



Full Length Research Paper

Lack of literacy education among women resulting in prevalence rate of HIV/AIDS

Igbenedion Grace* and Febresima Audrey

Department of Educational Foundation, Cross River State College of Education, Akamkpa, Nigeria.

Accepted 16 March, 2017

The direct correlation between literacy, health, economic and political power and the exercise of informed choices especially for the women is enormous. Education is a liberating force; it ensures mobility and development of one's potentials. Two research hypotheses were posed and tested in this study. The design of the study was basically survey descriptive. The population of the study comprised women from the eighteen local government areas of Cross River State, Nigeria. Twenty-four women were drawn from each of the eighteen local government areas using the simple random sampling technique. In all, a total of four hundred (400) women were used for the study. Instrument for data collection was a twenty item women human immune deficiency virus/acquired immune deficiency syndrome (HIV/AIDS) Awareness, Prevention and Management Questionnaire (WLAHPAPMQ). Data were analyzed using the Pearson product moment correlation analysis. Results from this study revealed a high positive correlation between literacy and HIV/AIDS awareness, prevention and management among women. Recommendations made include the need for intensification of adult education and mass literacy programmes as well as the setting up of non-formal education for rural women. Also, agencies such as the National Orientation Agency should be made relevant to these needs.

Key words: Human immune deficiency virus/acquired immune deficiency syndrome (HIV/AIDS), women, literacy, aids management, Cross River State.

INTRODUCTION

Human immune deficiency virus/acquired immune deficiency syndrome (HIV/AIDS) has become the worst pandemic in human history from which no one is immune regardless of gender, class or social orientation. More than a health crisis, the HIV/AIDS pandemic is a global challenge which has continued to elicit concern from individuals, government and non-governmental agencies. World Health Organization (WHO) (2001) reported that young people aged between fifteen to thirty years are especially at risk particularly young women who, in many

countries have limited access to information and public health services.

According to Kickbuschi (2005), people's inability to read and write makes them vulnerable to getting the virus. More so, the gender disparity in literacy especially in Nigeria, means that women that are illiterate belong to the high risk group. According to World Bank report of 2010, the literacy rate of women in Nigerian female adults (age ≥ 15 years) was 49.81% in 2009. It is estimated that sixty percent of illiterate adults in Nigeria are females

*Corresponding author: E-mail: dr.igbenedion2@gmail.com

Author(s) agreed that this article remain permanently open access under the terms of the Creative Commons Attribution License 4.0 International License

which has contributed greatly to high level of poverty among women in the country. Studies carried out by WHO (2010), Oyedele (2002) and United Nations Educational, Scientific and Cultural Organization (UNESCO) (2010) have shown that literacy level is correlated with good health, health facility use and longevity.

HIV/AIDS is not solely a health crisis but a developmental one as well, ninety percent of HIV/AIDS cases are from developing countries (UNAIDS, 2001; Bassey, 2007). Whelan (1999) observed that gender and norms significantly affect individual risks and societal vulnerability to HIV/AIDS because they ascribe distinct productive and reproductive roles to women and men and because they differently influence women and men's access to key resources such as education, employment, income, land and property.

Mill and Anarfi (2000) gathering data from interviewing 400 HIV positive women in Ghana sought to study the life histories of the women to look for patterns by risk. Also, they sought to find out ways of prevention from these women. From their study, they found out that women were more vulnerable to HIV/AIDS infections broadly due to economic and social reasons. Economically, they maintained that women received less education than men and this leads to poverty. The women interviewed contended that increased public education as well as access to better health care will help. According to UNAIDS (2001), several factors have contributed to the high HIV infection rate among women in Nigeria. These include sexual networking practices such as polygamy, high prevalence of untreated sexually transmitted diseases, low condom use, poverty, low literacy, poor health status, low status of women, stigmatization and denial HIV infection risks among vulnerable groups.

Okoli (1998) maintained that the direct correlation between literacy, health economic and political power and the exercise of informed choices especially for the woman is enormous. She maintained that education is a liberating force, it ensures mobility and development of one's potentials. Unfortunately, most women in Nigeria are based in the rural areas and most of these rural women have not attained even the minimum level of formal education. Consequently, most of them cannot articulate meaningful positions on issues affecting their welfare neither can they be easily mobilized to lend votes and voice to genuine women's aspirations even as it concerns HIV/AIDS prevention and management.

Literacy and HIV/AIDS awareness prevention and management.

The American Act of 1991 describes a literate person as someone who is able to read, write, compute and solve

problems at levels of proficiency necessary to function effectively in the society so, women generally need literacy education that will make them perform better in their own societies. In the same vein, Oyedeji (1985) noted that literacy education is equally needed to empower the recipient and acquire indispensable knowledge and skills that will enable them perform more effectively in every societal activity like family planning and HIV/AIDS prevention and management. Literacy education for the purpose of this study refers to all kinds of learning that take place whether formal, non formal or informal as well as whatever level of contact whereby certain values, beliefs and behavioural changes are attained by the individual.

Literacy will make the level of awareness of women last longer especially when they can read about the dangers of HIV/AIDS and the benefits of preventing themselves from contracting the disease. It equally enable them understand and imbibe cultural values better. Women who are literate will appreciate other ideas and cultures outside their own (Aderinoye, 1977). Literacy would make women appreciate the importance of staying HIV/AIDS free and live longer and healthy. If already infected with the virus, it will also enable them to become more responsive to campaigns against HIV/AIDS.

In a study conducted by USAIDS (2002), lack of literacy education among women was one of the major reasons associated with the high HIV/AIDS prevalence rate among women in Nigeria. Okoli (2006) also confirmed that lack of literacy education has been found to contribute to the poor attitude of women towards HIV/AIDS prevention. According to her women who are literate were more receptive to HIV/AIDS prevention information and would more easily and readily adopt such measures than the illiterate ones.

Statement of the problem

The problem investigated in this study is the relationship between literacy and HIV/AIDS awareness, prevention and management among women in Cross River State.

Hypotheses

Two null hypotheses were formulated to guide the study. They include:

1. There is no significant relationship between literacy and HIV/AIDS awareness among women.
2. Literacy does not significantly influence HIV/AIDS prevention and management among women.

Design of the study

A survey study design was adopted in this study was

basically survey descriptive.

Area of the study

The study covered Cross River State, one of the thirty-six states in Nigeria situated in the South-South geographical region of Nigeria. Cross River State has its capital in Calabar. The State is made up of eighteen Local Government Areas, which are: Abi, Akpabuyo, Biase, Bakassi, Akamkpa, Calabar Municipality, Calabar South, Obubra, Yakurr, Ikom, Etung, Odukpani, Boki, Ogoja, Bekwarra, Obudu and Obanliku. There are three major languages spoken in the area; Bekwarra, Efik and Ejagham; the occupations of the people include farming, fishing and civil service.

Population of the study

The population of this study was made up of women from the eighteen Local Government Areas of Cross River State.

Study sample

Twenty-four women were randomly drawn from each of the eighteen Local Government Areas. In all, a total of four hundred and thirty two (432) women were selected and used for the study.

Instrumentation

The instrument used for data collection had twenty items, women literacy and HIV/AIDS awareness, prevention and management questionnaire. The instrument was developed by the researchers and was scrutinized by research experts. The questionnaire sought the responses of the women with respect to their literacy level, HIV/AIDS awareness, attitude towards prevention and management of HIV/AIDS, the instrument was administered personally by the researchers and through assistance.

Data analysis

Data collected from the instrument were collated and analyzed using the Pearson product moment correlation analysis. Hypothesis-by-hypothesis was presented as in the following table and figures.

RESULTS

Hypothesis

1. There is no significant relationship between literacy and HIV/AIDS awareness among women. Table 1 shows

Table 1. Pearson Product Moment Analysis of relationship between literacy and HIV/AIDS awareness N = 432.

Variable	y	X ²	Xy	r
Literacy	1674	25524	27382	0.22*
HIV/AIDS awareness	1971	33835		

P < 0.05, df = 388, critical t = 198.

Table 2. Pearson Product Correlation Analysis of relationship between literacy and HIV/AIDS prevention and management N = 400.

Variable	y	X ₂	Xy	r
Literacy	1674	25534	93795	0.054*
HIV/AIDS awareness	6527	366887		

P<0.05, df 388, at t.198.

that the calculated value of correlation co-efficient between literacy and HIV/AIDS awareness ($r = 0.22$) is greater than the t-value of 196 required for significance at 0.05 level of significance with 430 degrees of freedom. The null hypothesis is therefore rejected.

2. Literacy does not significantly influence HIV/AIDS prevention and management among women.

The result in Table 2 shows that the calculated value $r = 0.54$ is greater than the critical t-value of 196 at degree of freedom = 430 and at 0.05 level of significance. The null hypothesis is therefore rejected.

DISCUSSION OF RESULTS

The study found a high positive correlation between literacy and HIV/AIDS awareness among women. This means that the level of literacy determines the level of HIV/AIDS awareness among women. No literate women claimed total ignorance of HIV/AIDS which shows that the level of education of a woman would significantly affect her level of awareness about HIV/AIDS and many other issues affecting her well being. The analysis also confirms that not every woman in Cross River State is adequately aware of HIV/AIDS. It also confirms the study of Okoli (1998) who maintained that the educational level of a woman will influence her level of awareness. A literate woman will no doubt be able to read HIV/AIDS materials which are mostly in prints. She will also be more open and receptive of HIV/AIDS information.

Unfortunately, however, the level of HIV/AIDS awareness among Cross River State home is still very inadequate due to level of literacy. Another finding of this study showed a high positive correlation between literacy and HIV/AIDS prevention and management among Cross

River State women. This means that level of literacy determines how well a woman will be able to protect and manage herself in the contact of HIV/AIDS. It confirms that the more literate a woman is, the more she will be able to make meaningful decisions about herself and society. A literate woman would more readily accept and practice HIV/AIDS preventive measures and would be more able to manage the disease.

This finding also confirms UNESCO (2007) assertion that non-literacy and low level of education often contribute to lack of awareness and low level of adoption of HIV/AIDS prevention and management measures. This study confirms findings by Okoli (2006) that low level of literacy has contributed to poor attitudes of women towards HIV/AIDS prevention and management.

CONCLUSION AND RECOMMENDATIONS

1. Non-formal education of rural women need to be stepped up to enhance their mobilizability. In this regard, agencies like the National Orientation Agencies (NOA) should be made more relevant to these needs.
2. Government actions including the effective enforcement of legislation for women advancement should be strongly solicited for.
3. Raising the educational levels of rural women through the intensification of the already existing adult education and mass literacy programmes.
4. Raise awareness and increase knowledge of HIV/AIDS and achieve behaviour change through training of peer educators, focus group discussions, use of popular theatre, and other outreach programmes channeled through the workplace, religious groups, unions, age grades and other community based organizations.

Implication for counseling

This paper presents a lot of challenges for the trained counselor. The challenges are however not insurmountable especially as people from both the literate and illiterate homes are in agreement that literacy is necessary for the women. A counselor who works with women from both literate and illiterate homes should try to concentrate on the positive aspects of providing HIV/AIDS education for the Nigerian girl right from the kindergarten to any level of education. The counselor can use group counseling approach effectively for the purpose of changing the negative stereotypes.

1. The counselor can also consult with parents, teachers, school staff and even the community to enlist their support in women education and literacy and HIV/AIDS awareness.
2. The counselor can use the forum of the Parents

Teachers Association (PTA) to interact with parents and their children on the need to give their children HIV/AIDS education.

3. Counselling workshops/seminars can be organized for women to increase their awareness on HIV/AIDS implications for school administration.
4. The school curriculum should be revised and HIV/AIDS information included in the school curriculum to increase students awareness about the disease.
5. HIV/AIDS should be taught as one of the school subjects.

Implication for school administration

1. The curriculum should be revised to make it more relevant to the life styles of the school children.
2. Teaching techniques should foster girls' achievement and there should be pre-school and early intervention programmes for rural children.
3. School administrators should regularly invite trained personnel to speak to children about HIV/AIDS.
4. School libraries should have enough reading materials on HIV/AIDS.

REFERENCES

- Aderinoye B (1997). Literacy Education in Nigeria. Ibadan, University Press.
- Bassey AE (2007). Education for HIV/AIDS prevention: The Calabar Counselor 2(3):
- Kickbuschi J (2005). Health literacy – Addressing the gender issue. International J. health 2(1):
- Mill J, Anarfi JK (2002). HIV risk environment for Ghanaian Women Challenges and Prevention. Social Science and Medicine. 54:325-337.
- Okoli GE (1998). Socio Psychologies Factors and Educational Aspiration of Women in Cross River State. (Unpublished M.Ed. Thesis, Unical).
- Okoli GE (2006). Gender Disparity in beliefs and attitudes toward HIV/AIDS pandemic among University Students in Cross River State. (Unpublished Ph.D Thesis, Unical).
- Oyedjeji (1985). Adult Functional Literacy Manual. Ibadan, University Press Ltd.
- Oyedele D (2012). Illiteracy and risk for women. The sun news paper 20th August 2012, Lagos, Nigeria.
- UNESCO, (2007). Acultural approach to HIV/AIDS prevention and care. Methodical Handbook. Special series 1. Division of cultua policy education for all.
- UNESCO (2010). Global Monitoring Report. efareport@unesco.org Retrieved on 1/7/2013.
- UNAIDS (2001). AIDS epidemic up date <http://www.unaids.org/publications/document/epidmiology/surveillance/C427mon&EU-Full>.
- USAIDS (2002). Global Health Situation Analysis <http://www.Usaid/gove/pophealthy/aids/countries/Africa/htm>.
- Whelan D (1999). Human rights approaches to an expanded response to address women's vulnerability to HIV/AIDS. Health and Human Rights Watch 3(1)20-37.
- WHO (2001). AIDS epidemic update – Global review. <http://www.worldbank.org/socialindex/html>.
- WHO (2001). Report on the Global HIV/AIDS epidemic – UNAID Geneva.