- Boad, G.C, Kreniske, J.Susser, I and Vincent, J. (1997). AIDS in Africa and the Caribbean U.S.A. Westview Press
- Campbell, C (1995). Male gender roles and sexuality: Implications for women's AIDS risk and prevention. *Social Science Medicine*. 41, (2) 197-210
- Federal Ministry of Health (2003) National HIV/AIDS and reproductive health survey. Abuja: Author.
- Finger, W. Thapa, S. Jejeobhoy, S. et al (2004). Nonconsensual sex among youth. 10, Arlington VA: Family Health International.
- HALES, L. W. and McGrew, K.K. (1991). AIDS knowledge and attitude of students in rural schools examined by gender and grade level. *Oregon Research Report* 143.
- Machel, Z. (2004). Unsafe sexual behaviour among schools in Mozambique: A matter of gender and class. *Journal of Reproductive and Sexual matters*. 9, (17) 45-50
- Macphail, C. and Campbell, C. (2001). "I think condoms are good but, I hate those things" Condom use among adolescents and young people in a southern African township, *Social Science and Medicine* 52 (11) 1613 – 1627
- Meursing, K. (1997). A world of silence living with HIV in matabelel and, Zimbabwe, Ph. D. Dissertation. KIT publications Amsterdam.
- Schueller, J Finger, W. and Barker, G (2005). Boys and changing gender roles 10, Arlington VA: Family Health International.
- Sen, G. Germain, A and Chen, L. (1994) Population policies reconsidered. Health, empowerment and rights. Harvard School of public health, Boston Massachusetts.
- Varga, C. A. (2001). The forgotten fifty percent: A review of sexual and reproductive health research and programmes focused on boys and young men in sub-Saharan Africa. *African Journal of Reproductive Health* 5(3) 175-195.
- World Health Organisation, (1989). The reproductive health of Adolescents: A strategy for action. A joint action. A joint WHO/UNFPA/UNICEF Geneva
- World Health Organisation (1996). The adolescent health and development programme. Second meeting of interested parties Geneva, 17 – 18 June.