

The Effects of Gender on the Economic Status and Social Interaction of Hiv/Aids Infected Youth in Kamptembwo Location, Nakuru County

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Abstract: *Human immunodeficiency virus (HIV) is a virus that damages cells of the body's immune system. Acquired immunodeficiency syndrome is a collection of symptoms and infections resulting from damages caused by HIV in the immune system. HIV/AIDS affects both the young and the old regardless of their gender, economic or social status. It is a killer disease which has continued to pose a grave threat to the health, economic, social and living standards of the community and more so to the young people living with HIV/AIDS. The social and economic well being of young men and women living with HIV/AIDS is in one way or the other influenced by their status. The core aim of the study was to establish the effects of gender on the social interaction of HIV/AIDS infected youth in Kaptembwo Location. The location has an estimated total of 36,404 households out of whom 80 infected persons were sampled. The research instruments used to collect primary data were interviews where 30 people living with HIV/AIDS were interviewed, face to face interview was done to 10 people, use of questionnaires 30, and focus group discussions comprised of 10 while questionnaires were administered to 30 people of which 25 came back comprising a good sample. Secondary data was used to supplement primary. Snowball method was used to identify the sample whereby the researcher made contact with two cases in the population with the support of medical personnel and community social workers who later linked the researcher to the members to get the desired sample. This study adopted the social action theory which explains the way an individual reacts to phenomena that affects them. Data analysis was done using both interpretations of raw data, critical analysis and inferential statistics with the help of statistical package for social scientist (SPSS). The study found out that majority of the male respondents had poor social interaction as compared to females. The results of this study shows there is a need for the government and relevant stakeholders to develop strategies that enhances interaction activities for youth living with HIV/AIDS.*

I. Introduction

Human immunodeficiency virus (HIV) is a virus that damages cells of the body's immune system. Acquired immunodeficiency syndrome is a collection of symptoms and infections resulting from damages caused by HIV in the immune system. HIV/AIDS affects both the young and the old regardless of their gender, economic or social status.

An estimated 39 million people are globally infected with the HIV virus. 23 million happen to be from Sub-Saharan Africa and 1.6 million from Kenya. Women in Kenya are more vulnerable to HIV infection compared to Kenyan men, with the national HIV prevalence at 7.6 per cent for women and 5.6 per cent for men GOK2 (2014). Nakuru County with a population of approximately 1,603,325 people has a prevalence of 5.3 per cent of people living with HIV/AIDS. The total number of adults living with HIV in the county is 53,700 and children living with HIV are 7,898 according to the government of Kenya 2014 County profiles. This study focused on Kaptembwo location which has a population of approximately 112,937 people of which more than 130 people had openly disclosed their status of HIV/AIDS.

The young people are the hardest hit by the effects of the HIV/AIDS pandemic either directly or indirectly. With this in mind, the study sought to establish the effects of gender on the social interaction of HIV/AIDS infected youth within the aforesaid area.

Statement of the problem

The HIV pandemic remains one of the challenges in the realization of economic, social and political development of a country. This is because the disease weakens the body, following its mutating nature. It is costly to manage the disease as most of the resources are diverted to cater for hospital bills. The time for school and work is interrupted by the periods of illness and hospital admissions. Eventually, a number of young people, students and professionals succumb to the AIDS related illnesses. The losses of this people particularly those under the age of thirty- five, with proportions of men and women varying according to age group calls for intervention. In Kaptembwo location, Nakuru County, which is home to more than 100,000, is a slum

characterized with high population, limited resources, poor hygiene, congestion and low socio-economic status. The young people are the hardest hit by the effects of the pandemic either directly or indirectly. With this in mind, the study sought to establish the effects of gender on the economic status and social interaction of HIV/AIDS infected youth within the aforesaid area.

Research Objective

To find out the effect of gender on the social interaction of HIV/AIDS infected youth in Kaptebwo Location.

Research Question

What is the effect of gender on the social interaction of HIV/AIDS infected youth in Kaptebwo location?

II. Theoretical Framework

The study was guided by the social action theory which is a community-oriented model that is used to increase the problem-solving ability of entire communities through achieving concrete changes towards social justice. Individuals within communities come together to redress the imbalance of powers or privileges between a disadvantaged group and society at large. The theory which was founded by Max Weber examines smaller groups within the society and the subjective states of an individual. The theory sees the society as a product of human activity and that Social action creates the structures, which Weber calls 'duality of structure'. Weber says that a 'social action' was an action carried out by an individual to which an individual attached a meaning and that all human action is directed by meanings. People act in a certain way because of built-in habits but Bandura views a person as the producer and the product of his or her environment (Bandura, 1986)

The theory notes that anything done with a motive/intention is a social action. Weber acknowledges the existence of classes, status groups and parties. Human behaviour is shaped by an individual. Weber believes that bureaucratic organizations are the dominant institutions in society, and that institution consists of individuals carrying out rational social actions designed to achieve the goals of bureaucracies. The theory is concerned with individual roles within the family as opposed to the family's relationship to wider society. Weber argues that the way in which roles are constructed in the family is not merely a matter of individual negotiation, but a reflection of how power is distributed in wider society.

This study adopted the social action theory as propounded by Max Weber in decision-making and problem-solving. The study hoped to explain the way individuals react to phenomena that affects them as affected by the environment that surrounds them. The actions are driven by this perception of the milieu socially, physically and psychologically. That human action is the sum total of the environment they find themselves in and also the socialization.

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III. Empirical Review

HIV/AIDS and the youth

According to Kenya private sector advisory network strategic plan 2011-2015, AIDS is subtracting decades of achievements in socio-economic development in Africa, and undermining the countries' efforts to reduce poverty and enhance living standards. Due to the numerous programmes that have been instituted, the spread of HIV/AIDS has been slowed down in some parts of the world, Kenya included.

HIV/AIDS impedes an individual from providing essential services to the community. Stigmatization affects and damages the social interactions of people living with HIV/AIDS (PLWHA) with others. Such fears and stigmatization attitudes towards PLWHA displayed by general population could potentially lead to discrimination against PLWHA. (Varas-Diaz et al. 2005; Brown et al. 2003).

The acquired immunodeficiency syndrome (AIDS) was publicly reported on 5th June, 1981, in the morbidity and mortality Weekly Report produced by the Centers for Disease Control (CDC) in Atlanta in the USA (Whiteside, 2010). The first case of AIDS was reported in Kenya in August 1984 and since then, about 2million people are now living with HIV, with about 1.2million children orphaned and a prevalence of 6.9%. In 1999, AIDS was declared a National disaster leading to the establishment of the National AIDS Control Council, KAIS (2007). The council was established to coordinate resources for prevention of HIV transmission and provision of care and support to the infected and affected. An estimated 29 per cent of adult deaths occur yearly, 20 per cent of maternal mortality and 15 per cent deaths of children under the age of five due to AIDS related illnesses GOK2 (2014)

In Kenya, the response to HIV and AIDS relies on preventive strategies where information on modes of transmission are provided to enable people identify and avoid risky behaviour that could expose them to infections. According to Kenya Private sector advisory Network strategic plan 2011-2015 Campaigns that desire to minimize the prevalence, if not to eradicate the scourge, have been launched. These advocate abstinence and condom use as protective strategies for school-going adolescents and youth aged 15 to 24 MOH (2005). Having accurate HIV and AIDS knowledge about transmission and prevention is important for avoiding HIV infection and ending the stigma and discrimination of infected and affected persons.

Having understood what HIV/AIDS is, its impact on the life of human beings is clearer day by day. The age of sexual debut and marriage has risen, and condom use has increased. Many challenges remain, particularly those that relate to the position of women. According to Kenya National AIDS control council 2009-2013 Strategic Plan on Delivering Universal access gender disparities in Kenya are high; prevalence among adolescent girls aged 15-19 years is six times that of men in the same age group (3 per cent of all young women in that age group, as compared to less than 0.5 per cent of young men). According to the Government of Kenya 1(2014) the new estimates confirm a decline in HIV prevalence among both men and women at National level with female prevalence being at 7.6% and men 5.6% GOK1(2014). In Nakuru County the prevalence rate stands at 5.3 per cent with a total of 61,598 people living with HIV/AIDS GOK2 (2014). A recent released HIV and AIDS County profiles by the Government of Kenya shows that stable and married couples are the most affected, as they account for 44 per cent of the new adult infections GOK2 (2014)

Gender and HIV/AIDS

Gender is a range of physical, mental, and behavioural characteristics distinguishing between masculinity and femininity. It also refers to the socially constructed roles, behaviour, activities and attributes that a particular society has towards men and women. AIDS is a “disease with a woman’s face and the epidemic shows the ‘destructive nature of gender inequality and injustice Njoroge(2004). Dube (2001) also notes that gender inequalities are second only to poverty in being a major driving force behind the spread of HIV and AIDS.

Women are affected by some of the outcomes of the epidemic: they are burdened with the care of people who suffer from AIDS-related diseases, and they are faced with the economic/financial consequences, such as the costs of medicine and a loss of household income. According to Barnett and Whiteside (2006), the global HIV/AIDS epidemic has deep roots in social and economic inequalities on which the effects of unusual levels of illness and death profoundly affect the lives of many individuals and many societies for decades to come. Women are at a greater risk of HIV infection than men because of the lower socioeconomic status. Women’s lower socio-economic status in Africa makes them more vulnerable to HIV infections either because they lack bargaining power in sexual relationships or in marriage markets (Were and Kiringai, 2003).

Women suffer from the stigmatization of people living with HIV because HIV related stigma is a gendered phenomenon (Shisanya, 2008). Stigma and discrimination are universally experienced by persons living with and affected by HIV/AIDS. Stigmatization leaves a person with a “spoiled” social identity, which must be managed in interaction with others. The stigma attached to HIV/AIDS reduces social interactions and networking among workers. Stigmatization of people living with HIV/AIDS may not only reduce social capital but may also stifle innovations (Dixon and Robert, 2002). Additionally, gender inequities in social and economic status as well as lack of access to preventive services, education, and health care, increase women and girls’ vulnerability to HIV/AIDS. Females are increasingly at risk of HIV or AIDS; studies show young women are three times more vulnerable to HIV infection than their male counterparts. Young women, who are often vulnerable as a result of having little or even no control over their own sexual activity, now make up more than 60 percent of those aged 15 to 24 infected worldwide (UNAIDS,2004b; Inter Action,2005). Unequal property and inheritance rights, lack of marital rights, and the use of “transactional sex” in exchange for food, shelter, or other basic necessities exacerbate women’s vulnerability (UNAIDS,2004b).

The diagnosis of HIV or the affiliation of living with a family member with HIV/AIDS, can elicit stigma and discrimination that can affect the health and mental health status of individuals, families and entire communities. This may contribute to increased isolation and added health and mental health concerns, ranging

from anxiety and depression to traumatic responses and substance abuse (Ellenberg, 1998). According to slattery, 2004 disclosure of one's HIV/AIDS status is important as it gives them confidence and courage to deal with the disease as they struggle with all kinds of emotions such as anxiety and fear about their future, anger and guilt about what was happening to them, loneliness and depression as they feel they may be isolated from relatives and friends.

Gender dimensions of HIV and AIDS should be recognized. Women are more at risk than men from heterosexual sex (Hubley, 2002). Equal gender relations and empowerment of women are vital to successful prevention of the spread of HIV and AIDS. (Njeru et al. 2004). 'Power imbalance between genders considerably explains why women are more vulnerable to HIV/AIDS than men to a large extent'. This is because sexual contact in heterosexual relations takes place within the gender relations between men and women; a gender imbalance directly impacts upon sexual relations and thus can be critical in view of the sexual transmission of HIV (Shisanya.2002).

According to the National HIV and AIDS 2006-2010 strategic framework gender issues that perpetuate the dominance of male interests and lack of self -assertiveness on the part of women in sexual relations put both men and women at risk. Women are taught to never refuse their husbands sex regardless of the number of extra-marital partners he may have or his non-willingness to use condom. Barker and Ricardo (2005) also agree that if women have a specific vulnerability to HIV, this is related to the behaviour of men that is itself informed by the norms of masculinity that, in the end, also put men themselves at risk. Female condoms are also available in the private sector but they are expensive, costing an average of KES 120 in a pharmacy-around 40 times the cost of a male condom from the private sector (MOH, 2005).

Social wellbeing

Socially, poor women are ostracized in a system where much value is placed on material wealth and appearances. In fact, in some cases, the poor would strive to be more endowed materially at the expense of the health and nutritional needs of members of the household. Poor self-esteem and a sense of powerlessness, for example, often prevent women from participating in programmes which are, themselves, designed to alleviate poverty. Most women are forced into early marriage in some communities. Some are not yet physically mature and may be prone to physical trauma and infection during sex. If the wounds inflicted are from an infected person, there is likelihood of infection of this virus.

Young people are subject to the same social influences as adults that make it difficult for them to act against the prevalent gender norms that discourage shared decision-making between women and men that implicitly condone violence against women. Some new cases of HIV infection are linked to gender-based violence in homes, schools, the work place and other social spheres (GOK, 2013)

Men and women lead gendered lives because they make different choices, in life and are presented with different opportunities. These opportunities are shaped by social structures such as legal rules, norms of behavior, ongoing institutions and hierarchies, patterns of competition in different fields/markets; and lack of skills by women to access market outside. Each individual in a society occupies a different position in relation to a structure which may be unique to every individual (Villarcal, 2006). The models that people construct to make sense of the country are themselves structures, if they are widely shared. Countries have denied women their right of self-ownership as well as the society they live in.

In some communities, married women are regarded as minors/children hence cannot carry out any extra effort aimed at improving their livelihoods, if their husbands get to appropriate all of the benefit. Lack of control over self has been most evident in cases of forced marriages and bride wealth used to purchase a wife hence regarded as property. This has negative implications for women especially the ones who are regularly beaten by their husbands (ACORD, 2002). As noted by NACC (2002), for married women, inheritance patterns, economic subordination and the absence of restraint on the number of sexual partners a man may have all weaken marriage as a productive institution against HIV transmission.

Unequal gender power relations in the socioeconomic sphere are mirrored in cultural attitudes and practices relating to sexual norms and behavior, for example in some cultures 'promiscuity' in men is common and culturally acceptable while for women it is violation of cultural norms to insist on condom use. Female condoms are too expensive for women to afford due to the limited resources as well as religious perspective of condom use and different interpretations of female and male sexuality (GOK, 2013). The social stigma surrounding HIV/AIDS can lead to feelings of guilt, shame, remorse and anger further complicating the parent-child relationship (Miller and Murray, 1999).

Social networks

The multitude of new social networking Web sites has changed the way individuals communicate and form relationships (Haythornthwaite, 2005). These social networks allow individuals to create a personal profile and form connections with other individuals with whom they can relate and share current and future

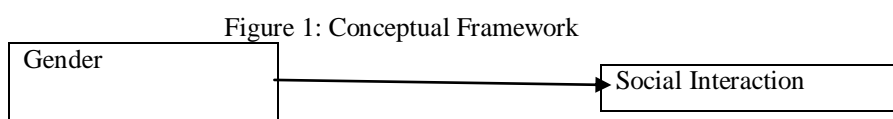
experiences. Teenagers have ranked such sites as one of their preferred methods of communication, along with cell phones and Instant Messenger (Lenhart et al. 2007), making them a great way to reach this audience with information. A recent Pew study noted that 33% of the youth surveyed create pages on networking sites for organizations or groups to which they belong (Lenhart et al. 2007). However, Kickbusch et al. (2002) focus on personal and social skills development such as self-confidence, negotiation, and assertiveness and the resulting individual health related behaviour associated with interactive health literacy.

If the young people are assisted to acquire this information, they become empowered and can solve issues that come their way. A study done in India indicated that India's largest private mobile phone service provider has developed games on HIV/AIDS awareness for mobile phones using the reliance info comm. network, thus becoming the world's biggest social initiatives devices in the field of social welfare (Ghosh, 2007). However, not many youth know such programmes and also a majority of the poor youth may not be in a position to own a mobile phone.

Conceptual Framework

A conceptual framework can be defined as a set of broad ideas and principles taken from relevant fields enquiring how to structure a subsequent presentation (Reichel & Ramey, 2007).

As a research too, it is intended to assist the researcher develop awareness and understanding of the situation under scrutiny and communicate it. The framework at figure 1 shows the relationship between the dependent and independent variables of the study.



IV. Research Methodology

Introduction

The researcher explored the methodology used in this research. This includes aspects such as research design, research Instrument, validity, reliability, data processing and analysis.

Research Design

The researcher employed a case study design of Kaptembwo location which has a total of 36,404 households. The target population was drawn from social support groups which consisted of infected youth in Kaptembwo location, Nakuru County. Snowball method was used to identify the sample whereby the researcher made contact with two cases in the population with the support of medical personnel and community social workers who later linked the researcher to the members to get the desired sample.

Research Instrument

The researcher used primary and secondary data during the research. The raw data was collected using interviews, face to face interview, focus group discussions and questionnaires while secondary data was collected from books, journal, and internet. The instruments were pre-designed and pre-tested in relation to the objective of the study and administered to the respondents. The validity and reliability of the research instrument was determined before its administration by use of a pilot study which also assessed the feasibility of the study. The instrument recorded cronbach alpha of 0.7 for gender as well as for social interaction. The researcher sought the opinion of the experts to enhance the validity of the questionnaire.

Reliability

A pilot study comprising 10 people from the comprehensive unit of Nakuru Provincial hospital was used for piloting the questionnaire and changes to accommodate the adjustment necessary were undertaken before the instrument was fielded. In this study the value of coefficient of at least 0.7 was used. The consistency of measure for this study was done by use of Cronbach's Alpha, a reliability coefficient that indicated how well the items in the data collection instrument are positively correlated to one another (Hatcher, 1994). Cronbach's Alpha has a reliability index of 0.7. This is considered moderately high on a scale of 0.00-1.00 as it tends to 1.00 in attitudinal measurement scales and above the 60 percent generally accepted as a cut off for reliability.

Validity

To achieve content validity, the researcher sought assistance from the supervisors and experts on development of the questionnaire which was the primary instrument for data collection. Validity in data collection means that the findings truly represent the phenomenon the researcher claims to measure. Adjustment was made to accommodate the recommendations from the university assigned supervisors and experts.

Data Processing and Analysis

The collected questionnaires were checked to ensure that they are adequately and appropriately filled. The foregoing minimizing chances of non-responses and extreme outliers. The raw data was then coded and analyzed with the aid of the statistical package for social sciences (SPSS) software. The data was presented in form of tables. Qualitative data was categorized into appropriate themes and pattern then summarized using frequencies and percentages.

V. Empirical Findings

Response rate

A total of 30 structured questionnaires were administered to the respondents and of those 25 were filled and returned comprising a good sample. A focus group discussion comprising of 10 people was also used as well as face to face interview which was done to 10 leaders.

Table 1: Interaction/Socialization with Peers/groups (N=80)

Response	Gender			
	Males		Females	
	Frequency	Percentage	Frequency	Percentage
Excellently	1	2.2	1	2.8
Very well	6	13.3	-	-
Well	10	22.2	3	8.8
Fairly well	8	17.8	8	22.8
Poorly	20	44.4	23	65.6
Total	45	100	35	100

In Table 1 the researcher sought to find the respondents way of interacting/socializing with their peers. This included the way they participated in community programmes. A leadership position was rated as excellent at 80% and above. Those involved in sports were rated as doing very well between 70% and 79%. 60 % and 69% were for respondents who participated well in Self-help groups. Those who were involved in youth groups were rated between 50% and 59% for doing fairly well. 49% and below was for those who were not in any way involved in any community programmes. Although the findings show that females had higher proportion with poor peer interactions, there was no statistically significant relationship between the two variables whose p value was 0.059.

Table 2: Talking freely on status (N=80)

Response	Males		Females	
	Frequency	Percentage	Frequency	Percentage
Yes	8	17.8	27	77.1
No	37	82.2	8	22.9
Total	45	100	35	100

Table 2 shows that a majority of the male respondents did not talk freely about their status at 82%, while 77 % of female respondents indicated otherwise. It was further established that gender had a statistically significant relationship with talking freely about status where the p- value was 0.00. This suggests that one's gender affects the way one talks about one's status; the women were freer.

Table 3: Gender and Social interaction (N=80)

Response	Males		Females	
	Frequency	Percentage	Frequency	Percentage
Never	12	26.7	0	-
Rarely	12	26.7	0	-
Sometimes	10	22.2	12	34.3
Always	11	24.4	23	65.7
Total	45	100	35	100

Table 3 shows the level of interaction with others. The study indicates that more female interacted more with others than the males. The p- value was 0.059, which shows a non- significant association.

Table 4: Love by others (N=80)

Response	Males		Females	
	Frequency	Percentage	Frequency	Percentage
Yes	27	60	2	5.6
No	18	40	33	94.3
Total	45	100	35	100

Table 4 shows love by others. The findings established that a majority of (94%) of females' respondents felt unloved (94%). The study further indicated that the p- value was 0.00 which suggests that females felt more unloved than males.

VI. Summary And Discussion

The study establishes that more males interacted poorly with their peers compared to their female respondents who also were found not to be talking freely on their status. According to Slattery 2004, if one has HIV/AIDS, he/she should feel free to talk about. He further says that "the people of Uganda, beginning from the president and the government, have moved from silence, denial and finger pointing to a greater deal of openness and public discussion on HIV/AIDS.

While the female respondents felt that gender to a reasonable extent affected their interaction, most of them also felt not loved by others as compared to the male respondents. This may be attributed to the fact that social action as expounded by Max Weber is a product of an action carried out by an individual to whom an individual attaches meaning, either positive or negative. [file:///c:/users/hp/Desktop/max.weber,DifferentTheoriesofsocialAction, Definitions of social Action.htm](file:///c:/users/hp/Desktop/max.weber,DifferentTheoriesofsocialAction,Definitions%20of%20social%20Action.htm).

A majority of the leaders who were interviewed indicated that they socialized well with PLWHA. However, they felt that the gender factor sometimes had an impact on the way PLWHA interacted with one another.

VII. Conclusions

Based on the findings, the researcher concluded that more females than males performed better in social interactions than their male counterparts though they felt less loved. Gender does not affect the way youth interact with one another.

VIII. Recommendations

After drawing the aforementioned conclusions, the researcher recommended that the government and stakeholders should come up with strategies that should enhance the social interaction of youth living with HIV/AIDS and especially among males.

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