

**INVESTIGATING THE ASSOCIATION BETWEEN HIV AND AIDS AND POLYGAMY
AMONG PRACTISING POLYGAMISTS IN KWAZULU-NATAL, NORTH COAST
AREA**

by

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DECLARATION

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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ABSTRACT

Objective: This study investigated the relationship between HIV and AIDS and polygamy among practicing polygamists by ascertaining risk-levels for HIV-infection, HIV knowledge levels and beliefs towards HIV and AIDS matters.

Design: A qualitative research design using a focus group approach.

Participants and Setting: Practicing male polygamists were chosen as study population. A total of 56 men participated in the focus group discussions. All men were practicing polygamists aged between 20 and 50 years. An additional three respondents were interviewed separately.

Findings and Recommendations: The findings show that polygamists may be at a high-risk of HIV infection, as practicing polygamy did not seem to deter respondents from illicit relationships. Infidelity, and not polygamy necessarily, seemed to be a factor exacerbating the spread of HIV among respondents. Ongoing HIV and AIDS education is suggested for participants who took part in this study, especially with regards to matters of gender inequality. Here, it was suggested that religious organizations and organizations geared specifically towards men have an important part to play in mobilizing and educating individuals and communities on HIV.

OPSOMMING

Doel: Dié studie het die verwantskap tussen MIV en VIGS en poligamie onder aktiewe poligamiste ondersoek deur die risikovlakke vir MIV-infeksie, MIV-kennisvlakke en opvattings teenoor MIV en VIGS te bepaal.

Ontwerp: 'n Kwalitatiewe navorsingsontwerp deur gebruikmaking van 'n fokusgroep-benadering.

Deelnemers en Agtergrond: Aktiewe manlike poligamiste is as studiegroep gekies. In totaal het 56 mans aan die fokusgroep-bespreking deelgehad. Almal van hulle was aktiewe poligamiste in die ouderdomsgroep 20 tot 50 jaar. Onderhoude is afsonderlik met 'n addisionele drie respondente gevoer.

Bevindinge en Aanbevelings: Die bevindinge dui daarop dat poligamiste 'n hoë risiko loop om MIV-infeksie op te doen – beoefening van poligamie het respondente klaarblykbaar nie van ongeoorloofde verhoudings afgeskrik nie. Ontrouheid, en nie soseer poligamie nie, het geblyk 'n faktor te wees wat die verspreiding van MIV onder respondente vererger. Voortgesette MIV en VIGS-opvoeding word aan die hand gedoen vir deelnemers wat deel van hierdie studie was, veral met betrekking tot aangeleenthede rakende geslagsongelykheid. In dié spesifieke geval is aanbeveel dat godsdienstige organisasies en organisasies wat hoofsaaklik op mans gerig is, 'n belangrike rol behoort te speel in die mobilisering en opvoeding van individue en gemeenskappe ten opsigte van MIV.

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ACRONYMS & TERMS

AIDS	Acquired Immune-Deficiency Syndrome
ARVs	Antiretroviral drugs
CARE	Centre for Actuarial Research
DOH	Department of Health
EAP	Employee Assistance Programme
GLHWG	Global Live HIV Prevention Group
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
IDP	Integrated Developmental Plan
KZN	KwaZulu-Natal
MCP	Multiple Concurrent Partners
NLM	National Library of Medicine
PLWHA	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
RBCT	Richards Bay Coal Terminal
SAPO	South African Port Operations
SHE	Safety, Health and Environment
STIs	Sexually Transmitted Diseases
TAC	Treatment Action Campaign
UNAIDS	United Nations (Joint) Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNESCO Organisation	United Nations Educational, Scientific & Cultural
VCT (HCT)	Voluntary Counseling and Testing

WUNRN

Women's UN Report Program & Network

HIV prevalence: Total number of persons with HIV infection alive at any given moment in time

Incidence: An epidemiological term, which refers to the number of new cases of a disease occurring in a population during a given period of time, usually a year.

Description of Terms: (Government Gazette: Act 120, 1998)

Customary Union: Marriage concluded in accordance with Customary Law

Customary Law: Customs and usages traditionally observed among indigenous African people of South Africa and which form part of the culture of those people.

Lobolo: Property in cash or in kind ...which a prospective husband or head of family undertakes to give to the head of the prospective wife's family in consideration of customary marriage.

Maulana (Mawlana): This is the title used preceding a name of a respected Muslim religious leader, especially the graduate or scholar of religious institution e.g., Madrassa. In Arabic it literally means "our lord" or "our master"

Widow Cleansing: A custom or practice where a relative of a deceased man must have sexual intercourse with the man's wife (widow) to "cleanse" her

SONKE: An organisation that advocates for sound reproductive health and HIV and AIDS policies; recognizing the links between gender inequality and violence and the risk of HIV infection.

Engender Health works with the South African Police Service to change harmful behaviors through its Police as Partners Initiative; engages police officers countrywide through workshops, discussion groups, and other activities, challenging negative gender norms and reducing coercion and violence in communities.

List of Annexes

1. Focus group interview schedule
2. Letter to South African Port Operations (SAPO) requesting permission
3. Letter from RBCT

CHAPTER 1

INTRODUCTION

Chapter 1 covers the introduction of the topic including background and rationale, research problem, research question, significance of the study, aims and objectives. Chapter 2 contains the literature survey that will discuss issues such as the practice of polygamy around the world, as well as in Africa and specifically in South Africa. Chapter 3 looks at the research design and methods used. Chapter 4 and Chapter 5 outline the results of the study and the discussion and conclusion thereof, respectively. This assignment will end with recommendations from the study (Chapter 6).

1.1 BACKGROUND AND RATIONALE

Polygamy is an almost universal institution in Africa and across the world (Cutrufelli, 1983). In South Africa, polygamy by legal matrimony and by common law is allowed (Government Gazette Act 120, 1998). Polygamy continues to be widely practiced by statesmen in Africa, for example the current president of South Africa Mr Jacob Zuma and the Monarchs of Swaziland and KwaZulu-Natal, King Moswati Dlamini and King Zwelithini Zulu, respectively. Polygamy is often also practiced in areas with a high HIV prevalence e.g. in Swaziland there is an HIV infection rate of 42% with one in three people between ages of 15 and 49 estimated to be HIV positive whilst polygamy is also widely practiced in this country (Mbirimtengerenji, 2007).

Of the population of Sub-Saharan Africa, 14 000 people a day are estimated to be infected with HIV, while 11 000 die daily from AIDS related diseases (UNAIDS, 2010). The summary of the Provincial HIV and AIDS statistics shows KwaZulu Natal (KZN) as the most severely affected in South Africa (Nicolay, 2008). KZN has an estimated total of 1.6 million adults who are HIV positive and an estimated 300 000 people are in need of antiretroviral treatment. The HSRC reported a decline in HIV prevalence among adults aged 15-49 between 2002 and 2008 in Western Cape, Gauteng, Northern Cape and Free State; with a high of 7.9% in Western Cape; but KwaZulu Natal within the same period, showed an increase of 10.1% in the same age group (Shisana, 2008).

In addition, many rural areas in KZN often lack infrastructure to deal with HIV issues. If at all such services are available, they are inaccessible because of poor means of transportation or they are culturally not suitable for that community. In African cultures women are often subservient to men. Culturally speaking, it is not acceptable for a woman to refuse her husband's sexual advances or ask him to use a condom even if she knows he had been unfaithful (Topouzis, 1998). Also, in Southern Africa, 40% of adult women live with HIV. Most of these women are infected within marriage and cohabitation relationships (UNAIDS Global Report, 2010).

From the above, it can be ascertained that HIV is a major problem in KZN in South Africa, and more so in the rural areas of the province. Many females become infected from a partner within marriage or cohabitation. This raises the question: Could there be an association between polygamy and HIV infection and more specifically, could this be the scenario in KZN? Mogotlane et al. (2007), in their study about women's perspectives on the reasons for HIV and AIDS prevalence in rural area of KZN, found that polygamy remains culturally acceptable, but that "*ubusoka*" (having multiple sex partners for a male) is a different matter. According to their study, *ubusoka* is not culturally encouraged. From the findings of this study, it can be argued that the Zulu culture permits polygamy, but not extramarital sexual relations. Can polygamy be linked to HIV? As far as could be ascertained, there is limited research available on the association between HIV and polygamy in South Africa, and more specifically, in rural areas of KZN province. This is what the study intends to find out. This study aims to investigate the possible association between polygamy and HIV in the rural north coastal areas of the KZN province, as well as to ascertain the HIV knowledge levels as well as beliefs pertaining to HIV and AIDS and polygamy among practicing polygamists in this area.

As mentioned earlier, KZN is one of the provinces in South Africa with a high HIV prevalence (Nicola, 2008). HIV prevalence also seems to be higher in the rural areas of the province. For this reason, as well because there are known practicing polygamists

working in this area, the rural areas of KZN (specifically the Empangeni and Richards Bay area) were chosen as the research setting.

1.2 RESEARCH PROBLEM

Christensen (2007) defines a research problem as “an interrogative sentence or statement that states the relationship between two variables”. This research attempts to find insights into the perspectives of polygamists pertaining to HIV and AIDS and polygamy and whether they might be a high-risk group for HIV infection. This study will also ascertain the knowledge and beliefs of polygamous men with regards to HIV and AIDS and polygamy. It also aims to learn if any cultural and/or traditional values play a part in polygamy and prevention of transmission of HIV e.g. condom use.

1.3 RESEARCH QUESTION

It is important to formulate a specific research question when formulating a problem (Christensen, 2007). The questions to be asked are:

- What association is there between polygamy and HIV and AIDS infection?
- Are polygamous men a high-risk group for HIV and AIDS infection?
- Can polygamous unions or the return to the old traditional values have any effect in reducing the impact of HIV and AIDS?

1.4 SIGNIFICANCE OF THE STUDY

HIV and AIDS is a pandemic that concerns all human beings in the world. In addition, the high rate of HIV infection in South Africa and more specifically in KZN makes it vital to address this issue. It is therefore important to also address polygamy, as a cultural issue and as a practice, as it is often cited as one of the factors that may propagate HIV and AIDS infection.

Also, polygamists are often not targeted for HIV and AIDS prevention interventions (Topouzis, 1998). Prevention interventions, such as rural development programmes, are often pursued in isolation from socio-cultural and socio-economic environment. In such

a scenario, polygamy could actually be exacerbating the spread of HIV (Topouzis, 1998).

In addition, as far as could be ascertained, most studies on HIV and AIDS and polygamy were carried out outside South African borders e.g. Swaziland, Uganda, Nigeria, adding to the significance of this study.

Furthermore, the infection of pregnant women with HIV reflects on the number of HIV positive babies being born. Women in rural areas still do not have access or are not educated enough on freely available services of prevention of mother to child transmission (Mogotlane et al, 2007). As polygamy and HIV often affects women and children most, the results of this study could also potentially be used to improve the situation for these vulnerable groups.

1.5 AIM OF THE RESEARCH

The aim of the research is to give insight into polygamists' views on HIV and AIDS and how it affects them, and also to give a glimpse at their knowledge levels, risk profile and beliefs pertaining to HIV and AIDS.

1.6 OBJECTIVES

1.6.1. The objective of this study is to determine the relations between polygamy and HIV and AIDS through conducting selected focus group sessions and interviews of polygamous men.

1.6.2. To have insights on the risk, knowledge and beliefs of polygamous men with regards to HIV and AIDS.

1.6.3. To gain insight into the practices of polygamists and their views on whether they can protect their spouses against HIV infection.

1.6.4. To learn if the degree of education, the financial standing and the cultural or traditional values play any part in polygamy and prevention of transmission of HIV, including condom use.

1.6.5. Also to establish if polygamists receive any premarital education and/or counseling on HIV and AIDS and what they do with the education they receive.

CHAPTER 2

LITERATURE REVIEW

Polygamy is a marriage in which a spouse of either gender (sex) may have more than one mate at the same time (Webster Dictionary). When this union of two people is not formalised legally by customary marriage but is created by an agreement to eventually get married, it is called *cohabitation*. The Highroads Dictionary defines a polygamist as one who has more than one husband or wife. Colloquially speaking, polygamy is understood as the opposite of polyandry. In this study, polygamy will refer to one man being married to two or more wives, also known as polygyny.

Having defined polygamy, this chapter will discuss the practice of polygamy around the world, polygamy as it has evolved in Africa and more specifically in KZN. Finally, it will debate the practice of polygamy and its relation to HIV and AIDS.

2.1 THE PRACTICE OF POLYGAMY AROUND THE WORLD

The practice of polygamy is a criminal offense in countries like United Kingdom (UK), United States of America (USA) and many countries in the West. Nevertheless, over three billion people around the world still practice polygamy (CAPWOI, 2004). In monogamous countries like the USA, over 100 000 Mormons practice polygamy secretly and illegally. The similar situation is found in monogamous Western Europe where an estimated 100 000 people practice polygamy secretly and illegally (Kilbride & Page, 1994). In Russia, polygamy, though outlawed, is encouraged to correct the disparity between men and women as there are 9 million fewer men than women. Another reason why it is encouraged is to counteract the country's recession and correct Russian population which is falling at about 3% per year (Makhachkala, A.N 2000).

Plural marriages are also widely found in Africa, the Middle East and in Asia. Over 150 countries in Africa and Middle East practice polygamy culturally and legally (Kilbride & Page, 1994). Badawi (2010) in "Polygamy in Islamic Law" writes that polygamy is not

merely for a man to satisfy his passion but is associated with compassion towards widows and orphans as prescribed by the Qur'an. In Islam the rich are obliged to take care of the less fortunate, the widows and the orphans. Practicing polygamy often requires money because of an extended family. As a result, it is declining especially among Muslim communities where all wives are required to be treated equally (Kilbride et al, 2012). The Israeli Bedouin Muslims practice polygamy for power. The more children one has, the more power and honour it means (Ginat & Altman, 1998).

The WUNRN (2002), a non-governmental organisation that addresses human rights, oppression and empowerment of girls over the world, recommended to the UN to study intolerance and discrimination of women based on religion and traditions. This included the topic polygamy. They report that:

- In Australia, the issue of polygamous marriages caused a furore with the government insisting that it will remain illegal, whilst Muslims and indigenous Aboriginal communities in the Northern Territory of Australia feel that polygamy protects them from committing adultery. Although polygamous marriages are illegal in Australia, there are imams who conduct them. Australia has a Muslim population of 340 400 or 1.7% of the total population. Men marrying more than one wife feel that it is a social welfare, ensuring that widows and fatherless children are well looked after and the government does not need to support them.
- In Canada, Section 293 of their Criminal Code forbids polygamy but as more and more immigrants from African and Asian countries arrive, a rise in the number of polygamous marriages in their communities is seen. The lack of state intervention in these communities and active promotion of polygamy in the name tradition and religion has social implications. WUNRN state that the possibility of decriminalising the practice of polygamy challenges the very principle of gender equality.

- In France, the government adopted the *Pasqua* law of 1993, due to multiple problems that were caused by the influx of polygamous families. This law prohibits the immigration of more than one spouse under family reunification. This had perverse effects on the women concerned leaving families in difficult situations. Polygamy in the context of immigration in France shows that the new wives of polygamous African men are often very young, with little education and sometimes were married by force. They find themselves in a foreign country, with foreign customs and no social and family networks, where they do not understand the language and are usually totally under the dominion of the husband. The living accommodation is usually too small and ill-suited for large families and family conflicts usually spill over to schools and immediate neighbourhood. Their children and co-wives are dependent on social assistance. It is for these reasons the French government adopted the *Pasqua* law. The argument and other reasons are that the polygamous system opposes emancipation of women, improving the status of men whilst depriving women of the right to equality and that polygamy engenders family conflict and violence resulting in negative effects on women and children. The same study also found that polygamy is associated with high birth rate, due to competition between co-wives. This results in these wives often not developing other skills to allow them to reach their full potential and improving their economic conditions. Instead, it leads to a financial burden on the polygamous spouse which can be an obstacle for health and education of the children.

2.2 THE PRACTICE OF POLYGAMY IN AFRICA AND SOUTH AFRICA

Africans continue to practice polygamy and have steadfastly resisted viewing family through a Western prism (Njoh, 2006). This is despite the bid of Western feminists to try and eradicate the practice in an effort to improve the status of African women. Njoh (2006) states that Christianity implored Africans to forsake their traditional practices, cultures and beliefs, and taught them that polygamy was ungodly despite the pervasiveness of polygamy in Biblical narratives, quoting among other, Abraham, Isaac and Jacob who practiced polygyny in the Bible. This researcher further sees the

Western culture of repeated marriage after subsequent divorce and death of a spouse as “serial polygamy”. Khapoya (1998) as cited by Njoh (2006) feels that in African tradition, as in Western culture, marriage has always been socially desirable and that there is overt bias against unmarried persons. Because of the undersupply of marriageable men, polygamy becomes socially necessary, not only to ensure continuation of society, but also to provide for the needs of the many marriageable women who would otherwise be unable to enjoy the status and benefits concomitant with marriage. Multiple wives increase the chances of the sought after male offspring, who are usually heirs to their fathers and also increase the numbers of small families. Polygamy also ensures that a widow and her children can be inherited and cared for by the late husband’s brother, even if he was himself already married. Polygamy is therefore a source of wealth and social prestige in traditional Africa.

A few decades ago, 35% of all men in traditional cultures in contemporary Africa practiced polygamy (Dorjan, 1959). The drop in the rate of polygamy in contemporary African states is indicative of the society in transition and does not necessarily reflect the outward rejection of polygamy (Moller & Welch, 1981). In North African countries it is Muslims who widely practice polygamy (Altman & Ginat, 1996). In Uganda there is a comparatively high prevalence of polygamy, especially among Muslims.

Welch and Glicks (1981) cite polygamy in South Africa to be about 20 to 30 polygamists per 100 married men. The extent of polygamy used to be dependent on wealth and status of the husband e.g. chiefs and rulers so to give them a mark of high position (Moller & Welch, 1981). Among Zulus in South Africa, polygamists account for about 10% of married men (Moller & Welch, 1981). The social security of the Zulu rural male migrant polygamists depended largely on mutual support offered by the wives working in the fields. This is the reason why polygamy is also seen as the greatest economic advantage to rural agriculturalists (Moller & Welch, 1981). Practices held during preindustrial age, however, may no longer hold.

2.3 GENERAL RESEARCH ON POLYGAMY IN AFRICA

As far as could be ascertained, ethnographic studies have postulated three major explanations for polygamy:

1. Sexual necessity (Whiting, 1964 as cited in Ember & Ember et al. 1974)
2. Demographic factors (Ember et al. 1974); and
3. Economic factors (Moller & Welch, 1981/1990 and Ware, 1975)

Sexual necessity

Mormon women were sometimes characterized as “lustful and oversexed, fighting with one another, flirtatious, acquisitive and ill-tempered as if they deserve to live in the evils of polygamy” (Bitton & Bunker, 1978). This statement seems to be in contrast to the common assumption that in Africa in general, men marry more women to fulfill their sexual desires (Whiting, 1964). In other words, it seems as though sexual necessity may not only be associated with men. Whiting (1964) states that polygamy is practiced in cultures where sex is tabooed for a long period of time e.g. a year postpartum. In some cultures, couples abstain from sex for a year whilst the baby stays on breast milk presumably to protect it from kwashiorkor and other protein deficiency diseases. This then may necessitate a man to have another wife whom to have sex with whilst the other wife is raising the baby. Ember et al. (1974) however, disputes this fact of postpartum abstinence, citing that the second wife may also be unavailable for the same reason (post-partum sex abstinence), rather arguing that high male mortality in war results in excess of females which then allows men to marry more wives.

Demographic factors

Ember et al. (1974) cite the excess of women due to men dying in war as one reason of polygamy. They believe that a number of allowed men to marry more than one woman, but however concede that the practice is now less common in modern world. They further state that it is difficult for co-wives to live together. Polygamy therefore benefits neither the men nor the wives.

Economic factors

Moller & Welch (1981) state that polygamy is productively advantageous, as the number of offspring is said to determine a man's wealth. Vallenga and Mbula (1975) as cited in Ware (1975) say that women do not willingly enter into polygamous marriages, but are forced into it by circumstances to avoid a lesser status of concubinage. Concubinage is where unmarried women choose to live with a man because they feel ashamed of their non-marital status due to social pressure. This supposes that women who are unmarried are looked down upon by the society. To avoid being concubines they then resort to entering into polygamous marriages.

2.4 RESEARCH ON POLYGAMY AND HIV

Some researchers argue that polygamy poses a risk towards the spread of HIV (Noble, 2008). Sexual necessity and economic factors have been cited as contributing factors in the spread of HIV and AIDS (UNAIDS, 2008). As mentioned, there are ongoing social ills like poverty and concubinage that leads to polygamy (Moller & Welch, 1981).

Sringi (2010) found that polygamy perpetuates HIV and AIDS as co-wives compete among themselves at having more children leading to not using any protection. This situation was found to be worse among the less educated women. In this study older polygamous men showed no inclination towards using condoms, and there was no reference made to the educational level of the women.

A study in Swaziland by Mbirimtengerenji (2007) found that patriarchy and polygamy are strong in the culture and history of the country, making it difficult for the monarch, King Moswati, and his government to reconcile the cultural norms (i.e. polygamy) and the fight against HIV and AIDS. The study found that HIV and AIDS in Sub-Saharan region increases where sexual trade, migration, polygamy and teenage marriages are used to alleviate poverty.

Mbirimtengerenji (2007) found that for some women in Zimbabwe, sexual relations represent the only means of social and economic survival. Traditional subordination

makes it difficult for these women to be able to reduce HIV infection. The author, however, though not specifically referring to women in polygamous marriages in this context, does cite polygamy as a levirate social practice that is used to ensure that widows and orphans survive within an established family structure. Polygamy is described as “the only way to sustain equity of resources in a poverty stricken society”. In contrast, Mbiremtengerenji (2007) also reports that a 23 page policy document on HIV and AIDS in Zimbabwe (drafted by an umbrella group of over 70 Bishops of different church denominations) calls for, among other, abolition of polygamy as an attempt to combat HIV infection. The same document notes that there is a danger of wives seeking sex outside marriage if their husband cannot satisfy them. The argument is that though polygamy is culturally acceptable, it does more harm than good and remains a major predictor of HIV infection.

Altman & Ginat (1996) reported that Uganda has a comparatively high prevalence of polygamy especially among Muslims. Serwadda et al. (1995) found that in the Ugandan population, men are the predominant source of new infections in rural villages. In eastern Uganda, Kwinkumda village, if a man has one wife, he is considered a bachelor. The belief in this region is that less economically privileged women must be assisted through marriage, hence the practice of polygamy (Mbiremtengerenji, 2007). Most women in this area are at risk of HIV & AIDS because of polygamous marriages (Mbiremtengerenji, 2007). Men believe that it is useful to have more than one wife so that if one visits her parents the remaining one must look after her husband sexually. Diseases associated with sex may even be viewed as a male status symbol. Polygamous women in this study are also reported to indulge in extra-marital affairs when tired of waiting for their husbands, thus exposing themselves to HIV.

Women in India account for 39% of approximately 5.2 million estimated cases of people living with HIV and AIDS. An UN study (*The World's Women - Trends and Statistics*, 2000) reported that women account for almost half of all cases of HIV and AIDS and in countries with high HIV prevalence, young women are more at risk of contracting HIV

than young men. Among contributing factors mentioned are cultural practices including polygamy and marrying brother of the late spouse (widow inheritance).

In some cultures, young women are taken as co-wives once they reach puberty whilst young boys are allowed to have sex with their brothers' or with their fathers' younger brides. This causes sexual initiation to occur as early as 11-15 years and this sexual relationship and marriages is between very young girls and much older men. These often non-consensual sexual relations often result in unwanted pregnancies, infection to STIs and to HIV because the young girls are not in a position to negotiate safe sex. The ambiguity of a culture that scorns premarital or early sex yet at the same time promotes early sex, dominance over women and early pregnancy of adolescents that are taken by much older men into polygamous marriages, is baffling (Caldwell 1998). In addition, an UN study in New Delhi (World Prout Assembly - *Polygamous husband behind rise in HIV & AIDS in women*, 2006) found that the rising number of HIV and AIDS infection among women in monogamous relationships was passed on by polygamous men. This study reiterated that biological, socio-cultural and economic factors in India make women and young girls more vulnerable to HIV and AIDS as the virus is easily transmitted from men to women that from women to me.

Johnson & Budlender (2002) found in their study on determinants of HIV prevalence in South Africa, that for individuals with three or more partners, HIV prevalence appears to be stable with respect to the number of lifetime partners. O'Farrell (cited by UNAIDS, 2010) suggests that certain individuals develop resistance to HIV infection and concludes that it is promiscuity, and not a number of lifetime sexual partners, that was found to be the determinant of HIV infection. Along the same lines, Altman & Ginat (1996) state that polygamy could ensure lifetime partnerships (as opposed to a series of different multiple sexual partners or promiscuity) and could therefore lead to lowering the chances of HIV infection. In two studies in Nigeria, however, different opinions pertaining to polygamy emerged: In a study by Lawoyin (2000), 3204 married men were interviewed using questionnaires and focus groups and results showed that men should not blame women for their extramarital affairs and participants suggested that

government should place a ban on polygamy because of HIV and AIDS scourge. Adeyeke (2008), in a study about variables that exposes women to HIV infection, found that 78% of participants (183 females from three government departments i.e. Education, Justice and Information) believed that polygamy, as a form of marriage, accounts for spread of HIV and AIDS.

2.5 SUMMARY

From the literature study, one can conclude that polygamy is alive, culturally and religiously; legally and illegally around many parts of the world. Various factors (e.g. economic or demographic) seem to contribute to polygamy being practiced; and often women and children suffer as a result of this tradition. It could be argued that differing views and opinions by different studies and authors seem to show that the issue of polygamy as it relates to HIV and AIDS still remains inconclusive. As mentioned before, the role that polygamy plays in reducing or exacerbating the spread of HIV and AIDS remains largely is unexplored in a South Africa context. It is therefore relevant to ascertain through this study further insight into polygamists' views on HIV and AIDS and how it relates to polygamy.

CHAPTER 3

RESEARCH AND DESIGN METHOD

3.1 TARGET GROUP AND SAMPLING METHOD

The research population was limited to practicing polygamists, traditional and religious. The area of focus was Empangeni/Richards Bay. The district has 80% rural population. There is a hospice in KwaMbonambi area for the terminally ill patients, mostly HIV and AIDS called Ethembeni, just outside Richards Bay. Empangeni is 15 km from Richards Bay. Richards Bay is a fast developing industrialized area. It attracts many investors because of its proximity to one of the largest harbors in the country. This helps provide employment to people living in and around the area. Both Empangeni and Richards Bay towns fall under one of the cleanest municipalities in KwaZulu Natal called Umhlathuze Municipality. Richards Bay's population is about 39 500 (Umhlathuze IDP). Because the area is mostly rural, most people still adhere to traditional way of life like polygamy despite numerous well established education system and Christian denominations in the area.

The sample of the men from the two companies was determined by the number available at that particular shift. This was pre-arranged with the shop-steward. All men were Zulu speaking except for the three Muslim men who were English speaking. Eighteen (18) polygamists men from RBCT, twenty (20) from the then Portnet, now called South African Port Operations (SAPO), eighteen (18) from an independent group met at Port Dunford, a seaside area just outside Empangeni, totaling fifty six (56) were involved in the focus groups. Twenty-eight respondents were of Shembe (Nazareth) religion and 28 were non-religious (traditionalists).

Interviews were conducted with three other Muslim men to gain more insight on polygamy as practiced in Islamic religion. Also, the non-polygamous Moulana (Mr Rawat) was consulted at his business premises in Empangeni. Reference to the opinion of the Moulana will be made in conjunction with the focus group feedback (mainly to

provide insight into some of the focus group comments); information from the interviews with the three Muslim men will be discussed separately.

3.2 BASELINE DATA

The researcher worked with the company's peer educator at Richards Bay Coal Terminal (RBCT) to raise awareness on HIV and AIDS on thirty (30) polygamous male employees. This was done in conjunction with the World's Aids Day festivities. Responses were recorded on a DVD. Participants were allowed to ask questions afterwards and these were answered by the company's trained peer educator guided by the researcher.

Similarly employees at South African Port Operations (SAPO) – Richards Bay attended awareness campaign and underwent voluntary counseling and testing (VCT) during their Wellness Day in which the researcher was participating. Information on HIV and AIDS is continually made available through pamphlets, peer education, on-site health centres and Employee Assistance Programmes (EAP). Peer educators with whom the researcher established rapport, provide ongoing support. This information is in languages understood by all employees- English and isiZulu.

3.3 IMPLEMENTATION

The researcher gets invited annually during Wellness Day to both companies as part of the Health team. This gesture facilitates communication between the researcher and the employees' leaders. It also fostered trust among the workers and the researcher which made it easier to tackle sensitive issues. Negotiations for focus group discussions and interviews were done through their shop steward and also through their priest (who is also a steward) whom they trust and respect as their leaders. Long negotiations took place to facilitate suitable timing so work pattern of participants is not interrupted or interfered with. It was also established that information is constantly available and is accessible to all participants at their work-place through their clinic and employee assistance programme (EAP).

In terms of ethical considerations, participants all consented to the focus group discussion or interview; there was voluntarily participation, not coerced, and their names were not used without their permission. It was explained that participants are free to withdraw from focus groups and interviews if they felt uncomfortable. Confidentiality was guaranteed. Participants were assured that if they did not want to respond to certain questions (as there were questions of a personal nature that were discussed), they did not have to answer. In addition, participants in focus groups were allowed to interact among themselves exchanging ideas and comments as recorded on DVD. The DVD would not be shared with any other person (the DVD is in Zulu language).

3.4 FOCUS GROUPS

Three focus groups of polygamists were conducted at three different sites namely: RBCT, SAPO (R/Bay) and Port Durnford. Separate interviews were conducted with the leader of the Muslim group (the Maulana) and three Islamic polygamists for further insight onto the subject at hand. Having a homogenous focus group is less threatening to the participants and they are more likely to talk freely and share experiences if they have a lot in common (Wong, 2008). The groups partaking in the focus group discussion were all in polygamous marriages, most work in the same companies and most share same religious affiliations. The men in focus groups were use to interact freely and hold discussions among themselves as they often do when they share their meals in their dining halls during their work shifts.

Permission was sought from the Port manager (SAPO) after discussions with the shop steward, Mr John Mabika, who is also a priest. Permission was also sought from the Manager at RBCT. Focus groups were arranged to coincide with their lunch hour to avoid interfering with their work. Mr Mabika was used as spokesperson between the workers and the researcher for meeting negotiations. Each session lasted for 30 minutes. For the Port Dunford group, preliminary discussions were held with their priest (Mr Sithole) who facilitated the focus group discussion to coincide with their church meeting. An interview schedule listed below was used in focus groups. This was broken down into the following sections or themes:

- Background Information/Demographics
- Knowledge Questions
- Risk Profile Questions and
- HIV-related Beliefs

3.4.1 Background Information/Demographics

Background information questions were used to break the ice but also to determine if level of education played any role. These included age, occupation and level of education.

3.4.2 Knowledge Questions

They were asked to discuss:

- what HIV is;
- how it is transmitted;
- how HIV can be prevented;
- if you could you tell that someone is living with HIV or AIDS;
- who are considered to be a high risk group with regards to HIV and AIDS;
- if one be tested for HIV;
- how one could stay healthy in the context of HIV;
- how a person could get infected with HIV when having sex without a condom on;
- whether HIV can be contracted through sexual intercourse;
- if treatment is available for people living with HIV
- whether they needed more information on HIV and AIDS.

3.4.3 Risk Profile Questions

To determine the risk profile, the researcher asked participants to discuss when last (if ever) they had they used condoms; whether they have any other partners outside wedlock or other than their wives. Also, they were to discuss if they had ever been treated for sexually transmitted infections, and if they had, if they had spoken about it with their wives or received treatment that they took together with their wives. They

were also asked if they knew their wives' HIV status before marriage and also now when they are married or if they ever get tested together. Because of the relationship the researcher had established with the participants, it was possible to ask these personal questions.

3.4.4. Beliefs related to HIV and AIDS

On the question of beliefs they were asked to discuss whether they believed that a sexually active person should go for HIV testing and counselling. They were also asked to discuss if they believed that one should have an HIV test before engaging in sexual intercourse; and if they believed that one needs to receive information about HIV to make an informed decision before engaging in sexual intercourse and before marriage. The participants were also asked to discuss whether they thought religion had any influence on behavior pattern (moral value). Participants were further questioned on whether they believed that religion or their cultural practices influenced the way in which they treated or protected their wives against HIV. The last question posed was to find out whether they thought that polygamy could assist in the prevention of the spread of HIV.

3.5 DATA ANALYSIS

The data collected and stored on the recorder and on the DVD was replayed and listened to, to get the overall account of the focus group discussions and interviews. This was done in order to consider the intensity of the views of participants and their comments. The recorded information was however not translated from isiZulu to English. Although anonymity was assured, the DVD shows recordings of actual participants and therefore will be withheld by the researcher.

Analysis of the responses of the focus groups and individual interviews were done by the researcher. Questions used in the focus groups were grouped according to the three themes (i.e. demographics, HIV knowledge and beliefs about HIV and AIDS) discussed earlier. The feedback from the different focus groups was analyzed and the major or most relevant highlights/findings from all three focus groups are discussed and

reported on concurrently. References to the views and opinions of the Moulana who participated in a separate interview are made in conjunction with the discussion of the focus group feedback (mainly to provide insight into some of the comments); additional information from the interviews with the three Muslim men were analyzed separately.

CHAPTER 4

FOCUS GROUPS RESULTS

4.1 DEMOGRAPHICS

4.1.1 Age

The background information was to categorise men according to their age group and the level of their education. This helps to understand the level or the maturity of their thinking capacity. This also served to set the stage, put participants at ease and familiarize them with the questioning by the researcher.

Table 1: Age range

Age Range	Number of participants	Percentages
20 – 30 yrs	18	30.5
30 – 40 yrs	11	18.7
40 – 50 yrs	30	50.8

N = 59

Most of the participants in age group 20 -30 work for RBCT. The older group were mostly from SAPO and the Islamic businessmen.

4.1.2 Education

About a third of all participants were post matric (grade 12) level, the majority with diploma or certificates of the trade they were employed for.

4.1.3 Occupation

About half of participants were employed either as “operators” or as millwrights. About a quarter older men partaking in the study at Port Dunford were either sugar-cane farmers or workers. The Islamic men were all business people.

4.2 KNOWLEDGE

4.2.1 What is HIV?

The questions asked in this section were to determine whether the participants understood what HIV and AIDS is. It emerged during discussions that most participants had received some form of formal education about HIV. They had had awareness campaigns at their workplace, pamphlets made available to them and had had voluntary testing and counseling during the wellness days. They also had access to information at their clinics and through peer educators. RBCT holds sessions where a SHE representative can pick any topic for discussion including HIV and AIDS. The remaining respondents reported that they had heard from the media about HIV and AIDS but were not so certain of the facts.

4.2.2 How can HIV be transmitted?

Almost all participants understood that HIV cannot be transmitted through being bitten by mosquitoes, kissing (peck), sharing utensils, toilet seats and shaking hands with an infected person. Only two men answered incorrectly. The researcher later clarified the mode of transmission for the benefit of all participants, especially older men. All participants had responded that they do need more information on HIV and AIDS even though most of them had had previous information disseminated to them.

4.2.3 How can HIV be prevented?

There seemed to be uncertainty when the question was posed. Most participants mentioned condom use. Older men alluded that moral decay of younger generation is the perpetrator of HIV and AIDS and therefore felt that educating the youth on sex and sexuality would be the preventative measure.

4.2.4 How can you tell that someone is living with HIV and AIDS?

On the question of whether they can tell if someone was living with HIV, few men thought they could tell. All men of the Islamic religion felt one could tell if one is infected. They did not seem to know that a person living with HIV and AIDS may not look any

different and that a person only starts to look different much later when they start to get sick.

4.2.5 Who are considered high risk group regarding HIV and AIDS?

All participants did not consider polygamy as high risk when practiced correctly. They regarded irresponsible sexual behavior as high risk. They felt that it is unlikely for their wives to be unfaithful even though they themselves sometimes are not entirely faithful. Others mentioned that some traditional *muthi* that is available to ensure that the wives remain faithful.

4.2.6 Can one be tested for HIV?

Almost all participants knew that one can be tested for HIV. They knew where to go for testing. However, older men felt it was not entirely necessary as there should be no infidelity among married couples.

4.2.7 How can one stay healthy?

All men knew about healthy eating habits. A few believed that using traditional medicine or methods like “induced vomiting” or gastric wash-out, (*ukuphalaza*) contribute towards staying healthy.

4.2.8 Can one get infected if having sex without a condom?

All men admitted that one may get infected if having sex without a condom; mostly the older men seemed reluctant to use it.

4.2.9 Do condoms encourage sex and are they not safe to use?

Many of the participants disagreed with the fact that condoms encourage sex and that they are not safe to use. Islamic men cited that their choice not to use condoms is purely based on the Islamic faith which emphasizes trust, loyalty, faithfulness among married people and no sex outside marriage. In the interview session with the Moulana, he explained that allowing men in the Islamic religion to take up to four wives and

having women cover themselves up serves to prevent lust and to try and compensate for the lower number of men against women.

Almost all older men strongly felt that use of condom shall mean that one of the wives is unfaithful and had no reflection unto themselves as being disloyal to their wives whilst most younger men felt condoms should be used as a preventative measure to disease and unwanted pregnancy. It seemed a sense of “comfortable trust” existed in the families of older men. A Shembe priest who formed part of the discussion, emphasized that now more than before, the issue of safe sex is encouraged. He further explained that they (Shembe/Nazareth) believe in the commandment “thou shall not kill” and by using a condom one is killing ‘the baby’ that may be conceived through that union.

4.2.10 Do you believe that HIV can be contracted through sexual intercourse?

All participants acknowledged the fact that HIV can be contracted through sexual intercourse.

4.2.11 Do you know that there is treatment available for people living with HIV which prolongs life-span?

All participants agreed that treatment is available for people living with HIV and AIDS which can prolong life (this could be due to the fact that men working for RBCT and for SAPO receive adequate education and information on HIV and AIDS. Others also get information through different media such as municipal and rural mobile clinics. They also receive some treatment from their clinic and through their EAP.)

4.2.12 Do they need more information on HIV and AIDS?

All men felt that they could benefit with more information on HIV and AIDS even though they were fairly knowledgeable. They rated their knowledge of HIV and AIDS between average and good. None of the participants felt his knowledge was poor.

4.3 RISK PROFILE

Risk profiling aimed to determine whether polygamists can be considered high risk group to contract HIV and AIDS or not.

4.3.1 The last time you had sex with one of your wives did you use condoms?

None of the participants responded positively to using condom with the wives. Both cultures – Zulu and Islam – allow polygamy with the belief that a man’s sexual appetite requires him to have more than one wife. Women who enter such institutions usually have no say in sexual negotiations. They await their turn with not much questioning. For the Islamic group, condom use is out of question as it is not encouraged in Islam. A Shembe respondent explained that men are taught about safe sex and, if they do stray, they are expected to use condoms so as to protect their wives.

4.3.2 In the past 12 months did you have sex with another partner other than my wife?

The vast majority of the group agreed to having had sex outside marriage. One man mentioned that “*izikhali azilolelwa ekhaya, kodwa zilolelwa endle*” Literally translated – “one does not sharpen his weapons at home but out in field” By this he meant that they have to go outside their marital household to “sharpen” their manhood. This is where - according to them - they would use a condom to protect their wives.

4.3.3 Have you been treated for sexually transmitted disease in the last 12 months?

Almost half of the participants mostly in the younger group agreed that they had been treated for sexually transmitted diseases. However, none of the Muslim participants had.

One of the men explained that if a polygamous man is wise enough, he can “*cupha*” (*set a trap for*) the wives so that they do not get tempted to have sexual relations outside marriage. He further explained that “*ukucupha*” (*The act of setting such a trap*) means to

use some kind of *muthi* without the wives knowing to make them sick e.g., they would get excruciating pains, if ever they engaged in sex outside marriage. The husband would then know and then warn her or them to stop that action.

They further explained that if a sexually transmitted disease was diagnosed then all the wives have to undergo treatment but there is always a price for the husband to pay – the fury of the women because the husband has been unfaithful. One man however reported that he keeps his medication in the car so the wives do not see it.

4.3.4 Did you know your wives' HIV status before marriage?

More than half of the participants, mostly in the older age group, did not know the HIV status of their wives before they married them. The three Muslim participants answered with a strong positive that they knew their wives' status. On discussion it emerged that they assumed them to be negative based on their religious convictions and not because they had had an HIV test. A Shembe respondent clarified that although they have not started premarital HIV counseling and testing, they are discussing it.

A shop steward from South African Port Operations reiterated that their workers are now well informed on how to protect themselves and that he himself goes for regular HIV testing together with his two wives. He admitted that in the past they thought the disseminated HIV information was just a gimmick used to scare them, but now that they see people getting sick and dying, they know HIV is for real. That is the reason why in their church they are talking about premarital VCT. The older men were however still not convinced that they should have had HIV testing with their wives before marriage, basing their notion on assumed trust.

4.3.5 Do you know your wives' HIV status now?

Most participants answered positively, that they knew their wives status, mostly basing their responses on assumption and not on HIV testing. A few of the men, mostly from Transnet, knew for sure because they had had the HIV tests with their wives during family days organized by their companies. Participants believed that if their wives were

unfaithful to them, they would know. They believed that it is not in their culture for women to cheat. Even the men who had earlier consented to having had outside sexual engagements were not sure of their wives' status.

4.4. BELIEFS

4.4.1 Do you believe that a person who is sexually active should go for HIV testing?

All the men agreed that HIV testing is imperative for a sexually active person, citing that “only a fool will not go for HIV testing” The older participants openly laid blame of “carelessness” on the younger generation. One man who has two wives attested that he and his wives go for regular testing even though they are married. Participants felt that nowadays, especially with the information they are equipped with, one needs to know the status of the person he/she have coitus with.

4.4.2 Do you believe that a person should go for HIV testing before having sex?

The focus group participants seem to generally strongly agree that it is necessary to have an HIV test before sex. In the discussion it emerged that although they strongly agree that a test must be done before having sex, it is not always feasible. The Islamic men strongly disagreed that HIV testing is necessary before having sex on the basis that a man should only have sex with the person he is married to. They further explained that a married person must remain loyal to his or her spouse and if that is the case as it should be then there is no need for HIV testing.

4.4.3 Do you believe that a person needs to make an informed decision before having sexual intercourse and before marriage?

All participants agreed that an informed decision needs to be made. One needs to know if the person he/she sleeps with or gets married to is safe from HIV or not. Of the men who also agreed that informed decision is necessary, most agreed that they had done nothing had to obtain this information from a partner(s). Some of them believed that one

can see if the person is infected. Others stated that one can only see when the person starts to get sick, by spots over the body.

The Islamic participants stated that in their system, they conduct a form of in-depth research and a prayer before marrying a woman and they believe the information thus gathered is adequate to determine safety from HIV. They explained that premarital HIV testing has not yet been introduced in their religion.

4.4.4 Do you believe it is a man's right to have more than one wife for sexual necessity?

All men in polygamous relationship believed that a man must have more than one wife. This may be an obvious answer as they are all practicing polygamists. However, some participants indicated that they are unable to maintain the polygamist lifestyle while already married. All participants indicated that they strongly believe that one woman cannot satiate a man's sexual needs or appetite by herself, and therefore a need for more than one wife exists. Another reason mentioned by participants was that women populace outnumber that of men, therefore men have to have more than one wife to balance the equation.

4.4.5 Do you think people with no belief structure are more vulnerable to HIV infection?

The general attitude from the discussion was that people who have no particular belief structure would be more vulnerable to diseases like HIV and AIDS.

4.4.6 Do you believe religion or culture practices influence the way men treat their wives or protect their wives against HIV?

Most participants responded positively, citing that their different religions emphasize morality, fidelity, trust and safe sex.

4.4.7 Do you believe that polygamous men can assist in prevention of the spread of HIV?

Most participants felt that if they remained faithful to the wives they are married to - "that should only be for him" - HIV would decrease because the women who go from partner to partner seeking a sense of belonging will have own husbands and will therefore be satisfied; thus that polygamy can assist in this regard. Some traditional polygamists in the focus groups stated that being in polygamous marriages teaches their wives how to share and manage their finances and that this serves as a way of preventing them from getting into risky sexual behavior.

The Islamic participants felt strongly that polygamy is necessary for men who can afford it as it decreases men lusting after women and thus it could help. The Moulana explained that a rich man or a man who can afford may marry more than one wife so he can take care of them financially. This could address socio-economic factors that predispose people to HIV and AIDS. By so doing they felt HIV and AIDS would be contained.

4.5 Additional views and opinions: Islamic men interview

The Islamic men that were interviewed served were all business people. They could not be used as part of the focus group as desired because of time limitations in their business schedule and the fact that they have prayer times that they adhere to.

Islamic men felt that fidelity is the answer to an HIV crisis, whether in a polygamous relationship or not. The response by all Islamic men interviewed on the question of whether one could tell if a person is infected with HIV and AIDS or not was not answered correctly. They thought one can tell if a person is infected.

On the question of the necessity to test for HIV, the Islamic men felt it was unnecessary, as they believe that they and their spouses abide by the rules of fidelity.

The fact that by having sexual intercourse without a condom could lead one to becoming infected with HIV was a contentious issue with the Islamic trio during the individual interviews. The Moulana explained that condoms in the Islamic religion are not commonly used because contraception is not allowed. It is believed that God (Allah) gives children and each child comes with his or her own “wealth”. Human beings cannot decide to use contraception and they believe that the condom is for the prevention of conception. He further explained that contraception could only be used in selected cases where pregnancy poses ill-health to the mother. Moreover, most marriages are arranged. Thorough “screening” of the bride to be - not HIV testing - usually through word of mouth, takes place before marriage occurs. Also, assistance for the selection of a virtuous woman is sought through prayer. This prayer is answered in a dream. Because chastity is emphasized in the Islamic religion, it is believed that condom use is not necessary between faithful partners. The Moulana referred to those who stray outside wedlock or are unfaithful by saying that “if you walk in the rain, does not expect not to get wet” meaning that if one strays, one may end up with the infection. The Moulana also strongly felt that the kind of clothing donned by Islamic females that cover their bodies and also the practice of polygamy that is allowed to those who can afford it, prevent men from lusting after women, thereby preventing infidelity and therefore is no need of condom use.

On the issue of extra-marital sex, the three men of Islamic men strongly denied ever having had sex outside marriage. They however admitted that there are Muslim men who do not strictly adhere to the principles of Islam, making an example of an Islamic medical practitioner who had a sexual relationship with their domestic worker who was HIV positive and thus infected the wife with HIV.

On matters of belief, all Muslim participants strongly disagreed that a person who is sexually active should go for HIV testing because of the fact that according to their religion, one can only be sexually active within a marriage. In their marriages there is supposed to be trust and loyalty, and if that exists then there is no need for HIV testing. Seemingly that would be the case if religious convictions were adhered to.

CHAPTER 5

DISCUSSION & CONCLUSION

From this study, it seemed that most of the polygamist respondents were fairly knowledgeable about HIV and AIDS. Though they did receive education on HIV and AIDS from their workplaces, they felt they could do with additional education. This finding seems to be in contrast with the literature, where it was found that polygamists do not receive the kind of education that addresses their specific circumstance (GLHWG, 2008). It was, however, an encouraging observation that although the participants were eager to have more information on HIV. Some issues identified that needed further clarification were e.g. sexually transmitted diseases and that it increases the risk to HIV infection. Also if one partner has a sexually transmitted disease, all sexual partners need to be treated to prevent repeat or cross infections

In accordance with a study by Ginat & Altman (1998), it was found in this study that to practice polygamy, one generally has to be in a higher income bracket; and that polygamy is very much influenced by socio-economic reasons. This was especially the case among Islam respondents as one has to be able to equally provide for the wives to be in accordance with religious doctrine.

The study found that participants were seemingly aware of the need to protect themselves and their spouses from HIV. Whether they do use any preventative or protective measures like condoms seem to differ according to age, belief system and culture. The fact that condoms are not always used when engaging in sex as attested to by participants, may indicate that wives in polygamous unions may not be safe from infection as long as the spouse (the husband or one of the other wives) engages in extramarital sexual relationships.

With all the information that the men have on testing for HIV when sexually active, it was a worrying factor that sex with women whom they are not married to still occur, sometimes without protection.

It emerged from discussions that the “testing before sex” that participants referred to was not about sex with their wives. It seems that to them wives are presumed “safe from HIV” once they are within marriage. The testing they referred to was with other sexual partners. This belief may put the wives at risk of being infected.

According to Moller & Welch (1981), women in a polygamous relationship are not accorded the right to an informed decision. This was the finding among Islam respondents, who regarded women as a “sexual necessity”. That is, men’s need for sex was mentioned as one of the reasons for polygamy which seems to confirm sexual necessity for polygamy. Women have to wait for their turn for conjugal engagement according to the schedule the husband designs or according to the number of wives in the household with not much of a say in the process. Along the same lines, discussions with the participants seem to confirm that women remain inferior in terms of sex negotiations, which may predispose them to infection. Sexual dissatisfaction may lead them to seek comfort elsewhere thereby exposing them to the risk of being infected. Most participants, however, seemed to believe that their wives will not look for sex outside their marital bed. This is in contrast to the findings by Chimbete (2011), who found that the risk of contracting HIV and AIDS in polygamous relationships is greater because sexual intercourse intervals are uneven in polygamy, resulting in partners looking for sexual pleasure and satisfaction outside marriage. Some of the participants felt that there was a way of stopping this kind of “grazing” by using *muthi*.

During “Wellness Days” and “Family Days” both at RBCT and at South African Port Operations workers get educated on positive living and healthy lifestyle. This was found to be a positive aspect during the study.

The study found that most men in the focus groups had taken an HIV-test in the past twelve months. This could be related to the fact that the then Premier of KwaZulu-Natal at the time of this research, Dr Zweli Mkhize, had invited churches to work together with the government in combating HIV and AIDS.

In general, participants seemed to realize that they can and must play a role in the reduction of HIV and AIDS through changing attitudes; that they do not need to have multiple partners to prove their manhood as was previously accepted, because HIV is real. They stated that they realized the seriousness of the pandemic.

In conclusion, practicing polygamy did not seem to deter respondents from illicit relationships. Such behavior may be putting them at higher risk for HIV. Thus, the often perceived association between polygamy and running a higher risk of HIV infection seem not to be because of the practice of polygamy as such, but rather due to the fact that even though participants are polygamous, they do not adhere to guidelines of being faithful to their wives, but instead still feel the need to “stray”, thereby putting themselves and their wives at risk. So, infidelity, and not polygamy necessarily, seemed to be a factor exacerbating the spread of HIV among respondents. It could be argued that if polygamy were to be practiced as it was in the old traditional Nguni way, as the Qur’an dictates or as prescribed by other religions where it is permissible, then it could quite possibly help curb the spread of the disease.

CHAPTER 6

RECOMMENDATIONS

Caldwell et al. (1993) reported that a large proportion of women are infected by their male partners where polygamy is widely accepted as culture. In this study, polygamy seems to be acceptable as well. It is therefore imperative that men be educated further (as they also expressed during the intervention) on HIV matters. Along the same lines, men in polygamous relationships need to be more knowledgeable about HIV and AIDS as they have more control over the sexual act than women. Training could for example be done through organizations aimed towards men, e.g. SONKE. SONKE is a gender justice non-profit network that works across the world to support men in talking and taking action against gender inequality, domestic abuse and in reducing the spread of HIV and AIDS.

Generally, it was found that the practice of polygamy seems to differ between culture, tradition and religious background. Often, culture is used as an excuse by men to practice irresponsible behaviour, but it can also be used to promote positive behaviour, as mentioned by participants in this study. From the findings in this study the “church” – Shembe or Islam – is seen to be having a role to play in educating men on how to behave and respect women. Seemingly, if these conditions are followed to the latter then HIV and AIDS bears no or little adverse effect from polygamy but instead polygamy may be of benefit to women in that they get to be looked after and provided for. Empangeni /Richards Bay area (where the research was conducted) have many polygamous men belonging to Shembe or Nazareth Church. Religion seems to have a big impact on the lives of respondents as most polygamous men interviewed belong to a religious organization and mentioned that they are taught in their churches about how to behave; as well as about HIV and AIDS. Religious organizations, therefore, could have a part to play in mobilizing and educating individuals and communities on HIV – especially those that practice polygamy – to help curb infection rates.

In the study, half of participants admitted having had STIs in the past. It is recommended therefore that all parties involved in polygamous union undergo premarital counselling and testing; have proper education on HIV and AIDS and condom use; and to avoid having random multiple sexual partners.

Spouses need to be educated on the importance of remaining faithful to one another as the study shows that some participants use condoms only with extramarital partners. This seems to show that infidelity exists among polygamous marriages.

The South African Government has attempted to encourage men through different media channels to be “man enough” to act responsibly towards women and to protect women and children through formation of structures like “Men-Engage”. The participants may be encouraged to use platforms like these to talk, encourage and educate one another as men to men. These programmes could be introduced at their places of employment.

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Appendix 1

FOCUS GROUPS INTERVIEW SCHEDULE

1: DEMOGRAPHICS

- 1.1 Age
- 1.2. Highest qualification
- 1.3. What is your occupation?

2. KNOWLEDGE QUESTIONS:

- 2.1 What is HIV?
- 2.2 How it is transmitted. Can it be transmitted through mosquito bite, sharing utensils, hugging and kissing an HIV positive person?
- 2.3 How can it be prevented?
- 2.4 How can you tell that someone is living with HIV and AIDS?
- 2.5 Who are considered to be a high risk group with regards to HIV and AIDS
- 2.6 Can one be tested for HIV?
- 2.7 How can one stay healthy?
- 2.8 Can one get infected if having sex without a condom?
- 2.9 Do they believe that HIV can be contracted through sexual intercourse?
- 2.10 Do they know whether treatment is available for people living with HIV which prolongs life-span?
- 2.11 Do they need more information on HIV and AIDS?

3. RISK PROFILE

- 3.1 When last did they use condoms if ever?
- 3.2 Have they had sex with other partners other than their wives?
- 3.3 Have they ever been treated for sexually transmitted infections?
- 3.4 Did they know their wives' HIV status before marriage?
- 3.5 Do they know their status now?

4. BELIEFS

4.1 Do they believe that a sexually active person should go for HIV testing and counseling?

4.2 Do they believe that one should have an HIV test before engaging in sexual intercourse

4.3 Do they believe that one needs to receive information about HIV to make an informed decision before engaging in sexual intercourse and before marriage?

4.4 Do they think religion has any influence on behavior pattern (moral value) and therefore HIV susceptibility?

4.5 Does religion or culture influence the way men treat their wives or protect their wives against HIV?

4.6 How do they think polygamous men can assist in the prevention of the spread of HIV and AIDS?

Thank you very much for your time

Appendix 2

P.O. Box 1297

Empangeni

3880

4 Dec 2009

Mr Ntshangase

Portnet

Richards Bay

I humbly request access to your company to interview polygamous men, in liaison with John Mabika for not more than 30min during their lunch hour. This is part of my studies - M.Phil (HIV and AIDS) with Stellenbosch University. I need to conduct a focus group with practising polygamists whom I believe I can meet there. Work schedule will not be interfered with.

Participation is completely voluntary and the men do not have to if they do not want to participate.

I would appreciate your response.

TJLNyathikazi

Lungile Nyathikazi

083 556 1364