

Women`s perceptions of the reasons of physical and sexual abuse after requesting safe sex in a sexual relationship to prevent HIV and AIDS

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 owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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Abstract

Women reported to have experienced physical and sexual violence after suggesting safe sex practice. The purpose of this study was to explore women's perceptions of the reasons of physical and sexual abuse after requesting safe sex in a sexual relationship in order to prevent HIV and AIDS. A qualitative research study was carried out from 27 November to 13 December 2013. Twelve semi-structured questions were used to interview thirty female clients who used any method of family planning offered at Motebang Hospital in Maternal and Health department and they were purposively selected.

The results indicated that 77% got positive responses in the first attempt of suggesting practising safe sex and reported feeling good after the male partners' positive reaction. 23% of the participants got negative responses from their male partners and also reported bad feelings afterwards.

With regard to wet sex practise in the era of HIV/AIDS, 26 participants mentioned that they were practising wet sex because it was enjoyable, did not hurt and others it was because they were advised at the health facility to practise safe sex in order to prevent HIV re-infection. The rest of four participants mentioned that they practised both wet and dry sex depending on the mood of the male partner.

In exploring preferred ways of communicating to men about safe sex in sexual relationships; 7% suggested manipulating the partner with delicious meals, 20% persuade partner to attend clinic as a couple, 17% respect each other by explaining the importance of condom use, consequences of not using a condom and 37% talk as usual to the partner and find a way to include safe sex information.

In identifying ways of reducing physical and sexual violence among women, 20% participants thought that violent men should be taken to jail, 17% thought there was a need to provide health education to men and 30% thought that the matter was supposed to be reported to the police. The study revealed that 39% participants experienced some form of discomfort after requesting condom use in their sexual relationships. 7% felt very bad and sad, 10% sad and afraid, 5% felt like prostitute, 10% disappointed and 7% bored and insecure.

It is recommended that health information should be used when suggesting condom use in a sexual relationship as it has proved not to bring negativity which might result in physical and sexual violence. The male partners who refuse to use condoms require on-going counselling and psychosocial support so that with time they might view condom usage positively. Women should be taught at health facilities and in their communities on how to communicate effectively on condom usage in order to minimise physical and sexual violence.

Opsomming

Vroue het na berig word fisiese en seksuele geweld ervaar nadat hulle veilige seks voorgestel het. Die doel van hierdie studie was om vroue se persepsies van die redes van fisiese en seksuele mishandeling na die aanvra van veilige seks in 'n seksuele verhouding om MIV en vigs te voorkom, te ondersoek. 'n Kwalitatiewe navorsingstudie is uitgevoer vanaf 27 November tot 13 Desember 2013. Twaalf semi-gestruktureerde vrae was gebruik om onderhoude met dertig vroulike kliënte te voer wat deelgeneem het aan enige metode van gesinsbeplanning wat deur die Motebang van die Moederlike en Gesondheid afdeling aangebied was. Hulle was doelbewus gekies.

Die resultate dui daarop dat 77% het positiewe antwoorde in die eerste poging om voorstelle van veilige seks te beoefen en berig dat hulle goed voel na die positiewe reaksie van die manlike vennote. 23% van die deelnemers het negatiewe reaksies van hul manlike vennote en het ook slegte gevoelens daarna rapporteer.

Met betrekking tot die nat seks praktyk in die era van MIV/vigs het 26 deelnemers genoem dat hulle nat seks beoefen, want dit was lekker, hulle het nie seergekry nie en vir ander was dit omdat hulle aangeraai was om die gesondheid fasiliteit van veilige seks te beoefen ten einde te verhoed om re-infeksie van MIV te voorkom. Die res van die vier deelnemers het genoem dat hulle beoefen beide nat en droë seks, afhangende van die bui van die manlike vennoot.

In die ondersoek van voorkeur maniere van kommunikasie aan die mense oor veilige seks in seksuele verhoudings, het 7% voorgestel die manipulering van die vennoot met heerlike etes, 20% oorreed die vennoot om kliniek by te woon as 'n paartjie, 17% respekteer mekaar deur die verduideliking van die belangrikheid van die gebruik van kondome, gevolge van nie gebruik van 'n kondoom en 37% praat soos gewoonlik met die vennoot en vind 'n manier om veilige seks inligting in te sluit.

In die identifisering van maniere om fisiese en seksuele geweld onder die vroue te verminder, 20% deelnemers het gedink dat gewelddadige mans tronk toe moet gaan, 17% het gedink

daar is 'n behoefte om gesondheid opvoeding te verskaf aan mans en 30% het gedink dat die saak veronderstel was om aan die polisie gerapporteer te word.

Die studie het getoon dat 39% deelnemers ervaar 'n vorm van ongemak na die aanvra van die gebruik van kondome in hul seksuele verhoudings. 7% voel baie sleg en hartseer, 10% hartseer en bang, 5% voel soos 'n prostituit, 10% teleurgesteld en 7% verveeld en onseker.

Dit word aanbeveel dat gesondheid inligting gebruik moet word in die voorstel van die gebruik van kondome in 'n seksuele verhouding omdat dit bewys dat dit bring nie negatiwiteit wat kan lei tot fisiese en seksuele geweld nie. Die manlike vennote wat weier om kondome te gebruik vereis voortdurende berading en psigososiale ondersteuning, sodat met die tyd wat hulle 'n kondoom gebruik positief sien. Vroue moet by gesondheidsfasiliteite en in hul gemeenskappe geleer word hoe om doeltreffend te kommunikeer die gebruik van kondome ten einde fisiese en seksuele geweld te verminder.

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ABBREVIATIONS

AIDS= Acquired Immune Deficiency Syndrome

ART= Anti- retroviral Therapy

ARV= Antiretroviral

CDC=Centres for Disease Control and Prevention

CHW=Community Health Worker

COC=Combined Oral Contraceptives

ECP=Emergency Contraceptive pills

HIV= Human Immunodeficiency Virus

HTC=HIV Testing and Counselling

IPV=Intimate Partner violence

IUCD=Intra-Uterine Contraceptive Device

MCH=Maternal and Child Health

MTCT=Mother-to-Child Transmission of HIV

NGO=Non-Governmental Organisation

PEP=Post-Exposure Prophylaxis

PMTCT= Prevention of Mother to Child Transmission

STI=Sexually Transmitted Infections

VCT=Voluntary Counselling Testing

WHO=World Health Organisation

Chapter 1: Introduction

Female patients reported at Motebang Hospital Maternal and Child Health with history of sexual and physical violence after requesting safe sex in a sexual relationship to prevent HIV/AIDS. The daily encounter of female patients who were victims of sexual and physical violence prompted the researcher to investigate about this daily problem so that proper interventions would be put in place.

According to the Modes of Transmission Analysis, sexual and physical violence is still happening more often due to a female partner refusing sex or giving suggestions of condom use during sex (Lesotho National AIDS Commission [LNAC], 2009). In today's life, condoms really play a very important role when used consistently in prevention of STI's, HIV and unintended pregnancies. Also women of childbearing age are encouraged to use dual methods of family planning for example, Depo-Provera and condom. Studies have shown that condoms can prevent most STI's and HIV by 80% (Ministry of Health and Social Welfare [MOHSW], 2010, p.37). The question of the day was how will Basotho women suggest safe sex in a sexual relationship if it would end in sexual and physical violence? There was a great need of universal access to information and to both female and male condom usage in order to prevent STI's, HIV, unintended pregnancies and vertical transmission of HIV to pregnant mothers living with HIV as well as breastfeeding mothers (Ministry of Health [MOH], 2013).

Lesotho's overall HIV prevalence stands at 23.3% but is higher among pregnant women (25.8%) attending antenatal care (ANC) services. From the 1.89 million Basotho people, an estimated 320,000 are HIV infected of whom about 170,000 (53%) are women of child-bearing age. A program report showed that of the 57,000 deliveries per year, about 14,706 are HIV positive pregnant women also delivering. It is believed that without PMTCT intervention there might be approximately 5,882 new paediatric infections per year. These statistics underscore the need for effective interventions to prevent mother to child transmission of HIV, such as condom use (MOH, 2013). As part of the strategy, women living with HIV are encouraged to use condoms even if both couples are living with HIV in order to benefit from preventing re-infection with new strain of HIV virus among couples which might later result in possible treatment failure.

1.1 The Research problem

It was not known why females experienced sexual and physical abuse from their male partners after requesting safe sex in a sexual relationship in order to prevent HIV and AIDS. The number of incidences of females sexually and physically abused was increasing on daily basis but the victims were not free to open up exactly what triggered the male partner to respond in sexual and physical violence when the female was advocating safe sex practice.

The psychologist says, “Behaviour was not by accident but had a reason”. This meant that there were reasons why male partners ended up sexually and physically abusing their female partners when they suggested safe sex in a sexual relationship.

1.2 Research question

What were the women`s perceptions of the reasons of physical and sexual abuse after requesting safe sex in a sexual relationship to prevent HIV and AIDS?

1.3 The purpose of the study

The purpose of the study was to identify women`s perceptions of the reasons why females were sexually and physically abused after requesting safe sex in a sexual relationship in order to provide suggestions in reducing physical and sexual abuse against women.

1.4 The objectives of the study were:

- To identify methods of communication when requesting safe sex in a sexual relationship.
- To explore the preferred ways of communicating to men about safe sex in sexual relationships.
- To provide a guideline of how to better support the women who experienced sexual and physical abuse.

1.5 The rationale of the study

The rationale of the study was derived from the researcher`s health profession point of view of being passionate and caring holistically about the female patients. Answers from women who were practising safe sex were very crucial in this study in order to reduce sexual and physical violence among Basotho women. The reality was that sexual and physical violence

among women was still a big issue which needed advocacy programmes to be implemented and strengthened.

1.6 Conclusion

If female clients could not open up to the health care workers when they presented with signs of sexual and physical abuse, then the abuse would increase among women. This would also pose a great challenge in Lesotho which had the third highest HIV prevalence in the world and was struggling to reduce its HIV rate of infection. All in all this indicated a need to explore women`s perceptions of the reasons of physical and sexual abuse after requesting safe sex in a sexual relationship to prevent HIV and AIDS.

Chapter 2: Literature review

2.1 Introduction

Literature review was very important in elaborating on the research of consequences of women's request for safe sex in a sexual relationship in order to prevent HIV and AIDS. There were studies done in Lesotho and SADC region as whole on female sexual and physical violence and these studies broadened the researcher's scope of knowledge and gave insight on how the research would be conducted.

2.2 Other studies and opinions on sexual and physical violence among women.

According to the LNAC (2009) Lesotho introduced a number of laws which came one after the other for sexual offences and recognised marital rape as a criminal offence. The anticipated challenge was weaknesses in applying the policy into action due to inadequate resources which would make enforcement of laws problematic. Even now the researcher thought that marital rape was not fully recognised as a criminal offence because marital rape was allegedly happening every day and no one was willing or maybe ready to talk about it publicly. It was something that people heard or got in contact with the victim and the issue would be just swept under the carpet as if nothing had happened.

In supporting the researcher's opinion, Andersson, Poulter and Dunkle (2007) had identified that 36% of Basotho men and women believed forcing sex with someone they knew was not rape and many women decided not to report sexual violence to the police because they did not get much anticipated help from male police officers (LNAC, 2009, p. 41).

In the study of Leclerc-Madlala (2008) they tried to find the root cause of sexual violence in Basotho women and discovered that in Sesotho social norms, it was usual and expected. This was believed by several researchers whose studies revealed that upholding men's privileges', was a source of gender related violence since some husbands thought that the men's privileges' gave them absolute rights over women (LNAC, 2009, p. 37). Similarly, Ulin (1992) found in their study that existing gender differences in power relations and decision making in most of Sub-Saharan Africa may led to women experiencing violence when attempting to negotiate safer sex or being coerced into sex, increasing their risk of HIV infection.

Following the same study, Andersson et al (2007) study demonstrated that in Lesotho women were expected to agree and bear violence and 30% of women thought that women sometimes deserved to be beaten and most believed that it was acceptable in Sesotho culture. Andersson`s study concluded that community members did not support women who reported having been sexually assaulted and often blamed the woman for causing the assault (LNAC, 2009, p. 41).

Dunkle, Jewkes, Brown, Gray, McIntyre and Harlow (2013) showed that two in five women in Lesotho reported that they thought they were not legally entitled to deny sexual intercourse with their partner and almost half of men agreed. Their study revealed that, gender-based violence was a path of HIV infection, pregnancy and traumatic gynaecological fistula.

Several studies on domestic sexual violence have been done and recommendations put in place but no one showed interest in taking the first step in implementing the recommendations. The study by Brown, Thurman, Bloem and Kendall (2006) demonstrated that 25% of women in the study reported that they had sex against their will, while 13% mentioned that they had an unsuccessful effort of forced sex and 31% said that they were molested. The study demonstrated that boyfriends were the ones` more involved in the actual and attempted forced sex. The same study then concluded that the high infection rate of HIV in Lesotho, called for a need of planned actions which would deal with women`s authority to control their sexuality (Brown et al, 2006).

Another study conducted in Lesotho on sexual violence against women; the summary of findings reported that sexual violence was common, 61% of the sample reported having experienced sexual violence at some point in their lives. The 40% reported experiencing some form of coerced sex and 50% experienced sexual assault. Also the other 22% of the sample reported being physically forced to have sexual intercourse at some point in their lives.

The Lesotho sexual violence study concluded that men of all ages needed to be involved in programs aimed at preventing violent behaviour through school life skills programs, community theatre. In Leribe district there was no such thing like community theatre, just wonder which part of Lesotho they were suggesting community theatres to be utilised in educating Basotho men.

The study conducted by Daimond (2011) revealed that adherence to traditional gender roles and norms was significantly associated with females having reduced self-efficacy to communicate on safer –sex matters such as refusing unwanted sex or requesting condom use. The Kwazulu Natal study indicated that men refused to use the condom despite being asked by their women partners and it was mostly married women whose partners refused to use condoms (Levin, 2005).

The daily question was why was it that women were sexually and physically abused when they suggested safe sex in a sexual relationship? Why cannot the men respond orally by saying “no”, instead of attacking the woman? A study conducted by Lesotho Global AIDS Response Country Progress (2011, p. 29) documented from range of sources that it had been shown that social meanings around condom use limited the effectiveness of the intended intervention and insisting on condoms in sexual relationships could be interpreted as signifying sexual infidelity or lack of trust.

It might be the reason why women feared so much to request condom usage in sexual relationships. According to the international women`s health coalition triple jeopardy (2013, p. 1) identified that many girls and young women, especially the very young could not deny compelled sex or talk about protection from pregnancy and STI`s because they were afraid of being harmed in return. A similar study conducted in South Africa indicated that women who were in relationships with physical force were more prone to HIV infection (International women`s health coalition [IWHC], 2013, p. 1). The South African study revealed that violence could result in HIV infection because women reported fear of being beaten or abandoned by their partners as their main reason for not obtaining an HIV test, not disclosing the results, not requesting that their partner be tested, use condoms, or be faithful (IWHC, 2013, p. 1). The study recommended that there was a need of winning ways of keeping safe adolescents females and young females against sexual violence which led to HIV infection (IWHC, 2013, p. 1).

No one really knew what triggered sexual and physical violence of neither women nor the actual causes. Oyedokun (2008) investigated on Domestic Violence`s Personal and Communal Costs in Nigeria and found that the threat of being beaten and the experience of marital rape largely determined if women used modern contraceptive methods. In a way at the end of the day it was true that, “This was a man`s world”, in that Stewart (2006) stated

that females were more likely to be infected with HIV/AIDS and it was increased by not being able to have sexual choices.

There was great need of reinvestigating again on the consequences of requesting safe sex in a sexual relationship so that the health workers would try to prevent complications of sexual and physical abuse. Kathryn (2008) documented that, if a woman did not die from sexual violence, she was going to be affected in taking part in communal activities.

Langen (2005) study conclusion on sexual and physical abuse on women; mentioned that past researches identified that differences in power played an important role on women's capability in agreeing to condom usage. The same study identified that there was a noticeable difference in HIV infection to be larger among those with primary education than those illiterate; which suggested that illiterate women had more authority than those with primary education (Langen, 2005). In contrast to the above mentioned conclusion considering Lesotho. The Kingdom of Lesotho had high rates of Literacy levels among Basotho women but they got married to uneducated men. This was a common trend whereby one would find a Female Banker dating a tertiary student or unemployed men. Sometimes, it was thought that it was due to several men migrating to the Republic of South Africa in search for greener pastures.

Each day health staff saw victims of sexual and physical violence but there was nothing much done to really support those victims at Motebang hospital other than suturing incisions, checking blood pressures and giving medications such as paracetamol and amitriptyline an anti-depressant drug. Penti and Malope (2012) conducted a survey at Motebang hospital.

The feedback of the survey suggested that providers were seeing victims of sexual assault and gender-based violence on a regular basis in their clinical settings (Penti and Malope, 2012). The feedback stated that 31% saw victims of sexual assault and domestic violence at least weekly and more than 50% saw each at least monthly (Penti and Malope, 2012). The survey also suggested that most providers were not aware of the existence of the Ministry of Health's guidelines on treatment of sexual assault victims (Penti and Malope, 2012). The conclusion of the study was that, providers who cared for victims of gender based violence on regular basis, of which most were not familiar with guidelines and standards of care (Penti

and Malope, 2012). The study also recommended that there was a great need of training and collaboration to improve care of victims of gender based violence (Penti and Malope, 2012).

The other objective of the study was to find better methods used by women in requesting safe sex in order to reduce sexual and physical violence there by also preventing STI's, unintended pregnancies and HIV and AIDS. USAID (2009) recommended that gender norms intervention were supposed to be considered as an integral component of dialogue promotion since communication between couples was unlikely to change unless existing ideas of gender identity were challenged. The study revealed that gender identity was also tied up with respect and pride, and a woman who was quiet and accepting during sex with her husband, was seen as a woman who respected the status quo and her husband's right to perform his manhood, including his right not to use condoms, to be sexually aggressive and to be primarily concerned with his sexual gratification (USAID, 2009).

2.3 Conclusion

It is because of Lesotho's 3rd highest HIV prevalence in the world which enables conclusions to be drawn by mentioning that sexual and physical violence in this country also fuels HIV infection rate.

Chapter 3: The research methodology

3.1 Introduction

The selected research approach was qualitative research. This would allow for understanding of the participant`s perspectives of consequences for requesting safe sex in a sexual relationship. This type of approach would also provide enough room for describing exactly what was happening in Lesotho on day to day life and be able to make a community diagnosis for proper interventions to be put in place. The qualitative research method was used in conducting the study at Motebang hospital in Maternal and Child Health department.

3.2 Research design

Content Analysis of a qualitative research whereby:

- The data was coded at the lowest level
- Put into categories
- Then put into themes

3.3 Data sources

Target group: Basotho women regardless of their marital status aged 25-30 years and who came for any Family planning services in the months of November to December 2013, were interviewed. The sample size was 30. Selected participants were residents of Leribe district, Lesotho, who sought Family planning services at Motebang hospital in the Maternal and Child health department.

3.4 Data collection techniques

The selected data collection method was semi-structured interviews of qualitative research. Twelve open ended questions were used in interviewing face-face women regardless of their marital status using any family planning method of choice in words whilst their responses were documented down. The research was conducted in a private conducive room for interviews. There was also a need to build good rapport first with the interviewees in order for them to relax and tune in for the interviews.

The same standard interview guide with twelve open ended questions was used for all the 30 participants selected for the study. The researcher was assisted by an interpreter to conduct

the interviews through making appointments for each set date for each interviewee. The interviews were held in Sesotho the native language of Basotho people in the Kingdom of Lesotho. The study was conducted as from 27 November 2013 to end January 2014.

Measuring instrument; Interview guide with semi-structured questions was used to identify women's knowledge, behaviours, perceptions and beliefs about the consequences of women's request for safe sex in a sexual relationship in order to prevent HIV and AIDS.

3.5 Sampling techniques

The sampling method used was purposive sampling. The characteristics of the population of interests was intentionally selected from 30 Basotho women aged 25- 30 years using any family planning method of choice. The participants were residing in any one of the villages in Leribe district.

Inclusion criteria: The 30 participants to be interviewed were the women who would have reported threats or violence suggesting safe sex during Family planning counselling. The questionnaire was handed to the above mentioned group of women.

Exclusion criteria: Women who never negotiated safe sex but this did not mean they had never experienced some form of threats and violence in their sexual relationship. These women therefore received basic HIV knowledge to make informed decisions about practising safe sex. The focus was on consequences of women's request for safe sex in a sexual relationship in order to prevent HIV and AIDS.

3.6 Definitions of key terms, concepts and variables

According to Centers for Disease Control and Prevention (2010) Intimate partner violence was bad but could be stopped from occurring and it was a problem affecting many Americans. Intimate partner violence described physical, sexual, or psychological harm by a current or former partner or spouse (CDC, 2010). This type of violence could occur among heterosexual or same-sex couples and did not require sexual intimacy (CDC, 2010). Saltzman, Fanslow, McMahan and Shelly (2002) four types of intimate partner violence which were the following:

- **Physical violence** was the intentional use of physical force with the potential for causing death, disability, injury, or harm (Saltzman et al, 2002).
- **Sexual violence:** The use of physical force to compel a person to engage in a sexual act against his or her will, whether or not the act is complete (Saltzman et al, 2002).
- **Threats of physical or sexual violence included the** use of words, gestures, or weapons to communicate the intent to cause death, disability, injury, or physical harm (Saltzman et al, 2002).
- **Psychological/emotional violence** involved trauma to the victim caused by acts, Threats of acts, or coercive tactics (Saltzman et al, 2002).

3.7 Ethical considerations

All selected participants participated willingly without any incentive given to them. They were fully aware that it was an educational study investigating the consequences of requesting safe sex in a sexual relationship in order to prevent HIV and AIDS. Participants were allowed to ask for clarification of the interview questions as many times as they could and they were free to withdraw at any time during the interview if they no longer felt comfortable. All the participants were fully aware that their interview responses were documented as a method of collecting and compiling their data.

3.7.1 Confidentiality

The face to face interviews were held in private rooms where there was no unnecessary distraction. Each interviewee's response was documented and given a code which was not related to the interviewee in any way. All the 30 interviewees documented responses were kept in sealed envelopes which were stored in a locked cupboard at the researcher's home when not in use for data entry or analysis. Data was only accessed by the researcher and her supervisor. The data was then going to be destroyed after successful completion of the thesis, for the purpose for which it was collected.

3.7.2 Informed consent

According to Christensen, Johnson, Burke and Turner (2011, p. 114) informed consent referred to fully informing the research participants about all aspects of the study. In the case of this research, all 30 participants were all informed fully about the aspects of the research according to the set objectives, aim of the study, benefits and no incentives of the

participants. It was due to the above mentioned study information that the participants made informed decisions and chose to either decline or participate in the study by giving their informed consent (Christensen et al, 2011, p.114).

3.7.3 Provision of debriefing, counseling and additional information

Debriefing is defined by Christensen et al (2011, p.121) as a post experimental interview or discussion with the participant about the purpose and details of the study, including an explanation for the use of any deception. Sieber (1983) stated that participants from their participation in the study should derive a sense of satisfaction from the knowledge that they have contributed to science and society.

How the researcher debriefed in the study: Through the use of face to face interviews, described to be the best approach as it was believed to be as not restrictive as a questionnaire. It was because the method of choice of collecting data in the study was face-to-face interviews.

Although there was a medium foreseeable risk, participants would experience some discomfort in expressing their perceptions of the reasons why females were sexually and physically abused after suggesting safe sex in a sexual relationship in order to prevent HIV/AIDS. The investigation would bring up sad memories since it was a sensitive topic to discuss. There was a PMTCT Professional Counsellor on standby whose responsibility was to debrief participants soon after the interviews and provide psychological care and support of participants. The counsellor was acting in her own professional capacity who had already volunteered by providing Curriculum Vitae.

3.7.4 Limitations of the study

- Authorization from various authorities in South Africa and Lesotho delayed data collection.
- Participants responded by giving socially acceptable answers.
- Some participants refused to be interviewed who might have had important information for this study.
- Translation of the interview scripts from English to Sesotho then Sesotho to English took much of the time and required people in command of both languages.

3.7. 5 Conclusion

The study was conducted following qualitative research method because there was a great need of getting in-depth knowledge on women`s perceptions on physical and sexual violence after requesting safe sex in a sexual relationship in order to prevent HIV and AIDS. This was also in line with the research objectives and would allow the objectives to be met.

Chapter 4: Results and analysis

4.1 Results

The thirty interviewees were given name codes which ranged from P1 to P30 respectively. Thirty female participants were interviewed, twenty one were married, eight single and one separated. Marital status of participants was crucial to note because it would affect the participant's responses. Their ages ranged from twenty six years to thirty years as illustrated below on Table 1.

Table 1 Age of respondents.

Age	Number	Percentage
25	6	20%
26	5	17%
27	4	13%
28	4	13%
29	4	13%
30	7	23%
Total	30	100%

Also the educational back ground of the participants was important in that educational back ground would have an effect on the responses as demonstrated on table 2. According to Langen (2005) found that educated women married with primary school level did not communicate openly with their partners about sex and the chances were very slim in negotiating condom use.

Table 2. Educational background.

Primary	Secondary	Tertiary	Total
6	12	12	30
20%	40%	40%	100%

The rationale of practising safe sex would also differ with participant's HIV status, hence there was a need to note participant's HIV status indicated in Table 3.

Table 3. HIV status of the participants

HIV Status	Numbers	Percentages
HIV-Negative	10	33%
HIV-Positive	14	47%
Did not disclose	6	20%
Total	30	100%

Among the thirty participants, they all had different methods of contraception of which was one of the inclusion criteria in the study. Bawah, Akwago, Simmons and Philips (1999) in their study found out that paying of bride wealth in Africa was connected to control of female reproductive choices in that the man may deny his spouse to use contraceptives or practise safe sex.

Table 4. Participant`s method of contraceptive

Method	Number	Percentage
Depo-Provera	16	53%
Intra-Uterine Devise	1	3%
Pills	4	13%
Nuristerate	5	17%
Jadel	2	7%
Condom	2	7%
Total	30	100%

All participants had once in their lives suggested practicing safe of which 23 participants (77%) got positive responses in first attempt while 7 participants (23%) got negative responses. This is illustrated on Figure 1 below.

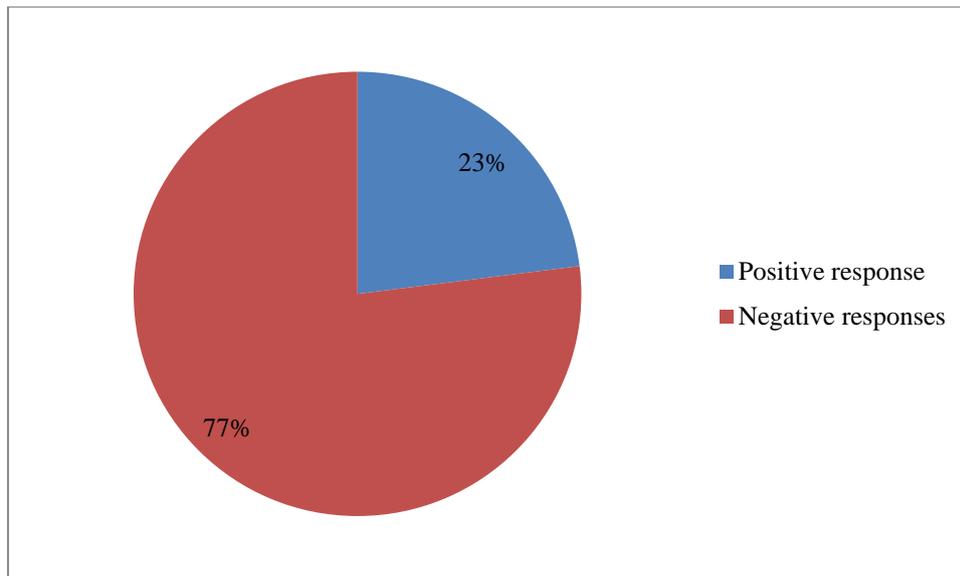


Figure 1: Responses for requesting safe sex.

Sexual intercourse preference differs from one person to another and can be categorised as wet, dry and both. Studies have also indicated that wet sex is part of practising safe sex in regarding HIV prevention. The table below shows the participant`s type of sex practised and the rationales of practising it.

Table 5 Type of sex practised

Type of sex	Number	Reason	Participant`s responses	Percentages
Wet	26	Enjoyable	11	37%
		Does not hurt	11	37%
		Advised at the clinic	4	13
Both Wet and Dry	4	Depends on mood	1	3%
		Do not know	3	10%
Totals	30		30	100%

Involving partner in selecting the method of family method

In Lesotho, Sexual Reproductive Health integrated with HIV/AIDS programmes of prevention, treatment and care is being offered to clients and patients using a family centred

approach. This means that male partners are also encouraged to be involved in family planning, antenatal care and infant care.

Twenty three participants (77%) mentioned that they had included their partners in choosing the family planning method of choice whilst seven participants (23%) did not. The reasons for not including their partners are listed below:

- 10% said partner did not have any knowledge about Family planning.
- 7% responded saying if the partner would know that they were using family planning commodities, they would refuse to use a condom because they viewed the function of the condom as to prevent conception only.
- 3% mentioned that the partner might kill the female using family planning commodities because he loved children so much.
- 3% said the partner was just unhappy about the use of family planning commodities.

Suggesting the use of condoms in a sexual relationship

There are documented consequences of suggesting condom use in a sexual relationship. This becomes challenging in Basotho women whose Sesotho social norms makes men have absolute power over women (Leclerc-Madlala, 2008).

In the study, twenty eight participants (93%) stated that they had once suggested condom use to their partners in their sexual relationship, while two participants (7%) never suggested condom usage in their sexual relationships. Those who never suggested condom use were single and got in a relationship where the male partner was already using it.

Time in the sexual relationship they first suggested condom use:

It was also important to note the time when participants first suggested condom use in their sexual relationships so that conclusions of time frame can be drawn from there and if it worked can be advocated for to fellow women. The table below shows the time when participants suggested condom use in their relationships.

Table 6. Time when participants suggested condom use in their relationships.

Time	Number	Percentage
One month	6	20%
Two months	5	17%
Three months	4	13%
Five months	3	10%
Six months	3	10%
Two years	1	3%
Three years	2	7%
Five years	1	3%
Six years	1	3%
Not sure	4	13%
Total	30	100%

The respondents who mentioned that they first requested condom use as from two years to six years, turned out that all along they were not using condoms but later started using them after testing for HIV as a couple and realised:

- One partner was living with HIV.
- Both were living with HIV.

Therefore, there was a need of the partners to protect themselves from HIV infection (discordant couples) and prevent re-infection by HIV (both couples living with HIV). The South African study revealed that violence was as a result of HIV infection because women were afraid of being beaten or abandoned by their partners and, that is why women would not attempt to test for HIV or disclose the HIV test results, request the partner to test for HIV, use condoms or be faithful to them (IWHC, 2013).

Male reaction and female reactions after request of condom use were both crucial for the study in order to identify the root cause of violence among women. The following responses demonstrate the male attitudes and reactions.

Male reaction after being requested to use a condom in a sexual relationship

- 7% shocked and angry.
- 13% not happy.
- 10% did not accept the suggestion first.
- 17% had no problem with it.
- 12% excited about the idea.
- 10% blamed and insulted.
- 10% did not accept the suggestion.
- 7% agreed after being compelled.
- 7% happy.

A study conducted in Lesotho (Andersson, 2007, p. 41) discovered that power which existed between men and women triggered intimate partner violence which was associated by women refusing sex and suggesting condom use. The following are the listed female participant`s feelings after requesting condom use in a sexual relationship. The following were the feelings of female participants after males` reaction towards condom use request.

Female feeling after requesting condom use in a sexual relationship.

- 7% very bad and sad
- 17% good
- 7% calm and relaxed
- 10% sad and afraid
- 5% felt like a prostitute
- 23% happy
- 10% disappointed
- 7% bored and insecure
- 7% surprised

How participants suggested the use of condom in their sexual relationships

Communication plays an important role in all kinds of relationships. Participants had to recall how they suggested condom use so that appropriate approaches would be identified and help reduce sexual and physical violence among women. The following are the tabulated ways of how participants suggested use of condoms in their sexual relationship.

Table 6: Ways of suggesting condom usage

How	Number	Percentage
Just tell him	13	43%
Use health information	8	26%
Depends on the partners mood for example, prepares favourite meal.	2	7%
Telling the partner that she is not ready to have a baby	2	7%
Advised to use condoms at health facility after testing HIV-positive	2	7%
Use an excuse of approaching menses	1	3%
No condom no sex	2	7%
Total	30	100%

Participant who responded with statements of, “Just tell him”, were reluctant to shed more light to what they meant. “No sex no condom” meant that they gave their partners no chance to refuse condom use.

Who wore the condom in the participant`s sexual relationship?

It is also of significance to note the person who wears the condom in a sexual relationship and the reason so that the positive reasons are encouraged and promoted. Twenty one participants (70%) mentioned that their male partners where the ones wearing the condoms, while nine (30%) said both of them wore them. Table 7 below demonstrate the participant`s perceptions for men wearing condoms.

Table 7: Perceptions for men using condoms

Reason	Number	Percentage
Once had an STI	3	10%
Does not want to have a baby	3	10%
Male condoms are easily	8	27%

accessible		
It was the right thing to do	5	17%
Does not know how to use female condoms	6	20%
Prevent STI and HIV	1	3%
To avoid re-infections	2	10%
Afraid to know his HIV status	1	3%
Total	30	100%

Does the request for safe sex lead to violence?

Participants had to view their opinions regarding the request for safe sex whether they believed that it led to violence. Andersson et al (2007, p.45) study found that Basotho women upbringing made them able to tolerate and accept violence and the majority of men and women thought that women deserved to be beaten and was acceptable in Sesotho culture. Others viewed it as a covert affair between man and woman which did not require interference from other people (Andersson et al, 2007, p.45).

Eighteen participants (60%) thought that the request to practise safe sex led to violence while eleven participants (37%) did not think so and one participant (3%) participant did not know.

The kind of violence and consequences verbalised were

- 17% physical violence
- 40% physical and sexual violence
- 20% sexual abuse
- 13% verbal abuse
- 7% breaking relationships

If participants agreed or disagreed with men who physically attacks women after they suggest condom usage in a sexual relationship.

The participants responded by selecting agreeing or disagreeing in men who physically attacks women after suggesting condom use in asexual relationship was crucial in that participants would express their opinions without being put on a spot. Four participants

(13%) agreed while twenty six participants (87%) disagreed on men who physically attack women after they suggest condom usage in a relationship.

The pie chart below illustrates the percentage distribution.

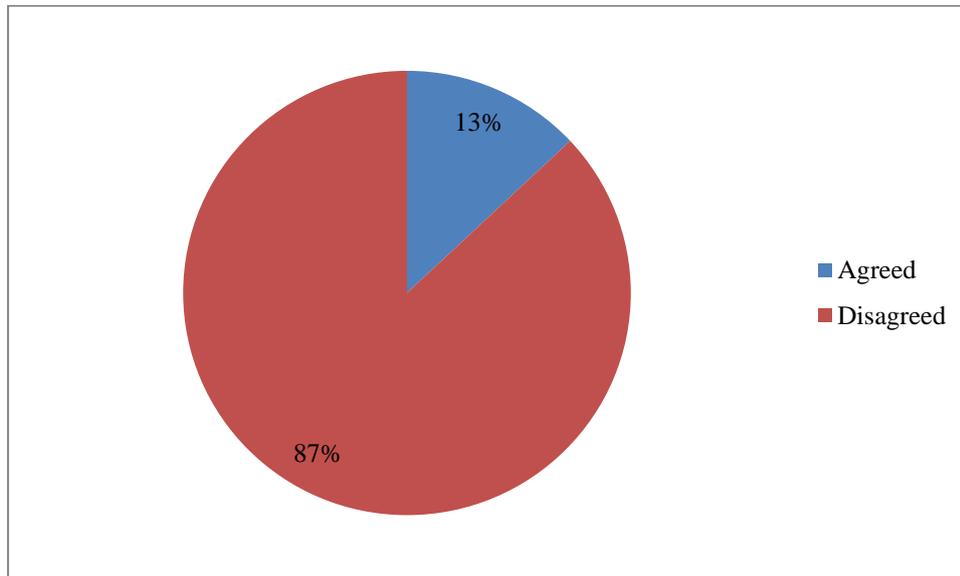


Figure 2:

The participants who agreed mentioned that the request might result in:

- Lack of trust between sexual partners.
- Misunderstanding resulting in physical or sexual violence.

A study conducted by Lesotho Global AIDS Response Country Progress (2011, p. 29) documented from range of sources that it had been shown that social meanings around condom use limited the effectiveness of the intended intervention and insisting on condoms in sexual relationships could be interpreted as signifying sexual infidelity or lack of trust.

Communication methods in condom usage

Participants had to indicate better ways of communicating to Basotho men in suggesting condom use in sexual relationship. The participants` thoughts are listed below which describes how they thought fellow Basotho women should pass the condom message through:

- 12% every step was the right step.
- 7% manipulate the partner with delicious meals.
- 20% persuade partner to attend clinic as a couple.
- 7% use a reason of approaching menses.

- 17% respect each other by explaining the importance of condom use and consequences of not using condom.
- 37% talk as usual to the partner and find a way to include safe sex information.
- 12% mentioned every step was the right step but could not pin point exactly what they were referring to therefore the researcher found it a bit vague.

Reducing physical and sexual violence among women

Participants were asked for their thoughts in reducing physical and sexual violence among women so that their thoughts might be noted.

Participant's thoughts were the following:

- 20% violent men should be taken to jail.
- 17% provision of health education to men.
- 30% report to the police
- 3% deviate from cultural norms.
- 7% enforce Gender and Development policy and the policy included in the Lesotho constitution.
- 7% disseminate information through local media.
- 16% community health workers to sensitize men.

Doherty (2005) documented that cultural norms and beliefs were promoting sexual behaviour among individuals especially women and was identified as a major factor in the spread of HIV. Also the Lesotho sexual violence study concluded that men of all ages needed to be involved in programs aimed at preventing violent behaviour through school life skills programs and community theatre (Andersson et al, 2007, p. 47).

Knowledge of where the victims of sexual abuse get assistance

Participants were also tested on knowledge of place and kind of help the victims of abuse get when they reach out for help. The following are the participant's responses of places where they thought victims of abuse get help from:

- 20% elders and society.
- 20% health facilities.
- 33% police and Health.
- 10% marriage counsellors or pastors.

- 7% they do not seek help but instead the victims surrender themselves.
- 10% police stations.

Twenty participants (67%) of the participants did not know the Lesotho Gender and Development policy while ten participants (33%) knew. This indicated that there was a great need of disseminating information about Lesotho Gender and Development policy to the community.

Knowledge on the kind of help victims of abuse get when they visit the Health facilities.

All participants had knowledge on the kind of help victims of abuse get when they visit the health facilities. Their responses are listed below:

- 40% counselling
- 13% emergency pills
- 17% post exposure prophylaxis (PEP) and emergency pills.
- 23% education about contraceptives and counselling.
- 7% referred to police stations

Analysis

The results of the study emerged several themes which are listed below according to the objectives. Identifying methods of communication when requesting safe sex: Include health information when suggesting condom use. Preparing male partner`s favourite meal first then depending on the mood request safe sex.

Just tell the male partner to use condoms.

Exploring preferred ways of communicating to men:

- Respect of each other by explaining importance of condom use.
- Persuade partner to attend clinic as a couple.
- Persuade partner to attend clinic as a couple.

Better support of the victims of sexual abuse:

- Sensitization of men in the communities about violence against women by community village workers.
- Provision health education to men.
- Imprisonment of men who assaults women.

Chapter 5: Discussion

5.1 General idea of the study

All participants interviewed at least had a form of educational background which ranged from primary school to tertiary level all were using family planning commodities offered at Motebang Hospital. The participants had once in their lives suggested practicing safe sex of which 23 (77%) got positive responses in first attempt while 7 (23%) got negative responses. Those who got negative responses reported that their male partners of 7% were shocked and angry, 10% blamed and insulted, 13% was not happy and 10% did not accept the suggestion at first. One of the participant's direct quotes of male response after being requested to practise safe sex,

"He was hesitant at first asking why condoms yet you are on contraceptives".

"He was shocked and angry. He made me feel like I had insulted him".

The negative reactions towards women after being requested to practise safe sex made them feel: 7% felt very bad and sad, 10% sad and afraid, 5% felt like a prostitute, and 7% bored and insecure after requesting condom use in a sexual relationship.

The same negative reaction of male partners after being requested to practice safe sex has also been reported in several studies conducted in Southern African region. Similarly, study done in Kwazulu Natal indicated that men refused to use the condom despite being asked by their women partners and it was mostly married women whose partners refused to use a condom (Levin, 2005). It was also documented that of the women who suggested condom use to their partners, some of them reported to have experienced violence from their male partners upon suggesting condom use to them (Levin, 2005).

Participant's responds ranged from one month to six years when they first suggested condom use in their sexual relationship. There was a need to identify the effect of time taken in a sexual relationship in introducing condom use whether it worked or not. This study did not prove the relationship between time and the introduction of condom use in the participant's responds because of the uniqueness in the times introduced condom usage but never the less all worked. According to Serovich (2009) documented negotiating safer sex tips of which stated that people should negotiate safe sex before they get into the heat of the relationship and was the best time for debate and discussion.

Twenty six participants mentioned that they practised wet sex. Some of the reasons brought forward for practising wet sex were that it was enjoyable, did not hurt, and were advised at the clinic. Four participants also mentioned that they practised both wet sex and dry sex depending on the male partner's mood.

The majority of participant`s practise of safe sex indicated that they were practising what was recommended in the era of HIV as an HIV prevention method though other studies have found out that in Southern Africa the majority of people practises dry sex. Levin and Roy (2005), documented that most women Sub-Saharan region practised dry sex in order to behave in a way women are supposed to behave in a man`s world. The researchers also reported that wet sex was indicative of female infidelity, infection of women and would make coitus less enjoyable as it reduced friction (Levin and Roy, 2005).

On the other hand, Bagnol and Mariano (2008) looked at the effects of practising dry sex in that they documented that the dry sex practise disturbed the vaginal flora and cause extensive local irritation and inflammation of the vaginal walls and can aid in the spreading of HIV.

Twenty three participants (77%) mentioned that they had included their partners in choosing the family planning method of choice whilst seven participants (23%) did not. 10% of the participants said partner did not have any knowledge about family planning and 7% responded saying if the partner would know that they were using family planning commodities, they would refuse to use a condom because they viewed the function of the condom as to prevent conception only. One of the participant`s direct quote;

“He can kill me if he finds out that I am on family planning because he loves to have many kids.”

Looking at the above mentioned statement, the researcher thinks that it becomes challenging for females to include or disclose to their male partners that they are using family planning commodities.

The majority of participants interviewed had no knowledge about the Lesotho Gender and Development Policy but had knowledge about places of where victims of abuse get help from which 33% mentioned Police and health facilities, 20% elders and society and 7% mentioned that victims did not seek help but instead the victims surrender themselves.

A study conducted by Diamond (2011) revealed that adherence to traditional gender roles and norms was significantly associated with females having reduced self-efficacy to communicate on safer-sex matters, such as refusing unwanted sex or requesting condom use. In Support of the findings, Andersson (2007, p. 44) documented that despite Basotho women having high literacy levels compared to Basotho men, women had to adhere to Sesotho cultural and social norms which made it difficult to verbalise any form of violence they experienced.

All participants proved to have information about the kind of help victims of abuse receive where by counselling, emergency pills, post exposure prophylaxis and referral to police were mentioned during the interviews. Twenty one (70%) of the participants mentioned that their male partners were the ones wearing the condoms, while nine (30%) said both of them. The participant's perceptions of their male partners who wore condoms mentioned that 10% once had an STI, 10% did not want to have a baby, 27% male condoms were easily accessible and 20% did not know how to use female condoms and 3% thought that the male partner was afraid to know his HIV status. One of the participant's direct quote was;

"He once had an STI and blamed me for it, so he protects himself from STI's".

At least it is a good and defensible rationale for someone to use condoms in order to protect self from sexually transmitted infections which are rampant these days. The 20% of respondents mentioned that they did not know how to use female condoms but it was not known whether they wanted to learn how to use female condoms. Vijevarassa (2009) study found out that women faced difficulties in inserting the female condoms in the vaginal orifice and the appearance of the female condom also made it difficult to negotiate with male partners.

Eighteen participants (60%) thought that the request to practise safe sex led to violence while eleven participants (37%) did not think so and one participant (3%) did not know. Those who thought that the request of safe sex led to violence mentioned physical and sexual violence, verbal abuse and breaking relationships. It is documented that there is much male control over female reproductive system across the southern Africa which has resulted in women becoming voiceless in deciding condom use in a sexual relationship (Pool, 2000).

Four participants (13%) agreed while twenty six (87%) disagreed with men who physically attacks women after they suggest condom usage in a sexual relationship. The reason for

agreeing was participant thought that they might be lack of trust between sexual partners and misunderstanding resulting in physical or sexual violence. Several studies have indicated that women`s condom suggestion in a sexual relationship was the root cause of sexual violence in Africa seconded by cultural and social norms (Stein, 1990, p. 451).

5.2 Objective one

The first objective of the study was to identify methods of communication when requesting safe sex in a sexual relationship. 43% mentioned that they just tell the male partner to use a condom, 26% mentioned that they use health information about the advantages of using a condom, 7% gave the partner an ultimatum saying no condom no sex, 7% were advised at the health facilities after both testing HIV positive that they should use condoms in order to prevent re-infection. 7% mentioned that they prepared favourite meal first, 3% mentioned that they told their male partners that they were not ready to have babies and 7% mentioned an excuse of approaching menses in suggesting condom use.

There is no documented best way for an African woman to use when requesting safe sex from a male partner. Southern African studies have found that women were brought up to be submissive to their male partners who made it difficult for them to refuse sex or suggest condom use in sexual relationships (Andersson, 2007).

According to Gomez (2012) identified that text messages gave participants a level of comfort and freedom to discuss sexual topics and negotiate sexual safety than compared to face to face talking. The benefits of text messages included ease of communication, privacy and increased the ability to express condom desires (Gomez, 2012). The text message strategy proved to bring out difficult issues like HIV and STI testing easy through that channel of communication. This strategy should also be tried in Lesotho so that the government might implement the text message strategy if it works.

Two participants mentioned that the best way to suggest condom use was to first prepare favourite meal for the partner. In a way it sounds familiar as it is being said, “the way to get to an African man is through his stomach”. Maybe this option might work and can also be tried by other women. In support of this option, Raven (1992) documented that men responded best to reward strategies and worst to coercion strategies of using condoms and might result in negative and angry reactions.

5.3 Objective two

The second objective was to explore preferred ways of communicating to men about safe sex in sexual relationships. 7% suggested manipulating the partner with delicious meals, 20% persuade partner to attend clinic as a couple, 17% respect each other by explaining the importance of condom use, consequences of not using a condom and 37% talk as usual to the partner and find a way to include safe sex information.

All the above mentioned preferred ways of communicating to men about safe sex in sexual relationships can be tried and tested and if they work can be put into practise and minimise violence among women. Below are documented findings from other studies:

According to Catania (1992) research found that couples who could communicate openly about condom use and safer sex were more likely to reduce HIV behavioural risk through safer sex methods than couples who did not discuss about it.

Kelly (1989) once suggested that sexual communication strategies worked in suggesting condom use to a male partner but females had to learn the methods which included modelling, role playing and behavioural rehearsal of sexual communication, encouragement to communicate condom use requests with partners and reinforcement of negotiation efforts.

Langen (2005) study of internet use in Latino MSM showed that internet was mostly used in communicating about having sex, sexual preferences, safe sex practises, condom use while using internet before they met face-face in person.

5.4 Objective three

Third objective which was the last was to provide a guideline of how to better support the women who experience sexual and physical abuse. The researcher sourced from the ministry of health five Gender and Development Policy and five guidelines for the management of survivors of sexual abuse for Lesotho, October (2005) and placed them in various departments at Motebang Hospital which were Maternity, Casualty, Outpatient, Gynaecology ward and Maternal and Child Health (MCH). The Lesotho guidelines for the management of survivors of sexual abuse for Lesotho describes the following listed in detail:

- Making preparations to offer medical care to people who have been sexually abused.
- Preparing the survivor for the examination.

- Taking the history.
- Collecting forensic evidence.
- Performing the physical and genital examination.
- Prescribing treatments.
- Counselling the survivors.
- Consideration for pregnant women and elderly women.
- Follow up care of the survivor.
- Referral.

The survey conducted in Lesotho on sexual assault and gender based violence, identified that most health providers were not aware of the existence of the Ministry of Health guidelines on the management of survivors of sexual abuse (Penti et al, 2012). The provision of the Gender and Development policy and Guidelines for the management of survivors of sexual abuse would make it easier for health care workers to become competent in handling sexual abuse victims.

Chapter 6: Conclusion and recommendations

6.1 Conclusion

The purpose of the study was to explore women's perceptions of the reasons of physical and sexual abuse after requesting safe sex in a sexual relationship to prevent HIV and AIDS. Although participants revealed that they were practising safe sex, there is still a challenge in persuading men to practise safe sex and men still require good rationales of practising safe sex so that women will not experience physical and sexual violence.

The study indicated no matter the time in sexual relationship, women can request safe sex any time and male partners might agree to practise safe sex despite not having specific method of communication. There is still a great need in disseminating Lesotho and Gender Policy to Basotho citizens and residents in order to minimise violence among women. Health care workers also have to be acquainted with the Guidelines for the management of survivors of sexual abuse for Lesotho in order to treat victims appropriately.

6.2 Recommendations

Male partners should be involved in family planning methods so that they will be part of it and can also give support. All female and male clients must be given health education whenever they visit health facilities about wet sex which studies have indicated that it minimises the chances of HIV infection.

Health information should be used when suggesting condom use in a sexual relationship as it has proved not to bring negativity which might result in physical and sexual violence. The male partners who refuse to use a condom require ongoing counselling and psychosocial support so that with time they might view condom usage positively.

Females need to be taught on how to use female condoms and they should be within their reach so that they can also wear them during sexual intercourse. Women should be taught at health facilities on how to communicate effectively on condom usage in order to minimise physical and sexual violence. In health facilities there should be posters on walls written in native language which talks about:

- Physical and sexual abuse
- Help victims receive which would be trauma counselling and protection offered at Child and Gender Protection Unit (CGPU) located at Police stations.

Also the Gender and Development Policy should be known by all citizens and residents in order for them to use it to their protection. All health departments especially those who receive and attend to victims of physical and sexual abuse should have:

- Lesotho Gender and Development Policy.
- Guidelines for the management of survivors of sexual abuse for Lesotho in order to treat victims appropriately.
- Effective referral systems in place.

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