

Factors that make women vulnerable to HIV/AIDS
in Bela-Bela (Limpopo Province)

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DECLARATION

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SUMMARY

Background: Globally the percentage of women living with HIV is high. They constitute 48% of people living with HIV. The purpose of the study was to investigate the influence of specific factors known to make women vulnerable to HIV/AIDS infection.

Objective: The specific factors investigated were cultural beliefs, economic dependence and sexual abuse and their affect (if any) on women in Bela-Bela (Warmbaths) in the Limpopo province of South Africa. The population of 30 women who attend HIV/AIDS support groups in the area was targeted. Twenty respondents were asked to complete questionnaires. A convenience sampling method was used.

Research Design: A descriptive research design was used, with data collected through questionnaires. The questionnaire was structured in English and for those who did not understand the language; the questions were explained in their own language. Data was collected on six occasions. The number of participants interviewed per session varied as it depended on the availability of participants on those days.

Results: Though the sample used was small which makes it is difficult to draw definite conclusions, the results revealed that women in the area are vulnerable to HIV because of factors such as cultural beliefs (in particular the value of marriage and children), economic dependence and sexual abuse.

Conclusion and Recommendation: Findings in this study indicate that unemployment may put women in unfavourable economic position and force them into vulnerable behaviour such as having unsafe sex and sex for money. Findings further revealed that the value of children is put in high regard by the respondents. Having children is seen as a way of proving to the community that they are fertile. This may put women at risk of HIV as they are engaging in unprotected sex. The results show that many women are still exposed to forced sex. There is a need for further research in this regard.

OPSOMMING

Agtergrond: Die aantal vroue wat wêreldwyd MIV onderlede het, beloop 'n geskatte 48% van alle mense wat met die siekte saamleef. Hierdie studie ondersoek spesifieke faktore wat bekend daarvoor is om vroue kwesbaar te maak vir die virus.

Doelstelling: Die spesifieke faktore wat ondersoek word is kulturele oortuigings, ekonomiese afhanklikheid en seksuele misbruik en die invloed daarvan (indien enigsins) onder vroue van Bela Bela in die Limpopo Provinsie van Suid Afrika. 'n Groep van 30 vroue wat MIV/Vigs onderlede het en aan ondersteuningsgroepe in die area behoort, is geteiken vir die studie. Twintig respondente het vraelyste ingevul.

Navorsingsontwerp: 'n Beskrywende navorsingontwerp is gebruik, met data wat versamel is deur middel van vraelyste. Die vraelyste was in Engels en vir diene wat nie die taal verstaan het nie, is dit in hul eie taal verduidelik. Data is op ses geleenthede bymekaar gemaak. Die getal deelnemers wat deelgeneem het per sessie het afgehang van die beskikbaarheid van deelnemers op die verskillende dae.

Uitslae: Alhoewel die steekproef klein was wat dit bemoeilik het om definitiewe afleidings te maak, het die uitslae gewys dat vroue in die area kwesbaar is vir MIV as gevolg van die spesifieke faktore wat ondersoek is, veral kulturele oortuigings (spesifiek oor die huwelik en geboorte).

Gevolgtrekkings en Aanbevelings: Resultate in die studie het gewys dat onstabiele ekonomiese omstandighede soos werkloosheid vroue in 'n ongunstige posisie plaas en hulle moontlik dwing om onbeskermd seks of seks vir geld te hê. Die bevindinge het ook onthul dat om kinders te hê hooggeag word deur die deelnemers in die studie aangesien dit gesien word as 'n simbool van vrugbaarheid. Dit beteken dus hulle het onbeskermd seks en moontlike blootstelling aan MIV. Die uitslae wys verder dat baie vroue nog blootgestel word aan seks wat op hul afgedwing word. Daar is 'n behoefte vir verdere navorsing in hierdie verband.

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TABLE OF CONTENTS	PAGE
CHAPTER 1: OVERVIEW OF THE STUDY	1
1.1 Background/Rationale to the study	1
1.1.1 HIV in South Africa	1
1.1.2 HIV and Women in South Africa	1
1.1.3 HIV and women in Bela Bela	2
1.2 Research question	3
1.3 Research problem	3
1.4 Aim and objectives	3
1.5 Research design, methods and analysis	3
1.6 Significance of the study	4
CHAPTER 2: LITERATURE REVIEW	5
2.1 Introduction	5
2.2. Women and HIV/AIDS: The global context	5
2.3. Women and HIV/AIDS: Sub-Saharan Africa	5
2.4. Women and HIV/AIDS: South Africa	5
2.4.1. Estimated HIV prevalence amongst South Africans by age and sex	6
2.5 Cultural beliefs	7
2.5.1 Male dominance	7
2.5.2 Importance of marriage	8
2.5.3 Value of having children	8
2.6 Economic dependence	8
2.7 Sexual violence	9
2.8 Summary	10

CHAPTER 3: RESEARCH METHODOLOGY	11
3.1 Introduction	11
3.2 Research design	11
3.3 Population and sampling	12
3.3.1 The target population	12
3.3.2 Sampling	12
3.4 Data collection	12
3.4.1 Research instrument	12
3.4.1.1 Economic dependence factors	13
3.4.1.2 Cultural factors	13
3.4.1.3 Sexual Abuse factors	13
3.4.1.4 Knowledge and Attitude questions on HIV/AIDS	14
3.4.1.5 General comments HIV/AIDS	14
3.5 Research Methodology	14
3.6 Data analysis	15
3.7 Ethical considerations	15
3.8 Conclusion	15
CHAPTER 4: FINDINGS	16
4.1 Demographic Information of Participants	16
4.1.1 Gender	16
4.1.2 Age of respondents	17
4.1.3 Educational Background	18
4.1.4 Marital Status	19
4.2 Economic Dependence Factors	20
4.2.1 Employment status	20
4.2.2 Number of jobs held in the last five years	21
4.2.3 Salary Level of respondent	22
4.2.4 Partner's income	23

4.2.5 Sex in exchange for money	24
4.2.6 Unfaithful partner	25
4.3 Cultural Factors	26
4.3.1 Wife's duty	26
4.3.2 Proving fertility	28
4.3.3 Initiating the use of a condom	29
4.3.4 Condoms are to be used by unmarried couples only	30
4.3.5 Multiple partners	31
4.4 Sexual Abuse Factors	32
4.4.1 Forced sex	32
4.4.2 Beating women	33
4.4.3 Beating women for promiscuity	34
4.5 Knowledge and attitude questions on HIV/AIDS	34
4.5.1 HIV and unprotected sex	35
4.5.2 Condom Access	35
4.5.3 HIV and prostitution	36
4.6 General comments on HIV/AIDS	37
CHAPTER 5: DISCUSSIONS	38
5.1 Demographic Information of participation	38
5.1.1 Gender	38
5.1.2 Age of respondent	38
5.1.3 Educational Background	38
5.1.4 Marital Status	38
5.2 Economic Dependence Factors	38
5.2.1 Employment Status	38
5.2.2 Number of jobs held in the last five years	39
5.2.3 Salary level of respondent	39
5.2.4 Partner's income	39

5.2.5 Sex in exchange for money	39
5.2.6 Unfaithful partner	40
5.3 Cultural factors	40
5.3.1 Wife's duty	40
5.3.2 Proving fertility	40
5.3.3 Initiating the use of a condom	41
5.3.4 Condoms are to be used by unmarried couples only	41
5.3.5 Multiple partners	41
5.4 Sexual Abuse Factors	41
5.4.1 Forced sex	41
5.4.2 Beating Women	42
5.4.3 Beating women for promiscuity	42
5.5 Knowledge and attitude questions on HIV/AIDS	43
5.5.1 HIV and unprotected sex	43
5.5.2 Condom Access	43
5.5.3 HIV and prostitution	43
5.6 General comments on HIV/AIDS	43
CHAPTER 6: CONCLUSION AND RECOMMENDATIONS	44
6.1 Conclusion	44
6.2 Recommendations	45
6.2.1. Economic dependence	45
6.2.2. Cultural factors	45
6.2.3. Sexual Abuse	45
CHAPTER 7: REFERENCES AND APPENDIXES	47
7.1 References	47
7.2 Appendixes	49
7.2.1 Informed consent form	49
7.2.2 Questionnaire	51

LIST OF TABLES

Table 4.1 Analysis of total sample by gender	16
Table 4.2 Analysis of total sample by age	17
Table 4.3 Analysis of total sample by educational background	18
Table 4.4 Analysis of total sample by marital status	19
Table 4.5 Analysis of total sample by employment status	20
Table 4.6 Analysis of total sample by number of jobs held in past five years	21
Table 4.7 Analysis of total sample by salary level	22
Table 4.8 Analysis of total sample by spouse/partner's salary	23
Table 4.9 Analysis of total sample by sex in exchange for money	24
Table 4.10 Analysis of total sample by unfaithful partner	25
Table 4.11 Analysis of total sample by wife's duty	26
Table 4.12 Analysis of total sample by proving fertility	28
Table 4.13 Analysis of total sample by initiating the use of a condom	29
Table 4.14 Analysis of total sample by condoms used by unmarried couples only	30
Table 4.15 Analysis of total sample by multiple partners	30
Table 4.16 Analysis of total sample by forced sex	32
Table 4.17 Analysis of total sample by beating women	33
Table 4.18 Analysis of total sample by beating women for promiscuity	34
Table 4.19 Analysis of total sample by unprotected sex	35
Table 4.20 Analysis of total sample by condom access	35
Table 4.21 Analysis of total sample by prostitution	36

LIST OF FIGURES

Figure 4.1 Analysis of total sample by gender	16
Figure 4.2 Analysis of total sample by age	17
Figure 4.3 Analysis of total sample by educational background	18
Figure 4.4 Analysis of total sample by marital status	19
Figure 4.5 Analysis of total sample by employment status	20
Figure 4.6 Analysis of total sample by number of jobs held in past five years	21
Figure 4.7 Analysis of total sample by salary level	22
Figure 4.8 Analysis of total sample by spouse/partner's salary	23
Figure 4.9 Analysis of total sample by sex in exchange for money	24
Figure 4.10 Analysis of total sample by unfaithful partner	25
Figure 4.11 Analysis of total sample by wife's duty	27
Figure 4.12 Analysis of total sample by proving fertility	28
Figure 4.13 Analysis of total sample by initiating the use of a condom	29
Figure 4.14 Analysis of total sample by condoms used by unmarried couples only	30
Figure 4.15 Analysis of total sample by multiple partners	31
Figure 4.16 Analysis of total sample by forced sex	32
Figure 4.17 Analysis of total sample by beating women	33
Figure 4.18 Analysis of total sample by beating women for promiscuity	34
Figure 4.19 Analysis of total sample by unprotected sex	35
Figure 4.20 Analysis of total sample by condom access	36
Figure 4.21 Analysis of total sample by prostitution	37

CHAPTER 1: OVERVIEW OF THE STUDY

1.1. BACKGROUND/RATIONALE TO THE STUDY

1.1.1. HIV in South Africa

According to UNAIDS (2010) South Africa remains the country with the largest number of HIV/AIDS infections in the world. An estimated 5.6 million people were living with HIV in 2009.

1.1.2. HIV and Women in South Africa

In South Africa, studies conducted clearly indicate that the epidemic affects all parts of the population, but more women are likely to be infected than men (AVERT, 2008). The Department of Health estimates that 18, 3% of adults (15-49) were living with HIV in 2006. Young women in South Africa face greater risks of becoming infected with HIV than men. In the age group 15-24 years old, women account for about 90% of new infections. HIV incidence among 20-29 year old women in 2005 was approximately 5,6%, more than six times higher than men of the same age.

Women make only 70% of what men earn, which already puts them at a disadvantage for attaining self-sufficiency. Poverty rates are much higher among women, with 60% of female-headed versus 31% of male-headed households, falling below the poverty line. Women's vulnerability often forces them into sexual relationships that they otherwise would not engage in and gives men more leverage for taking on multiple wives. In addition, the HIV/AIDS situation in South Africa has been exacerbated by men's migration to cities for mining and other job opportunities. Their separation from their wives and the proximity to other women who know nothing about their lifestyle put women at risk for contracting the virus (Suich, 2008).

Recent reviews also suggest that women in many parts of the developing world are less likely to control how, when and where sex takes place, thereby increasing the likelihood of STDs and HIV. Their vulnerability to HIV infection is enhanced for several reasons

including their economic dependence on men, poverty, sexual exploitation, rape as well as by the fact that they are more likely to sell sex than men (Aggleton and Rivers, 1999). Women and girls who are raped do not have the ability to negotiate condom use, and men who are the perpetrators of such violence do not offer to use condoms (PEPFAR report on gender-based violence and HIV/AIDS, 2006).

South Africa is plagued by a plethora of challenges facing women, many of them holdovers from the previous apartheid era such as flawed cultural beliefs, myth that sex with a virgin cures HIV/AIDS, unemployment and gender based violence (UNICEF, 2007). It is notable that a variety of factors play a part in influencing women's vulnerability to HIV/AIDS and different reviews agree on this issue.

1.1.3. HIV and Women in Bela-Bela

Bela-Bela is a small town situated in the municipal jurisdiction of Waterberg District Municipality in Limpopo Province. The town is situated 170km from Johannesburg and 100km from Pretoria. It is well known for its famous water springs which remain the main tourist attraction in the area. Despite it being well known for its popular resorts, Bela-Bela (previously known as Warmbaths) has a large percentage of the population living below the poverty line.

The total population of the municipality is 47 619, of which 19 336 are economically active. The formal sector employs 47,6% of the economically active sector, while the informal sector employs 37% of the sector. The unemployment rate is 19,45% of economically active persons (The HIV/AIDS Prevention Group, 2006).

In their reviewed integrated plan report for 2007/2008, Bela-Bela local municipality indicated that there are more females than males in Bela-Bela. They cited that women in this area are more affected by poverty and have to find ways and means of survival. This is also evident in the number of poverty alleviation projects in the area they indicated. According to the report, most of these projects are led by women and therefore need to be affirmed and supported by the municipality. The report further reveals that the number of

people affected by HIV/AIDS increased continuously and indicated the need for their support.

1.2. RESEARCH QUESTION

Many factors play a role in predisposing women to HIV/AIDS infection. In Bela-Bela, the HIV infection rate is increasing every year, while many women live beneath the poverty line. This raises the question: Which factors predispose women to HIV infection in this area? This study will specifically focus on the (possible) impact of the following factors: cultural beliefs, economic dependence and sexual abuse.

1.3. RESEARCH PROBLEM

The research problem to be discussed and analyzed is:

Which of the factors of cultural beliefs, economic dependence and sexual abuse (if any) make women susceptible to HIV infection in the Bela-Bela area?

1.4. AIM & OBJECTIVES

- Determine if women are more susceptible to HIV/AIDS because of sexual exploitation;
- Establish what role cultural values play in predisposing women to HIV/AIDS infection;
- Ascertain the impact of economic dependence of women in relation to HIV/AIDS;
- In order to gauge the impact (if any) of these factors on females in Bela-Bela (Warmbaths) in the Limpopo province of South Africa.

1.5. RESEARCH DESIGN, METHODS & ANALYSIS

In this study, a descriptive research design will be used, with data collection through questionnaires. Once the data has been collected, it will be analysed by using both a qualitative and quantitative approach.

1.6. SIGNIFICANCE OF THE STUDY

Globally, the percentage of women living with HIV/AIDS is high. In Sub-Saharan Africa the percentage of women living with HIV has been increasing. In South Africa where the study is conducted, the number of people living with HIV is high compared to other countries. Statistics have shown that the prevalence among women is higher than that of men. Women will continue to be considered in every society for the role that they play as mothers, sisters or grandparents. Most importantly for the role they play as parents. Society need for them to fulfill this role the best way possible so that there can be stability in the society. HIV is threatening this stability. It is important therefore, for every community to be informed about every looming threat, so that measures could be put in place to try and curb them. Issues such as gender inequality, cultural values and poverty need to be investigated so to find out what their influence is in making women vulnerable to HIV/AIDS. The results of this study could make a difference in the lives of women in the Bela-Bela area of Limpopo pertaining to these issues.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

This chapter will look into the background on women and HIV/AIDS globally, in Sub-Saharan Africa, South Africa and Limpopo respectively. It will further review the mentioned factors to be investigated in this study (i.e. cultural beliefs, economic dependence and sexual abuse) that make women more susceptible to HIV/AIDS.

2.2. WOMEN AND HIV/AIDS: THE GLOBAL CONTEXT

In mid-June 2008, an estimated global 33 million people were living with HIV. An estimated 22.0 million (67% of the global total) live in Sub-Saharan Africa where the epidemic is most severe. It is noteworthy that in the worst affected African countries the highest levels of new infections are found in women and girls (UNAIDS, 2009). Globally, women constitute 48% of the HIV population. 76% of these HIV positive women live in Sub-Saharan Africa, where women account for 59% of adults living with HIV (Wessner, 2006).

2.3. WOMEN AND HIV/AIDS: SUB-SAHARAN AFRICA

In 1985 in Sub-Saharan Africa, there were as many HIV infected men as there were women. However, as the infection rate has increased over the years, the number of women living with HIV/AIDS has overtaken and remained higher than the number of infected men. In 2007, there were around 12 million women living with HIV compared to about 8.3 million men. UNAIDS have estimated that around three quarters of all women with HIV live in Sub-Saharan Africa (Avert, 2009).

2.4. WOMEN AND HIV/AIDS: SOUTH AFRICA

South Africa is experiencing the largest HIV and AIDS epidemic in the world Nicolay N (2008). An estimated 5.6 million (5, 4million-5.8million) South Africans are living with HIV, the largest number of any country in the world (UNAIDS, 2010). Different provinces in South Africa however experience different levels of HIV infections and

AIDS related deaths. This illustrates the fact that the epidemic is in different stages of development in each province and that a different approach to addressing the epidemic in each province is necessary to stem the course of new infections and death. The latest HIV prevalence in South Africa is represented in the following way:

2.4.1 Estimated HIV prevalence among South Africans, by age and sex, 2008

Age	Male prevalence %	Female prevalence %
2-14	3.0	2.0
15-19	2.5	6.7
20-24	5.1	21.1
25-29	15.7	32.7
30-34	25.8	29.1
35-39	18.5	24.8
40-44	19.2	16.3
45-49	6.4	14.1
50-54	10.4	10.2
55-59	6.2	7.7
60+	3.5	1.8
Total	7.9	13.6

(Avert 2009. 22/11/2009 12:47:16, p 3)

Among females, HIV prevalence is highest in those between 25 and 29 years old; among males, the peak is in the group aged 30-34 years (Avert, 2009), but it is notable that the prevalence among female as compared to males is high in seven categories, while with males it is in only four categories.

Limpopo Province (which is where the study is being conducted) falls under the provinces which are still experiencing a high number of new infections relative to AIDS death, leading to rapidly growing HIV prevalence rates. In 2005, the HIV prevalence was 8.0% and in 2008 it had risen to 8.8% (Avert, 2009).

In the past, most HIV education campaigns such as Love Life and Soul City have focused on certain methods for preventing infection, for example, using condoms, abstaining from

sex, and staying faithful to one partner. The problem with these campaigns according to Ackermann et al (2001) is that it fails to take into account the reality of women's lives and special risk factors that make them vulnerable.

Different factors have been cited by researchers presumably as factors leading to women susceptibility to HIV/AIDS, e.g. social, cultural and economic factors, to name a few. As mentioned, this study will focus on the following specific factors: sexual abuse, economic dependence and cultural beliefs.

2.5 CULTURAL BELIEFS

2.5.1 Male Dominance

In a study conducted in Mozambique, findings indicated that women were expected to respect their husbands and accept polygamous relationships. The study found that the accepted practice and belief in male dominance/patriarchy is the primary and most basic cultural issue affecting women's ability to access rights that would reduce their vulnerability to HIV infection. Secondary to this belief are:

- The support and acceptance of men's polygamous relationships
- The acceptance of male promiscuity (multiple se partners) and
- The evidence that condom use, and prevention of pregnancy and sexually transmitted infections in general, is male controlled

(SAFAIDS, 2009)

According to SAFAIDS (2009) a study conducted in Namibia indicated the following as some of the harmful traditional and cultural practices that were identified as increasing the vulnerability of women to HIV

- Patriarchy, men's abuse of power and accepted male dominance and women's subordinate positions
- The desire for children at all costs which leads women and men to engage in unprotected sex, even when their partner is known to be HIV positive

- Reluctance by men to use condoms, and failure to control condom use , especially in marriage

2.5.2 Importance of Marriage

The negative stigma associated with childlessness forced woman to practice sexual third party intervention at the risk of contracting HIV. The brother of the husband becomes selected by the wife or not and they engage in sexual relation to produce an offspring. The issue would not be discussed between the husband and the wife and the offspring would be considered his. All this would be done in the name of saving a marriage. (SAFAIDS, 2009)

2.5.3 Value of having Children

The value attached to having children may increase the pressure on women to engage in unprotected sex even when they know their partners are HIV positive. In a study conducted in Namibia, the value attached to having children was found to be of such primary importance that it appeared not to matter if the children were born HIV positive. As a result, women with many children were held in higher esteem and had higher standing in the community than those who had fewer children. In the case of a childless union, blame is placed on the woman alone; unless it was otherwise proved that, her husband had a medical impairment that prevented procreation (SAFAIDS, 2009).

2.6 ECONOMIC DEPENDENCE

Women who are not working may be forced to depend on their partners to support them financially. Economic dependence may increase the pressure on woman to resort to high risk sex in exchange for money or goods, or having sex with older man who provide money and material security for survival.

In a study conducted by Tladi (2006) to establish and explain the link between HIV/AIDS and poverty it was found that women who receive money from their partners were more likely not to use condoms, because their partners disliked condoms.

The unfavourable economic position of women, fuelled by their relative lack of education and training in urban and rural areas across Africa increased the number of women leaving in poverty. These forces women to supplement their economic position putting them in a predicament where sex becomes a strategy for survival, with women selling sex to meet specific obligations such as buying food (Ackermann et al., 2002).

According to UNAIDS (2008), a study conducted in Botswana and Swaziland revealed that women who lack sufficient food are 70% less likely to perceive personal control in sexual relationships, 50% more likely to engage in intergenerational sex, 80% more likely to engage in survival sex and 70% more likely to have unprotected sex than women receiving adequate nutrition.

2.7 SEXUAL VIOLENCE

Sexual violence whether in the form of rape or sexual abuse may put women at risk of being infected with HIV/AIDS.

According to Jewkes et al. (1999), the rates of rape in South Africa are considered to be of the highest in the world and appear to be increasing every year. This raises a concern considering the possibility of HIV infection. In a study conducted in Soweto South Africa by Dunkle et al. (2003) to explore associations between gender-based violence and HIV infection, the following conclusions were reached:

1. Gender-based violence is highly prevalent amongst women attending Soweto antenatal clinics.
2. Intimate partner violence and gender-based power inequalities in relationships are associated with an increased risk of HIV infection after adjusting for social and demographic risk factors and for women's risk behaviours.
3. Gender-based power inequalities pose barriers to the adoption of safer sexual practices in relationships.
4. Intimate partner violence is associated with an increased risk of several risk factors for HIV

infection including having multiple male sex partners, involvement in transactional sex and problem drinking.

5. Intimate partner violence seems to be associated with an increased risk that the abusive male partner has HIV.

Jewkes et al. (1999) provide good estimates of the incidence and prevalence of gender-based violence, i.e. the most reliable data generally derive from surveys specifically designed to address the question of gender-violence. A provincially representative population-based survey of gender-based violence in three South African provinces found the prevalence of physical abuse by an intimate partner in the past 12 months was 10.9% (Eastern Cape), 11.9% (Mpumalanga) and 4.5% (Northern Province), while lifetime prevalence was 26.8% (EC), 28.4% (M) and 19.1% (NP), and history of violence during a pregnancy 9.1% (EC), 6.7% (M) and 4.7% (NP).

A study among teenagers in Khayelitsha in the Western Cape Province revealed that in most cases men used violent strategies at the beginning of a relationship. In addition to the initial forced contact, men were reported to continue using physical assault to enforce contact, beating their partners if they refused to have sex and apart from other reasons, women remain in abusive relationships because of fear and economic dependence (Ackermann et al., 2002).

2.8 SUMMARY

The above sentiments support the notion that social, cultural and economic factors make women, among other, to be more susceptible to HIV/AIDS. As indicated, findings by other researchers confirm that different factors such as social, cultural and economic factors are contributing to the vulnerability of women to HIV/AIDS. This study will try to ascertain how sexual abuse, economic dependence and cultural beliefs may predispose women in Bela-Bela to HIV/AIDS infection.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter outlines the research methods used in the study. It provides the reader with insight on the use of a questionnaire as a data collection method in this study. The chapter outlines amongst other things the setting where the study was conducted including the research design, the population, sampling, data collection and data analysis. In conclusion the ethical issues that were taken into consideration when the study was conducted will be discussed as well.

3.2 RESEARCH DESIGN

According to Welman et al. (2005), a research design is the plan according to which we obtain research participants and obtain information from them. Christensen (2007) explains a research design as the outline, plan, or strategy which specifies the procedure to be used in seeking an answer to the research question.

A descriptive research design was employed in this study. Christensen (2007) outlines a descriptive research study as an attempt to provide an accurate description or picture of a particular situation. Both quantitative and qualitative approaches were used. The aim was to collect information from the respondents and to get a picture of the situation hence the use of both methods.

A qualitative research study is a study that collects some type of non-numerical data to answer a research question. Non-numerical data for example can consist of statements that a person makes while completing a questionnaire (Christensen, 2007).

3.3 POPULATION AND SAMPLING

3.3.1. The Target Population

The target population according to Christensen (2007:248) refers to the larger population to which the results are to be generalised. As mentioned, the participants in this study were selected from a community of women who attend HIV/AIDS support group sessions in Bela-Bela. The support group was chosen because the participants are used to discussing issues related to HIV/AIDS. It is a subject they do not shy away from. The women shared the following characteristics:

- They were all African
- They were between the ages 24-45
- Their highest education qualification ranged between grade 2 and grade 12.

3.3.2. Sampling

Participants were chosen based on their availability and convenience. Only those who were willing to take part in the study were chosen. Thirty participants were targeted but 20 were chosen based on their availability. The participants attend their sessions on Mondays and Fridays so the researcher had to make selections on those days until the total number (20) was reached. A convenience sampling method was used.

3.4 DATA COLLECTION

Data was collected through questionnaires. The questionnaire was structured in English and for those who did not understand the language; the questions were explained in their own language. Data was collected on six occasions and the number of participants per session varied as it depended on the availability of participants on those days. The total number that completed the questionnaire was 20.

3.4.1. Research Instrument

The questionnaire was structured into open and closed-ended questions. The questions were structured to find out about knowledge and attitude levels of participants in relation

to HIV/AIDS related matters. The first part of the instrument outlined the procedure to be followed by the researcher and the declaration which was to be signed by both the participants and the researcher. The rest of the instrument contained both open ended and closed ended questions. The questions were structured into different themes that is, economic dependence factors, cultural factors and sexual abuse factors.

3.4.1.1 Economic Dependence Factors

Questions on economic background were meant to find out the economic status of participants and to establish the relation between their economic standing and the decision that they would make on matters relating to their vulnerability to HIV/AIDS. Participants were asked to respond to the following questions and statements:

- Do you have a job?
- How many jobs have you held in the past five years?
- How much do you earn per month?
- How much does your partner earn per month?
- Many women in my community engage in sex in exchange for money.
- Many unemployed women in their community are forced to live with their unfaithful partners in order to survive.

3.4.1.2. Cultural Factors

Questions on cultural background were meant to find out if the participant's cultural values/beliefs do have any effect or influence on the decisions they make. The following statements were posed and participants were to indicate whether they agree with it or not:

- It is a wife's duty to have sex with her husband even if she does not want to
- Proving fertility is important for women.
- If I initiate the use of a condom my husband/partner will leave me.
- Condoms are to be used by unmarried couples only.

3.4.1.3. Sexual Abuse Factors

Questions on sexual violence were meant to find out whether sexual violence is taking place in their community. They were further asked to respond to the following questions:

- Many women in my community are forced to have sex without their consent.
- Some women in my community are beaten by their husbands/partners if they refuse to have sex with them
- A man may beat his partner/wife if he believes she is having sex with other men.

3.4.1.4 Knowledge Questions on HIV/AIDS

Questions on knowledge towards HIV/AIDS were also asked and they included the following:

- HIV can be contacted through having unprotected sex.
- It is difficult to access condoms.
- Working as a prostitute can put one at risk of contacting HIV.

3.4.1.5 General Comments on HIV/AIDS

They were given the opportunity to comment in general about how HIV/AIDS affects them as women and the following question was asked:

- Are there any comments you would like to make in general about HIV/AIDS in your community or how it affects you as a women?

3.5. RESEARCH METHODOLOGY

The following procedure was followed when completing the questionnaires:

- Introduction

The researcher started by introducing herself, followed by outlining the purpose of the session. Participants were settled down and made to feel at ease.

- Clarification

The researcher explained that the research was done for educational purposes and that it was not for making money. It was further explained that all information will be kept confidential and that the identity of the participants will not be revealed. Before the participant could take part, they had to sign the consent form. The completion of the questionnaire then followed, where the participants had to respond by either ticking the possible response (closed ended) or giving their own comment (open-ended) on the questionnaire.

3.6. DATA ANALYSIS

Data was analysed using descriptive statistics and graphic display. Moonstat was used and information collected was classified in categories. Scores were entered according to themes.

3.7. ETHICAL CONSIDERATIONS

According to Welman et al. (2005) ethical considerations come into play at three stages of a research project, namely:

- When participants are recruited
- During intervention and or measurement procedure to which they are subjected
- In the release of the results obtained

In conducting this study, proper care was taken not to violate any of the above mentioned considerations. The researcher obtained permission to conduct the study from the management team at the Centre. Participants were encouraged to take part freely. It was explained to them that if they wish to withdraw from taking part in the study they are free to do so. Their participation was based on informed consent. They were even informed that their identity would not be revealed when the results are published.

3.8. CONCLUSION

This chapter outlined the methodology which was used in the study. It touched on the research design, the population, sampling, data collection and data analysis as well as the ethical issues taken into consideration when conducting the study. The next chapter will outline the findings from the data analysis.

CHAPTER 4: FINDINGS

4.1 Demographic Information of Participants

The characteristics of the participants that were analyzed are gender, age, educational level and marital status.

Q.1

4.1.1 Gender

Table 4.1: Analysis of total sample by gender

Gender	Number of respondents	Percentage %
Female	20	100

Pie chart for gender

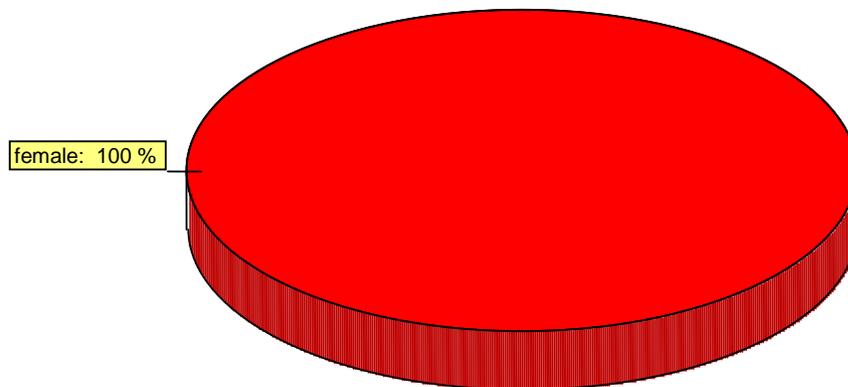


Figure 4.1: Analyses of respondents by gender.

Table 4.1 and Figure 4.1 indicate the gender of participants who took part in the study. It indicates that all participants were female as per selection criteria.

Q.2**4.1.2 Age of Respondents**

Table 4.2: Analysis of total sample by age

Age	Number of respondents	Percentage %
16-21	0	0.00
22-28	1	5.00
29-35	13	60.00
36 and above	6	35.00

Pie chart for AGE

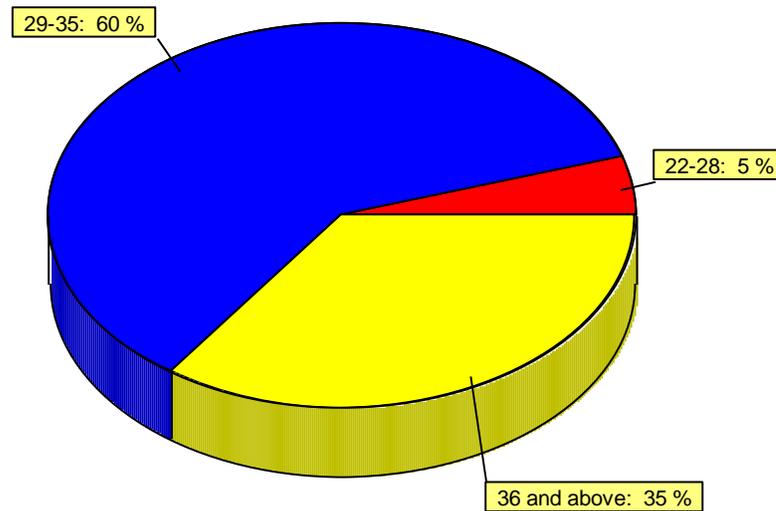


Figure 4.2: Analysis of total sample by age

Table 4.2 and Figure 4.2 indicate the distribution of respondents by age. No respondent fell under the category 16-21. Only one respondent fell under 22-28 and 13 of the respondents fell under age 29-35 with six of the respondents' age 36 years and above.

Q.3

4.1.3 Educational Background

Table 4.3: Analysis of respondents by educational background

Educational Level	Number of respondents	Percentage %
Below grade 10	11	55.00
Grade 10-11	4	20.00
Grade 12	4	20.00
Dip/Degree	1	5.00
Total	20	100.00

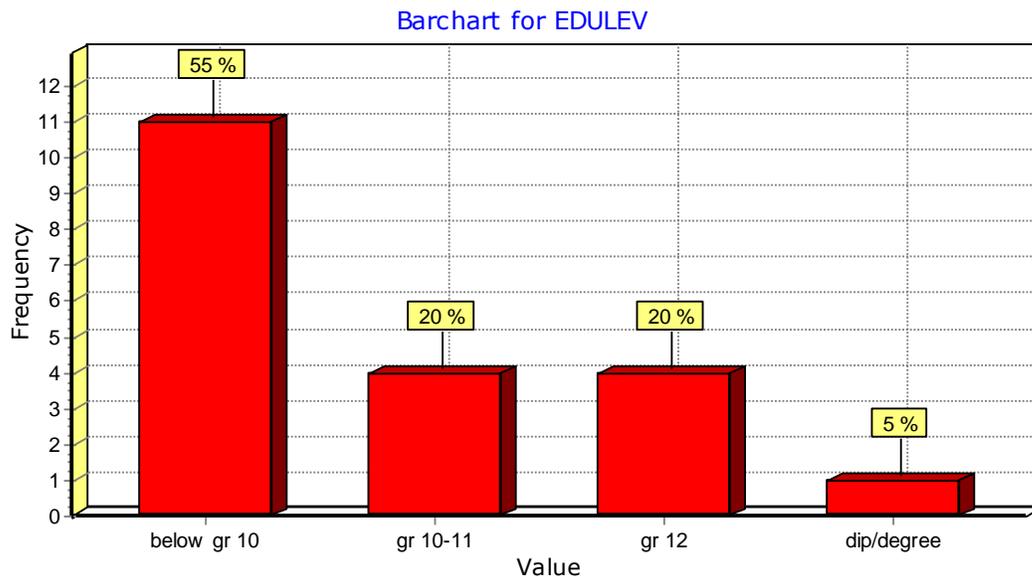


Figure 4.3: Analysis of total sample by educational level

Figure 4.3 and Table 4.3 show the analysis of sample by educational level. Most of the respondents indicated that they never went as far as Grade 10. The chart indicates four of the respondents falling under the below Grade 10 category, with only one respondent having done a Diploma. The rest of the respondents share the remaining 40%, with four

respondents falling under those who passed Grade 12 and four respondents being those who went up to grade 11.

Q.4

4.1.4 Marital Status

Table 4.4: Analysis of total sample by marital status

Marital Status	Number of respondents	Percentages %
Single	10	50.00
Married	5	25.00
Co-habiting	3	15.00
Widowed	2	10.00
Total	20	100.00

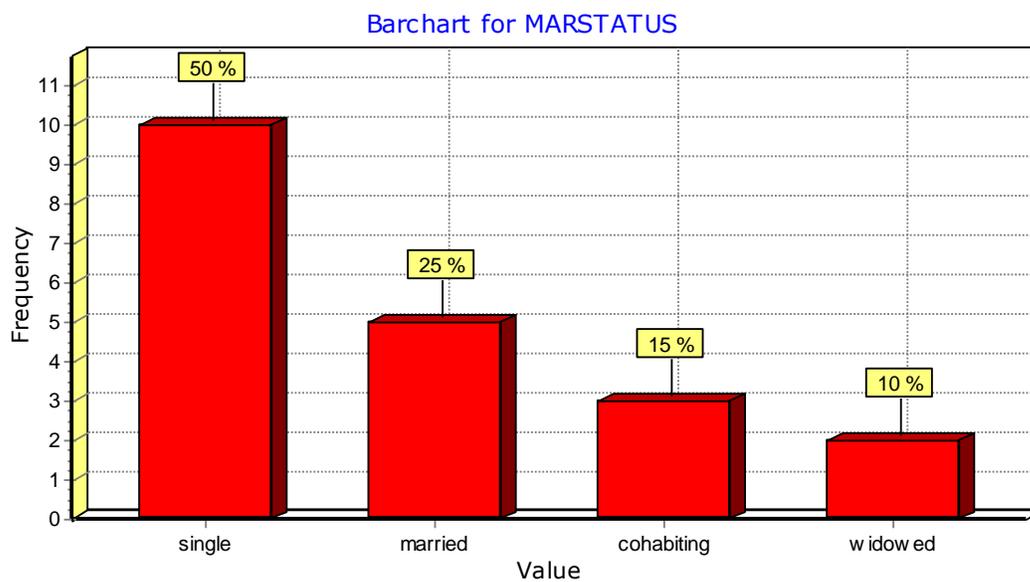


Figure 4.4: Analysis of total sample by marital status

Table 4.4 and Figure 4.4 show analysis of total sample by marital status. The bar chart shows that half of the respondents are single, while four are married, three are co-habiting and two respondents are widowed.

4.2 ECONOMIC DEPENDENCE FACTORS

Q.5

4.2.1 Employment Status

Table 4.5: Analysis of total sample by employment status

Employment status	Number of participants	Percentage %
Yes	15	75.00
No	5	25.00
Total	20	100.00

Pie chart for JOB

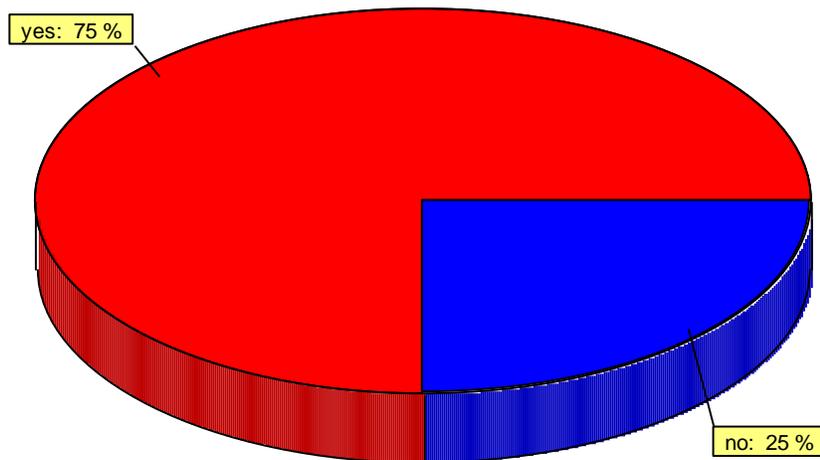


Figure 4.5: Analysis of total sample by employment status

Table 4.5 and Figure 4.5 show that 75% of the respondents indicated that they were employed and 25% said that they were not employed. The majority of respondents do have a monthly income.

Q.6

4.2.2 Number of jobs held in the last five years

Table 4.6: Analysis of participants by number of jobs held in the last five years

Number of jobs held	Number of participants	Percentage %
One	9	45.00
More than one	8	40.00
Not working	3	15.00
Total	20	100.00

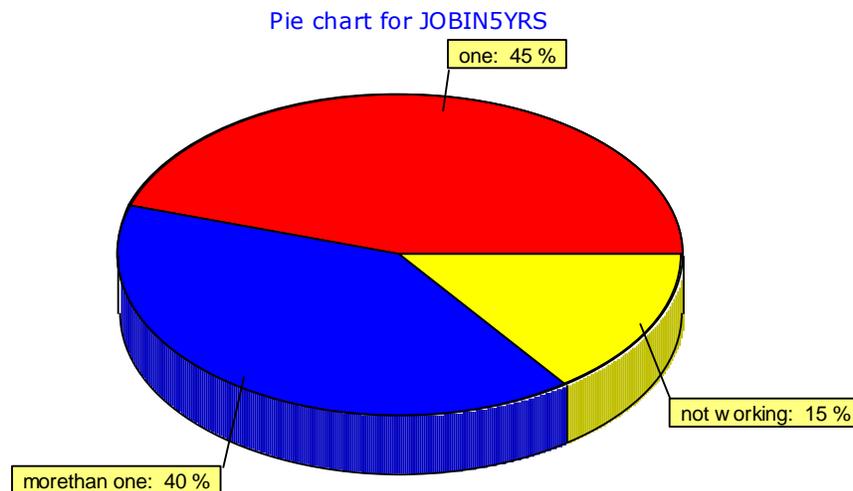


Figure 4.6: Analysis of participants by Number of jobs held in the last five years

When asked about the number of jobs they held in the last five years, nine of the respondents indicated that they had one job while eight of the respondents indicated that they had more than one job, and three of the respondents indicated that they had not worked in the last five years.

Q.7**4.2.3 Salary Level of Respondent**

Table 4.7: Analysis of total sample by salary level

Salary Level	Number of respondents	Percentage%
500-800	6	30.00
801-1200	2	10.00
over 1200	8	40.00
no income	4	20.00
Total	20	100.00

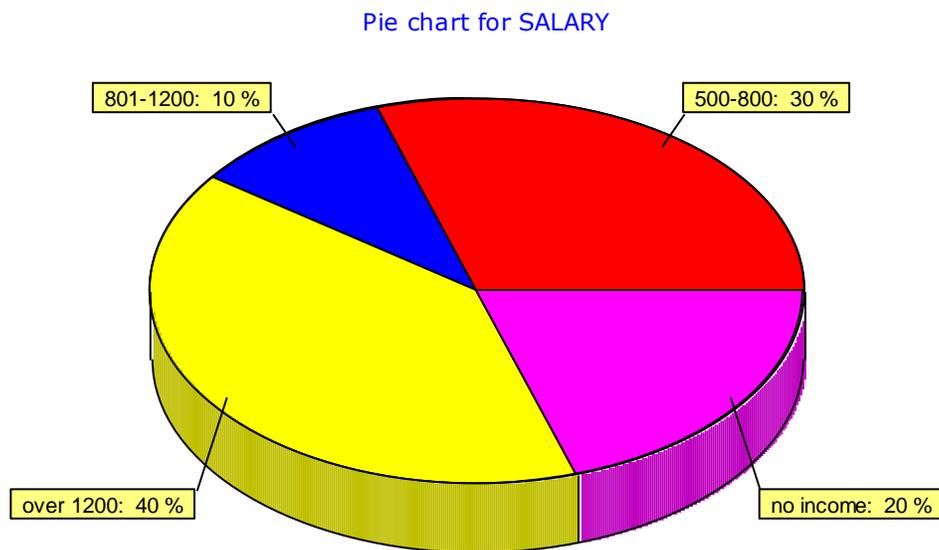


Figure 4.7: Analysis of total sample by salary level

In response to the question on the gross salary of respondents, six respondents indicated that they fall within a range of R500-R800. Two) respondents fell under the range R801-R1200 and eight indicated that they earn over R1200. Four of the respondents revealed that they had no income.

Q.8**4.2.4 Partner's Income**

Table 4.8: Analysis of total sample by spouse/partner's salary

Salary level	Number of respondents	Percentage%
R500-R800	1	5.00
R801-R1200	0	0.00
Over R1200	3	15.00
No income	8	40.00
Not sure	8	40.00
Total	20	100.00



Figure 4.8: Analysis of total sample by spouse/partner's salary

In response to the question on the income of their partner or spouse the response was as follows;

- One respondent indicated that their partners were earning between R500-R800
- No respondents indicated that their partners were earning between R801-R1200

- Three respondents indicated that their partners were earning over R1200
- Eight respondents indicated that their partners had no income and
- Eight respondents had no idea how much their partners were earning

The results show that either most respondents had no idea how much their partners/spouses earn or their partners had no income at all.

Q.9

4.2.5 Sex in Exchange for Money

Table 4.9: Analysis of total sample by sex in exchange for money

Response	Number of respondents	Percentage%
Strongly disagree	1	5.00
Disagree	4	20.00
Neither agree nor disagree	1	5.00
Agree	7	35.00
Strongly agree	7	35.00
Total		100.00

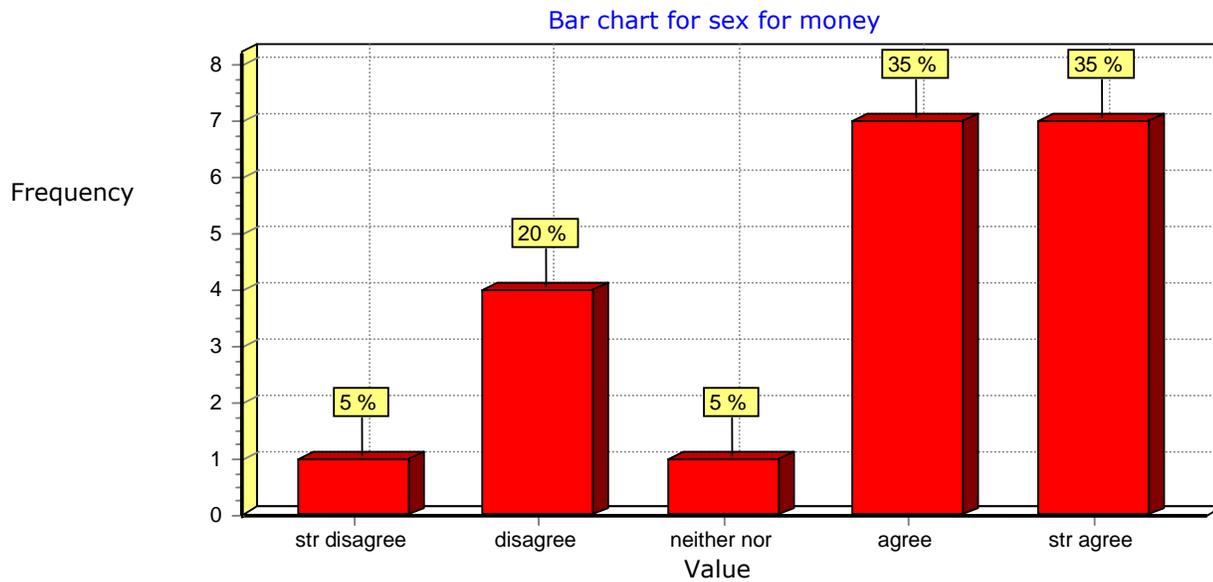


Figure 4.9: Analysis of total sample by sex in exchange for money

When responding to the question whether many women in their community engage in sex in exchange for money, 14 of the 20 respondents (70%) indicated that they agree that many women engage in sex in exchange for money.

Q.10

4.2.6 Unfaithful partner

Table: 4.10

Response	Number of respondents	Percentage %
Strongly disagree	1	5.00
Disagree	1	5.00
Neither agree nor disagree	3	15.00
Strongly agree	11	55.00
Agree	4	20.00
Total	20	100.00

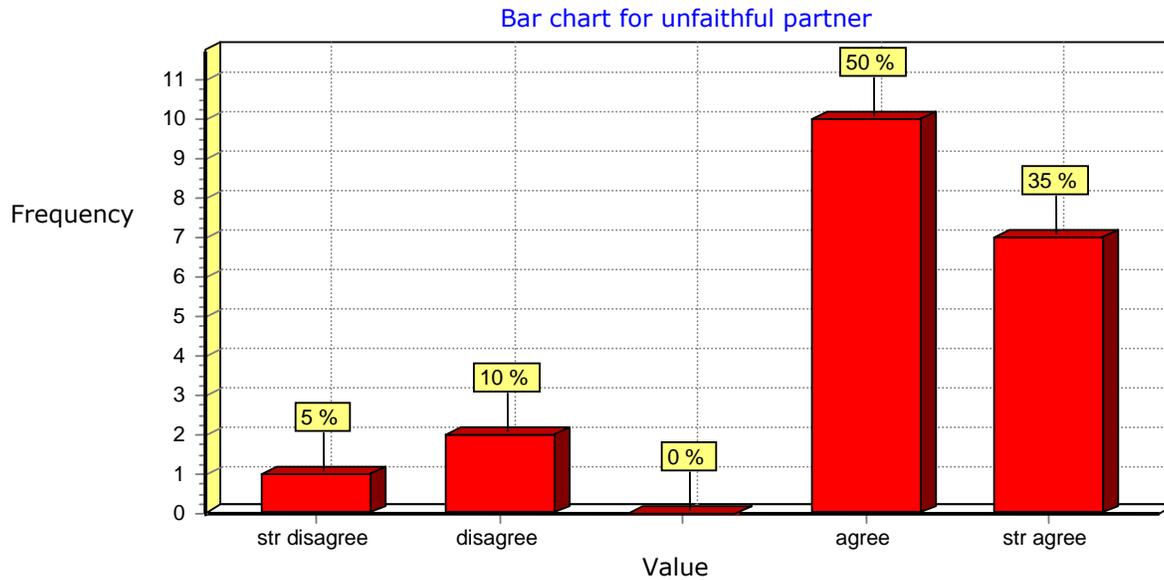


Figure 4.10: Analysis of the total sample by unfaithful partner

A question was asked whether many unemployed women in their community are forced to live with their unfaithful partners/husbands in order to survive and they responded as follows:

- Fifteen of the respondents agreed that many women are forced to live under such conditions
- Two of the respondents disagreed that many women are forced to live under such conditions
- Three of the respondents disagreed that many women are forced to live under such conditions

4.3 CULTURAL FACTORS

This is the part of the questionnaire that summarises the cultural background of the respondents. It deals with the value of culture specifically the value of marriage and motherhood.

Q.11**4.3.1 Wife's duty**

Table 4.11: Analysis of total sample by wife's duty

Response	Number of respondents	Percentage%
Strongly disagree	8	40.00
Disagree	8	40.00
Neither agree nor disagree	1	5.00
Strongly agree	1	5.00
Agree	2	10.00

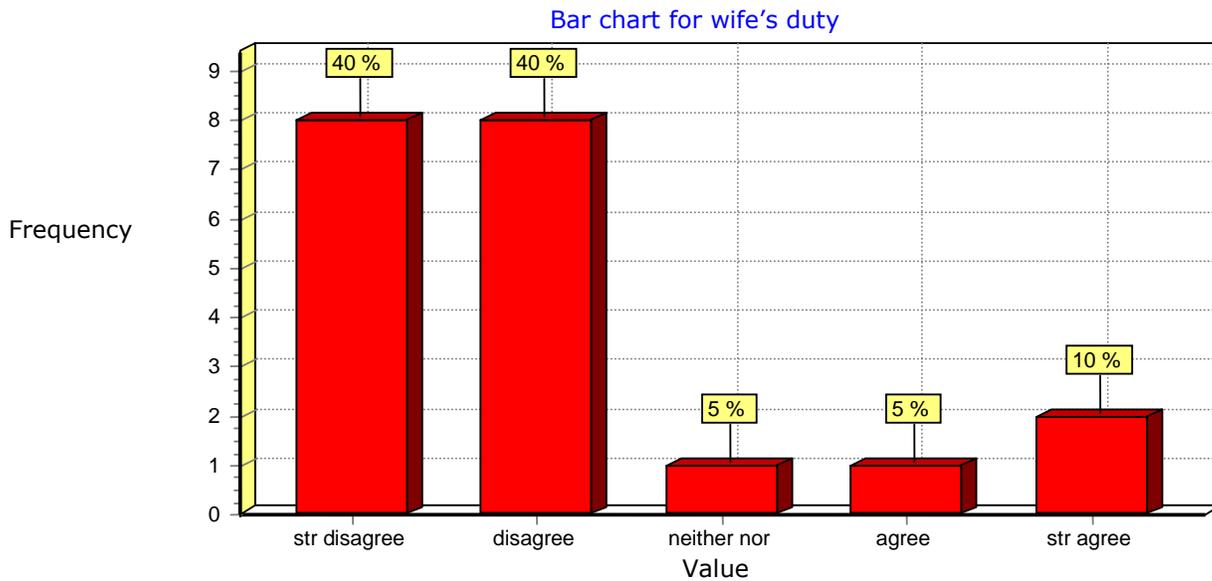


Figure 4.11: Analysis of total sample by wife's duty

A statement in this section was posed to find out if women considered it the wife's duty to have sex with their partners even when they did not want to. The response was as follows:

- Eight respondents strongly disagreed with the statement
- Eight respondents disagreed with the statement

- One respondent were not certain whether they agree or not
- Two respondents strongly agreed with the statement
- one respondent agreed with the statement

Q.12

4.3.2 Proving fertility

In response to a statement whether proving fertility is important for women, the analysis was as follows:

Table 4.12: Analysis of total sample by proving fertility

Response	Number of respondents	Percentage %
Strongly disagree	3	15.00
Disagree	4	20.00
Neither agree nor disagree	3	10.00
Agree	6	30.00
Strongly agree	5	25.00

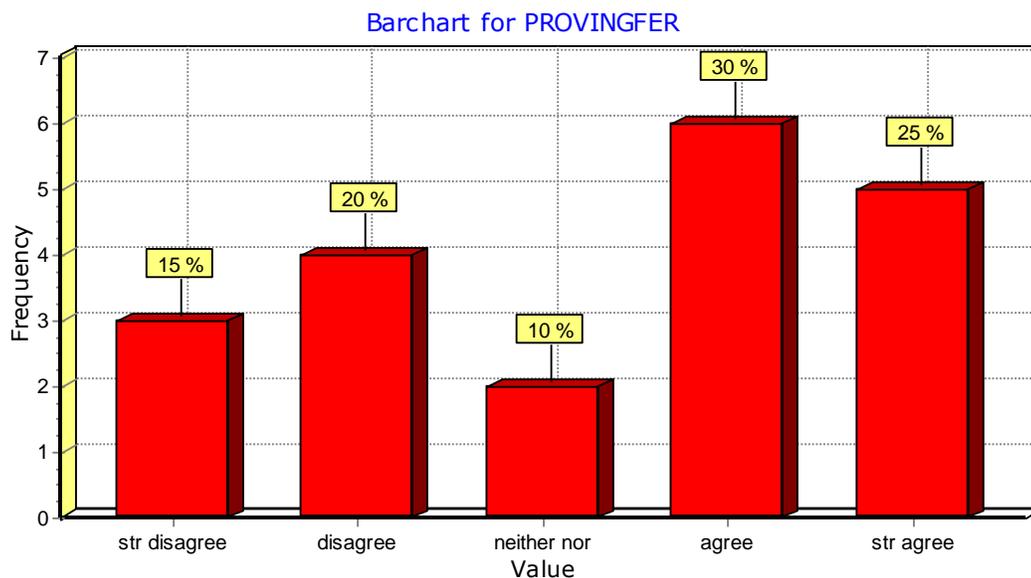


Figure 4.12: Analysis of total sample by proving fertility

The results revealed that eleven of the respondents agreed that women engage in unprotected sex because they want to fall pregnant. In total, seven respondents disagreed and three respondents were undecided.

Q.13

4.3.3 Initiating the use of a condom

Table 4.13: Analysis of total sample by initiating condom use

Response	Number of respondents	Percentage%
Strongly disagree	6	30.00
Disagree	4	20.00
Neither agree nor disagree	1	5.00
Agree	6	30.00
Strongly agree	3	15.00

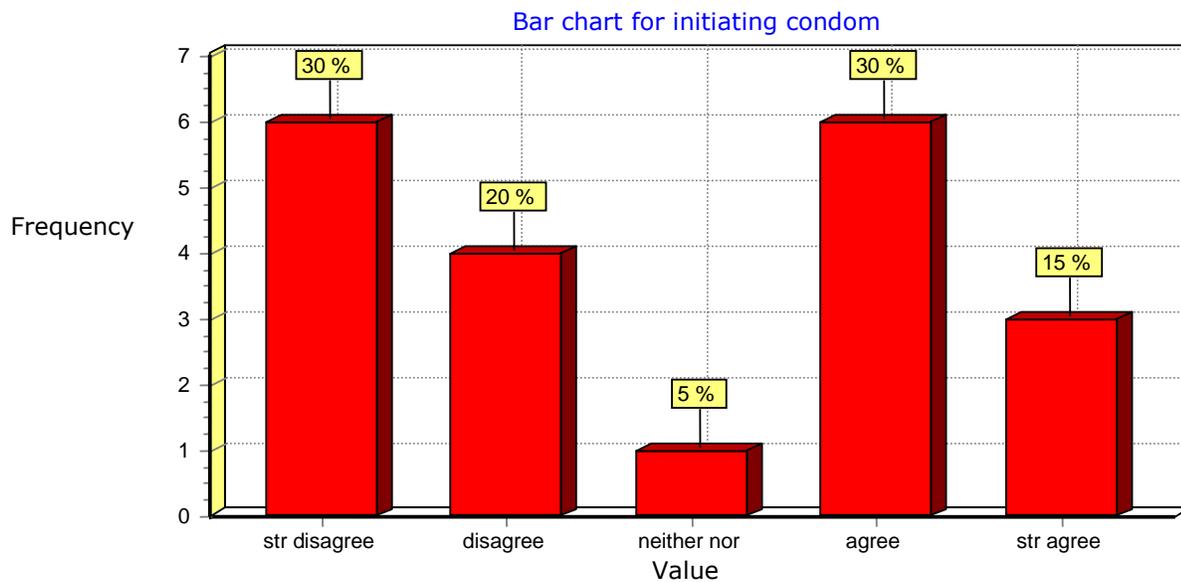


Figure 4.13: Analysis of total sample by initiating condom use

The respondents were asked whether they think their partners would leave them if they initiated the use of a condom. Half of the respondents were positive that their partners will not leave them if they initiated the use of a condom. Nine of the

respondents agreed that their partners may leave them whereas one respondent were not sure whether their partners would leave them or not.

Q.14

4.3.4 Condoms are to be used by unmarried couples only

Table 4.14: Analysis of total sample by condom used by unmarried couples only

Response	Number of respondents	Percentage %
Strongly disagree	9	45.00
Disagree	8	40.00
Neither agree nor disagree	1	5.00
Agree	1	5.00
Strongly agree	1	5.00

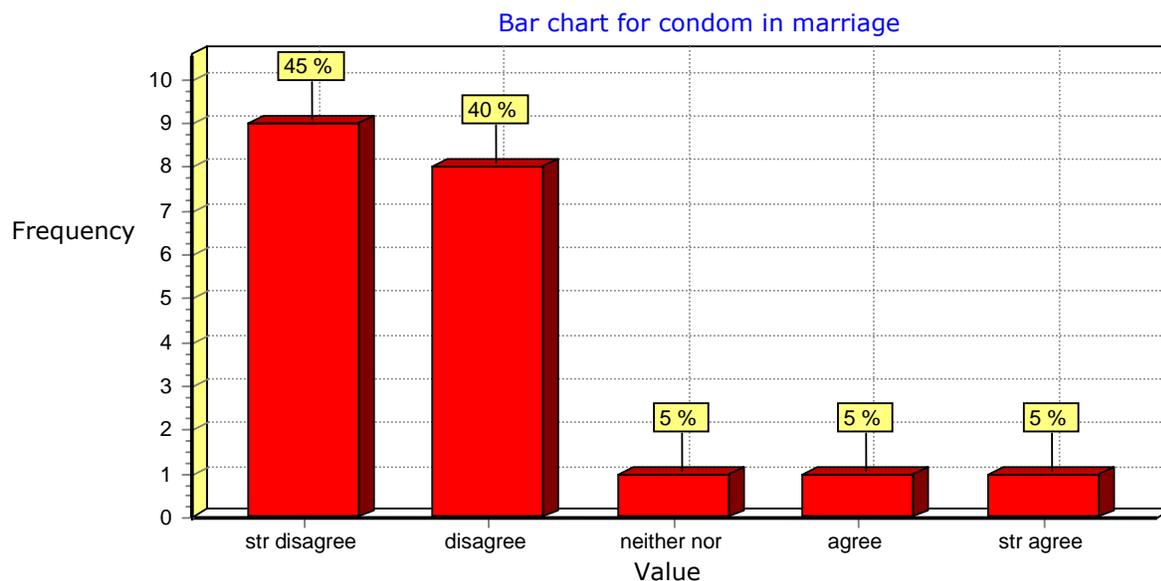


Figure 4.14: Analysis of total sample by condom used by unmarried couples only

The results showed that seventeen of the respondents do not agree that condoms are to be used by unmarried couples only. Only two respondents agreed and one respondent was not even sure whether to agree or disagree.

Q.15**4.3.5 Multiple partners**

Table 4.15: Analysis of total sample by multiple partners

Response	Number of respondents	Percentage %
Strongly disagree	12	60.00
Disagree	5	25.00
Neither agree nor disagree	1	5.00
Agree	1	5.00
Strongly agree	1	5.00

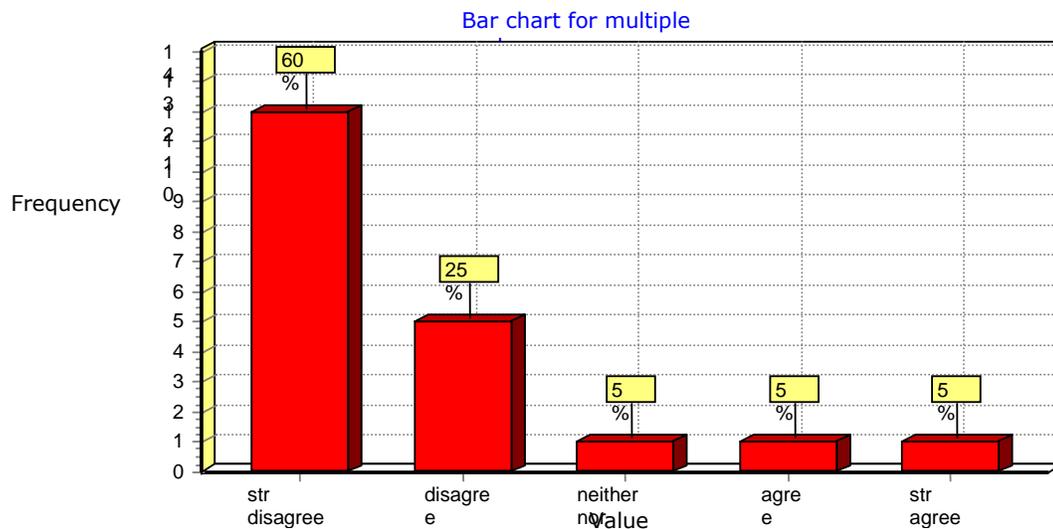


Figure 4.15: Analysis of total sample by multiple partners

Findings in this study revealed that seventeen of the respondents do not agree that having multiple relationships is a good thing. Only one respondent agreed that it is good and one respondent was undecided.

4.4 SEXUAL ABUSE FACTORS

Q.16

4.4.1 Forced Sex

Table 4.16: Analysis of total sample by forced sex

Response	Number of respondents	Percentage %
Strongly disagree	2	10%
Disagree	3	15%
Neither agree nor disagree	4	20%
Agree	7	35%
Strongly agree	4	20%

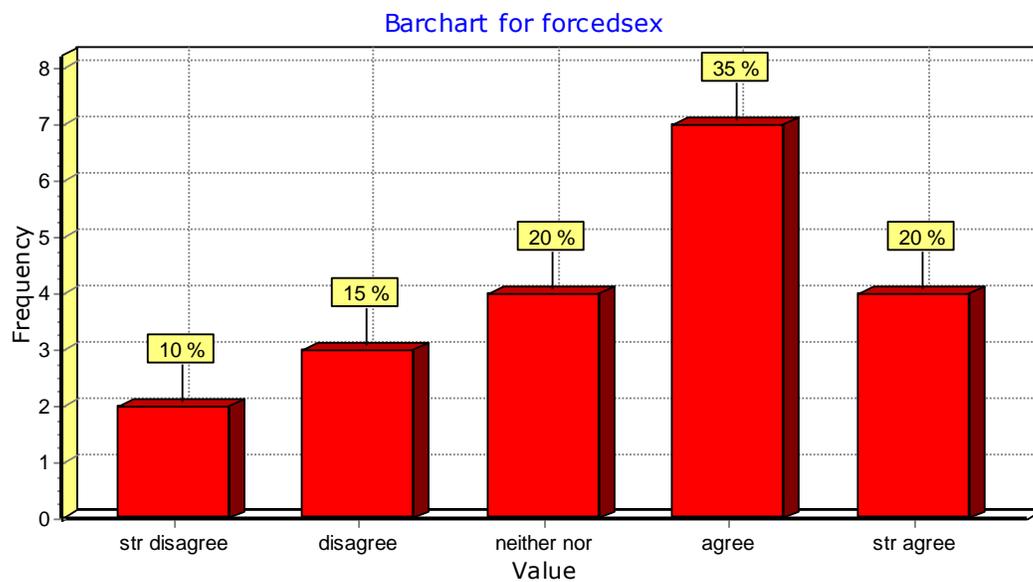


Figure 4.16: Analysis of total sample by forced sex

There was a question posed to respondents that needed to find out whether most women are forced to have sex without their consent. According to the analysis eleven of the respondents agreed that most women are forced to have sex without their consent. Five respondents disagreed and four respondents were undecided.

Q.17**4.4.2 Beating Women**

Table 4.17: Analysis of total sample by beating women

Response	Number of respondents	Percentage %
Strongly disagree	1	5%
Disagree	1	5%
Neither nor	3	15%
Strongly agree	11	55%
Agree	4	20%

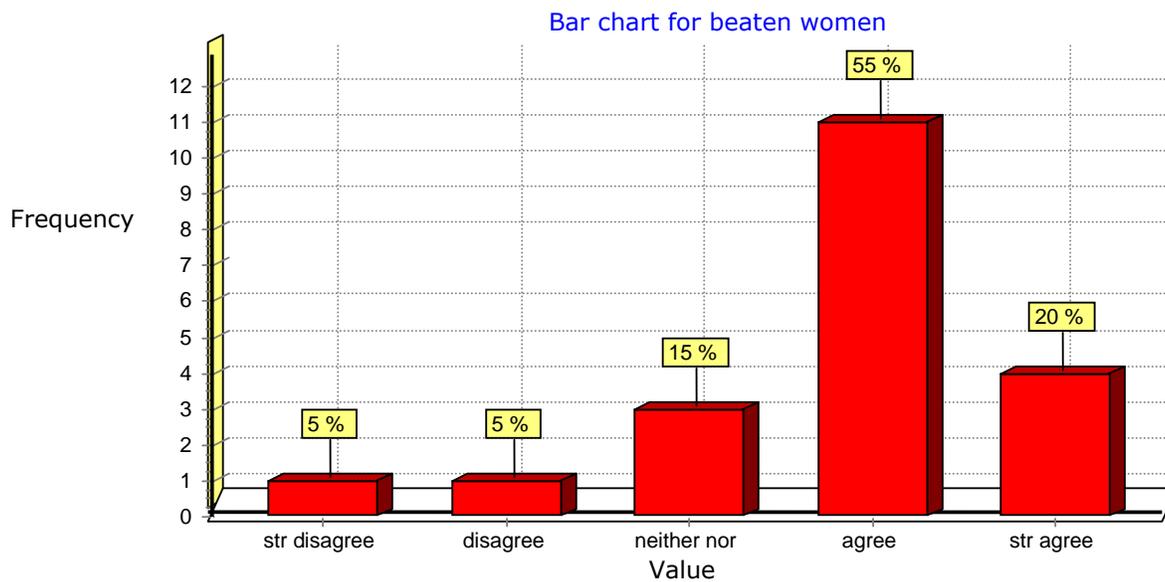


Figure 4.17: Analysis of total sample by beating women

The results in this question revealed that fourteen of the respondents agreed that some women in the community are beaten by their partners for not wanting to have sex while two respondents disagreed and 3 respondents were undecided.

Q.18**4.4.3 Beating women for promiscuity**

Table 4.18: Analysis of total sample by beating women for promiscuity

Response	Number of respondents	Percentage %
Strongly disagree	6	30.00
Disagree	6	30.00
Neither nor	0	0.00
Strongly agree	4	20.00
Agree	4	20.00

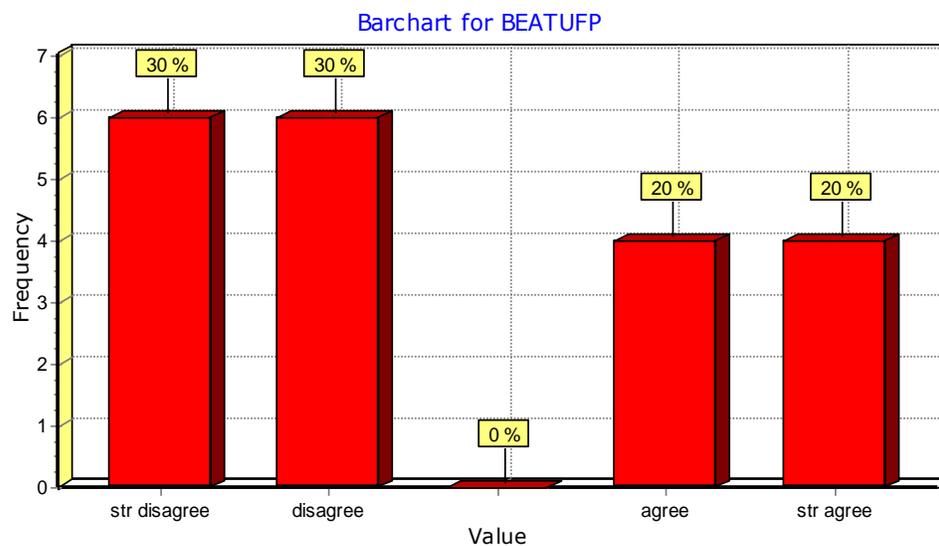


Figure 4.18: Analysis of total sample by beating women for promiscuity

The question whether a man was supposed to beat a woman if he suspected that she has a relationship with other men was asked. The results show that whilst twelve of the respondents do not agree that such violence should be instilled upon them, eight of the respondents saw nothing wrong in a man who beats his wife.

4.5 KNOWLEDGE QUESTIONS ON HIV/AIDS

Questions were asked to test the respondents' knowledge about basic HIV/AIDS issues and the response was as follows:

Q.19

4.5.1 HIV and unprotected sex

Table 4.19: Analysis of total sample by unprotected sex

Response	Number of respondents	Percentage %
Disagree	7	35.00
Unsure	4	20.00
Agree	9	45.00

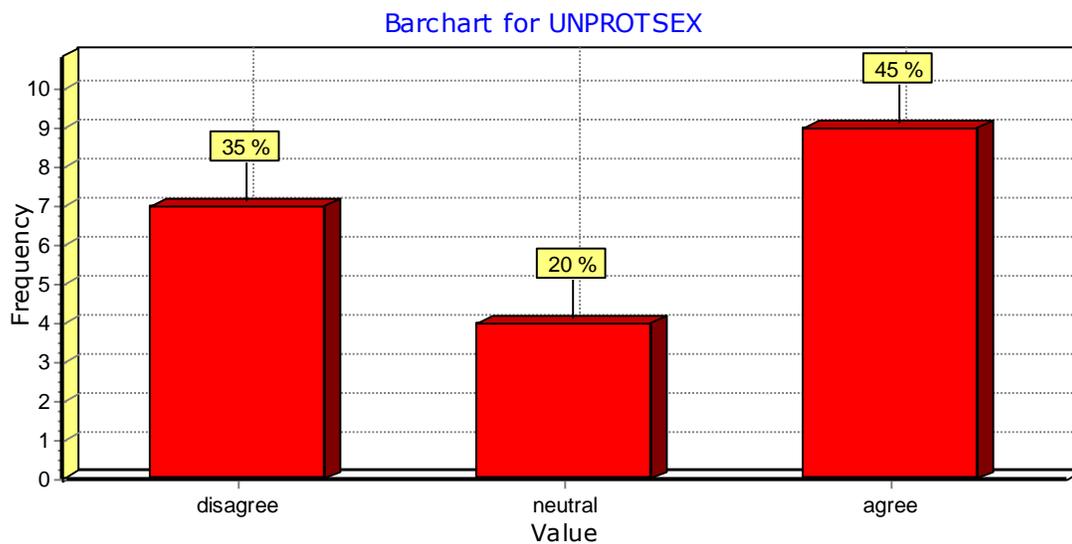


Figure 4.19: Analysis of total sample by unprotected sex

The result in this question reveals that nine of the respondents agreed that HIV can be contracted through having unprotected sex, seven respondents disagreed and four respondents were unsure.

Q.20

4.5.2 Condom access

Table 4 .20: Analysis of total sample by condom acces

Response	Number of respondents	Percentage %
Disagree	20	100.00
Unsure	0	00.00
Agree	0	00.00

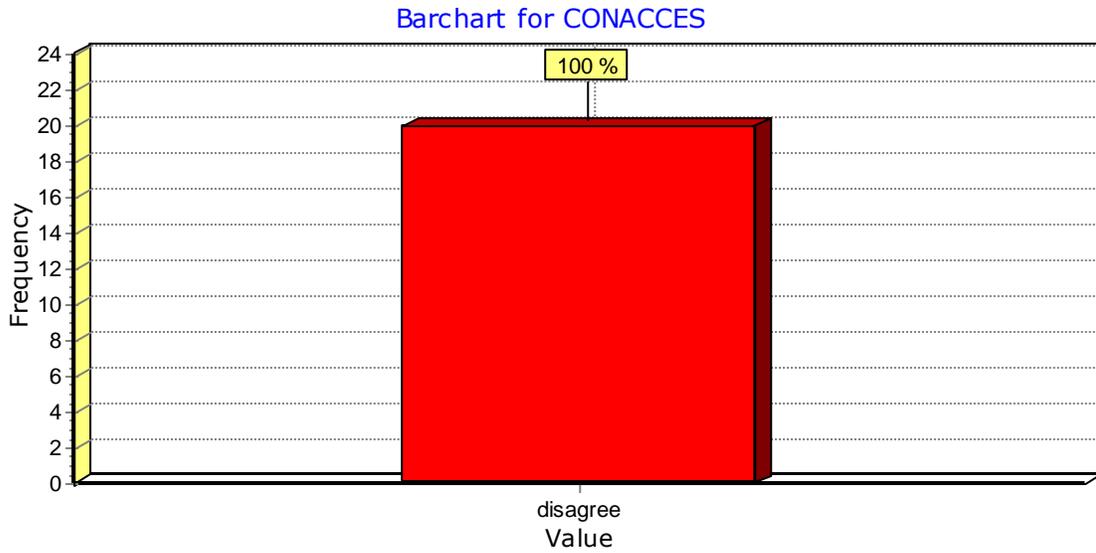


Figure 4.20: Analysis of total sample by condom access

The results in this question revealed that all of the respondents knew where to access condoms.

Q.21

4.5.3 HIV and prostitution

Table 4 .21: Analysis of total sample by prostitution

Response	Number of respondents	Percentage %
Disagree	3	15.00
Unsure	1	5.00
Agree	16	80.00

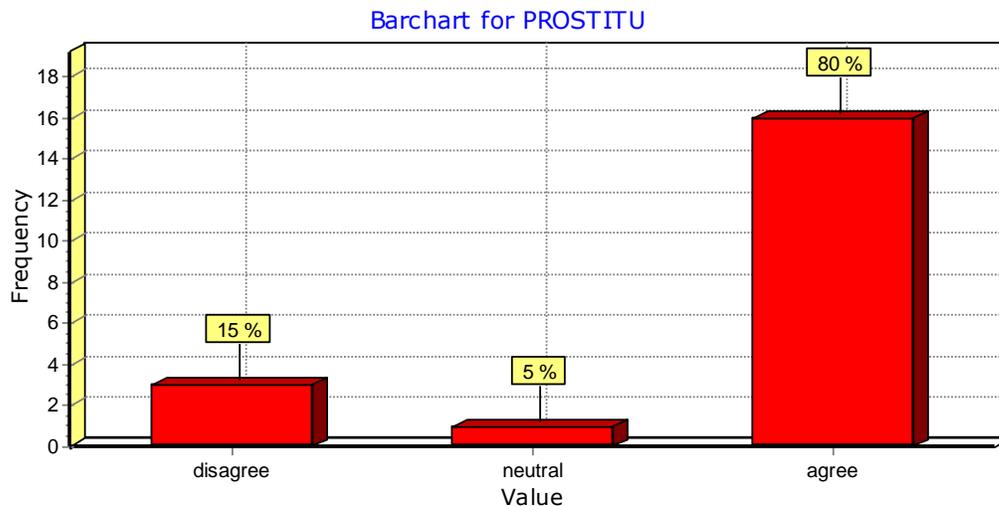


Figure 4.21: Analysis of total sample by prostitution

When asked whether working as a prostitute can put one at risk of contacting HIV, sixteen of the respondents agreed that it does whilst three disagreed and one person was unsure.

Q. 22

4.6 GENERAL COMMENTS ON HIV/AIDS

The respondents were asked to give a comment in general about HIV/AIDS in their community and how it affects them as women and the following were cited:

- That it is difficult as women to get their partners to use condoms
- Many women are still not free to talk about HIV/AIDS
- Teenagers who fall pregnant still lack information relating to HIV/AIDS and how they can protect their unborn children from being infected.
- Some women still practice unsafe sex even when they know they are living with HIV/AIDS
- Women are blamed for spreading the disease
- Many women are vulnerable because of unemployment
- Multiple partners remain a challenge for women

CHAPTER 5: DISCUSSIONS

The findings of the study will be discussed in this chapter.

5.1 Demographic Information of Participants

Q.1

5.1.1 Gender

All of the participants in the study were female.

Q.2

5.1.2 Age of Respondents

Most of the participants fell between the ages 29-35 categories.

Q.3

5.1.3 Educational Background

The results in this question indicate that most of the respondents never went as far as grade 10.

Q.4

5.1.4 Marital Status

Most of the respondents in the study were single.

5.2 ECONOMIC DEPENDENCE FACTORS

Q.5

5.2.1 Employment Status

The majority of the respondents indicated that they were employed.

Q.6**5.2.2 Number of jobs held in the last five years**

The results indicated that most respondents fell in the category more than one job in the last five years and no job at all. This is in accordance with the literature, which indicates that the unfavourable position of women, fuelled their relative lack of education and training in urban and rural areas across Africa increased the number of women leaving in poverty and these forces women to supplement their economic position. It puts them in a position where sex becomes a strategy for survival (Ackermann et al., 2002). These results may therefore indicate that instability in terms of employment status puts women in an unfavourable economic position.

Q.7**5.2.3 Salary Level of Respondent**

Out of the 20 respondents, eight were earning above R1200. The remaining 12 fell under the category that earned below R1200 and those that are not working. The results corresponds with literature which revealed that women earn only 70% of what men do, which already puts them at a disadvantage for attaining self-sufficiency (Suich, 2008).

Q.8**5.2.4 Partner's Income**

In response to the question on the income of their partner or spouse, the results show that many respondents had no idea how much their partners/spouses earn or whether partners had any income at all.

Q.9**5.2.5 Sex in Exchange for Money**

Most of the respondents indicated that they agree that many women engage in sex in exchange for money. This is in line with literature which state that the vulnerability of women to HIV is enhanced among other things by the fact that they are more likely to sell sex than men (PEPFAR, 2006).

Q.10**5.2.6 Unfaithful partner**

The study revealed that most respondents agree that many unemployed women in their community are forced to live with their unfaithful partners in order to survive

5.3 CULTURAL FACTORS**Q.11****5.3.1 Wife's duty**

The results revealed that most respondents do not agree that it is the wife's duty to have sex with their partners even when they did not want to.

Q.12**5.3.2 Proving fertility**

The results revealed that most of the respondents agreed that women engage in unprotected sex because they want to fall pregnant. The results thus show that most respondents would take the risk of having unprotected sex because they want to honour the accepted practice of proving to society that they are able to bear children. Literature in this regard revealed that the value attached to having children was of such primary importance that it appeared not to matter if the children were born HIV positive. As a result, women with many children held in higher esteem and had higher standing in the community than those who had fewer children. In the case of a childless union, blame was placed on the woman alone; unless it was otherwise proved that her husband had a medical impairment that prevented procreation. The desire for children at all costs leads women and men to engage in unprotected sex, even when their partner is known to be HIV positive (SAFAIDS, 2009).

Q.13**5.3.3 Initiating the use of a condom**

Most of the respondents were positive that their partners will not leave them if they initiated the use of a condom. Literature in this regard stated that condom use, and prevention of pregnancy and sexually transmitted infections in general, is male controlled. It further cited failure to control condom use as one of the cultural practices that increase women's vulnerability to HIV (SAFAIDS, 2009). The results in this area of the study seem to be in contrast with the cited literature findings as more women indicated that they had no problem in initiating the use of condoms to their partners.

Q.14**5.3.4 Condoms are to be used by unmarried couples only**

The results showed that the majority of the respondents do not agree that condoms are to be used by unmarried couples only. Literature in this regard states the reluctance by men to use condoms and failure to control condom use, especially in traditional marriages, increase women's vulnerability to HIV (SAFAIDS, 2009).

Q.15**5.3.5 Multiple partners**

The majority of the respondents indicated that having multiple partners is not a good thing. Literature in this regard state that the accepted practice and belief in male dominance/patriarchy is the primary and most basic cultural issue affecting women's ability to access equal rights which would reduce their vulnerability to HIV infection. Secondary to this belief are the support and acceptance of men's polygamous relationships and the acceptance of male promiscuity (multiple partners) (SAFAIDS, 2009).

5.4 SEXUAL ABUSE FACTORS

Q.16

5.4.1 Forced Sex

The majority of respondents agreed that most women in their community are forced to have sex without their consent. This is in line with the literature, which showed that in a provincially representative population-based survey of gender-based violence in three South African provinces, the prevalence of completed rape during 12 months to be 1,300 per 100,000 women, with a prevalence of rape and attempted rape to be 2,070 per 100,000 women (Dunkle et al., 2003)

Q.17

5.4.2 Beating Women

The results in this question revealed that most of the respondents agree that some women in the community are beaten by their partners for not wanting to have sex. This is in line with the literature, which showed that in most cases where men were reported to use physical assault to enforce contact, they beat their partners if they refused to have sex (Ackermann et al., 2002). In a study conducted in Soweto South Africa, Dunkle et al. (2003) concluded that intimate violence seems to be associated with increased risk that the abusive male partner has HIV. The findings in this question show that beating as a way to enforce sex happens in the respondents' area.

Q.18

5.4.3 Beating women for promiscuity

The question whether a man was supposed to beat a woman if he suspected that she has a relationship with other men was asked. The results show that whilst 60% of women do not agree that such violence should be instilled upon them, 40% of women saw nothing wrong in a man who beat his wife. Jewkes et al. (1999) states that this finding can be explained by subservience of women to their husbands, punishment of her by him in some situations, male ownership of women, notions of male sexual entitlement or an interpretation of beating as a sign of love.

5.5 KNOWLEDGE QUESTIONS ON HIV/AIDS

In general, the results of this section show that the respondents have basic knowledge about HIV/AIDS issues.

Q.19

5.5.1 HIV and unprotected sex

The result in this question reveals that most of the respondents did not think or were unsure whether HIV can be contracted through unprotected sex.

Q.20

5.5.2 Condom access

The results indicated that the respondents do have knowledge about where to access condoms.

Q.21

5.5.3 HIV and prostitution

The majority of the respondents agreed that working as a prostitute can put one at risk of contacting HIV.

Q.22

5.6 GENERAL COMMENTS ON HIV/AIDS

The majority of comments that the respondents gave in this question revealed that women are still vulnerable to HIV as they practice unsafe sex. They engage in multiple relationships.

CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.1 CONCLUSION

The results showed that respondents who did not have stable jobs were more than those who had stable jobs. This as cited in literature puts them in unfavourable economic position which may put them in a position where they cannot make choices that favour them. It may put respondents in a position where sex with someone who can provide for their needs becomes a solution to the problem.

The results further revealed that respondents who earned less than R1200 together with those who were unemployed were more than those who earned more than R1200. The disadvantage of not attaining self sufficiency is likely to force women to engage in measures that may make them vulnerable to HIV/AIDS. The results of the study revealed that participants engage in sex in exchange for money. With most respondents not working, it is likely for them to be put in vulnerable position.

Findings in this study further revealed that participants agree that proving one's fertility is important. They agreed that they engage in unsafe sex to prove that they are also able to bear children. This shows that the respondents are willing to take the risk of contracting HIV to prove to society that they are fertile.

The results of the study showed that women are forced to have sex against their will. It further revealed that they are beaten by their partners if they refuse to engage in sex. This reveals how women endure acts of violence which puts them at risk of contracting HIV.

In contrast with literature, finding revealed that respondents were positive in that their partners will not leave them if they initiate the use of a condom. According to literature, condom use is said to be male controlled.

In summary, the results revealed that participants may be vulnerable to HIV because of the factors investigated in this study.

6.2 RECOMMENDATIONS

From the findings of the study the following recommendations can be made:

6.2.1 ECONOMIC DEPENDENCE

- The study has revealed that most of the participants have not gone beyond Grade 12 education. The department of education should encourage the emphasis of Life skills in ABET education classes.
- The results indicated that most participants have held more than one job in the last five years. Instability regarding employment put women in unfavourable economic position. Support group gatherings should be used to encourage women to be self employed.
- Most of the respondents indicated that they agree that many women engage in sex in exchange for money. The support groups should be used as platforms to enlighten women on issues relating to save sex.

6.2.2 CULTURAL FACTORS

- The results show that most respondents would take the risk of having unprotected sex because they want to honour the accepted practice of proving to society that they are able to have children. Harmful cultural practices amongst women should be discouraged. Women should be encouraged during support group gatherings to keep good cultural practices that do not expose them to unprotected sex. Traditional leaders could also play a role in encouraging men to treat their women with respect. Women Day celebrations should be used as a platform to engage women on issues relating to HIV/AIDS.
- Women must be encouraged during support forums, to use prevention methods that they have control over. Female condoms should be encouraged. This may help women to make decisions regarding condoms rather than relying on their partners to make such decisions.

- The majority of the respondents indicated that having multiple partners is not a good thing. HIV/AIDS awareness campaigns should be used to enlighten married and unmarried partners about the significance of condoms in their relationships. In cases where polygamy is practiced, both partners should be encouraged to undergo HIV testing before marriage.

6.2.3 SEXUAL ABUSE

- The majority of respondents agreed that most women in their community are forced to have sex without their consent. Support groups should raise community awareness about sex issues and the rights of women. The South African constitution addresses the issue of violence in the home. Women should be made aware of their rights to be free from all forms of violence. Campaigns like the *16 days of no violence against women* should be used to encourage women to break the silence against sexual violence.
- More forums should be initiated where men and women are given a chance to debate issues relating to sexual violence. This will help to enlighten many men and women about sexual violence and its impact on the lives of people.
- Less than half of the participants knew that unprotected sex can lead to HIV infection. In addition, many respondents commented that women in their society are vulnerable to HIV infection. It is therefore important that women forums should be used as a platform to increase knowledge about safe sex practices.

CHAPTER 7: REFERENCES AND APPENDIXES

7.1. REFERENCES

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7.2 Appendixes

7.2.1 INFORMED CONSENT FORM

AUTHORISATION TO PARTICIPATE IN A RESEARCH PROJECT

PROCEDURE TO BE FOLLOWED

The participants will be given a questionnaire which will be answered in the presence of the interviewer. All responses will be treated as confidential. The information will be kept safe and will only be used for study purposes. Participants are not expected to write their names on the answer sheets. Your identity will not be revealed when the study is published.

Your participation in this study is voluntary. You are under no obligation to participate and you have the right to withdraw at any time without penalties.

Declaration by the researcher:

I have discussed the above points with the subject. It is my opinion that the subject understands the risks, benefits and obligations involved in participating in this project.

.....

Researcher

.....

Date

Declaration by the participant

I understand that my participation is voluntary and that I may refuse to participate or withdraw my consent and stop taking part at any time without penalties

I hereby freely consent to take part in this research project.

.....

Signature of subject

.....

Date

7.2.2 QUESTIONNAIRE SCHEDULE

(To be completed by participants who take part at the support groups in Bela bela area)

Information obtained in this study will be treated as confidential.

TITLE: Factors which influence the vulnerability of women to HIV/AIDS in the Bela bela area

The research is intended for partial fulfilment of the requirement for the degree of Master of Philosophy (HIV/AIDS Management), University of Stellenbosch.

Supervisor: Mr H D Davis

Purpose: To determine the factors which influence the vulnerability of women to HIV/AIDS in Warmbaths (Limpopo).

The research is conducted under the following conclusions:

- There are no right or wrong answers
- The identity of the respondents will not be divulged to the public.
- The information obtained will be used for research purposes only, and not for personal gain.
- The responses to the questions will be taken as presented by the respondents.
- The questions are in the form of closed ended questions

Your cooperation will be highly appreciated

QUESTIONNAIRE No.....

PARTICULARS OF PARTICIPANT/DEMOGRAPHIC INFORMATION

Place X in the appropriate block

1. GENDER

Male	
Female	

2. AGE

16-21	
22-28	
29-35	
36 and above	

3. Educational level

Below grade 10	
Grade 10-11	
Grade 12	
Diploma/Degree	
Post graduate	

4. What is your marital status?

Single	
Married	

Co-habiting	
Widowed	
Divorced	

INSTRUCTIONS

- Answer all questions by placing X in the appropriate block
- There are no right or wrong answers
- Choose only one answer per question

5. Do you have a job?

Yes	
No	
I haven't worked	

6. How many jobs have you held in the past five years?

One	
More than one	
Not working	

7. How much do you earn per month?

R500-R800	
R801-R1200	
More than R1200	
No income	

8. How much does your spouse/partner earn monthly?

R500-R800	
R801-R1200	
More than R1200	
No income	
Not sure	

9. Many women in my community engage in sex in exchange for money.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

10. Many unemployed women in my community are forced to live with unfaithful partners/husbands in order to survive.

- Strongly disagree
- Disagree
- Neither agrees nor disagrees
- Agree
- Strongly agree

11. It is a wife's duty to have sex with her husband even if she does not want to.

- | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. Proving fertility is important for a woman.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

13. If I initiate the use of a condom, my husband/partner will leave me.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

14. Condoms are to be used by unmarried couples only.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

15. Having sex with more than one partner in a short space of time is not a bad practice.

- Strongly disagree
-

- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

16. Many women in my community are forced to have sex without their consent.

Strongly disagree	Disagree	Neither agrees nor	Agree	Strongly Agree
<input type="checkbox"/>				

17. Some women in my community are beaten by their husbands/partners if they refuse to have sex with them.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. A man may beat his partner/wife if he believes she is having sex with other men.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. HIV can be contracted through having unprotected sex.

Disagree

Unsure

Agree

20. It is difficult to access condoms.

Disagree

Unsure

Agree

21. Working as a prostitute can put one at risk of contacting HIV.

Disagree

Unsure

Agree

22. Are there any comments you would like to make in general about HIV/AIDS in your community or how it affects you as women?

THANK YOU FOR YOUR TIME.