

SEXUAL RISK BEHAVIOUR: A GENDER PERCEPTIONAL ANALYSIS OF HIV/AIDS PREVENTION STRATEGIES AMONG THE NIGERIAN RURAL YOUTH

Torimiro, D. O., B. O. Adisa, V. O. Okorie, and Famuyiwa, B. S.

Department of Agricultural Extension and Rural Development
Obafemi Awolowo University Ile-Ife,
Nigeria

ABSTRACT

Sequel to the reported higher incidence of HIV/AIDS infection among young women in rural communities, this study was designed to carry out the gender analysis of youth's perception of HIV/AIDS prevention strategies, sexual risk behaviour, and socio-cultural and economic backgrounds in Southwestern Nigeria. A set of pre-tested interview schedule was used to source information from 135 each of male and female between the ages of 15 and 24 years randomly selected from eighteen worse hit communities. Results showed, among others, that majority of the respondents engage in high sexual risk behaviours such as: watching and reading pornographic materials. Although, the female respondents were found to have a marginal favourable perception of the prevention strategies over their male counterparts, the prevailing gendered sex norms deny the right of women to negotiate the use of some of the prevention strategies. However, the respondents' low level of awareness of most of the prevention strategies constitute a significant influence to their perception

Key words: Sexual behaviour, Sex norms, Gender, HIV/AIDs, Rural Youth.

INTRODUCTION

Today's world has inherited a "lethal legacy" to which everybody, most especially the youth, is vulnerable. While many people infected by this pandemic, that is, HIV/AIDS, have had their lives shortened, many others are still groaning under the pains of its afflictions. According to UNICEF (2002), nearly 6,000 young people between the ages of 15 and 24 are infected with HIV on a daily basis, while about 11.8 million of this category has been estimated to be living with HIV/AIDS. More so, some epidemiological studies (WHO, 2003), across the developing world, have further revealed that the youth, of different sexes, are not evenly affected by the pandemic. In other words, the scourge of HIV/AIDS varies across the globe and between the sexes. The dimension of change in the later form of the variations in some places has become worrisome. For instance, in Osun State, Nigeria, NACA (2005) has reported a change in the ratio of males to females infected by HIV/AIDS from 2: 1 in 1991 to 1:2 in 2004.

A lot of controversy has gone on at the professional level with regard to this trend. For instance, the traditional science often explain this social phenomenon from the view point of variations naturally existing between the males' and females' anatomical configurations, which make women relative to men, more susceptible to sexually transmitted diseases (STDs) including the HIV/AIDS. But then, while this explanation is never unintelligible, one must be wary in accepting hook, line and sinker, traditional science's explanation of a social phenomenon (especially that which involves man and woman interaction) that is anchored solely on human biology. This is because traditional science, in an attempt to explain a social phenomenon exclusively in the context of human biology, negates the socio-cultural milieu wherein the phenomenon is entrenched. Thus, traditional science mistakes a part of the explanation for the whole. In this regard, the explanation that the higher incidence of HIV/AIDS infection among women relative to men is consequent upon the natural variations that exist between males' and females' anatomical configurations is rather a part and not the whole explanation. Perhaps, a relatively insignificant part of the whole explanation, as man and woman interplays in any given context, is embedded within the prevailing culture. Thus, no matter the number of biological activities that characterise the social interaction, its outcomes will always be molded after the images of the intervening and dynamic variables of the prevailing culture and social organisation.

Consequently, vulnerability to STDs including HIV/AIDS in any given social system has been argued to be systematically patterned by the prevailing economic and socio-politico-cultural dynamics (Weiss, Whelan and Gupta, 1996; Petchesky and Judd, 1998). This implies that social scientific investigation is indispensable in any effort towards understanding the factors influencing the spread of HI/AIDS in a given society. Certainly, a valid explanation for unequal infection of HIV/AIDS between males and females could be found within the ambit of gender analysis of the myriad web of economic and socio-politico-cultural influences, which have been reported to underpin the spread of HIV/AIDS among men and women.

More so, there is growing evidence that HIV/AIDS and violence risk for both young men and women is linked to early socialisation that promotes certain gender roles as the norm (Pulerwitz *et al.*, 2006). In the same vein, Sweat and Denison (1995) posited that socio-cultural, political and economic forces such as poverty, migration, war and civil disturbance are increasingly structuring the risk of HIV infection among the young people in developing countries. Hence, in the discussion of HIV/AIDS vis-à-vis infection, prevention and perception among young men and women, issues on gender norms should take the centre stage.

Despite the alarming rate of HIV infection reported among the youth, yet it could be observed that only a few of them are aware of their infection. This invariably, underscores the need for putting in place appropriate prevention strategies. In this regard, Badcock-Walters *et al.*(2004) opined that preventive medicine is an investment to be leveraged rather than a cost to be justified. In essence, the cost of preventing a disease compared to that of its cure, or the consequences of otherwise, can never be too high. The resources required for creating and implementing effective HIV/AIDS prevention programmes are substantial, yet they are cost effective relative to the cost of managing HIV/AIDS infection and the opportunity cost when an individual becomes unable to contribute to the family as a result of the illness or eventual death. It was reported that except the prevention effort is expended, there will be 45 million new HIV/AIDS infection by 2010.

The HIV/AIDS prevention strategies, in this context, borrowing from Badcock-Walters *et al.* (2004), are mainly expected to: reduce the spread of HIV and other consequences of risk behaviours; prevent exposure to other opportunistic infections, which occur when the body immune system is down; move people from a state of illness to wellness; improve the quality of life; reduce medical expenses and invariably reduce the consequential effect on labour as a result of the state of health of individual. But

then, while many HIV/AIDS prevention strategies have been implemented in Nigeria, HIV/AIDS still continues to claim the lives of many young men and women, most especially in the rural areas where stereotypical and anti-women sentiments are deeply rooted in their cultural patterns. In other words, HIV seems to have mocked every effort to prevent its spread in Nigeria. Although, young men relative to women, have been reported to be highly involved in risky behaviour (NACA, 2005), but more young women are dying perhaps due to the prevailing cultural situation.

While there is abundant information on the contribution of culture to the spread of HIV/AIDS in literature, there is dearth of information on young people's perception of social norms, especially gender norms, which apparently determine their sexual behaviours. This is evidenced by the existence of many HIV/AIDS prevention strategies that focus typically on changing the sexual behavioural outcome of an individual rather altering the mould, that is, social norms, especially gender norms that shape the individual's sexual behaviour from childhood through puberty to parenthood. The theoretical underpinning of the HIV/AIDS prevention strategies that focus on changing sexual behavioural outcome (e.g., use of condom) is rooted in the assumption that merely providing young people with adequate and correct information about sexual risky behaviours and their grave consequences will engender a drastic change in the youth's sexual behaviours. However, the cultural cross fire that has ensued between these prevention strategies and social norms, especially the sexual norms has resulted in "much effort but little success" in checking the spread of HIV/AIDS among young people. Thus, evolving interventions that address the gender norms, especially the sexual norms is increasingly recognised as an important strategy to prevent the spread of HIV infection (Pulerwitz *et.al.* 2006)

But then, although few interventions to promote gender-equitable behaviour among young men and women have been systematically implemented or evaluated (Pulerwitz *et.al.* 2006 and Family and Health International, 2006), little is known about how best to measure changes in gender norms and their effects on youth's sexual behaviour, and perception of HIV/AIDS prevention strategies. In order to

contribute to the addressing of these gaps, this study was therefore, designed to carry out the gender analysis of HIV/AIDS prevention strategies among the rural youth in Osun State, Nigeria. Specifically, it described and compared the personal, socio-cultural and economic characteristics of the females and males rural youth; established some correlates of rural youth's perception of HIV/AIDS prevention strategies; determined gender gaps in the awareness, perception and usage of HIV/AIDS prevention strategies; and examined their sexual behaviours and the prevailing gender norms that underpin the gender gaps.

CONCEPTUAL FRAMEWORK

Gender analysis refers to the variety of methods used to understand relationships between males and females, their access to resources, their activities and the constraints they face relative to each other (Torimiro *et.al.*, 2007). It, thus, examines the myriad of cultural influences that are encapsulated as gender norms, which determine gendered socio-cultural perception and subsequently mould the behaviours of males and females within the given social system. Gendered socio-cultural perception is understood to include social construction of males and females situated in the cultural set up of communities that influence entitlements (Torimiro *et al.*, 2006). *Gender norms* are contextualised as the behavioural patterns, beliefs, attitudes and perceptions considered as appropriate for males and females in a given society. Thus, socio-economic backgrounds, sexual behaviours and perception of HIV/AIDS prevention among rural youth are supposedly a function of the prevailing gender norms.

Many of the HIV/AIDS Prevention strategies in Nigeria are tended toward changing behavioral outcomes (e.g., condom use or the use of health services). Yet, shaping these outcomes and guiding much of what an individual does daily are social norms, and central among these are gender norms. They are some of the strongest social influences shaping men's and women's lives and health. This study, therefore, explored how social norms, especially gender norms affect female rural youth's

demographic characteristics awareness, perception, and usage of HIV/AIDS prevention strategies, and risky behaviour in comparison to those of the male rural youth, with particular focus on whether there are any variations.

METHODOLOGY

The study was conducted in Osun State, southwest Nigeria, which is predominantly agrarian with about 70.00 percent rural population. Across the state, eighteen communities have been reported to have high HIV/AIDS infection cases (NACA, 2005) from which 135 respondents each of female and male between the ages of 15 and 24 years were randomly selected, making a total of 270 respondents. A set of pre-tested interview schedule was used to source information on the personal and socio- cultural and economic characteristics of the youth; their perception of sexual norms; sexual behaviours and their perception of HIV/AIDS prevention strategies. In addition, a session of focus group discussion was conducted for each group of 20 females and 20 males to generate qualitative data.

The data collected were analysed using SPSS. Frequencies, percentages, means, standard deviation and bar charts were used to describe the data, while the Chi-square (χ^2) and Pearson's Correlation (r) were respectively used to determine the associations and relationships between the perceptions of HIV/AIDS prevention strategies and some selected variables, Analysis of Variance (ANOVA) (F) was used to determine the gender differences in some variables.

RESULTS AND DISCUSSION

Personal and Socio- cultural and Economic Characteristics of the Respondents

Data presented in Table 1 showed the result of selected personal and socio-cultural and economic characteristics of the respondents. The mean ages of the male and female respondents were 17.6 and 16.9 years, with standard deviations of 4.5 and 4.3, respectively. Among the male respondents, 74.1 and

25.9 percents were between ages of 15 and 19, and between 20 and 24 years, respectively. Also, about 81.5 and 18.5 percents of the female respondents were between 15 and 19, and between 20 and 24 years, respectively, too. This implies that majority of the respondents were in their teenage years, a period characterized by the appearance of secondary sex characteristics and composed of a set of gradual transitions, which touch upon many aspects of the individual's behaviour, development and relationships. These transitions are biological, cognitive, social and emotional (Ryan *et al.*, 2003). While majority (66.7%) of the male respondents had formal education, only about 44.4 percent of their female folks had formal education. This finding corroborates the current gap report with respect to gender achievements and prospects in education (UNICEF, 2005), which revealed that about 40.0 percent of the Nigerian girls are still out of school. About 59.3, 25.9 and 14.8 percents of the male-respondents were Christians, Muslims and traditional worshippers, respectively. Also about 70.4, 18.5 and 11.5 percents of the female-respondents were Christians, Muslims and traditional worshippers, respectively. These indicate that the respondents were highly religious. Hence, their various religious beliefs might have influenced their perception of HIV/AIDS prevention strategies.

Among the female respondents, many (55.6%) were married, just as few percentages (14.8%) were divorcees. However, few (7.4%) of the male respondents indicated that they were married and none (0.0%) was a divorcee. This implies that early marriage is more prevalent amidst the female respondents. Early marriage involving young girls has been variously reported as a risk factor in the spread of HIV/AIDS among young women in Africa (Bruce, 2005; and Clark, 2004).

With regard to their involvement in farming activities, whereas about 40.7 percent of the males were found to be involved at a high level, only 11.9 percent of the female folks were involved at this level (See Table 1). This indicates that male respondents compared to their female-counterparts were more involved in farming activities. This finding supports the reports of Adewale *et al.* (1998) and Okorie (2002), which established that males participated more in both crop farming and animal rearing

activities than females. But then, the observed female respondents' low level of involvement in farming activities could be a reflection of women's limited access to communal facilities, which may further enhances young women's vulnerability to hunger, poverty and HIV/AIDS (Eunwemba, 2002 and Ekong, 2003).

Table 1: *Personal and Socio- cultural and Economic Characteristics of the Respondents*

	Male		Female	
	Frequency	Percentage	Frequency	Percentage
Age				
15-19	100	X =17.6	110	X =16.9
20-24	35	sd =4.5	30	sd = 4.3
Total	135	100.0	135	100.0
Education				
Non formal	45	33.3	75	55.6
Formal	90	66.7	60	44.4
Total	135	100.0	135	100.0
Religion				
Christians	80	59.3	95	70.4
Islam	35	25.9	25	18.5
Traditional	20	14.8	15	11.1
Others	0	0.0	0	0.0
Total	135	100.0	135	100.0
Marital status				
Single	125	92.6	40	29.6
Married	10	7.4	75	55.6
Divorced	0	0.0	20	14.8
Total	135	100.0	135	100.0
Income per month				
< \$58.14	60	44.4	115	85.2
\$58.14-\$174.42	65	X =\$ 85.3	20	X = \$54.5
>\$174.42	10	sd =7.5	0	sd =5.4
Total	135	100.0	135	100.0
Level of Parental dependency				
Low	60	44.4	30	22.2
Moderate	50	37.0	50	37.1
High	25	18.6	55	40.7
Total	135	100.0	135	100.0
Level of participation in farming activities				
Low	20	14.9	84	62.2
Moderate	60	44.4	35	25.9
High	55	40.7	16	11.9
Total	135	100.0	135	100.0

Source: Field survey, 2007. X = Mean, sd = Standard deviation

The average incomes per month of the male and female respondents were \$85.3 (USD) and \$54.5 with the standard deviations of \$7.4 and \$5.59, respectively. About 44.4 and 85.2 percents of the male and

female respondents had income less than \$58.14 per month. However, while 48.2 percent of the male respondents had income in the range between \$58.14 and \$174.42, only about 14.8 percent of the female respondents had income in the same range. Moreover, although 7.4 percent of the male respondents had income greater than \$174.42, none (0.0%) of the female respondents had income in the same range. These imply a higher likelihood of poverty incidence among the female respondents.

Respondents' Perception of Sexual Norms

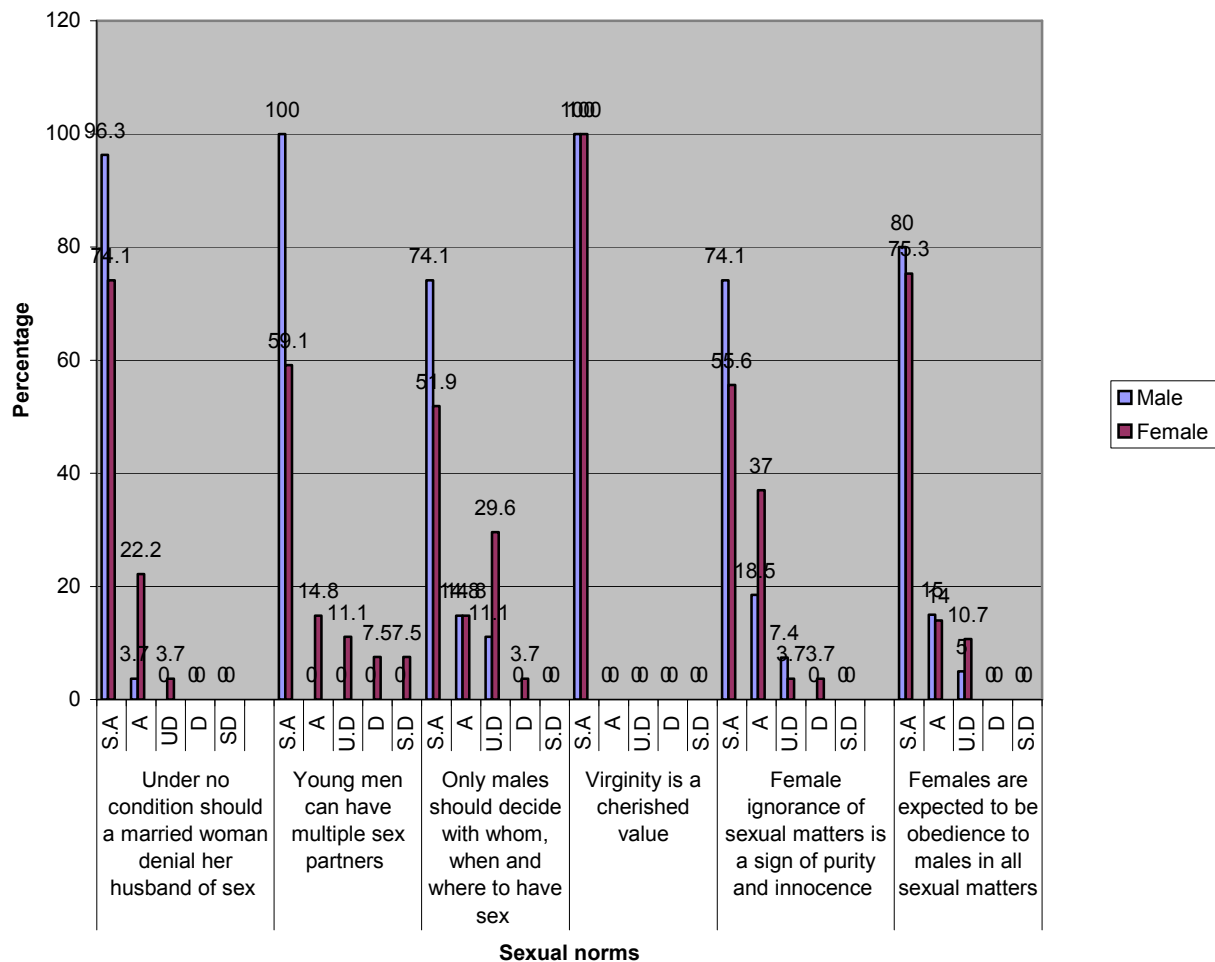
The respondents were given validated perceptual statements on five points' likert scale, i.e., Strongly Agree (SA), Agree (A), Undecided (U), Disagree (D), and Strongly Disagree (SD) in order to ascertain their views with regard to the prevailing sexual norms in their cultural setting. Each respondent was then scored based on his or her responses to the statements. The bars presented in Figure 1 show six of the foremost statements that were used to determine the respondents' perception of sexual norms. The male and female respondents' perceptual mean scores were 25.8 and 23.4 with standard deviations of 2.6 and 2.1, respectively. All the respondents (100.0%) in both categories strongly agreed that *Virginity is a cherished* value. About 96.1 and 75.1 percents of the male and female respondents, respectively, strongly agreed that *under no condition should a married woman deny her husband of sex*. In fact during focused group discussion session one of the female participants enthusiastically remarked thus: *on issues concerning making love in the matrimony, men, even those who don't go to church quote The Holy Bible: "The wife do not have power over her own body"*. Although, none (0.0%) of the respondents in either of the categories strongly disagreed or disagreed with the statement that *under no condition should a married woman deny her husband of sex*, 3.7 percent of the female respondents were undecided. Many (74.1% and 56.6%) in both categories strongly agreed that *Female ignorance of sexual matters is a sign of purity and innocence*. Only about 3.7 percent of the female respondents disagreed with the statement that *Female ignorance of sexual matters is a sign of purity and innocence*. Moreover, while 80.0 and 75.3 percents of the male and female respondents strongly agreed that

females are expected to be obedience to males in all-sexual matters, only about 5 and 10.7 percents of both categories were undecided. Also about 74.1 and 54.9 percents of male and female respondents strongly agreed that *only males should decide with whom, when and where to have sex*.

Further more, while the dominant ideologies of femininity promote ignorance, innocence and virginity, dominant versions of masculinity encourage young men to seek sexual experience with a variety of partners. These, therefore, imply that decisions with regard to the use or non-use of HIV/AIDS prevention strategies lie exclusively within the domain of males. For instance, in a review of research conducted in seven countries, including Nigeria, Egypt, Mexico and the Philippines, Petchesky and Judd (1998) concluded that even where sexually active young women are aware of HIV/AIDS and measures to protect against infection, rarely do they have the power to ensure that condoms are used. More so, the undue sexual dominance within and outside matrimony, which these norms have given to the males has become a curse rather a blessing. In this regard, White *et al.* (2003) reported that sexual norms have granted to men the liberty that has become inimical to their health, just as Nigeria Federal Ministry of Health Report (2004) noted that married women's greatest risk of contracting HIV is through having sex with their husbands. Also, it has been reported that having multiple sex partners becomes a mark of honour among young men, where the sex norms demand virginity among the girls (Zelaya *et al.*, 1997).

Invariably, the content and contradictions of the prevailing sexual norms have become a precursor for the thriving of HIV/AIDS, especially among young women in the Nigerian rural areas, where burdensome sanction such as total banishment from the community awaits anyone who falls short of the norms (Jibowo, 2000 and Ekong, 2003). Certainly, the rural youth's perception of HIV/AIDS prevention strategies would be fashioned in the images of the prevailing gender norms.

Figure 1: Bar chart showing the distribution of respondents by perception of sexual norms

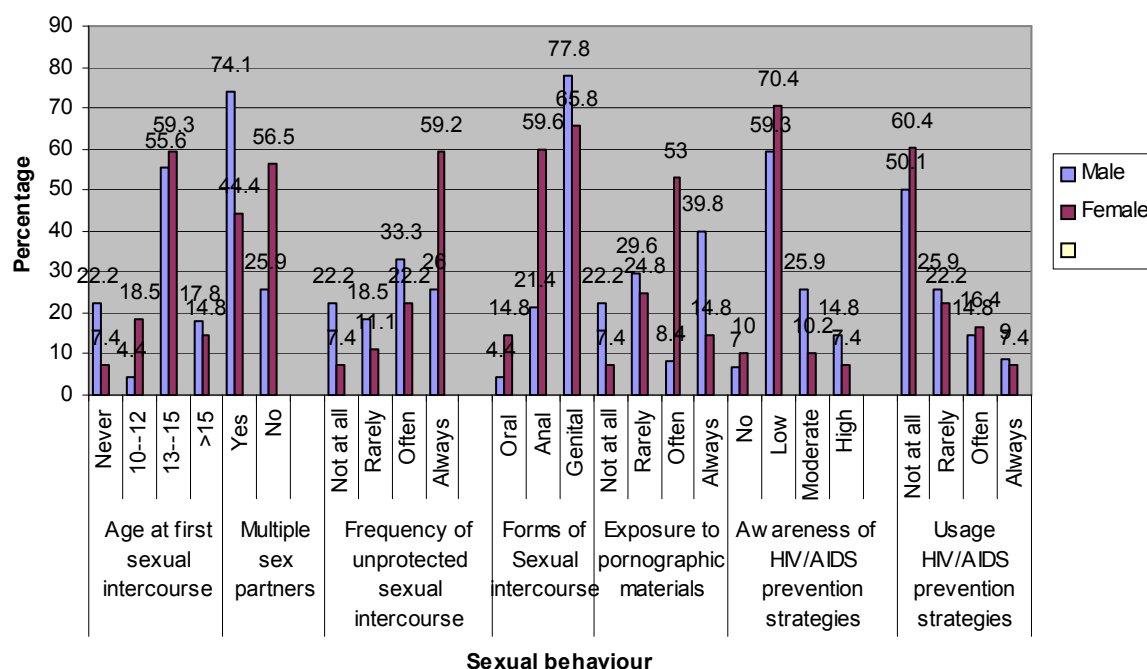


Respondents' Sexual Behaviours

The bars presented in Figure 2 show the sexual behaviors of the respondents. The mean ages for the sexual debut of the male and female respondents were 13.4 and 12.8 years with the standard deviations of 2.4 and 2.1, respectively. About 4.4 and 18.5 percents of the male and female respondents had their sex debut between 10 and 12 years. This implies that some of the respondents became sexually active in their preteens, and thus got exposed to the risk of contracting HIV/AIDS. While some (22.2%) of the male respondents claimed to have never had sex, only few (7.4%) of the female respondents gave the same response. The apparent higher number of the respondents who had not had sex in the male category could be a reflection of early marriage, which is more prevalent among the females than the

males (Ekong, 2003). Early marriage involving young girls, according to WHO's (1989) finding, is widely practiced. In Bangladesh, 25.0 percent of 14-year old girls are married; in Nepal 34.0 percent of 15-year old girls are married. In South East Asia, Africa and Latin America, 24.0, 44.0, and 16.0 percents of women under age 20 are married, respectively. However, in most countries, only about 2.0 or 3.0 percent of males within ages of 14, 15 and less than 20 years are married. It is, instructive to note that the epidemic of HIV/AIDS to an extent, has contributed to early marriage involving young girls. This is evidenced by the aptness of some older men to seek partners who are less likely to be sexually experienced or, in their eyes, infected by HIV (Petchesky and Judd, 1998). This therefore, places young women at increased risk of becoming infected by older men who may have wide sexual experience (Panos, 1996). Also, it is important to recognise that many young women who have HIV infection have had only one sexual partner, namely their husband (UNDP, 1993). While majority (74.1%) of the male respondents claimed to have multiple sex partners, only about 44.4 percent of the female respondents gave the same response. With regard to frequency of involvement in unprotected sexual intercourse among the male respondents, while about 22.2, 18.5, and 33.3 percent indicated not at all, rarely and often, only 26.0 percent claimed to have always been involved in unprotected sexual intercourse. However, among the female respondents majority (59.2%) agreed to have always been involved. This may not be unconnected with the prevailing sexual norms, which place decision-making in sexual matters, among the prerogatives of men. About 77.8 and 65.8 percents of the male and female respondents indicated to have had genital sex, respectively. However, more female respondents (10.4% and 1.5%) have, respectively, had oral and anal sex. Although, anal and oral sexes qualify in the parlance of the prevailing sexual norms, as a sexual deviance, they could have been informed by the norms. Just as Gupta, Weiss and Mane (1996) reported that young women may engage in risky sexual practices, such as anal sex, as means of expressing their sexuality whilst protecting their virginity and obeying *the male order* as the norms demand. Thus, the content and contradictions of sex norms have put young women at the heightened risk of contracting HIV/AIDS.

Figure 2: Showing respondents distribution by sexual behaviour



Respondents' Awareness, Perception and Usage of HIV/AIDS Prevention Strategies

To ascertain the respondents' levels of awareness, the variously reported HIV/AIDS prevention strategies, such as condom, safe sex, abstinence, sero status check, faithful to one uninfected partner among others were presented to the respondents. Each respondent was scored based on the number of prevention strategies he or she claimed to be aware of. The male and female respondents' awareness mean scores were 15.5 and 9.8, with the standard deviations of 3.5 and 1.7, respectively. Although, 59.3 and 70.4 percents of the male and female respondents had low awareness scores, and only about 14.2 and 7.4 percents of the male and female respondents, respectively, claimed to have always been using HIV/AIDS prevention strategies, gender gaps still exist in the low, moderate and high levels of HIV/AIDS prevention awareness, and in the frequency of usage of HIV/AIDS prevention strategies

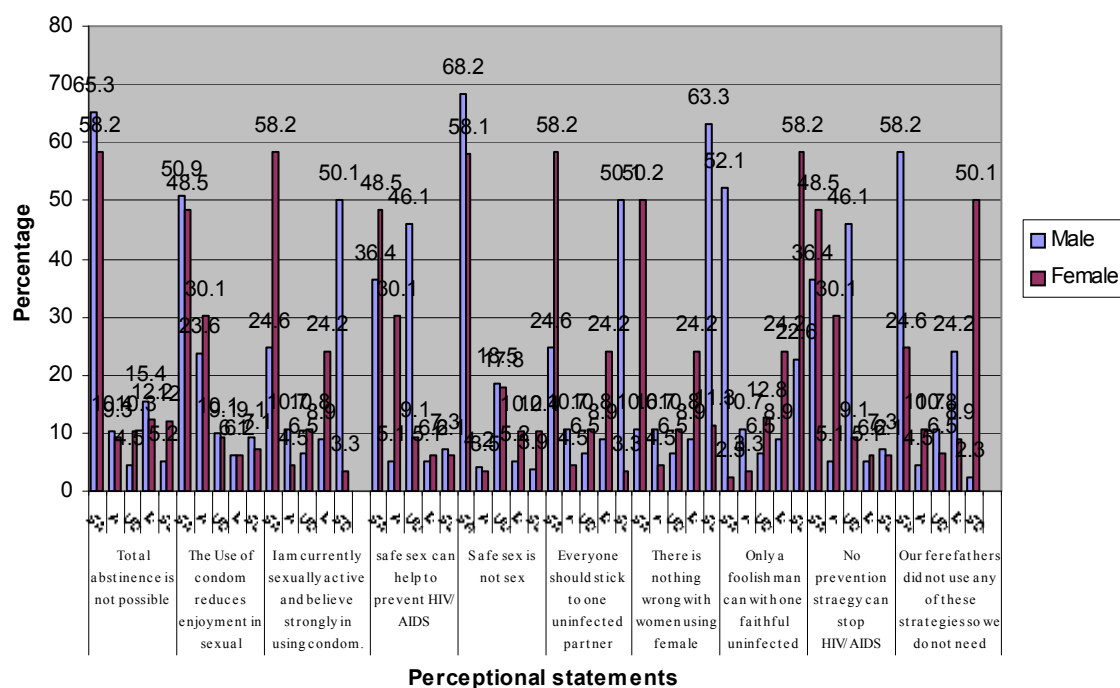
(See Figure 2). These may be a reflection of the gendered sex norm, which considers *female ignorance of sexual matters is a sign of purity and innocence*.

More so, to further ascertain their views on the HIV/AIDS prevention strategies they were given validated perceptual statements on five points likert scale, i.e., Strongly Agree (SA), Agree (A), Undecided (UD), Disagree (D), and Strongly Disagree (SD). Each respondent was then scored based on his or her responses to the statements. The bars presented in Figure 3 showed ten of the foremost statements that were used to determine the respondents' perception of HIV/AIDS prevention strategies. The male and female respondents' perceptual mean scores were 43.6 and 55.1 with standard deviations of 4.5 and 7.8, respectively. About 65.3 and 58.2 of the male and female respondents strongly agreed that *Total abstinence is not possible*. This view was buttressed further during the FGDs, and one of the participants remarked thus:

*Is it possible? Well, those people who abstain are not sociable.
I believe abstinence is old fashion.*

This implies that majority of the respondents are sexually active, thus unfavourably perceived abstinence from sex until after marriage as an idea prevention strategy. Many (50.2%) of the female respondents strongly agreed that *There is nothing wrong with women using female condom*, but then majority (63.2%) of the male respondents strongly disagreed with the same statement. For other perceptual statements see Figure 3. However, the study revealed that the female respondents had a more favourable perception of the HIV/AIDS prevention strategies than their males counterparts, though at a marginal level.

Figure 3: Showing distribution of respondents by perception of HIV/AIDS prevention strategies



Correlates of Youth's Perception of HIV/AIDS Prevention Strategies and Gender Differentials

In order to establish the economic and socio-cultural correlates of rural youth's perception of HIV/AIDS prevention strategies and the statistical significance of gender gaps in the awareness, perception and usage of HIV/AIDS prevention strategies, data were subjected to Chi square test, Pearson correlation analysis and Analysis of variance (ANOVA). Data in Table 2 showed that at 0.05 level of significance religion ($X^2 = 25.5$, $C = 0.568$), marital status ($X^2 = 5.95$, $C = 0.480$) and form of habitation ($X^2 = 4.565$, $C = 0.361$) were strongly associated with the youth's perception of HIV/AIDS prevention strategies. Data in Table 3 revealed that at 0.05 level of significance years of formal education ($r = 0.342$), income ($r = 0.423$), number of farming activities involved in ($r = 0.544$) and number of HIV/AIDS prevention strategies aware of ($r = 0.261$) had significant and positive relationship with youth's perception of HIV/AIDS prevention strategies. The positive and significant relationship between rural youth's perception of HIV/AIDS prevention strategies and the above named variables (number of farming activities involved in, years of formal education, income and number of HIV/AIDS prevention strategies

aware of) maybe explained thus: rural youth's involvement in a wide range of farming activities increases income, which in turn enhance access to formal education. An ample number years in formal education improves the youth's understanding of HIV/AIDS prevention messages, which increases awareness of many prevention strategies. Awareness of many prevention strategies, invariably improves the youth's perception of HIV/AIDS prevention strategies.

However, at 0.05 level of significance, frequency of exposure to hardcore pornographic materials ($r = -0.368$) and perception of gendered sex norms ($r = -0.283$) had significant but inverse relationship with youth's perception of HIV/AIDS prevention strategies. These imply that the more the youths are exposed to hardcore pornographic materials, the more unfavourable their perception of HIV/AIDS prevention strategies becomes. Also, the more favourably the youth perceived the prevailing gendered sex norms, the more unfavourable their perception of HIV/AIDS prevention strategies becomes. This finding partly accentuates Pamela's report (2004) that the more pornography young men watch, the more likely they are to describe women in sexualised terms and categorise women in traditional gender roles. Unarguably, construing any of the sexes as a "sex object" will definitely result in unfavourable perception of HIV/AIDS prevention strategies.

Data in Table 4 revealed that at 0.05 level of significance, there were significant differences in gender gaps in the level of awareness of HIV/AIDS prevention strategies ($F = 7.73$); perception of HIV/AIDS prevention strategies ($F = 4.97$) and usage ($F = 4.99$). However, at the same significance level, there was no significant difference in gender gaps in the level of perception of gender sexual norms. The statistically significant variations of gender gaps in the level of awareness, perception and usage of HIV/AIDS prevention strategies could be a manifestation of the prevailing gendered sexual norms. The causes of these gender gaps have too often been linked to the biologically determined differences between females and males, and, therefore, perceived to be *natural* and unchangeable (Torimiro, *et al.*,

2007). But worthy of note is the fact that, while the biological differences between females and males are constant and universal, the gender gaps differ between cultures and these gaps change over time.

Table 2: *Chi- Square Analysis Showing Associations between the Respondents' Perception of HIV/AIDS Prevention Strategies and Some of their Selected Personal and Socio- cultural and Economic Characteristics*

Variables	X ²	Level of significant	Contingency Co-efficient
(i) Marital status	5.95	0.014*	0.568
(ii) Religion	25.5	0.034*	0.480
(iii) Forms of habitation	4.56	0.029*	0.361

Source: Field survey, 2007; * X² is significant at p < 0 .05 levels

Table 3: *Pearson's Correlation Analysis Showing Relationships between the Respondents' Perception of HIV/AIDS Prevention Strategies and Some Selected Variables*

Variables	Correlation Coefficient (r)	Coefficient Determination (r ²)
(i) Exposure to pornographic materials	- 0.368*	0.135
(ii) Perception of gender sexual norms	-0.283*	0.080
(iii) Years of formal education	0.342*	0.117
(iv) Income	0.423 *	0.179
(v) Number of farming activities involved in	0.544*	0.296
(vi) Number of prevention strategies aware of	0.261*	0.068

Source: Field survey, 2007; * r is significant at p < 0 .05 levels

Table 4: *ANOVA Showing Gender Differences in Some Variables among the Respondents*

Variables	F-values	Level of Significance
Level of usage	4.99	0.04*
Level of awareness	7.93	0.027*
Perceptual Level of gender sexual norms	1.36	0.867
Perceptual level of prevention strategies	4.97	0.035*

Source: Field survey, 2007; * F is significant at p < 0 .05 levels

CONCLUSION

The study identified and analysed the prevailing social norms, especially the gendered sex norms that mould the sexual behaviours of the sexes from childhood through puberty to parenthood. It established the inextricable but inverse relationship between youth's perception of HIV/AIDS prevention strategies and the prevailing sex norms. Also, it revealed that these socio-cultural dynamics have engendered gender gaps in awareness and usage of HIV/AIDS prevention strategies, thus constitute a bane to favourable perception of these prevention strategies that focus typically on changing sexual behavioural outcome among the Nigerian rural youth. Therefore, it concluded that decimation of youth population, poverty and food insecurity among others, which HIV/AIDS has bequeathed upon sub-Saharan Africa, will continue except the present HIV/AIDS prevention strategies that focus typically on changing sexual behavioural outcomes are complemented with interventions that will address the prevailing sex norms. The study, thus, suggested that interventions be built based on the identified prevailing sex norms while their outcomes be measured vis-à-vis changes in the recipients' perception the norms.

REFERENCES

- Adewale, J.G., I.O. Oladosu, and J.O. Ajetomobi (1998): 'Participation of Farmers' Children in Rice Production in Ogbomoso Zone of Oyo State', in Adedoyin, .S.F and D.O Torimiro (eds.) *Rural Children and The Future Food Security of Nigeria, A Book of Readings*, Nigeria, Ago-Iwoye: CIAP-Network, 450- 480.
- Badcock-Walters P., Kelly M., and Görgens M., (2004): Does knowledge equal change? HIV/AIDS Education and Behaviour Change, pp 3.
- Bruce, J (2005): 'Child marriage in the context of the HIV epidemic,' Promoting Healthy, Safe, and Productive Transitions to Adulthood Brief no. 11. New York: Population Council.

Clark S. (2004): 'Early marriage and HIV risk in sub-Saharan Africa,' *Studies in Family Planning* 35(3): 149–160

Ekong, E.E (2003): *Introduction to Rural Sociology*, 2nd Edition, Dove Educational Publishers, Uyo, Nigeria.

Enuwemba, C. (2002): 'An assessment of HIV/AIDS awareness among the rural women in Ife zone Osun State Nigeria' Unpublished B.Agric. Project, Department of Agricultural Extension and Rural Sociology, Obafemi Awolowo University, Ile-Ife, Nigeria

Family and Health International (2006): FHI's focus on youth, <http://www.fhi.org/en/index.htm>

Federal Ministry of Health (2004): Technical Report on the 2003 HIV Sero-Prevalence Sentinel Survey among Pregnant Women Attending Antenatal Clinics in Nigeria (Abuja, Nigeria: Nigeria Federal Ministry of Health, 2004).

Gupta, G.R., Weiss, E., and Mane, P. (1996): 'Talking About sex: a Prerequisite for AIDS Prevention'. In L.D. Long & E.M. Ankrah (eds.) *Women's Experiences: an International Perspective*. Columbia University Press: New York

Jibowo A A,(2000) : *Essentials of rural Sociology* Gbemi Sodipo Press Ltd 2002 Abeokuta Nigeria

Okorie.V.O (2002): 'Involvement of Nomadic Children in Animal Rearing Activities in Osun State, Nigeria', Unpublished B.Agric. Project, Department of Agricultural Extension and Rural Sociology, Obafemi Awolowo University, Ile-Ife, Nigeria

Pamela, P. (2004): *The Porn Factor* (Available: <http://www.nationalcoalition.org/resourcesservices/stat.html>)

Panos, T (1996): *AIDS and Young People*. AIDS Briefing 4. London:
Petchesky, R .P., and Judd, K. (1998). *Negotiating Reproductive Rights: Women's Perspectives Across Countries and Cultures*. New York: Zed Books Ltd.

Pulerwitz, J., Barker, G., Segundo, M and Nascimento, M(2006): Promoting more gender-equitable norms and behaviors among young men as an HIV/AIDS prevention strategy, Horizons Final Report. Washington, DC: Population Council.

Ryan, S. Manlove, J. and Franzetta, K. (2003): *First Time: Characteristics of Teens' First Sexual Relationships*. Child Trends Research Brief. Child Trends, 4301 Connecticut Ave NW, Suite 350, Washington, DC 20008. (Available:<http://www.childtrends.org/PDF/FirstTimeRB.pdf>).

Sweat, M.D. and Denison, J. (1995): HIV Incidence in Developing Countries with Structural and Environmental Interventions, *AIDS*, 9 (Suppl A): S251-57.

Torimiro, D. O., S. M. odayinka, V. O. Okorie and M. A. Akinsuyi (2006): Gender analysis of socio-cultural perception of *Moringa oleifera* amongst farmers in Southwest Nigeria, *Journal of Gender and Development* (In press)

Torimiro, D.O; O.D. Kolawole and V. O. Okorie (2007): *In-School Farm-Youth and ICTs Usage: A Gender Analysis of Nigeria's Yoruba Communities* *The young Journal* (In press).

UNDP (1993): Silence, Susceptibility and the HIV Epidemic. New York: UNDP HIV and AIDS Development Programme.

UNICEF (2005): Gender Achievements and Prospects in Education: The Gap Report (Part 1). Nigeria: UNICEF. (Available: <http://www.ungei.org/gap/countryNg.php>)

Weiss, E., Whelan, D., Gupta, G.R. (1996): Vulnerability and Opportunity: Adolescents and HIV/AIDS in the Developing World. Washington DC: International Center for Research on Women

White, V., Greene, M., Murphy, E (2003): Men and reproductive Health Programs: Influencing gender norms. U.S. Agency for International Development Office of HIV/AIDS USAID Contract: HRN-C-00-99-00005-00

World Health Organization (1989) :‘The Health of Youth: Facts for Action’, Technical Discussion Paper, No. 5, Geneva

Zelaya, E., Marín, F.M., García, J., Berglund, S., Liljestrand, J., & Persson, L.A. (1997): Gender and Social Differences in Adolescent Sexuality and Reproduction in Nicaragua. *Journal of Adolescent Health*, 21: 39-46.