

# **COUPLE-EMPOWERMENT STRATEGIES TO DECREASE THE HIV RISK IN A MALE- DOMINANT MILIEU**

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## **DEDICATION**

This study is dedicated to my brother who lost his life due to HIV and to all those men and women who are infected and affected. The farm workers who participated in this study, for giving us insight in the true experiences of life and making us understand the bigger picture in this HIV era, especially the men who represent the voice that is silent but have so much to say in our every day lives as women.

"The greatest discovery of my generation is that human beings can alter their lives by changing their attitudes of mind."

Lee Iacocca

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## SUMMARY

Statistics have shown that there is a global escalation of HIV infection world-wide, with almost 70% of these people living in sub-Saharan Africa. South Africa, which is part of sub-Saharan Africa, has one of the worst statistics of people living with HIV/AIDS in the world, with HIV/AIDS being the fastest growing epidemic. Subsequently 60% of all adults currently infected are women and girls. The number of women becoming infected with HIV continues to rise at an alarming rate. HIV infection in South Africa is very high with women being worst affected.

Heterosexual transmission remains the most common mode of HIV transmission globally by far, and women are more likely to be infected with HIV than men due to different contributing factors. A major aspect regarding the contribution to the increased risk of HIV infection is male dominance and inequality. It is apparent from this research that, in most traditional African cultures, men have always been considered superior and women are expected to be more subservient to their husbands who are seen as the heads of the family. There is a belief that males have urgent sex drives; therefore they need sex with more than one woman. As a result, men believe that they have a right to seek new partners constantly by having different sexual partners. Even though polygamy no longer is a norm, men tend to have many sexual partners using it as an excuse for their promiscuity and unfaithfulness.

Due to women's inferior status, refusing a man sex or insisting on condom use usually results in rejection or violence or even being raped, increasing the woman's vulnerability to HIV infection. In the light of this escalation of HIV infection among women, the need to address male dominance and inequality is urgent in order to ensure that women are able to participate in sexual decision making and negotiate for safe sex.

The purpose of this research was to explore and describe the experiences of female farm workers concerning male dominance and the HIV risk linked to it, to explore and describe the roles played by male farm workers concerning male dominance and the HIV risk linked to it, and to formulate recommended strategies for health education that

will facilitate couple empowerment to enable couples to protect themselves from running the risk of becoming HIV infected.

The research was conducted in the Potchefstroom sub-district in the North West Province of South Africa. A phenomenological research design using a qualitative approach was used to explore and describe experiences of female farm workers concerning male dominance and the HIV risk linked to it, as well as to explore and describe the roles played by male farm workers concerning male dominance and the HIV risk linked to it. The purposive sampling method was used to select participants from various homes on the farm who met the specific set criteria for this research. One population was used, namely the farm workers who are couples and work on the designated farm and live in those homes in the Potchefstroom sub-district, North West Province. The population was then divided into two subgroups of male and female groups to prevent partner fear and intimidation and to encourage free participation, and the two subgroups were interviewed separately.

Vignettes, running approximately five minutes, from existing material on male dominance and the risk of HIV infection pre-recorded on a DVD were used, and an unstructured interview schedule using open-ended questions derived from the vignette stories told by participants were put forward to the participants for further probing. Data was captured on an audio-tape and transcribed verbatim. Field notes were taken immediately after each interview. The two sets of data from both male and female subgroups were analysed separately and the results pulled in as one.

From the findings of this research it appeared that there were perceptions that a major aspect regarding the male farm workers' contribution to the increased risk of HIV infection is male dominance and inequality. Negative behaviours such as unfaithful and promiscuous behaviour, men using women for sexual satisfaction, dishonest and deceitful behaviour, exploitation, oppression and coercion of women were reported by female farm workers. In turn, men acknowledged being unfaithful and selfish, untrustworthy and deceiving, abusing their male status to dominate and oppress women, and admitted to risky sexual behaviour. They also acknowledged that they use coercive behaviour to get their own way. The majority of men indicated the belief that their behaviour is a result of external locus of control that they cannot account for, such as

being under the influence of alcohol and women's behaviour of leading men on. In spite of the afore-mentioned, a number of women perceive men to be supportive and caring.

The majority of female farm workers possess quite an extensive knowledge of HIV, despite their low educational level. It is apparent that women consider condoms the safest method for HIV prevention among couples. However, women are unable or reluctant to negotiate condom use due to feelings of powerlessness and hopelessness and fear of violence and being abandoned for someone else who cannot resist unprotected sex. It was also clear that myths, misconceptions and knowledge gaps prevailed among the farm workers which may be deemed dangerous in the quest for preventing the spreading of HIV. Despite the fact that most male farm workers indicated acceptable levels of HIV knowledge, some displayed lack of insight and knowledge in this regard.

The researcher concluded that the relationships between male farm workers and female farm workers were characterised by male dominance and inequality. Female farm workers perceive male farm workers as using their superiority to spread the HIV infection. Female farm workers also perceived male farm workers to be dominating and oppressing and that they exploit women, leading to men and women being unable to participate in mutual decision making or to negotiate safe sex as couples.

Recommendations were made for the field of nursing education, community health nursing practice and nursing research with the formulation of recommended strategies for health care workers to facilitate couple empowerment to enable couples to protect themselves from running the risk of becoming HIV infected. The strategies were discussed under two main categories, namely recommended strategies for health care workers, and recommended strategies for health education that can be put in place to facilitate couple empowerment with a view to enable couples to protect themselves from running the risk of becoming HIV infected.

*Key concepts:* [couple, empowerment, HIV, male dominance, gender, inequality, farm worker]

## OPSOMMING

Volgens statistiek neem MIV-infeksie wêreldwyd toe. Ongeveer 70% van geïnfekteerde persone is in die sub-Sahara-streek woonagtig. Die statistiese gegewens van mense in Suid Afrika (wat deel uitmaak van die sub-Sahara-streek) wat met MIV/VIGS leef, is die hoogste in die wêreld. MIV/VIGS is besig om die epidemie te word wat die vinnigste toeneem. Gevolglik is 60% van alle volwassenes wat met die MI-virus besmet is, vroue en dogters en neem die getalle van sodanige mense teen 'n ontstellend vinnige tempo toe. MIV-infeksie is baie hoog in Suid-Afrika, met vroue wat die meeste geaffekteer is.

Wêreldwyd bly heteroseksuele oordrag van die MI-virus by verre die algemeenste wyse van oordrag, en vroue raak makliker deur die MI-virus geïnfekteer as mans weens verskeie bydraende faktore. 'n Belangrike aspek wat bydra tot die verhoogde risiko vir infeksie deur die MI-virus is die oorheersing van die man en ongelykheid tussen die geslagte. Uit hierdie navorsing blyk dit duidelik dat, in die meeste tradisionele Afrika-kulture, die man altyd beskou is as die vrou se meerdere en dat van vroue verwag is om onderdanig teenoor hulle mans, wat as die hoof van die familie beskou word, op te tree. 'n Opvatting bestaan dat mans 'n sterk geslagsdrange het; dus het hulle geslagsomgang met meer as een vrou nodig. Gevolglik glo mans dat hulle daarop geregtig is om voortdurend nuwe weivelde te soek deur verskillende seksmaats te hê. Alhoewel poligamie nie meer die norm is nie, is mans geneig om baie seksmaats te hê en wend hulle dit aan as 'n verskoning vir hulle promiskuïteit en ontrouheid.

Weens die onderdanige status van die vrou loop haar weiering om geslagsomgang met 'n man te hê of haar aandrang daarop dat hy 'n kondoom moet gebruik, gewoonlik uit op verwerping of geweld of selfs verkragting, wat insgelyks haar weerloosheid teen MIV-infeksie verhoog. In die lig van hierdie toename in MIV-infeksie onder vroue is dit dringend noodsaaklik dat die behoefte om manlike oorheersing en ongelykheid tussen die geslagte onder die loep te neem, om sodoende te verseker dat vroue 'n aandeel kan hê in besluitneming oor hulle seksuele lewe en dus vir veilige geslagsomgang kan onderhandel.

Die doel van hierdie navorsing was om die ervaringe van vroulike plaaswerkers rakende manlike oorheersing en die MIV-risiko wat vroue as gevolg daarvan loop, te ondersoek en te beskryf, om die rol wat manlike plaaswerkers rakende manlike oorheersing en die MIV-risiko wat daaraan gekoppel is, te ondersoek en te beskryf en om voorgestelde strategieë te formuleer vir gesondheidsopvoeding wat paartjie-bemagtiging sal fasiliteer en hulle in staat sal stel om hulle teen besmetting met die MI-virus te beskerm.

Hierdie navorsing is in die subdistrik van Potchefstroom in die Noordwes-Provinsie van Suid Afrika uitgevoer. 'n Fenomenologiese navorsingsontwerp waarin 'n kwalitatiewe benadering gebruik is om die ervaringe van vroulike plaaswerkers rakende manlike oorheersing en die risiko wat daaraan gekoppel is, te ondersoek en te beskryf, en ook om die rolle wat manslike plaaswerkers rakende manlike oorheersing en die MIV-risiko daaraan gekoppel, te ondersoek en te beskryf. 'n Doelgerigte steekproefmetode is toegepas om deelnemers uit verskeie huise wat aan die kriteria vir hierdie navorsing voldoen het, te selekteer. Een populasie is gebruik, naamlik plaaswerkers wat pare is en op die spesifieke plaas-huishoudings in die Potchefstroom-subdistrik in die Noordwes-Provinsie gewoon en gewerk het. Hierdie populasie is toe in twee subgroepe verdeel – vroulik en manlik – om vrees en intimidasie te voorkom en vrye deelname aan te moedig. Onderhoude is afsonderlik met hierdie twee subgroepe gevoer.

DVD-vinjet, wat ongeveer vyf minute lank gedraai het, is gebruik. Hierdie vinjet het bestaan uit bestaande materiaal wat handel oor manlike oorheersing en die risiko wat vroue loop ten opsigte van MIV-infeksie as gevolg daarvan. 'n Ongestruktureerde onderhoudskedule waarop oopeinde-vrae voorkom, wat afgelei is van die vinjet-verhale wat deur deelnemers vertel is, is aan die deelnemers gestel om hulle te pols om verder op hulle ervaringe uit te brei. Data wat uit hierdie onderhoude voortgekom het, is op audio-band vasgelê en verbatim getranskribeer. Veldnotas is ook onmiddellik na elke onderhoud afgeneem. Die twee stelle data van beide die vroulike en manlike subgroepe is afsonderlik ontleed en die resultate gelyktydig bespreek.

Uit die bevindinge van hierdie navorsing wil dit voorkom of daar gemeen is dat 'n hoof-aspek rakende die bydrae van manlike plaaswerkers tot die verhoogde risiko wat die vroue loop ten opsigte van MIV-infeksie, juis manlike oorheersing en ongelikheid tussen die geslagte is. Negatiewe gedrag soos ontrouheid, promiskue gedrag, mans wat vroue

bloot vir seksuele bevrediging misbruik, oneerlike en bedrieglike gedrag, uitbuiting, onderdrukking en dwang is deur vroulike plaaswerkers geopper. Op hul beurt het manlike plaaswerkers erken dat hulle ontrou, selfsugtig en onbetroubaar is en hul vroue verkul deur hulle manlike status te misbruik om die vroue te oorheers en te onderdruk, en hulle het erken dat hulle gewaagde geslagsomgang pleeg. Hulle het ook erken dat hulle dwangmaatreëls aanwend om hulle sin te kry. Die oorgrote meerderheid manlike plaaswerkers het ook aangedui dat hulle oortuig is daarvan dat hulle gedrag toegeskryf kan word aan eksterne lokus van beheer waarvan hulle nie rekenskap kan gee nie, soos dat hulle onder die invloed van alkohol verkeer het en dat vroue se gedrag hulle uitlok. Ten spyte van al bogenoemde aspekte ervaar 'n aantal vroue dat manlike plaaswerkers ondersteunend en versorgend optree.

Die oorgrote meerderheid vroulike plaaswerkers beskik oor uitgebreide kennis rakende MIV/VIGS-verwante inligting ten spyte van hul lae opvoedingspeil. Dit is duidelik dat vroue die gebruik van kondome as die veiligste metode vir MIV-voorkoming by paartjies beskou. Vroue is egter nie daartoe in staat nie of huiwerig om hieroor te onderhandel weens 'n gevoel van magteloosheid en hopeloosheid en vrees vir geweld en dat hulle verwerp sal word ten gunste van iemand anders wat onbeskermde geslagsomgang nie kan weerstaan nie. Dit het ook duidelik geword dat daar verskeie mites, wanopvattinge en gebrekkige kennis onder plaaswerkers voorkom. Hierdie toedrag van sake is uiters gevaarlik en ry voorkoming van die verspreiding van die MI-virus in die wêreld. Ten spyte van die feit dat manlike plaaswerkers laat blyk het dat hulle oor aanvaarbare vlakke van HIV-kennis beskik, het sommige 'n gebrek aan insig en kennis in hierdie verband getoon.

Die navorser het in hierdie ondersoek tot die slotsom geraak dat oorheersing deur die man en ongelykheid tussen die geslagte die verhouding tussen die manlike en vroulike plaaswerkers kenmerk. Vroulike plaaswerkers huldig die mening dat manlike plaaswerkers hulle meerdere status misbruik en daardeur die MI-virus versprei. Vroulike plaaswerkers ervaar die manlike plaaswerkers ook as dat hulle oorheersend en onderdrukkend teenoor hulle optree en hulle uitbuit. Dit lei dan daartoe dat manlike en vroulike plaaswerkers nie in 'n wenslike verhouding tot mekaar staan om aan gesamentlike besluitneming oor veilige geslagsomgang deel te neem of om as 'n paartjie daarvoor te onderhandel nie.

Aanbevelings is gedoen in die onderskeie velde van verpleging, naamlik verpleegonderrig, gemeenskapsgesondheidpraktyk en verpleegnavorsing deur voorgestelde strategieë vir gesondheidsorgwerkers te formuleer om paartjies in staat te stel om hulle teen MIV-infeksie te beskerm. Hierdie strategieë is onder twee hoofkategorieë bespreek, naamlik aanbevole strategieë vir gesondheidswerkers en aanbevole strategieë vir gesondheidsopvoeding. Bogenoemde kan dus geïmplementeer word om pare in staat te stel om hulle teen MIV-infeksie te beskerm.

**Sleutelbegrippe:** pare, bemagtiging, MIV, manlike dominansie/oorheersing, geslag, ongelykheid, plaaswerker



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## **CHAPTER 1: OVERVIEW OF THE RESEARCH**

### **1.1 INTRODUCTION AND PROBLEM STATEMENT**

The end of 2005 is identified with the escalation on HIV and AIDS with estimates of international prevalence revealing that close to 33.4 – 46.0 million people world-wide were living with HIV/AIDS (UNAIDS, 2006a), almost 70% of whom were in sub-Saharan Africa (WHO, 2006:6). These escalating numbers make sub-Saharan Africa the worst-affected region in the world, as 64% of all people living with HIV/AIDS live in this region (UNAIDS, 2006a). UNAIDS also reveals that one-third of people living with HIV globally live in Southern Africa and the prevalence levels are exceptionally high with no signs of decline. South Africa, which forms part of sub-Saharan Africa, has one of the worst statistics of people living with HIV/AIDS in the world, with HIV/AIDS being the fastest growing epidemic (WHO, 2006:6). In 2003 an estimated 21,5% of South Africans aged between 15 and 59 years were HIV positive with over a thousand people dying of AIDS each day (Natrass, 2004:19). Evian (2000:194) affirms that HIV infection in South Africa is very high, and added to this, it is women who are worst affected.

UNAIDS (2005) substantiates above-mentioned statistics and further reiterates that four out of ten people living with HIV world-wide in 1997 were women. By the year 2004, women made up almost 50% of all people living with HIV/AIDS (UNAIDS, 2006b). Subsequently 60% of all adults infected currently are women and girls. Thus African women form the group most severely affected by HIV/AIDS world-wide (Dunkle, 2004:1415). Purnima and Aggleton (2001) also report that in many sub-Saharan countries young women between ages 14 and 19 years have 3-6 fold higher rates of HIV infection than young men in the same age group. United Nations (2004) emphasizes that male-to-female transmission is much more likely to occur than female-to-male transmission.

Concurrent with escalating HIV statistics in most sub-Saharan African countries, almost one in three pregnant women attending public antenatal clinics in South Africa were living with HIV/AIDS in 2004 and trends still show a gradual increase in HIV/AIDS prevalence (UNAIDS, 2006a). Therefore Natrass's opinion is justified, namely that the AIDS epidemic in South Africa is not only a major health crisis, but also a threat to economic development and social solidarity (Natrass, 2004:182). In exploring the main

causes of HIV infection, heterosexual transmission remains the most common mode of HIV transmission globally by far (Rao Gupta, 2001:4), and thus in countries where heterosexual transmission is the main mode of transmission women are more likely than men to be infected with HIV (UNAIDS, 2005) due to a variety of contributing factors.

In view of the contributing factors and trend of HIV infection among women, physiological factors account for more effectual transmission from an infected man to a woman than from an infected woman to a man (Rao Gupta, 2003:9). This author further states that aggravating factors for HIV transmission include social cultural norms concerning masculinity and femininity as well as the unequal power relations between men and women which conspire with biological and physiological factors to compound individuals' risk of infection. In addition, Shisana and Simbayi (2002:3) state that factors which are known to increase the risk of HIV infection among females in South Africa include their low social status and their economic dependence on men; hence the resultant gender inequality and male dominance in relationships (Martin, 2006:6). The case of low socio-economic status impacting on HIV infection is not only true for women in general but also for farm workers with the women in this environment mostly affected. Shisana and Simbayi (2002:4) reiterate the fact that there is an indication that poverty plays a pivotal role in increasing vulnerability to HIV infection in sub-Saharan Africa.

Bearing in mind that approximately one half of the South African population is categorized as living in poverty (Kruger, 2004:1) and that the epidemic severely affects the black and economically poor populations of South Africa, inevitably makes them the most vulnerable to HIV infection (Van Dyk, 2005:35). Black South Africans living and working on the farms belong to this population as they are the most vulnerable population with regard to health status, education and income, and earning the lowest wages with women earning less than men. Hence these women are forced to be financially dependent on their male counterparts (International Organization for Migration (IOM), 2004:1), which makes it more likely that they will exchange sex for money or financial favours (Van Dyk, 2005:35). The implication therefore is that poverty and economic dependence largely increase women's vulnerability in the HIV/AIDS epidemic (Rao Gupta, Whelan & Allendorf, 2003:17) especially those women on the farms.



Furthermore, the economic dependency results in alarming levels of unsafe sexual behaviour due to apparent gaps in HIV/AIDS knowledge and to sexual practices among farm workers (International Organization for Migration, 2004:1). Another factor impacting on the vulnerability of women is gender inequality; consequently fuelling a male dominant milieu which also lies at the root of women's painful experiences associated with HIV infection (Rao Gupta, 2000:14). Hence gender inequality and male dominance has been identified as one of the core contributing factors (Martin, 2006:7). Mzolo (2002:41) confirms that gender inequality and male dominance is a problem that still exists, and in the farm population, domestic violence as a form of male dominance has been widely reported (Lemke, 2005:847). The above-mentioned factors affect women's ability to determine their sexual lives (Shisana & Simbayi, 2002:3), with sexual decision-making being constrained by coercion and violence (UNAIDS, 2005). Anon. (2006b) identifies men's dominant behaviours as a driving force behind the HIV/AIDS epidemic, because in heterosexual relationships it is generally men who determine how and when sex takes place.

When looking at the origin of male dominance, Goldberg (2006) states that the yearning to dominate is in place before birth when the foetal nervous system is flooded with testosterone, a process that promotes "extensive maturation" of the brain structures that mediate between the male hormones and dominance behaviour. Mosher (1991:199) traced the historical origin of male dominance to adversarial contests over scarce resources among warrior groups. Boys were trained to be fierce and aggressive and were rewarded with sexual privileges and deference from women. The same author further mentions that the world-view of culture was instilled through the socialization of children, given an ideology concerning the superior nature of men and the inferior nature of women, thus the socialization of men as dominant warriors and women as vanquished submissive continued until today. Brym and Lie (2005:307) explain that the daily patterns of gender domination, viewed as legitimate by most people, get built into our courtship, sexual relations, family and work norms. Furthermore, many aspects of our culture legitimize male dominance, making it seem valid and proper; thus male domination in both childhood socialization and current family organization increases the likelihood of wife abuse (Brym & Lie, 2005:307).

While it is renowned in society that men are naturally dominant and that it is normal for men to rule over the family, and society in general (Goode, 1988:297), it is an expectation in some cultures for women to be more subservient to their husbands or the dominant male person in the family; as this person is seen as a leader and thus plays a significant role in deciding on matters, including deciding on health matters (Tjale & De Villiers, 2004:167).

On the other hand, stereotypes concerning male dominance remain acceptable to the majority of women in modern society, because women obtain direct and concrete benefits from it, which presumably outweigh the disbenefits (Anon., 2006a). An example is situations in which older men exploit young girls for sex in exchange for financial favours (Hakim, 2003:68). Further more Mzolo (2002:41) is of opinion that young women are often pressurised into having sex (in many cases by older men) in return for presumed financial security, but at the end they have to bear most of the social consequences of an unwanted pregnancy and Sexually Transmitted Infections.

A further dimension of male dominance is added, namely that it is acceptable for men to have more than one sexual partner, but when women follow suit they are ostracized, discriminated against and abused, consequently predisposing women to the risk of being infected with HIV/AIDS (Mzolo, 2002:41). Other men are explicitly seeking "safer" sex with girls they believe too young to be infected with HIV/AIDS (Baylies & Bunjra, 2001:116). Hence in the farm population, men are encouraged to have multiple sexual partners as they migrate from time to time, and when they get home they do not use a condom although they may be infected with HIV (Nauen, 2002:3); thus exposing their partners to the risk of HIV infection. It appears that unequal gender roles make it more difficult for women to say "no" to unprotected sex, which in turn increases their vulnerability to being infected (Leibowitz, 2001:5).

In retrospect, looking at male dominance from a Biblical point of view, one can also assume that it also contributes to male dominance as noted in various scriptures. (1 Timothy 2:11-12; Ephesians 5:22) in the New Testament (Bible, 1994), which emphasize male dominance by ordering women to be silent and submissive in the marriages, thus relegating women to an inferior, submissive and subordinate position to their husbands. Consequently this prescribed inferior position still affect women's capacity to determine their sexual lives and own decision making (Mzolo, 2002:41), making it difficult for

women to have equal control or decision-making power over their situation in sexual relationships. In some countries women are even considered minors before the law, which means that the inferior position of women is legally entrenched (Anon., 2000).

According to United Nations (2004), many countries still have laws that discriminate against women or legal systems that give women a status unequal to that of men. Although the principle of equality of men and women has won universal acceptance, full equality between men and women is far from being realized in practice (Lawson, 1991:449). The constitution in other countries such as South Africa (Act 108 of 1996) cherishes the rights of all the people in our community and affirms the democratic values of human dignity, equality and freedom. In spite of the Constitution of South Africa, women's rights to safe sex and autonomy in all decisions relating to sexuality is respected almost nowhere (WHO, 2000). As a consequence, male dominance and poor respect for human rights of women and girls is a critical factor which results in the increased prevalence of HIV infection (UNAIDS, 2005).

To counteract the escalating infection rate in women, most governments have put programmes in place to empower women, for example the Beijing Platform for Action, The Cairo Agenda (Rao Gupta, 2001:16) and the introduction of the female condom in order to contain the spread of HIV/AIDS (Martin, 2006:7). Sadly, in spite of these efforts by government, HIV/AIDS prevention campaigns seldom target or reach poorly educated women farm workers, allowing myths about the disease to go unchallenged (Irin, 2007:2). And also with the introduction of these promotion programmes, limited success has been achieved (Cherian, 2002). Women are empowered, which is visible and prominent outside their home set-up. However, South African women, especially in the farm population, have not yet mapped out a path to emancipation in terms of empowerment within their households (Coetzee & Graaf, 2001:161).

Pardasani (2005:117) defines empowerment as 'a process of increasing personal, interpersonal or political power so that individuals can take action to improve their life situation'. According to Quinn and Davies (1999:1980), empowerment is a process of enhancing feelings of self-efficacy through the identification of conditions that foster powerlessness of a person to develop the skills and capacity for gaining some reasonable control over these conditions without infringing on the rights of others. Hence

another dynamic of empowerment comes into play where, despite the empowerment of women on health care, evidence shows that in most governmental health campaigns men have often been excluded from health empowerment as far as HIV/AIDS is concerned (Anon., 2006a). Instead, men have been empowered in educational, political and economical fraternities as compared to women (Jacobson, 2006). In South Africa, and its response to the HIV/AIDS epidemic, men reflect a deficit model of male empowerment (Montgomery, Hosegood, Busza & Timaeus, 2006:2411), which implies that with regard to HIV/AIDS men have not received enough attention in relation to reducing their risk of HIV infection (Russell, Alexander & Corbo., 2000:71), especially married men who are the major reproductive health decision makers (Lawoyin, 2000) and who form part of what is known as a couple in relationships. The implication thereof is a feeling of disempowerment by men as it seems that women know more than they do concerning this aspect.

According to Campbell (2002:333), disempowered people who have little control over important aspects of their lives, are less likely to feel that they can take control of their health, and are less likely to engage in health-enhancing behaviours. Effective safer sex practices require male participation, and therefore educational initiatives must include men (Russell *et al.*, 2000:71). Therefore it is futile to empower women without carrying men along. Can the society continue with the mistakes of the past and create more gender-inequitable relationships? Empowerment demands efforts to work with couples as the unit of intervention, rather than with individual women or men, to reduce the negative impacts of the gender power imbalance by including both partners in the intervention (Rao Gupta, 2000:6). A couple is composed of two people in a committed sexual or romantic relationship, usually over a significant period of time (Smith, 1998:1), and as clearly discussed in South Africa men play an important role within these relationships. Lack of their involvement may impact negatively on the implementation of empowerment programmes and messages especially when these messages reach the male dominated home environment.

As a result the lack of the male empowerment aspect in relation to HIV/AIDS issues may be seen as one of the contributory factors when it is indicated that South Africa is not doing well in its battle against HIV/AIDS, stimulating the following questions to arise: Are women empowerment programmes enough to combat HIV/AIDS, taking into

consideration the role men play in society? Can we continue to exclude men in the battle against HIV/AIDS? Can prevailing notions of gender roles and stereotypes be changed through projecting a positive image of manhood that is not dependent on the oppression of women (Nwanma, 2001)?

Due to the researcher's experiences as a community health nurse, and as part of an overarching project on Farm Labour And General Health (FLAGH), a void in the larger research project has been identified; therefore the proposed research is aimed at covering this void, namely at exploring and describing the experiences of black female farm workers regarding male dominance and the HIV/AIDS risk thereof, as well as the role the male farm workers see themselves play in order to mobilize couple empowerment to enable couples to protect themselves from the risk of HIV infection.

From the afore-mentioned, the following research questions arise:

1. What are the experiences of female farm workers concerning male dominance and the HIV risk linked to it?
2. What are the roles played by male farm workers concerning male dominance and the HIV risk linked to it?
3. What are the strategies that can be put in place to facilitate couple empowerment to enable couples to protect themselves from running the risk of becoming HIV infected?

## **1.2 RESEARCH OBJECTIVES**

Based on the research questions, the objectives of this research are:

1. To explore and describe the experiences of female farm workers concerning male dominance and the HIV risk linked to it.
2. To explore and describe the roles played by male farm workers concerning male dominance and the HIV risk linked to it.

3. To formulate recommended strategies for health education that will facilitate couple empowerment to enable couples to protect themselves from running the risk of becoming HIV infected.

### **1.3 PARADIGMATIC PERSPECTIVE**

The following meta-theoretical, theoretical and methodological statements define the paradigmatic perspective within which the researcher will conduct this research.

#### **1.3.1 Meta-theoretical statements**

The meta-theoretical perspective is formulated in accordance with the traditional African world-view, which is based on a holistic outlook (Du Plooy, 2004:1-28). According to this world-view man forms an inseparable whole with the universe and everything (including God, spirits and nature) is seen in its relation to man who is the centre of the universe. The daily functioning of a traditional African is influenced by religion, which emphasizes the "wholeness of all being" and the collective functioning of the traditional Africans as a community. In traditional society, to be human is to belong to the entire community (Mbiti, 1989). The African ethos emphasizes the survival of the group and unity with nature, because a traditional African's identity is fully linked to collective existence: when he suffers, he does not suffer alone but with the corporate group (Viljoen, 1997). This world-view is adopted because it is congruent to the researcher's personal philosophy of "*ubuntu*" which means "humanity" and because the farm workers are Africans. An aphorism is developed to express the identity and responsibility of human position in the universe to maintain respectful equilibrium using the Setswana maxim "*motho ke motho ka batho ba bangwe*" ("a person is a person through other persons"). The implication of this premise for this study is that it emphasizes the need for unity and consensus decision making among couples, helping couples to be empowered within their households and infiltrating this to the broader community. Hence the individual can say: "I am because we are; and since we are therefore I am".

The researcher used the above-mentioned traditional African worldview as a guideline formulating assumptions about man, health, the environment and nursing as follows:

#### **1.3.1.1 Man**

For purposes of this research man refers to both a male and a female farm worker who forms an inseparable whole with the universe, whose traditional African identity is fully linked to collective existence and belongs to the entire community (Du Plooy, 2004:5). The male farm worker interacts with the female farm worker as a whole in their external environment as a couple and affirming their humanity by recognizing the humanity of others and maintaining that when he suffers, he does not suffer alone but with the entire group and whatever happens to him as an individual happens to the entire group and whatever happens to the entire group happens to him, the individual.

#### **1.3.1.2 Health**

It is the state of well-being that is traditionally defined, valued and practiced, which reflects the individual's ability to perform activities in traditional African expressed and patterned ways of life. The pattern of interaction of farm workers with their internal environment, that is their spirits and God, plays an important role in establishing the state of well-being. This implies that they impose meaning on the things that happen to them such as an explanation of the personal cause of illness. They believe that every illness has an intention and special cause, and in order to combat the illness, the cause must be found and counteracted, what really satisfies them is that someone has caused the illness (Du Plooy, 2004:8). Also in the pattern of interaction with the external environment, meaning their interaction with their wives/partners in their relationships, they believe they have little control over their own lives and what happens to them. This implies that everything that happens to them can be attributed to external factors, implying that they cannot be held accountable for their own behaviour. Personal initiative in dealing with the real causes of illness is then also repressed. The male farm workers' way of acknowledging and accepting the responses from female farm workers of inequality and male dominance and the fact that it increases the risk of HIV infection, will determine their state of health.

#### **1.3.1.3 Environment**

It consists of an internal and external environment. The internal environment constitutes the biological, psychological and transpersonal aspects (Du Plooy, 2004:4), and the external environment is the community where man's behaviour is as a result of external agents and is influenced by African tradition which emphasizes the collective functioning that, when he suffers, he does not suffer alone but with the corporate group. The man is in interaction with the external environment and has a belief that everything that happens to the person can be attributed to the external locus of control and that the individual cannot be held accountable for their own behaviour (Du Plooy, 2004:10).

#### **1.3.1.4 Nursing**

For purposes of this research nursing consists of those activities aimed at empowering couples and a communal way of life which deems the society to be run for the sake of all members of the community. These activities are undertaken by the community and health care workers in nurturing the individual men and women towards self-realisation and self-actualization (Mchunu, 2004:39) to realise collective existence as couples to participate in mutual sexual decision making and negotiate for safer sex to decrease the risk of HIV infection. The community thus coaches and promotes men's understanding of their role and responsibility with regard to protecting women's health, and health care workers encourage open communication and mutual sexual decision making by encouraging voluntary counselling and testing among couples. Empowerment of couples through education will form an integral part of the nursing activities in this research

### **1.3.2 Theoretical Statements**

The theoretical statements of this research include the central theoretical argument as well as conceptual definitions of core concepts applicable to this research.

#### **1.3.2.1 Central theoretical statement**

The understanding of the experiences of farm workers concerning male dominance and the HIV risk linked to it and the exploration and descriptions of the roles the male farm



workers play concerning male dominance and the risk of HIV infection will lead to the formulation of empowerment strategies that will enable couples to protect themselves from the risk of becoming HIV-infected.

### **1.3.2.2 Conceptual definitions**

The following are the definitions of the key concepts that are applicable to this research:

#### **Couple**

This is composed of two persons in a committed sexual or romantic relationship, usually over a significant period of time; couples may be opposite-sex or same-sex, married or unmarried, monogamous or non-monogamous, and cohabitating or living apart and may or may not have children (Encarta, 2007). In terms of HIV/AIDS, couples may be either sero-concordant, with both members being either sero-positive or sero-negative, or HIV sero-discordant, with the partners having different sero-statuses (Smith, 1998). For most couples, HIV/AIDS raises two paramount concerns: the risk of HIV transmission and the likelihood of illness of one or both partners.

For purposes of this research, a couple is two people of the opposite-sex involved in an intimate relationship irrespective of their sero-status, who are married, are living together (*"vat en sit"*) or living apart.

#### **Empowerment**

Pardasani (2005:117) defines empowerment as 'a process of increasing personal, interpersonal or political power so that individuals can take action to improve their life situation'. According to Quinn and Davies (1999:1980), empowerment is a process of enhancing feelings of self-efficacy through the identification of conditions that foster powerlessness of a person to develop the skills and capacity for gaining some reasonable control over these conditions without infringing on the rights of others. In this research, empowerment refers to assistance provided by health care workers to enable

couples to gain better control over their life and efficacy through active and meaningful participation in sexual decision making to decrease the risk of HIV infection.

### **Human immuno-deficiency virus (HIV)**

Human immuno-deficiency virus is a human retrovirus that causes immune deficiency due to depletion of CD4 cells (Bartlett & Gallant, 2000:7). It is a retrovirus that can undergo an unusual biological process in which genetic material in the form of a single-stranded RNA (Ribonucleic acid) can be converted to double-stranded DNA (dinucleic acid). In a natural process the DNA usually makes RNA which has its own enzyme called reverse transcriptase which is responsible for the replication process of the virus (Evian, 2000:5). The virus can infect cells that carry a protein called CD4 on their surface. Once HIV has invaded a cell, it destroys important cells which control the immune system, making the individual prone to a variety of opportunistic infections (Walsh, 2002:141).

### **HIV risk**

This is the increased vulnerability to be infected with the human immuno-deficiency virus. Physiological factors, as identified by Rao Gupta (2003:9), account for more effectual transmission from an infected man to a woman. This author further states that aggravating factors for HIV transmission include social cultural norms as well as the unequal power relations between men and women which conspire with biological and physiological factors to compound the individuals' risk of infection. In South Africa factors which are known to increase the risk of HIV infection in females include their low social status and their economic dependence on men, resulting in gender inequality and male dominance in relationships (Shisana & Simbayi, 2002:3)

An additional factor associated with the increase in HIV infection is poverty. One needs to bear in mind that approximately one half of the South African population is categorized as living in poverty (Kruger, 2004:1). This is not only true of women in general but also of farm workers with women in this environment being mostly affected as they earn less than men, thus making them the most vulnerable to HIV infection. These women are forced to be financially dependent on their male counterparts (IOM,

2004:1); thus making it likely that they will exchange sex for money or financial favours. Furthermore, the economic dependency results in alarming levels of unsafe sexual behaviour due to apparent gaps in HIV knowledge and sexual practices among farm workers. Another factor impacting on the vulnerability of women is gender inequality, consequently fuelling a male dominant milieu. Hence gender inequality and male dominance has been identified as one of the core contributing factors (Anon., 2006a). Mzolo (2002:41) confirms that gender inequality and male dominance is a problem that still exists and in the farm population, domestic violence as a form of male dominance has been widely reported (Lemke, 2005:847) Anon. (2006b) identifies men's dominant behaviours as a driving force behind the HIV/AIDS epidemic, because in heterosexual relationships it is generally men who determine how and when sex takes place.

### **Male dominance**

This refers to heterosexual activities where the dominant partner is male, and the submissive partner is female (Wikipedia, 2006). (Refer to the discussion on male dominance from page 4 to page 6)

### **Gender**

World Health Organization (2002:4) defines gender as 'used to describe those characteristics of women and men, which are socially constructed, while sex refers to those which are biologically determined. People are born female or male but learn to be girls and boys who grow into women and men. This learned behaviour makes up gender identity and determines gender roles'. According to Hesse-Beber and Carger (2000:91), gender is determined socially; it is the societal meaning assigned to male and female, and each society emphasizes particular roles that each sex should play. (Refer to the discussion on the socialization of females and males from page 3 to 4).

### **Inequality**

This is unequal opportunity or treatment based on social, ethnic, racial or economic disparity between people or groups (Encarta, 2007).

## **Farm worker**

A farm worker is defined in the Employment Standards Regulations as a person employed in farming, ranching, agricultural operation and whose principal employment responsibilities consist of:

Growing, raising, keeping, cultivating, propagating, harvesting or slaughtering the product of any of the operations.

Clearing, draining, irrigating or cultivating land.

Direct selling of a product of any of the operations indicated if the sales are done at the operation and are the normal harvest cycle for that product.

The initial washing, cleaning, sorting, grading or packing of an unaltered product produced by the operation, or similar product purchased from another operation during the normal harvest cycle for that product (Employment Standards Branch, 2005)

For purposes of this research a farm worker is a male or female employed in the poultry farming operation and whose principal employment responsibilities consist of raising and keeping poultry, initial washing, cleaning, sorting, grading and packing of farm eggs as the products of the operation.

### **1.3.3 Methodological Statement**

The methodological statement of this research is based on the research model of Botes (1995:6). The application of Botes' model will improve the value of this research since it is specifically meant for nursing research (Botes, 1995:6). The functional reasoning approach which is the framework of this model provides the holistic perspective of the research and also provides the researcher with the opportunity for creativeness.

The Botes model (1995:36-42) highlights three levels of nursing research activities. The first level or order represents the nursing practice, which forms the research domain. These research activities are aimed at the promotion of health in the quest for caring and being concerned about needs, well-being and survival of others. Hence the researcher

focuses on the nursing practice where the community health care worker interacts with the farm workers who are heterosexual couples, male and female irrespective of their HIV status in order to mobilize couple empowerment to enable couples to protect themselves from the risk of HIV infection. This research will look at the interpretations made by female farm workers concerning male dominance, roles played by male farm workers and the HIV risk linked to it, and if they are valid, use research as a means to make them part of the knowledge content of nursing.

The first level leads to the second level in which research and theory development takes place. The researcher undertakes research to explore and describe the experiences of female farm workers regarding male dominance and the HIV/AIDS risk thereof on the risk of contracting HIV infection in order to formulate strategies for health education that will facilitate couple empowerment to enable couples to protect themselves from running the risk of becoming HIV infected. Knowledge acquired from this research can be applied in the nursing practice to formulate strategies for health education to be used by health care workers that will facilitate couple empowerment. In accordance with Botes' theory (Botes, 1992:39), the practical usefulness of this research will serve as a criterion for internal validity.

The third level entails the paradigmatic perspective of the research within which this research will be undertaken. The researcher selects meta-theoretical statements within assumptions of Foucault's rendering of power, discourse and knowledge (Shefer & Foster, 2001:375-390) and traditional African world-view (Du Plooy, 2004:1-28).

## **1.4 RESEARCH DESIGN AND METHOD**

In this chapter, the research design and method will be discussed briefly and the more detailed discussion will follow in Chapter 2.

### **1.4.1 Research design**

A qualitative approach (Burns & Grove, 2005:52), will be used to explore and describe the experiences of female farm workers concerning male dominance and the risk of HIV linked to it, and to explore and describe the roles played by male farm workers

concerning male dominance and the risk of HIV linked to it. This will lead to the facilitation of the formulation of empowerment strategies that will enable couples to protect themselves from the risk of becoming HIV infected. The research will be conducted within the context of one farming homestead in the Potchefstroom sub-district in the North West Province.

#### **1.4.2 Research Method**

The method of research will include sampling, data collection, data analysis and literature control.

##### **1.4.2.1 Sampling**

The sampling will be conducted as follows:

- **Population**

The population will include farm workers who are heterosexual couples, male and female irrespective of their HIV status, between ages 15 and 49 years who consent to participate since, according to (UNAIDS, 1999:119), this is the most vulnerable group and HIV infection rates continue to rise among persons of this age. This population will be divided into two subgroups of males and women to encourage free flow of communication without feelings of intimidation or submission to the status quo from the females and males respectively.

- **Sampling method**

Purposive sampling method will be used, as described by De Vos et al. (2002:207), to select participants from various households on the farm who meet the specific selection criteria for this research, and who volunteer to participate. Ethical issues will be respected (Burns & Grove, 2005:83).

- **Sample size**

The sample size will be established when the meanings are clear and data is fully explored (Brink *et al.*, 2006:136), and also by data saturation, that is to say when sampling provides repeating information and no new themes come to the fore (Burns & Grove, 2005:358).

### **1.4.3 Data collection**

#### **1.4.3.1 Role of the researcher**

##### **1.4.3.1.1 Ethical considerations**

The researcher will request permission from the farm owner and from relevant ethics committees to conduct the research, as described by De Vos *et al.* (2002:62). The purpose and importance of the research will be explained to the farm owner in order to carry out the research on their premises. The researcher will also explain all the ethical procedures to the farmer to present an understanding and assurance of confidentiality. Permission will also be asked from the potential participants and they will be briefed on the purpose and importance of the research, the objectives of the research and expected benefits. They will also be informed that the interviews will be confidential and that their names will be protected, and that they are free to withdraw from participation any time if they so wish. Interviews will only be conducted after having received written consent and audio-taped consent in case of inability to write, since participation is voluntary.

##### **1.4.3.1.2 Physical environment**

Interviews will be conducted at a place convenient for the participants to ensure a private and non-intimidating atmosphere without interference. Participants will be made aware of the audio-tape to be used so that they can be aware that the information they give will be recorded for purposes of data analysis and will be kept confidential.

#### **1.4.3.1.3 Method**

Focus groups using semi structured interviews will be conducted with farm workers in the farming homes in the Potchefstroom subdistrict (Morse & Field, 1995:96). Vignettes from existing material on male dominance and the risk of HIV infection pre-recorded on a DVD will be used to stimulate conversation from the participants. The video-clip will be drawn from Tsha Tsha, a Xhosa language entertainment-educational television drama series with English subtitles commissioned by the South African Broadcasting Corporation (SABC). The series was developed and produced by Centre for AIDS Development, Research and Evaluation (CADRE) and distributed country-wide for educational purposes. Participants will be sampled to groups of not exceeding five (5) participants of the same sex, taking selection criteria into consideration to ensure active participation (Brink *et al.*, 2006:154) and to access the participant's 'vignette story' told in its own way, in their own words and revealing unprompted practical reasoning (Richman & Mercer, 2002). Semi structured interviews using open-ended questions derived from the vignette stories told by participants will be put forward to the participants to probe further in order to encourage participants to elaborate and give more in-depth information on the topic (Brink *et al.*, 2006:152), and to supplement the vignettes stories (Richman & Mercer, 2002). Different questions for the male subgroup to establish their role in their relationships, and in females to establish their perceptions will be posed. The interview schedule will be given to experts for content and face validity as described by Creswell (1994:151). The vignettes will be given to experts for trustworthiness (Morse & Field, 1995:96). A pre-trial of the vignettes for standardization (Richman & Mercer, 2002) and a trial interview will be conducted to determine whether they highlight the focus of the study and also to determine the interview skills of the researcher (Polit & Hungler, 1997:44). The researcher will conduct the interviews, which will be recorded on audio-tape. Field notes will be taken down immediately after each interview, as indicated by De Vos *et al.* (2002:304).

#### **1.4.4 Data analysis**

Data captured on audio-tapes as well as field notes will be transcribed and translated verbatim and subsequently analysed, using a method of open coding as described by Tesch (Creswell, 1994:153-159). The process of data analysis will be done in such a



way that it contributes towards the highest possible level of trustworthiness. According to Guba and Lincoln (1985), qualitative researchers in pursuit of a trustworthy study should consider four criteria that they believe: credibility, transferability, dependability and conformability. A co-coder will analyse the data independently in accordance with a given work protocol. A consensus discussion will be held between the researcher and the co-coder.

## **1.5 TRUSTWORTHINESS**

Guba's model for trustworthiness will be used to ensure truth-value, applicability, consistency and neutrality. Detailed discussion follows in Chapter 2

## **1.6 LITERATURE CONTROL**

To confirm the data obtained in this research, the research results will be compared with relevant literature and existing research findings. New information gained from this research will be highlighted

## **1.7 STRATEGIES**

From the research results, recommended strategies for health education will be formulated for community health care workers to facilitate couple empowerment to enable couples to protect themselves from the HIV risk linked to it.

## **1.8 PROVISIONAL CHAPTER LAYOUT**

### **CHAPTER 2: Research methodology**

#### **2.1 Research design**

#### **2.2 Research method**

##### **2.2.1 Sampling**

Population

Sampling method

Sample size

Data collection

Data analysis

Trustworthiness

Ethical aspects

CHAPTER 3: Discussion of research results and literature control

CHAPTER 4: Conclusions, shortcomings of the study. Recommendations and formulation of health education strategies for community health care workers to facilitate couple empowerment to decrease the HIV risks of farm workers.

## **CHAPTER 2: RESEARCH METHODOLOGY**

### **2.1 INTRODUCTION**

This chapter entails the full exposition of the research design, research method and ethical issues related to the quality of this research. Quality assurance of this research by virtue of trustworthiness is also outlined in this chapter. Research design is described by Burns and Grove (2005:211) as blue print according to which data are collected which guide the researcher in planning and implementing this study in a way that is most likely to achieve the intended goal and maximises control over factors that could interfere with the validity of findings. The researcher highlighted the overall plan to obtain answers to the research questions to gain new insights into the lived experiences of farm workers as well as meaning attached to everyday life regarding male dominance directed at female farm workers by male farm workers, and the role male farm workers see themselves contributing to within their context.

### **2.2 RESEARCH DESIGN**

A qualitative research approach (De Vos *et al.*, 2002:273), was used to explore and describe experiences of female farm workers concerning male dominance and the HIV/AIDS risk linked to it, as well as the role that male farm workers see themselves playing in this regard. Recommended strategies for health education were then formulated for health workers to mobilize couple empowerment so as to enable couples to protect themselves from the risk of HIV infection. An interpretative, holistic, naturalistic and subjective approach as described by De Vos *et al.* (2002:79) was employed to explore and describe the life experiences of female farm workers concerning male dominance and the HIV risk linked to it, the meaning they give to everyday life as well as the role male farm workers see themselves playing in this regard. Accurate insights in these lived experiences were obtained. The phenomenon described and explored is male dominance directed at female farm workers by male farm workers and its implication regarding HIV/AIDS infection, which was in line with the definition of description as indicated by Burns and Grove (2005:3). This research focused on farm workers who were heterosexual couples within a particular context, which refers to the area in which

they live, the time of their work, culture and orientation in which the research took place (Burns & Grove, 2005:27). The context the researcher refers to was as follows:

### **Context of the research**

In the context of the research the physical setting, the socio-economic status and the health care delivery situation will be illuminated.

The setting where this research took place was within the context of a commercial poultry farm in the Potchefstroom subdistrict in the North West Province where people live in the farm homes and work on the farms. The participants chose the settings where interviews were held so that open discussion could be facilitated. Factors such as fear of partner and family intimidation were taken into consideration when the setting was chosen.

Different African ethnic groups are found in this farm, with the predominant ethnic group being Batswana people. Batswana people have their cultural practices and beliefs that are almost similar to those of other African ethnic groups (Pienaar, 2004:8). These beliefs determine what is regarded as norms, values and attitudes that influence the behaviour and social roles of individuals conforming to these cultural systems. In Batswana culture, like in other African cultures, a man is assigned a dominant social status that makes him superior – more important than a woman – and the woman is subservient to this person who is regarded as the head of the family (see Chapter 1 on gender inequality and male dominance). Shisana and Simbayi (2002:3) state that the dominant position of men is associated with females' low social status and their economic dependence on men. The case of low socio-economic status being a contributing factor to HIV infection is not only true for women in general but also for farm workers, with the women in this environment mostly affected since they earn less than men and are perceived to be more disadvantaged in terms of empowerment compared to their counterparts who live outside the farm environment.

## **Socio-economic status**

Both the socio-economic status and literacy level of these farm workers are low, since they are from the low income group and earn low wages. The case of low socio-economic status forces women to be financially dependent on their male counterparts and impacts on how couples relate, thus making it likely that women will exchange sex for money or financial favours; therefore increasing their vulnerability to HIV infection. Farm workers involved in this study live in the farm homes (brick houses), communal running water system is available and sanitation is poor, because they use pit latrines. This farm is served by mobile clinic that delivers health care using the Primary Health Care approach in accordance with the guidelines that are laid down in the National Health Plan of South Africa (ANC, 1994: 20) to ensure affordable health care to all communities including those of low socio-economic status.

## **Current Health delivery situation**

Although the Government of South Africa advocates for Primary Health Care that is equitable, accessible, affordable and available among its principles to all communities (Dennill, 2000:6), this remains a problem for the majority of farming communities. The designated farm is visited quarterly (every three months) by the mobile clinic. There are also periods during which the area is not visited by the mobile clinic and without prior notice to the farming community. The implication is that some of the farm workers are forced to consult private general practitioners in the nearby town of Potchefstroom which is approximately 20 kilometres from the farm. The lack of an effective public transport system is another problem facing this community, as they are forced to pay for lifts from motorists passing by, increasing their financial burden. The reality is that these circumstances lead to late arrivals; hence the majority of farm workers do not visit health care facilities in the neighbourhood town of Potchefstroom due to transport problems. Overcrowding is another common problem in these health care facilities. A large number of people are serviced since free health services are offered. This consequently leads to badly needed health care not being accessed; thus the implication for farm workers is that this lack of the necessary HIV/AIDS awareness and empowerment.

The government recommends that national guidelines that are incorporated into four main focus areas be followed in the clinics in the delivery of health care (South Africa, 2000:1-28). The first focus area is on primary prevention; the second area on treatment, care and support; the third area is concerned with human and legal rights; and the fourth area focuses on monitoring, research and surveillance. These guidelines employ the multi-sectoral approach to combat the HIV/AIDS epidemic (South Africa, 2000:1-28). Looking at the above-mentioned problems faced by the farm workers the primary prevention to combat the HIV/AIDS epidemic seems not to be employed, as can be seen in the infrequency of mobile clinic visits and the fact that the majority of these farm workers seek curative services from general practitioners. The implication for the farm workers is that lack of primary prevention to combat HIV/AIDS leads to a lack of HIV/AIDS awareness and empowerment, in turn leading to apparent unsafe sexual behaviour and sexual practices among couples. According to Campbell (2002:333), disempowered people who have little control over important aspects of their lives are less likely to feel that they can take control over their health and are less likely to engage in health-enhancing behaviour. By virtue of health care delivery in this farm it is evident that primary prevention has not received enough attention, especially the HIV/AIDS awareness by working with couples as a unit to create more gender equitable relationships.

It was within this context, which included the physical context, socio-economic status and health delivery situation that the researcher conducted the research, departing from the premise that men's dominance is identified as a driving force behind the HIV/AIDS infection and renders women powerless and unable to negotiate for safe sex (Motelle, 2003:126).

The researcher aimed at obtaining detailed data concerning the experiences of female farm workers regarding male dominance and the HIV/AIDS risk thereof, as well as the role the male farm workers saw themselves in within their context in order to mobilize couple empowerment so as to enable them to protect themselves from the risk of HIV infection.

## **2.3 RESEARCH METHOD**

A brief description of the research method was given in Chapter 1. A detailed description of the population, sample, the method of data collection, data analysis and literature control follows.

### **2.3.1 Population**

For purposes of this research one population was used, namely the farm workers who are couples and live and work in the designated farm homes in the Potchefstroom subdistrict, North West Province. Different ethnic groups were involved depending on the availability and those who met the set criteria.

Following is a detailed description of the sample, method of sampling and the sample size that was used.

- **Sampling method**

Purposive sampling method was used as described by De Vos *et al.* (2002:207) to select participants from various households on the farm who met the specific selection criteria for this research and who volunteered to participate. Participants were sampled for groups of not more than five participants of the same sex to prevent partner fear and intimidation according to availability based on set criteria to ensure active participation (Brink *et al.*, 2006:154). Ethical issues were respected (Burns & Grove, 2005:83).

For purposes of this research the selection criteria were:

Farm workers in the farming homes in the Potchefstroom subdistrict who were:

- heterosexual couples, married (western or customary), unmarried but living together ("*vat en sit*") or separately, but involved in a consistent sexual relationship,
- sexually active, because HIV is mainly transmitted sexually

- of any available African (non-white) ethnic culture
- between 15 and 49 years of age,
- working and/or living on the designate farm in the Potchefstroom subdistrict,
- volunteering and consenting to participate
- able to communicate in any language understood by the researcher (English, Setswana, Sesotho, Sepedi, isiXhosa and isiZulu).

A male as well as a female leader were chosen. The leaders in the farm community were identified and nominated by the farm workers with the assistance of the farm owner and acted as mediators. The researcher, with the assistance of the mediators, recruited participants. The mediators played an important role because they knew the participants and had an established relationship with them.

The role of the mediators was to:

- identify and compile a list of potential participants from the sample,
- explain the purpose, benefits and importance of the research project to the potential participants,
- explain to the potential participants that confidentiality and anonymity would be maintained throughout the research project and the strategies that would be used to ensure this,
- explain to the potential participants the method of data collection and that the interview would last more or less one hour and would be recorded on audio-tape,
- arrange appointments for the interviews on behalf of the researcher that would suit both the researcher and the participants,
- introduce the participants and the researcher on the set day.

On the day of the interview each participant signed a written consent or consent was audio-taped in case of an inability to write, to voluntarily participate.



- **Sample size**

The sample size was established when the meanings were clear and data was fully explored (Brink *et al.*, 2006:136). In this research, three focus groups in each subgroup of male and female farm workers were interviewed until a sense of closure that the researcher experienced was reached when the process ceased to yield any new information and when there were sufficient numbers to reflect the range of participants that made up the population so that those outside the sample had an opportunity to connect to the experience of those in the sample (De Vos *et al.*, 2002:300).

### **2.3.2 Data collection**

This section comprises a detailed description of the role of the researcher, the physical setting and the method of data collection.

#### **2.3.2.1 The role of the researcher**

This research forms part of the bigger Farm Labour and General Health (FLAGH) project. The researcher, as a member of this project, visited the farm for introduction and to meet the farm owner and farm workers in order to get to know them. The researcher requested verbal permission from the farm owner to carry out the research in her area of jurisdiction followed by sending the farm owner a letter (see Appendix A) before data collection commenced. The contents of the letter included the purpose and importance, benefits of the research and the inclusion criteria for the participants. The researcher also explained all the ethical procedures to the farm owner to present an understanding and assurance of confidentiality.

Once permission has been obtained from the farm owner, the researcher approached the leaders (male and female) on the farm to ask them to act as mediators. On their agreement, the researcher met with them to explain their role as mediators. Letters were also written to them in English as they could read and understand English (see Appendix B) explaining their roles as mediators as well as the purpose, objectives, importance of the research, method of data collection, criteria for inclusion of participants and the ethical aspects regarding confidentiality and anonymity. The researcher requested

mediators to give their assistance in the recruitment of participants as described in the set criteria. The researcher, with the assistance of the mediators, compiled a list of all recruited participants. The participants were then briefed on the purpose and importance of the research, the objectives of the research and expected benefits. They were also informed that the interviews would be confidential, that their names would be protected and that they were free to withdraw from participation at any stage if they so wished. Participants were informed about the audio-tape to be used so that they were aware that the information they gave during the interviews would be recorded to ensure that no information for purposes of data analysis got lost, and that the audio-tapes would be kept confidential.

Prior to each interview the researcher labelled each audio-tape cassette and checked that the tape recorder was functioning well. The researcher also checked that the Television/Laptop and the DVD player for playing the pre-recorded vignette were functioning well.

On arrival at the setting for data collection as arranged with participants, the researcher provided the participants with consent forms and explained the contents in detail. The consent forms were compiled in English and Setswana (see Appendices C & D) but the researcher used any language understood by the participants as set out in the criteria. The researcher thoroughly explained the contents of the consent forms to the participants who could not read and those who used languages other than that in the consent form.

At the end of each interview the researcher wrote the field notes and placed them with the labelled tapes so that they corresponded.

#### **2.3.2.2 Physical setting**

Burns and Grove (2005:359) explain that the physical setting is an uncontrolled, real-life situation or environment that facilitates the capturing of in-depth information. The researcher did not manipulate or change the environment for the study. Interviews were held at a place convenient for the participants so as to ensure a private and non-intimidating atmosphere without interference. The environment should foster

psychological freedom and enhance participation. For this reason, most of the interviews were held at the male mediator's house as it allowed adequate privacy and where necessary at a venue chosen by participants so as to ensure their comfort. In the home surroundings confidentiality was not possible because female participants voiced their discomfort and this would have jeopardised their freedom of participation and disclosure of the experienced gender inequalities and male dominance of their partners for fear of being rejected and abused by their families and male counterparts. The interview venue was away from the activities on the farm, well ventilated, clean and with the right temperature to make participants feel comfortable and at ease, thus encouraging them to participate freely. Neighbours and fellow farm workers were made aware of the interviews in process and were asked not to disturb the interview process.

The researcher and the participants sat in a circle, with no barrier or object between them so as to ensure proper eye contact. Comfortable, low seats were arranged for the researcher and participants.

#### **2.3.2.3 The duration of the interviews**

The interviews were estimated to last approximately forty five minutes to one hour when the appointments were arranged, but seeing that participants were passionate about expressing themselves, the researcher allowed them to do so without restricting them to a time. The average duration of the interviews was one hour. The participants were requested to make themselves available for a follow-up interview if the researcher saw the need for it.

#### **2.3.2.4 Method of data collection**

The two subgroups of male and female groups, as indicated in the sample above, were interviewed separately. Focus groups using semi structured interviews were conducted as methods of data collection. Different questions for the male subgroup to establish their role in their relationships, and in females to establish their perceptions of the role of men were posed. The experiences of female farm workers regarding male dominance and the HIV/AIDS risk linked to it, as well as the role the male farm workers see themselves play were explored in depth.

Vignettes of approximately five minutes (see Appendix E) from existing materials on male dominance and the risk of HIV infection pre-recorded on a DVD were used. The video-clip was drawn from Tsha Tsha, a Xhosa language entertainment-educational television drama series with English subtitles commissioned by South African Broadcasting Corporation (SABC). The series was developed and produced by the Centre for AIDS Development, Research and Evaluation (CADRE) and distributed country-wide for educational purposes. The vignette was used so as to stimulate conversation from the participants, since it offered a less threatening manner of exploring sensitive subjects (Kempf-Leonard, 2005:731). This enabled the researcher to access the participants' 'vignette stories' told in their own way, in their own words and revealing unprompted practical reasoning (Richman & Mercer, 2002). The vignettes were given to supervisors and people familiar with vignette methods for trustworthiness (Morse & Fields, 1995:96).

A semi structured interview schedule in English and Setswana (see Appendices F & G) using open-ended questions derived from the vignette stories told by participants were put forward to the participants to probe further in order to encourage participants to elaborate and give more in-depth information on the topic (Brink *et al.*, 2006:152), and to supplement the vignettes (Richman & Mercer, 2002). Male and female groups were interviewed separately to facilitate open discussion. A pre-trial of the vignettes for standardization (Richman & Mercer, 2002) and trial-run interviews were conducted in separate groups of males and females. The researcher undertook trial-runs with a view to test the vignettes and make necessary adjustments to the questions to determine whether they highlighted the focus of the study and to determine the interviewing skills of the researcher (Polit & Hungler, 1997:44).

Sixteen (16) couples who met the set criteria were recruited by the researcher with the assistance of the mediators (see Appendix B) and fourteen (14) couples made themselves available for the interviews. The other two couples (which included the female mediator's couple) made it impossible for the researcher to interview them as the one kept making excuses for not being available and the other one was always not home whenever the researcher arrived for appointments. The interviewed couples consisted of fourteen males and their female partners, who were heterosexual couples, married (western or customary), unmarried but living together ("*vat en sit*") or separately,

but involved in a consistent sexual relationship. All the couples were working and/or living in the designated farm in the Potchefstroom subdistrict.

The researcher conducted the focus group interviews, which were recorded on audio-tape for all the groups, and followed the following procedure:

- The researcher presented herself earlier than the time set at the farm home on the day of the appointment in order to ensure that the audio-tape, Laptop or Television and the DVD player (in case of using the mediator's house) for playing the pre-recorded vignette were functioning well and to ensure that participants were well aware of her presence before the interview was to commence. She presented herself casually and nicely dressed as stated in Burns and Grove (2005:397).
- The researcher always arrived at the male mediator's house as arranged, who then took her to the place chosen by participants, where the place of choice was not his house.
- The researcher introduced herself and re-emphasized the purpose of the visit.
- The participants were made to feel comfortable and reassured by the researcher regarding issues of confidentiality.
- The researcher let each participant read and sign a written consent form for voluntary participation (see Appendices C and D in English and Setswana), and where participants could not read or write, the verbal consent was recorded on audio-tape.
- The audio-tape cassettes were clearly marked before each interview commenced to ensure that no information could get mixed up between population groups.
- When the participants were ready, the pre-recorded vignettes were played and then the interviews followed.

To facilitate the discussions and interviews and to set the participants at ease, the following communication techniques as described by Okun (1997:70) were used, and these include:

- Clarifying: A technique used to clarify vague statements, e.g. "I wonder what you meant exactly by ..."

- Minimal verbal responses: Include responses such as “mm mm”, “Yes”, and occasionally accompanied by nodding the head to indicate that the interviewer is following what the participant says.
- Probing: An open-ended question that will encourage the participant to give more information, e.g. “Tell me more about that.”
- Reflecting: Verbalising the concerns and perspectives of the participant to show understanding.
- Paraphrasing: Repeating the participant's words but using synonyms.
- Summarising: The interviewer cites what seems to her to be the most important aspects of the conversation and gives the participants an opportunity to indicate whether the interviewer has clearly understood.

The non-verbal communication as well as the physical setting was taken into consideration to set the participant at ease with a view to enhance verbal communication (Okun, 1997:65). The non-verbal techniques that were used included eye contact, maintaining an open posture, sitting up with no physical barriers between the researcher and the interviewees, occasional nodding and occasional smiling. No problems were encountered with the participants' understanding of the language used in the vignettes, which can be attributed to the fact that the visuals could be interpreted without listening to the sound, and due to the different ethnicity and multi-linguistic nature of this population. The participants also attested to understanding the vignettes. The duration of the interviews lasted between forty-five and one hour-fifty minutes and field notes were attached to the corresponding audio-tape cassettes for all interviews. No incidences of severe emotional trauma were experienced during or after the interviews; therefore the researcher did not refer any participant for further counselling or psychological support (see Appendix H).

#### **2.3.2.5 Field Notes**

Field notes regarding each interview were taken down immediately after each interview (see appendix H), as indicated by De Vos *et al.* (2002:304), to prevent her from forgetting some aspects that might affect the research findings and that would assist the researcher in analysing the data. Field notes as described by Creswell (1994:152) included:

- Descriptive notes: These are the reports on the portraits or descriptions of the participants, the physical setting, the interviewer's account of particular events that occurred and activities that took place during the interview.
- Demographic notes: These are information with regard to the time, place and date to describe the physical setting where the interview took place; and
- Reflective notes: These are a record of personal thoughts such as speculation of incidents, feelings, problems encountered during an interview, ideas generated during the process, hunches, impressions and prejudices.

#### **2.3.3 Data analysis**

Data captured on audio-tapes as well as field notes were transcribed and translated verbatim and subsequently analysed, using the method of open coding as described by Tesch (Creswell, 1994:153-159). The interviews with the male farm workers formed a set of data while the interviews with female farm workers formed another set of data. The two sets of data were analysed separately and the results were drawn in as one. The method used for data analysis was as follows:

- The researcher read all transcripts to get an overall idea of emerging themes.
- One most interesting or shortest transcript was chosen and read again.
- Words and sentences as units of analysis were re-read and spoken words and sentences were underlined as stated by participants.
- Underlined spoken words and sentences were transferred to the left hand column of the transcript as categories.

- Personal perceptions of the researcher were written in the right hand column of the transcript.
- The identified categories that were transferred to the right hand column were re-read so as to identify main categories, the sub-categories and the redundant categories.
- Underlined spoken words and sentences (still in the participants' own words) were then transferred to a table indicating main categories, subcategories and further categories.
- These categories were finalised by working through the table once again.
- The spoken words were translated into scientific language, and the possibility of refinement of categories was kept in mind.
- The same steps were followed to analyse the rest of the transcripts.

A co-coder who is experienced in qualitative research was appointed to analyse the data. A work protocol (see Appendix J), transcripts and field notes were given to the co-coder. The co-coder and the researcher independently analysed the data, followed by a discussion meeting in order to reach consensus on the categories that emerged from the data. The purpose was to compare and identify similarities and differences of the emerging themes. Consensus was reached regarding the categories and sub-categories and these were then finalised.

#### **2.3.4 Literature control**

A literature control was undertaken to compare and verify the research findings obtained in this research with relevant literature and existing research findings. The available literature, which includes journals, electronic data bases, World Wide Web, relevant published research reports, books and news papers, were used for this purpose. The purpose of literature control as stated by Polit and Hungler (1993:66) was to provide a scientific basis for the research and highlight new insight gained from it. New information gained from this research was highlighted.



## **2.4 TRUSTWORTHINESS**

For the research to be trustworthy it was conducted in a manner that ensured accuracy in presenting the lived experiences as reported by the participants (Krefting, 1991:215). This research was conducted in such a way that it contributed towards the highest possible level of trustworthiness. However, Leininger (1985:175) contends that validity in qualitative research refers to gaining knowledge and understanding of the true nature, essence, meaning, attributes and characteristics of a particular phenomenon under study. In this research the methods of trustworthiness in the evaluation of data quality as described by Lincoln and Guba (in Polit & Hungler, 1999:426) as well as Krefting (1991:215) were used. The criteria for trustworthiness observed were as follows:

### **2.4.1 Truth-value**

The truth-value asks whether the researcher has established confidence in the truth of the findings for the participants and the context in which the research was conducted. In this research it was established from the discovery of experiences of female farm workers concerning male dominance and the HIV risk linked to it and the roles that male farm workers see themselves participating within their context. The purpose of the researcher in this regard was to improve and evaluate the credibility of data and conclusion which indicated confidence in the truth of the data. According to Lincoln and Guba (in Mouton & Babbie, 2001), truth-value is obtained when the research findings represent an accurate description of human experiences as they are lived and perceived by the participants. The researcher adopted the following strategies to enhance the truth of the data:

- A relationship of trust was established with participants to ensure that they were relaxed during vignette discussions and interviews to enhance free flow of the discussion.
- Field notes were recorded immediately after each session to ensure accurate comprehension of the actual discussions, attitudes, perceptions and this formed part of the data analysis.

- The co-coder and the researcher independently analysed the data followed by a consensus discussion in order to reach consensus on the categories that emerged from the data.
- A literature control was executed to compare and verify the research findings obtained in this research.

Different techniques for improving the credibility of this research were also used, as indicated by Krefting (1991:216).

Furthermore, *Peer examination* was used to strengthen credibility through the involvement of an independent co-coder who is experienced in the field of qualitative research to concurrently analyse data. Transcripts and field notes were given to the co-coder to independently analyse the data, followed by a consensus discussion by both the researcher and the co-coder on developed categories from the data to ensure that the data was interpreted correctly. *Reflexive analysis* was achieved by using field notes to ensure that all observations and ideas in the researcher's mind were noted to eliminate biases. This allowed the researcher to reflect on her own bias, pre-conceived ideas and experiences as the interviewer, and separate it from the research findings.

Credibility was also established by using *prolonged engagement* of the researcher in the research field. The researcher spent an extended period of time with the participants as part of Farm Labour And General Health (FLAGH) project and this assisted in increasing rapport and also allowed the participants to become accustomed to her (Krefting, 1991:220). Furthermore, each interview lasted approximately one hour, which allowed the participants to feel at ease and free, so that they were able to divulge more information, especially this kind of information that would not be divulged in normal social circumstances. In addition, where participants were passionate about expressing themselves, the researcher allowed them time to do so without restricting them to a set time. This prolonged engagement with participants enabled the researcher to increase credibility by reframing, repetition or expansion of the questions (Krefting, 1991:220). Furthermore, this allowed the researcher to identify recurring patterns, themes and values, and to check the perspectives (Sliep, 1994:59)

Furthermore, triangulation was used to enhance credibility of this research. According to Knalf and Breitmeyer (*in* Krefting, 1991:219), triangulation is concerned with the

convergence of multiple realities for mutual confirmation that all aspects of a phenomenon under study have been investigated. In this research triangulation was done where the researcher and the co-coder worked independently to analyse and interpret the same data. The co-coder is a qualified researcher with a Doctoral degree with extensive experience in qualitative research.

#### **2.4.2 Applicability**

Applicability refers to the degree to which the findings can be applied to other contexts and settings (Krefting, 1991:215). According to Sandelowski (*in* Krefting 1991:215), in qualitative research this does not necessarily mean that the findings generated in this research can be generalised to a larger population. To establish applicability in qualitative research, the researcher should ensure that findings are transferable. The researcher does not necessarily have to transfer the findings to other settings, but must present the data sufficiently descriptive so that it is possible for another person to draw a comparison, if need be (Guba & Lincoln, 1989:290). However, the main purpose of this research was to formulate recommended strategies for health education that will facilitate couple empowerment so as to enable couples to protect themselves from running the risk of becoming HIV infected within the specific context. The strategies formulated will be of assistance to health care workers in improving their performance.

To ensure transferability of this research, a detailed description of the research design, the research method and data analysis is done in this chapter.

#### **2.4.3 Consistency**

Consistency in qualitative research is concerned with whether the findings would be consistent if the research were replicated with the same participants or within the same context (Krefting, 1991:216). Consistency is achieved when dependability has been achieved. According to Polit and Hungler (1997:306) dependability of qualitative data refers to the stability of data over time and over conditions. The inquiry audit approach was used in this research. An inquiry audit involves a scrutiny of the data and relevant supporting documents by an external reviewer (Polit & Hungler, 1997:306). In this research the co-coder acted as the external reviewer.

#### **2.4.4 Neutrality**

According to Guba (*in* Krefting, 1991:216) neutrality refers to the degree to which the findings are a function solely of the informants and conditions of the research and not of other biases, motivations, and perspectives. Sandelowski defines neutrality as the freedom from bias in the research procedure and results (Krefting, 1991:216). In qualitative research, confirmability focuses on the characteristics of the data. Inquiry audits can be used to establish dependability and confirmability of the data (Polit & Hungler, 1997:307). To ensure the neutrality of this research, the raw data, field notes, and the vignettes were given to the co-coder to allow the co-coder to draw conclusions concerning the data.

### **2.5. ETHICAL ASPECTS**

To ensure that the research is conducted ethically, the researcher should take the responsibility to ensure that it is conducted with integrity (Wilson, 1993:224). Integrity was ensured by respect for human rights of participants. The ethical acceptability of the research was applied first to the people directly involved in it, and also to the people involved in carrying out the research. Brink *et al.* (2006:30) emphasizes that, to conduct the research in an ethical manner, means that the researcher must carry out the research competently and most importantly consider the consequences of the research for the society. The following are the ethical procedures that were adhered to:

#### **2.5.1. Review by ethical committee**

The researcher submitted the research plan to the Ethics Committee of the North West University, Potchefstroom Campus, for review and for permission to undertake the research (Brink *et al.*, 2006:41). A full proposal was submitted, clearly indicating the purpose of the research, the research design and the ethical considerations the researcher adhere to. The researcher was subsequently granted permission to undertake this research.

## **2.5.2 Fundamental ethical principles**

In order to ethically ground the research, the researcher strictly adhered to principles standards of ethical conduct are based on. According to Pera and Van Tonder (1996:21), ethical principles are action guides to moral decision making and provide guidance for thinking and acting in a particular situation. The following are the relevant ethical principles for this research:

### **2.5.2.1 Principle of respect for human dignity**

These are principles concerned with protection of human rights. The researcher adhered to these principles in the following manner:

#### **2.5.2.1.1 Right to self-determination**

The right to self-determination expresses respect for the unconditional worth of an individual and respect for individual thought and action (Pera & Van Tonder, 1996:22). This indicates that during the recruitment, individual briefing sessions were led whereby each participant was informed regarding the purpose of the research, the objectives of the research and the expected benefits. The participants were also informed about their right to voluntarily participate in the research and that they were free to withdraw from the research at any time if they so wished without any penalty or discrimination. All this information was included in the participant consent form (Appendices C & D)

#### **2.5.2.2 Principle of justice**

This principle holds that each person should be treated fairly and should receive what he or she is owed.

##### **2.5.2.2.1 Right to Privacy, Anonymity and Confidentiality**

The participants had the right to determine the time, extent and general circumstances under which personal information was shared or withheld from others (Burns & Grove, 2005:186). The information the participants divulged during the interview was not discussed with persons not involved in this research, including their employers. Interview venues were chosen by participants, and the time that was most convenient for the participants for interviews were agreed upon. Anonymity refers to the fact that no

links can be made between the participants and the information reported. No names were mentioned while reporting data, and participants were reassured regarding this matter. During the research each participant was allocated a code to protect his/her anonymity, and under no circumstance were the participants' identity linked to the data collected. The data on the audio-tapes were destroyed after having been transcribed; therefore if names were mentioned during the interviews, no one could access them. Due to the fact that focus groups were used, total confidentiality could not be ensured as the participants themselves could discuss the interview process outside the group and without the researcher's knowledge. However, only the researcher and the mediator knew the identity of the participants but this was treated with confidentiality and no other person could make a link between the information that was given and the participants.

#### **2.5.2.2.2 Right to fair treatment**

The researcher made sure that each potential participant was treated fairly by ensuring that the entire population of farm workers who met the selection criteria stood an equal chance of being selected. The purposive sampling method was used. The researcher did not discriminate against those members of the population who terminated their participation by ensuring that they received all the benefits agreed upon, including refreshments. During data collection the researcher treated the participants fairly by making appointments, being on time and terminating the interviews at an agreed-upon time.

#### **2.5.2.3. Principle of beneficence**

##### **2.5.2.3.1 Right to protection from discomfort and harm**

This right is based on the principle of beneficence that states that one should do good and above all, do no harm (Burns & Grove, 2005:190). Discomfort or harm can be physical, emotional, social and economical by nature (Burns & Grove, 2005:190). Polit and Hungler (1997:130) explain that this principle is concerned with freedom from harm and exploitation of participants in the research, taking into consideration the risk/benefit ratio of the research. In this research, the researcher explained the risks and benefits to the participants before they could agree to take part in the research. The participants were within the age category of the selection criteria and were able to give consent. Because gender inequality and male dominance may make farm workers psychologically

vulnerable due to HIV risk associated, participants may experience psychological discomfort that might persist even after the research. The participants were made aware of psychiatric nurse who was appointed for referral of participants to offer psychological support if discomfort was experienced. In this case there were no participants who experienced psychological discomfort.

### **2.5.3 Scientific Honesty**

The researcher bore the responsibility to share the results with the scientific community in a respectful manner and in an accredited journal. The researcher adhered to this aspect by ensuring that all information was reported accurately and that no data was falsified. Other authors whose literatures were used to enrich this research were acknowledged to avoid plagiarism. Above all, the intention of the researcher was to share the results with the relevant health departments so as to serve the purpose of this research as highlighted in Chapter 1. Results will be published in Scientific journals to be used by other researchers.

## **2.6 CONCLUSION**

The overall plan to obtain answers to the research questions was highlighted, taking into consideration the context of the research from which data was collected. A detailed explanation of the data collection method and analysis in this research was highlighted. This contributed to the development of a framework of how the researcher implemented the research and answered the research questions while at the same time considered the consequences of the research for the participants and also for the society at large.

## **CHAPTER 3**

# **DISCUSSION OF RESEARCH FINDINGS AND LITERATURE CONTROL**

### **3.1 INTRODUCTION**

In Chapter 2 a detailed description of the research methodology was given. The data collection and data analysis, the research findings pertaining to the experiences of female farm workers concerning male dominance and the HIV risk linked to it (Table 3.2.1) and the roles played by male farm workers concerning male dominance and the HIV risk linked to it (Table 3.2.2) follow in this chapter. Examples of direct quotations from the interviews enriched these findings, which the researcher compares and confirms with existing literature pertaining to male dominance and the HIV risk linked to it and indicates those findings that are unique to this research.

### **3.2. RESEARCH FINDINGS AND LITERATURE CONTROL**

The findings of the consensus between the researcher and the co-coder resulted in four categories for the female farm workers as well as the male farm workers. These categories were further divided into sub-categories and further categories as displayed in Tables 3.2.1 and 3.2.2. A detailed description of both sets of data, the quotations and the literature control are dealt with separately.

#### **3.2.1 Discussions of the findings regarding the experiences of female farm workers with regard to male dominance and the HIV risk linked to it.**

Four main categories were identified, as summarised in Table 3.2.1

- ◆ Experiences of female farm workers regarding male farm workers' contribution to the increased risk of HIV infection.
- ◆ Perceptions of female farm workers concerning the roles of male farm workers regarding male dominance.



Table 3.2.1 Experiences of female farm workers with regard to male dominance and the HIV risk linked to it

COLUMN A	COLUMN B	COLUMN C	COLUMN D
Experience of female farm workers regarding male farm workers' contribution to the increased risk of HIV infection	Perceptions of females regarding the roles of male farm workers of male dominance and the HIV risk linked to it	Females' knowledge regarding HIV prevention	Suggested Strategies to facilitate couple empowerment
<b>1. Physical experiences:</b> <ul style="list-style-type: none"> <li>- Unfaithful and promiscuous behaviour of men with multiple concurrent partners</li> <li>- Experiences of dominance and inequality</li> <li>- Men use women for sexual satisfaction</li> <li>- Dishonest and deceitful behaviour of men</li> <li>- Coerce women into unprotected sex</li> </ul>	<b>1. Authoritarian Role</b> <ul style="list-style-type: none"> <li>- Spreaders of infection</li> <li>- Exploiters</li> <li>- Oppressors</li> </ul>	<b>1. Knowledge in place regarding HIV</b> <ul style="list-style-type: none"> <li>- Use of condoms</li> <li>- Faithfulness</li> <li>- Mutual responsibility between men and women</li> <li>- Abstinence/ biblical principles</li> <li>- Sense of responsibility to ensure own safety</li> </ul>	<ul style="list-style-type: none"> <li>- Couple testing etc.</li> <li>- Open communication between couples</li> <li>- Consultation of elders</li> <li>- Awareness of women's rights</li> </ul>
<b>2. Emotional experiences:</b> <ul style="list-style-type: none"> <li>- Emotional coercion due to being threatened by men with physical violence</li> <li>- Emotional coercion due to threats of losing the partner or child's maintenance if cannot succumb to demand for unprotected sex or violent sex</li> </ul>	<b>2. Companion Role</b> <ul style="list-style-type: none"> <li>- Supportive and caring partners</li> </ul>	<b>2. Myths/ misconceptions and HIV knowledge gaps</b> <ul style="list-style-type: none"> <li>- Clean blood to prevent HIV</li> <li>- "Safety" of partner with time</li> <li>- No need to test for HIV if not married</li> <li>- Unsafe condoms from clinics</li> </ul>	

COLUMN A	COLUMN B	COLUMN C	COLUMN D
Experience of female farm workers regarding male farm workers' contribution to the increased risk of HIV infection	Perceptions of females regarding the roles of male farm workers of male dominance and the HIV risk linked to it	Females' knowledge regarding HIV prevention	Suggested Strategies to facilitate couple empowerment
<b>3. Coping mechanisms:</b> - Forgiveness of male's unfaithful behaviour  - Emotional suppression  - Self-blame for male's behaviour			
<b>4. Responses triggered in females due to experiences of male dominance and inequality</b> - Blame men  - Blame women  - Feelings of powerlessness or helplessness  - Feelings of being hurt  - Fear	<b>3. Contributory factors to the spread of HIV due to the roles of men</b> - Unfaithful males  - Coercion by men: * Physical abuse * Sexual abuse - Men's risky sexual behaviour  - Trust based on time of the relationship - Passive traditional role of women and acceptance of status quo  - Women's financial dependence on men		

- ◆ Female farm workers' knowledge regarding HIV prevention
- ◆ Suggested strategies to facilitate couple empowerment.

### **3.2.1.1 Experiences of female farm workers regarding male farm workers' contribution to the increased risk of HIV infection**

This main category, as indicated in Table 3.2.1, Column A, was further divided into four sub-categories, which are highlighted under the same column, namely:

- \* Physical experiences of male dominance
- \* Emotional experiences
- \* Coping mechanisms
- \* Responses triggered in females by roles played by men.

#### **◆ Physical experiences concerning male dominance**

From the findings in this research it was clearly indicated by the female farm workers that the behaviour of male farm workers contributed a great deal to their experiences of male dominance and inequality that left them exposed to the risk of HIV infection. Further sub-categories are indicated in Table 3.2.1.1 with regard to physical experiences concerning these behaviours of male farm workers of male dominance

**Table 3.2.1.1 Physical experiences concerning male dominance**

- |  |
|--|
| <ul style="list-style-type: none"> <li>• Unfaithful and promiscuous behaviour of men with multiple concurrent partners</li> <li>• Experiences of dominance and inequality</li> <li>• Men use women for sexual satisfaction</li> <li>• Dishonest and deceitful behaviour of men</li> <li>• Coerce women into unprotected sex</li> </ul> |
|--|

The physical experiences of female farm workers concerning male dominance will subsequently be discussed.

## **Unfaithful and promiscuous behaviour of men with multiple concurrent partners**

The majority of female farm workers expressed their discontent with the way male farm workers behave in their relationships. It was evident from the women that men are unfaithful and promiscuous because they are usually involved with more than one woman at a time. This is aggravated by the fact that men sleep around with these multiple partners despite being involved in stable relationships or being married. In the course of this unfaithfulness, they even bring these girlfriends that they are cheating with home and have sex with them in their matrimonial beds. Participants reported that men are not only unfaithful but keep on repeating the same mistake and this puts women at risk of contracting HIV. The following are the feelings reported by participants:

*"This man is sleeping around"*

*"He becomes unfaithful with other women"*

*"today is this one tomorrow is the other one"*

*"he has been having sex with many women"*

*"Your boyfriend finds another lady and becomes unfaithful"*

*"he brings another girlfriend home"*

*"he is a married man and he goes out and have sex with other women"*

*"...you find him in bed with another woman; in your own bed!"*

*" you find that he has other girlfriends on the side"*

*"He keeps on being unfaithful with different ladies repeating the same mistake"*

According to Vickers (2006), a culture of multiple partners is considered to be a significant factor in the spread of the virus as polygamy is still practised throughout other countries such as Zimbabwe; there is a recent phenomenon of "small house" where a married man will rent a flat for his young girlfriend. Literature indicates that in many societies worldwide abstinence and monogamy are often seen as unnatural for men,

who try to prove themselves manly by frequent sexual encounters (Anon, 2006b). Views prevail that men have natural sexual urges that cannot be controlled in the face of women's powerful attractions and that sex is necessary to maintain health and gender, which results in sexually unsafe behaviour (Anon, 2006b). These views serve to justify men's sexual behaviour that men are given licence to be sexually adventurous and aggressive without taking responsibility for their actions. Rao Gupta (2000) confirms that it is believed that variety in sexual partners is essential to men's nature as men will seek multiple partners for sexual release. Furthermore, the author mentions that key expectations for a wife are that she has to satisfy her husband sexually even if she is aware that her husband is unfaithful. Refusing a husband sex can result in rejection and violence.

- **Experiences of dominance and inequality**

Some participants indicated that the part played by men was not right as they take advantage of women. One participant emphasized that men dominate women in many ways because her husband has a tendency of coming home late at night while she is already sleeping and demands sex and when she refuses, he fights her. In another incident one participant mentioned that men are never satisfied, despite what women do for them in the relationships. Instead, they take women for granted and keep on cheating with other girlfriends. Another form of dominance and inequality as mentioned by women is the fact that when they refuse their partners sex due to their risky sexual behaviour, the men end up raping them. This was reiterated by one participant that men will not agree to the fact that women refuse them sex. Hence as a woman you have to obey your husband/partner's law. One participant indicated that failure in doing this, results in forced sex due to the fact that when a man wants sex a woman will have to give in. This use of power leads to women giving in to male dominance and inequality. The following are the quotations from the interviews:

*"The part played by the men is not right"*

*"They are taking an advantage over the ladies"*

*"They are taking advantage over ladies, they are using us women!"*

*"Men dominate us in many way"*

*"He comes in late and you are already asleep, he demands sex and when you refuse he end up fighting you"*

*"A man is never satisfied!"*

*"he takes you for granted"*

*"...ends up raping you"*

*"No man will agree to what you say"*

*"Sometimes you have to obey his law"*

*"He is going to end up forcing you to have sex"*

*"When a man really wants sex, you will give in"*

Literature has outlined that men are socialised to believe that women are inferior and should be under their control, resulting in unequal power relations between men and women when negotiating sexual encounters (Anon, 2006b). In a study in Namibia by Rao-Gupta (2001:14), men control sexual decision making, and sexual coercion and violence is not uncommon. Sex on demand is part of the marriage deal and men have natural sexual urges that cannot be controlled and sex is necessary to maintain health and gender identity. This inequality increases the women's vulnerability to HIV infection and accelerates the epidemic. Women's inferior status affords them little or no power to protect themselves by insisting on condom use or refusing sex.

- **Men use women for sexual satisfaction**

Women verbalised that men are only interested in them so that they can use them for sex. Men are said to be envious of women's bodies and this stimulates their sex urges to want to engage in sex. A few participants indicated that men are interested in what a woman physically looks like, does not love her but just wants to have sex with her. Women view this as an indication that men are using ladies: This is what the participants had to say in the interviews:

*"He envies you by just looking at you!, the next thing he wants to sleep with you"*

*" Sometimes men are only interested on how the lady physically looks: 'your physique' and he tells himself that he is going to take you to bed"*

*"The person gets interested when he looks at your body and feels like having sex with you"*

*"This guy is using the ladies. It's like he does not love them, he is moving from one to the other in a row and only wants to have sex with all of them"*

*"It does not mean he loves her, he just want to have sex with her"*

*But you see you will find that he is in a hurry to have sex with you*

According to Lary, Maman, Katebalila, McCauley & Mbwapbo (2004), in a study in Tanzania sex is considered the basis of intimate relationships; hence participants indicated that to be considered intimate partners, a man and woman must have sexual intercourse. Men explained that sex was their primary reason for starting the relationship and will even go to the extent of lying and telling a woman they love her simply to get her to have sex with them (Lary et al., 2004). This confirms the findings in this study where one woman said: *"This guy is using the ladies. It's like he does not love them, he is moving from one to the other in a row and only wants to have sex with all of them"*.

- **Dishonest and deceitful behaviour of men**

The majority of women interviewed expressed their experiences of dishonesty and deceit from their partners. One participant indicated that men are not trustworthy because, despite having a living-in partner, they go out and have unprotected sex. What makes it worse is that, on coming home they have unprotected sex as well with their women without thinking of using a condom. A few participants also indicated that men also hide the fact that they are married or involved in stable relationships. They also tell them that they love them while having other girlfriends on the side. One participant emphasised that women are deceived by men because they easily tell them stories women believe, even if it is not true. One participant reiterated this fact by saying that she had proof that her partner was being unfaithful with another woman. Despite this her partner denied it and she ended up believing him. This was further emphasised by one participant that men lie about being unfaithful and having sex with other ladies unless they are caught red-handed or the woman develops an infection. One participant said that, despite this, men still deny and will not tell the truth, and women believe them because of their love for the men. Thus dishonesty and deceitful behaviour of men increase male dominance as it undermines the integrity of these women.

*"These men are not trustworthy. Sometimes you live together but you don't see what your man does when he is not with you and when he comes home you trust him and have sex with him without using a condom, and he won't tell you when he has been unfaithful, let alone to use a condom"*

*"Most of the time men tell us that they don't have girlfriend or wife while is the opposite"*

*"... Even if he can tell you that he loves you, you find that he has other girlfriends on the side"*

*"We as women are easily deceived by men, he easily deceives you and tells you stories that you will believe even if it's not true"*

*"... my friends used to tell me that they saw him with another woman and when I asked him about this he denied, until I believed him"*

*"He won't tell you that he has been unfaithful and having sex with other ladies. Unless you catch him red-handed or have an infection"*

*"It's the same he won't tell you the truth"*

*"You do this because you love him. That is why you believe what he tells you"*

Literature indicates that men often take advantage of women to initiate sexual relationships and in order to do this, men deceive women or apply other strategies such as promises (Lary et al., 2004). The author further mentions that in a study in Tanzania, men reported lying to women, saying that they love them and about wanting to marry them simply so that they can make love to them.

- **Women unable to decline unprotected sex**

The majority of participants mentioned that they were unable to insist on safe sex as they could not deny their partners sex, and that men would not agree to it. It was expressed that men demand unprotected sex and women do not insist that men should use condoms and it commonly occurs that they give in to unprotected sex when men



pressurise them. The main reason why women succumb to men's demands is fear of violence and of being forced to give in. Another point that was identified is the subordinate position of women that a woman should be prepared for any sickness that may infect her. To reiterate, this point one participant mentioned that even if her husband is sleeping around and spreading HIV, she has no other choice but to also have sex with him. These fears are confirmed by the following quotations from the transcripts:

*"Remember, this person is your partner, how can you say NO?"*

*"Say NO to your partner about sex being in love with him? It is not possible, he won't take it. You cannot refuse him sex!"*

*"No man will agree to what you say"*

*"Being in love with him? He won't agree to that"*

*"You cannot say No to him when he wants sex"*

*"He is going to end up forcing you to have sex"*

*"When a man really wants sex he can end up strangling you in bed. No way, you will give in"*

*"As a woman you should be expecting any sickness that may infect you"*

*"This man is sleeping around but as my partner I don't have a lot to say, he is my husband even if he is spreading HIV. I have to acknowledge the fact that he is home and I have to have sex with him. What can I say?"*

*"HIV won't decrease without condom usage because these men don't want to listen"*

According to Leclerc-Madlala (2000), there is a common belief among traditional Africans, both men and women, that a man has a right to force himself on a woman who displays reluctance or shyness. Leclerc-Madlala further states that gender-based violence is often seen as a sign of affection and even a way of showing how much a

man cares. Violence against women and women’s economic dependence have been identified as contributing to women’s inability to decline unprotected sex and directly and indirectly to women’s vulnerability to HIV. Economic vulnerability of women makes it more likely that they will exchange sex for money and less likely that they will succeed in negotiating protection. On the other hand, physical violence and fear of abandonment act as barriers for women who have to negotiate the use of a condom (Rao-Gupta, 2001:15).

◆ **Emotional experiences**

Another sub-category that emerged from the data was that female farm workers experience emotional manipulation and coercion from their female counterparts (see Column A, Table 3.2.1). This emotions lead to females being unable to negotiate for condom usage or leave an abusive relationship.

**Table 3.2.1.2 Emotional experiences**

<ul style="list-style-type: none"> <li>• Emotional coercion due to being threatened by men with physical violence</li> <li>• Emotional coercion due to threats of losing the partner or child’s maintenance if she cannot succumb to his demand for unprotected sex or violent sex</li> </ul>
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• **Emotional coercion due to being threatened by men with physical violence**

It surfaced that the majority of women have been subjected to emotional coercion and have been threatened by their partners. The majority of participants mentioned that, whenever their partners demand sex and they refused due to understandable reasons, their partners accused them of infidelity. One participant indicated that her partner would leave during the night when she refused him sex for the same reasons only to come back in the morning and when she tries to ask him where he came from he would tell her not to ask because she denied him sex. It surfaced that even when women try to explain the reasons for refusing to have sex, men would keep on insisting in order to hurt the women and this makes them feel as if they are being blackmailed. They even threaten women that they will leave them and this leads to women submitting to the men’s demands and asking for forgiveness as if they were the ones who wronged the men. Two participants indicated that their partners go to the extent of

picking on small misunderstandings and making excuses for packing and leaving over the weekend only to come back afterwards, and the women blame themselves for this and ask forgiveness without asking question about the weekend disappearance. This is how the participants qualified their experiences:

*"... they expect us to have sex with them as well. If you don't want to, he tells you that it means you had sex with someone. That is why you are refusing him"*

*"...he comes in late and you are already asleep, he demands sex and when you refuse he says that it is because you have somebody that you are having an affair with"*

*"When I refused my husband sex because I was from work and tired he used to leave during the night and come back in the morning. When I asked him where he came from he used to fight me. He even told me not to ask him where he came from because I didn't want to have sex with him"*

*"When you try to explain and make him understand he insists on this"*

*"He will keep on saying this to you, it becomes a daily song. This is hurting and feels like you are being blackmailed"*

*"...he threatens you that he will pack his stuff and leave. You are going to stop him from leaving to try and work out your differences, forgive him and forget what happened because you love him"*

*"If your boyfriend has made a mistake and you scold at him, he is in return going to be angry as if you are the one who is wrong and you end up being the one asking him for forgiveness as if you were the one who initially made a mistake"*

*"When it nears the weekend he makes himself angry and packs his stuff to leave because he intends to spend the weekend with the other woman and makes your misunderstanding an excuse for leaving to get away easily without you blaming him"*

*"He does this deliberately, knowing that he will make as if he is angry with you over the misunderstanding so that he can leave knowing that when he comes back you will think you are partly to blame for him leaving and try and make up without questioning him about his weekend disappearance and things go back to normal again"*

According to literature, women experience various forms of pressure to engage in sex, ranging from subtle but persistent coercion to less subtle threats (Nolan, 2004). Equally worrying is the extent to which some women assumed male desire as a right of access and coercive behaviour within the context of normality or everyday expectation. Nolan (2004) further indicates that women are feeling pressurised by their male partners and are consequently denying their own sexual needs. Furthermore, literature indicates that experiences of coercion are associated with adverse psycho-social outcomes such as depression, low self-esteem and isolation (Swaart, 2005:20).

- **Emotional coercion due to threats of losing the partner or child's maintenance if one cannot succumb to demand for unprotected sex or violent sex**

Participants indicated that there is fear among women of losing the partner if done does not succumb to unprotected sex or violent sex. One participant mentioned that her partner was unfaithful with concurrent multiple partners and when he returns he demands sex without initiating condom use and ends up forcing the woman should she refuse. One participant emphasised this and further indicated that the love for this man prevents her from disclosing the situation, as this may lead to the consequent arrest of the partner and her losing him. Another woman supported the fact that laying a charge against this action will lead to her struggling financially to care for her children. It was also expressed that when you stop the relationship a day later, the man brings another girlfriend home to get to you and it is evident that this is hurting the woman. The main reasons why women succumb to men's demands is insecurity on the woman's part that they will be deserted for a woman who would agree to have sex without a condom and the fact that men do not hesitate to immediately replace you.

*"... if you don't have sex with your boyfriend, he is going to leave you and look for those that can have sex with him"*

*“...he goes out and have sex with other women and when he comes back he wants us to have sex as well and will not think of using a condom, he demands and when you refuse he insists on this and forces you”*

*“I may not tell my friend or anybody because you may advice me to take further steps and lay charges against him and you find that I love this man”*

*“... You cannot open a case against him and you think of who will help you with money for the children if he is arrested”*

*“When you stop the affair with him today the following day he brings another girlfriend home to get to you and to try and hurt you more”*

*“Yes, the only way is to have sex with him”*

Literature indicates that violence against women contributes to women's vulnerability to HIV, women's economic dependence, the threat of violence, and the fear of abandonment and act as significant barriers for women who have to negotiate the use of a condom or leave the relationship that they perceive to be risky and make it more likely that they will exchange sex for money or favours (Rao Gupta, 2001:14).

**◆ Responses triggered in females due to the experiences of male dominance and inequality**

From the findings of this research it was evident that, due to the experiences of male dominance and inequality, responses are triggered in females (see Column A, Table 3.2.1.3).

**Table 3.2.1.3 Responses triggered in females due to the experiences of male dominance and inequality**

- Blame men
- Blame women
- Feelings of powerlessness or helplessness
- Feelings of being hurt
- Fear

- **Blame men**

The findings of the research identified that women often blame men for risky sexual behaviour which predisposes them to HIV infection. One participant indicated that men sleep around with many women. The majority of participants also blamed men for moving from one woman to the other and sleeping with them all without using condoms. One participant indicated that, based on these men's behaviour, it was evident that they wanted to infect women and that their role contributes to HIV. From the findings of this research it is evident that men insist on having unprotected sex and decline condom usage, consequently leading to the increase of HIV. The following statements confirm these findings:

*"He is sleeping around"*

*"... He has been having sex with many women"*

*"He is to blame this man, he leaves from the one he goes to the other"*

*"I don't think you can have sex with three women at the same time and tell yourself you love them all"*

**Participant 2:** *"Why is he not using a condom?"*

**Participant 3:** *"His aim is to infect these ladies"*

*"Their role is contributing to HIV"*

*"HIV won't decrease without condom usage because these men don't want to listen"*

According to literature, men's behaviour is a driving force behind the HIV/AIDS epidemic. In heterosexual relationships it is generally men who determine how and when sex takes place (Bell, 2002). The author further mentions that men's use of violence against women, resistance to using condoms and multiple sexual partners for men are some of the factors that put men and their partners at risk of HIV infection. It is supported by Piot, in Nauen and Goldman (2007), that the epidemic is driven by male behaviour. In another study by Human Rights Watch (2003) in Uganda, women indicated that they were unable to negotiate condom use even when their husbands have tested HIV-positive because their husbands never allowed it and would threaten, then use force or even mention that there was no reason for them to die alone. These confirmed the findings in this study were one participant commented that *"HIV won't decrease without condom usage because these men don't want to listen."*

- **Blame women**

The women reported that they blame fellow women as well for the behaviour of the men as there are women who will entice men and lure them to bed and this leads to the husband infecting the wife after this unsafe sex with the girlfriend. One participant mentioned that there are those women who are angry for being infected and are filled with vengeful feelings towards others and would do every thing to destroy other peoples' lives. A few participants also expressed their concern about women not initiating condom usage as they felt that women should display a sense of responsibility towards their own health. The following were comments from transcripts made by women:

*"Again these ladies can be blamed!"*

*"They do everything in her power to try and entice the man until he gets aroused and ends up having sex with them"*

*".. Your husband brings the infection home and infects you because sometimes you find*

*that there are those women who will do everything in their power to have your man have sex with them*

*"There are those women who tell themselves that they won't die alone they do this because they want to destroy other people's lives"*

*"But his girlfriend as well cannot just have sex with this man without using a condom She must initiate condom usage. She must tell herself that she does not know what this guy has been doing, so she must think of using a condom. The rest of the ladies are not using condoms as well, they don't know if this guy has any infection that he is transmitting to them they are as well to blame"*

According to literature in a study in Zimbabwe, one participant blamed women who are involved with other women's partners. This is what the woman had to say :*"What always amazes me though is that it's women who have affairs with men, do they never think of themselves as the wife or life partner?"* (Vickers, 2006).

- **Feelings of powerlessness and helplessness**

Women expressed despair that the roles of males concerning male dominance and the risk of HIV linked to it have left them powerless and helpless. They feel powerless because they feel that they cannot do anything about the position they find themselves in. They reported that they occasionally feel hopeless due to their partners' infidelity and risky sexual behaviour and that they agree to have sex with them despite exposing them to the risk of HIV infection. The following comments are made by women"

*"As a woman you have to accept whatever that comes your way"*

*"As a woman you should be expecting any sickness that may infect you"*

*"This man is sleeping around but as my partner I don't have a lot to say, he is my husband even if he is spreading HIV. I have to acknowledge the fact that he is home and I have to have sex with him. What can I say?"*

*"I realised that it means he was having an affair and was getting sexual relief because*



*for days after this he wouldn't even bother to touch me and he kept on repeating this*

*Despite all this I stayed with him"*

*"... feels like you are being blackmailed"*

*"I am talking from experience because when my husband wants sex and I tell him I'm tired, he tells me that it means I am having sex with somebody during the day and I'm satisfied"*

*"Many boyfriends like to brag to us ladies about girlfriends that they are having"*

*"Man sometimes will have an affair with another girl knowing so well that you love him and won't question him about the affair"*

*"He knows that you won't question him and you will agree to have sex with him"*

*"When you stop the affair with him today the following day he brings another girlfriend home to get to you and when he sees you he becomes worse"*

According to Literature findings, women often feel pressurised to acquiesce to their partners' demands for unsafe sex, fearing angry or violent responses, rejection or abandonment (Goldstein, 1997:198). The author further mentioned that battered women may be at high risk of exposure to HIV because of poor self-esteem and because of inability to negotiate with their partners, hence women subjected to emotionally controlling abuse experience more feelings of powerlessness and hopelessness. Powerlessness implies that the individuals are in a situation where they experience an actual or potential loss of power, sense of distrust, alienation from resources, a sense of hopelessness and an attitude of self-blame (Albertyn, 2004). Hopelessness on the other hand, implies giving up everything including hope and living in emptiness (Kylma, 2005:813-821). According to Swaart (2005:20), continued violence and assault affect self-esteem and bring about shame, powerlessness and hopelessness which may prevent the woman from insisting that a man must use a condom or from leaving an abusive relationship. This direct quotation from the transcripts confirms the findings in

this study *"This man is sleeping around but as my partner I don't have a lot to say, he is my husband even if he is spreading HIV. I have to acknowledge the fact that he is home and I have to have sex with him. What can I say?"*

- **Feelings of being hurt**

Feelings of hurt and sadness surfaced from the findings of this research. Women indicated that they have often been hurt by their partners' unfaithfulness. Women further mentioned that their partners often had other girlfriends in the same vicinity with whom they brag to them, and this is hurting to them. One woman indicated her sadness over the fact that her partner used to deliberately make her feel guilty by leaving and spending the weekend with the other girlfriend if they had a misunderstanding. Another woman expressed her pain in the fact that, despite having a child with her partner, he kept cheating on her. It is evident that women are hurt by the behaviour of their partners.

*"If you know the person it is very-very painful"*

*".. because you know that I'm sharing my boyfriend with this person and this makes you not to feel free, even when you are relaxing it keeps on bothering you but if you don't know you will just suspect that he is having an affair - "It is very painful"*

*"... he cuddles and hugs the other girlfriend in front of you to try and hurt you more"*

*"He does this deliberately, he leaves knowing that when he comes back you will think you are partly to blame for him leaving and try and make up. I have been there myself before"*

*"This is hurting"*

*"We have a child together with this man, but he used to have extra affairs. I have been there. I know that pain!"*

According to Feeney (2005), hurt is strongly linked to violation of supportiveness, fidelity, openness and trust and is elicited by relationship transgressions that damage the

victim's core beliefs about self and others. Findings of this research indicated that participants gave retrospective accounts of experiences of being hurt by romantic partners leading to violation of trust.

- **Fear**

The majority of women expressed fear of being assaulted by their partners and of violent behaviour. From the findings of this research it was evident that most women have gone through some form of assault or another. Most women indicated that they were unable to decline unprotected sex due to fear of being assaulted by the partner. It was clear that women gave in to their partners' demands of unprotected sex. One participant mentioned that when she refused her husband sex he would strangle her until she gave in. The majority of women mentioned that when they complained about their partners' unfaithfulness or tried to end the relationship, they were in trouble and ended up being beaten up. Other women indicated that what made it worse for them is that, if they refused their partners sex, their partners would abandon them for those women who are able to have sex with them. This put women under a lot of pressure and led to them succumbing to their husbands' demands of unprotected sex.

*"Yes he forces you to have sex with him"*

*"... When he gets home he starts beating you, yes he beats you"*

*"He demands sex and when you refuse he insists on this and ends up fighting you"*

*"When I asked him where he came from he used to fight me"*

*"Say NO to your partner about sex being in love with him? It is not possible, he won't take it"*

*"When a man really wants sex he can end up strangling you in bed. No way, you will give in"*

*"He will also beat you up!"*

*"He starts treating you like a tennis ball and when you complain he starts beating you up"*

*"When you try to end the relationship you are in trouble because he does not want you to end the relationship"*

*"But nowadays it is very difficult because if you don't have sex with your boyfriend, he is going to leave you and look for those that can have sex with him"*

Fear of violence is an undermining factor in terms of women leaving abusive relationships or negotiating for safer sex. Rao Gupta (2001:14) confirms that physical violence, the threat of violence and the fear of violence act as significant barriers for women who have to negotiate the use of a condom, discuss fidelity with partners or leave that relationship that they perceive to be risky.

#### ◆ **Coping mechanisms**

Another sub-category that emerged from the data was that, due to experiences of male dominance and inequality females got at the hands of their male counterparts, they apply different coping mechanisms (see Column A, Table 3.2.1).

**Table 3.2.1.4 Coping mechanisms**

- Forgiveness of male's unfaithful behaviour
- Emotional suppression
- Self-blame for male's behaviour

#### • **Forgiveness of male's unfaithful behaviour**

It emerged from the findings of this research that, although women experienced the negative emotions due to men's behaviour of male dominance, they later forgave them despite the treatment they had undergone at the hands of men. Some women mentioned that they could not press charges against their abusive partners but learnt to accept it and forgave the men. One participant mentioned that, despite her partner's unfaithfulness, she stayed with him and accepted the fact that he had an extra affair and

consoled herself that when he was not home he at least was with the other woman. The following are direct quotations from the interviews with the women:

*"... I don't have a lot to say, he is my husband ..."*

*"I may not tell my friend or anybody because you may advice me to take further steps and lay charges against him and you find that I love this man"*

*"... because you love him you cannot open a case against him"*

*"You do this because you love him that is why you believe what he tells you"*

*"Despite all this I stayed with him"*

*"When your boyfriend has one extra affair you end up accepting that and when he is not home you know that at least he is with "so-and -so" and it does not stress you anymore"*

*"You end up accepting it"*

Literature indicates that forgiveness is a mark of psychological well-being and is associated with a decreased likelihood of placing others at risk through unprotected sex (Heather, Vosvick, Chwee-Lye, 2006). Findings in this study indicated that women are willing to forgive their partners despite all their risky sexual behaviours that leave them predisposed to HIV infection, without putting them at risk of infection; thus they are able to discharge negative thoughts, feelings and behaviours after hurtful experiences.

- **Emotional suppression**

It emerged from the findings of this research that women dealt with their emotional experiences differently. One participant said that one should not show a man much love but should limit it because she believed that if you do show it, he will take you for granted, and as a result one should suppress the feelings of anger as well. The emotional suppression is confirmed by the following quotation from the transcripts:

*"I have realised that if you are in love with a man never show him that you really love him, you have to limit"*

*"Because if you show him how much you love him he takes you for granted as if there are no other men out there"*

*"If you get him with another girlfriend do not show your anger, just look at them and leave them alone"*

According to literature, suppression means keeping a lid on our emotions, pushing them back, denying them, repressing them and pretending they do not exist (Anon, 2007). Therefore suppression that is unhealthy and unproductive blocks one's positive thinking power. Contrary to this, the researcher could trace no literature regarding emotional behaviour of male farm workers concerning male dominance and the HIV risk linked to it; therefore this is a unique finding in this research and needs to be further researched.

- **Self-blame for male's behaviour**

The findings of the research identified that women often blamed themselves for the behaviour of their men. Two participants indicated that men have unprotected sex with women because women allow it, and women should initiate for condom usage. From one participant's comment it was clear that women should be careful and display a sense of responsibility and avoid men who are committed to someone and use their common sense, as men occasionally deceive them. These were the comments from the transcripts:

*"He had sex with them because also the ladies as well want to"*

*"...cannot just have sex with this man without using a condom"*

*"There is no way that you won't know. In life you have to tell yourself that there is no person you may find who does not have a partner"*

*"How do you believe someone even if you can hear that he is lying to you?"*

*"but as ladies we need to be careful as well"*

*“How do you knowingly agree to date “Step 1” if you know that he is in love with someone, and tell yourself that you want him and take the advantage to get him?”*

Literature indicates that women tend to blame themselves for the men's behaviour and at times they wonder whether it is all their fault (Vickers, 2006), as indicated by what a woman had to say in the study in Zimbabwe: “Forgive me Lord, if it was me that did wrong to my husband.”

### **3.2.1.2 Perceptions of females concerning the roles of male farm workers of male dominance and the HIV risk linked to it**

The second main theme that was identified in this research was perceptions of female farm workers concerning the roles of male farm workers of male dominance and the HIV risk linked to it. This was summarised in Table 3.2.1, Column B and further categories were identified. The following is a detailed discussion of the further categories as reported by participants:

#### **◆ Authoritarian Role**

From the findings in this research it was clearly indicated by the females that the authoritative behaviour of males contribute a great deal to their perceptions of male dominance and inequality and thus to the risk of HIV infection. Further sub-categories are indicated in Table 3.2.1.2 with regard to the authoritative role of men.

**Table 3.2.1.2.1 Authoritarian Role**

- Exploiters
- Oppressors
- Spreaders of infection

- **Exploiters**

There was a general perception among the women that men exploit them. The exploitation according to them is due to the roles of men concerning male dominance. A few women perceived men as taking an advantage of women and using them, and according to women this part played by men is not right. Another factor that makes this perception even stronger is the fact that married men go out and have sex with other women and when they return they expect to have sex with their wives as well. These are the comments from the transcripts:

*"these men are taking an advantage"*

*"I agree with the lady who says men take advantage"*

*"They are taking advantage over ladies, they are using us women!"*

*"The part played by the men in this video is not right"*

*"Their role is not a good one because sometimes you find that he is a married man and he goes out and have sex with another woman and when he comes back he wants us to have sex as well"*

Literature indicates that exploitation among women is rife and this places them at risk of contracting HIV with gender inequality being the fundamental cause (Drysdale, 2007). The author mentioned that sexual exploitation and sexual abuse are reported in many countries, for example in South Tarawa women and girls are raised to feel inferior to boys and men, with culture and custom invoked to justify violence against women such as forced marriages, social acceptance of punishment, increased risk of sexual abuse, and less participation in decision making.

- **Oppressors**

The findings of the research identified that women perceive men to be oppressing them in relationships. A few women mentioned that men do not see their wrongs and as a result women are unable to say no to sex or even decline unprotected sex. Another woman indicated that even if her husband can sleep around and spread HIV, as a woman she cannot say anything but abide by his laws. To abide by the man's law



is due to gender and the expectations within African culture that a man as the head of the family should set the laws and the woman is expected to abide by these laws. Another participant reiterated that men pressurise women in relationships by being unfaithful and expect them to display non-questioning behaviour and to succumb to unprotected sex. These perceptions are confirmed by the following quotations from the transcripts:

*"Men don't see their wrongs sometimes"*

*"You cannot say No to him"*

*"No man will agree to what you say"*

*"This man is sleeping around but as my partner I don't have a lot to say, he is my husband even if he is spreading HIV"*

*"You have to obey by his laws"*

*"Men pressurize us when it comes to relationships because they become unfaithful with other women and when they arrive home they expect us to have sex with them as well"*

*"You find that he has contracted the infection and when he gets home he also wants to have sex with you"*

*"he comes in late and you are already asleep, he demands sex"*

*"he insists on this"*

Pardasani (2005:118) mentions that in India oppressive situations and power differentials between genders reduce the self-esteem of women and make them more vulnerable to exploitation. Furthermore, Nolan (2004) adds that the primary factor affecting women's increased vulnerability to HIV globally is their unequal status and power within society and consequently sexual relationships with men. The author further mentioned that a study conducted by Women's Aid in 2000 concluded that the negotiation of safer sex was extremely difficult for women and that..."sex was primarily about male sexual pleasure and needs, which women had to comply with".

- **Spreaders of infection**

The majority of women in this research expressed that they perceive men as using their authority to infect them and spread the infection by being unfaithful with multiple concurrent partners and refusing to use condoms. Two participants expressed perceptions that this does not only happen with boyfriends but with married men as well. Participants indicated that in the course of this unfaithfulness, upon returning to their regular partners/wives men resist condom use and this behaviour is perceived as putting women at risk of contracting HIV. The following are supporting statements that were made by women during the interviews:

*"He spreads the infection, he is spreading HIV"*

*"He brings the infection to you and infecting you"*

*" He has contracted the infection and when he gets home he also wants to have sex with you"*

*"The man can infect the woman as he has been having sex with many women and goes around spreading it"*

*" These boyfriends as well may spread it to other women"*

*"That is how we can be infected with HIV because your boyfriend finds another lady and becomes unfaithful"*

*"Your husband brings the infection home and infect you"*

*"This guy is HIV positive and is infecting this women"*

*"He has a certain illness that he wants to transmit to these ladies, because when he leaves from the one he goes to the other"*

*"They just have sex without using a condom and that's how they can be infected"*

*"HIV won't decrease without condom usage because these men don't want to listen"*

IOM (2004) reports on the study conducted on farm workers in Limpopo and Mpumalanga Province on the vulnerability and the alarming levels of unsafe sexual behaviour among farm workers. It surfaced from the study that attitudes and behaviours held by men compromise their own health as well as that of women. This is confirmed by Drysdale (2007), Anon (2006b) and Rao Gupta (2001:14), who state that women are mainly at risk from the sexual relationships of their husbands/partners and from violence that occurs outside and within their marriages, including rape and forced sex. In the study in Uganda, conducted by Human Rights Watch (2003), the majority of women indicated that their husbands forced them to sex without condoms, even when they knew they were HIV positive, claiming that they cannot eat sweets with a paper (wrapper) on. United Nations (2004) confirms that women often contract HIV from husbands or intimate partners who have multiple sex partners.

#### ◆ **Companion Role**

Another sub-category that emerged from the data was that, despite females' perceptions that males play an authoritative role, a companionship role emerged as well (see Column B, Table 3.2.1).

**Table 3.2.1.2.2      Companion Role**

- Supportive and caring partners

- **Supportive and caring for partners**

The majority of participants expressed perceptions that men were exploiting and oppressing women in relationships. However, one participant perceived men as supportive and caring based on her experiences with her partner. This gives the indication that there are still good men out there who are considerate of their partners and treat them as their equals.

*"I had stroke and my partner supported me because as young as he is he is still with me even today, because if he did not love me he could have left me after I had stroke. He takes care of me in many ways and shows me love"*

No literature could be traced on the supportive and caring role of a man when the woman is ill. However, literature indicates that when the male of a household becomes ill, wives provide care and take on additional duties to support the family, but when women fall ill, older or younger women step in to care for them and take responsibility (UNAIDS, 2004). Therefore this is a unique finding in this research and needs to be researched further.

#### ◆ **Contributory factors to the spread of HIV due to the roles of men**

From the findings this sub-category, as indicated in Table 3.2.1, Column B, emerged from this research. The findings of this research indicated that females have certain perceptions concerning the roles of men as contributing to the spread of HIV.

**Table 3.2.1.2.3      Contributory factors to the spread of HIV due to the roles of men**

- Unfaithful males
- Coercion:
  - \* Physical abuse
  - \* Sexual abuse
- Men's risky sexual behaviour
- Trust based on time of relationship
- Passive traditional role of women and acceptance of status quo
- Women's financial dependence on men

- **Unfaithful males**

From the findings of this research women perceive most men as usually being unfaithful to their wives/regular partners. The majority of participants indicated that most men usually sleep around with multiple concurrent partners. One participant mentioned that they even go to the extent of bringing their girlfriends that they are cheating with home and have sex with them in their matrimonial beds. One participant supported this by indicating that men do not only cheat on their partners with one partner, but regularly changes sexual partners and this predisposes women to the risk of HIV infection. The following comments are direct quotations from the transcripts:

*"He is a married man and he goes out and have sex with another woman"*

*"They become unfaithful with other women"*

*"This man is sleeping around"*

*"He has been having sex with many women"*

*"When he leaves from the one he goes to the other"*

*"He has been sleeping around with other ladies"*

*"Your boyfriend finds another lady and becomes unfaithful"*

*"He keeps on being unfaithful with different ladies repeating the same mistake"*

*"When you get home you find him in bed with another woman"*

*"He still goes out and cheats and has extra affairs. Instead of him giving you problems with one girlfriend, he gives you problems with different girls. You find that every month he has a new girlfriend"*

*"He appears with different ladies, today is this one, and tomorrow is the other one"*

*"This guy is having sex with different women"*

Literature indicates that polygamy is still practised in some parts of the world. Even where traditional polygamy is no longer the norm, men tend to have more sexual partners using this custom as an excuse for their infidelity and unfaithfulness (Anon, 2006b). This behaviour is condoned by widespread belief that males are biologically programmed to need sex with more than one woman. This belief is further reiterated by Vickers (2006) that in most societies, men have always considered and still believe that they have a right to sow their wild oats and seek new pastures constantly. Studies around the world, for example United Kingdom and New Zealand (Hird & Jackson, 2001), Chile, Cameroon, Zimbabwe (Dowsett & Aggleton, 1999) and South Africa (Du Plooy, 2004:17) reveal that beliefs persist that male sexuality is biologically different from female sexuality with males portrayed as having an urgent sex drive.

- **Coercion**

All the participants in this research perceived men as using coercion on women in relationships. Most of the women interviewed in this research had at one stage or another been subjected to physical or sexual abuse or both. This abusive behaviour of men is caused by oppression and inequality towards women due to male dominance, which is regarded as a norm within the African culture and social context. Women mentioned that they perceive this abusive behaviour of men as triggering fear of being assaulted or being abandoned by their partners; hence they try by all means to avoid further occurrences of the abuse and give in to men's demands of unsafe sex, which predisposes them to the risk of HIV infection. This is confirmed by the following quotations from the transcripts:

- **Physical abuse**

*"The other one used force on the lady"*

*"When I asked him where he came from he used to fight me"*

*"When a man really wants sex he can end up strangling you in bed"*

*"He will also beat you up!"*

*"... When you complain he starts beating you up"*

*"When you try to explain and make him understand he insists on this and ends up fighting you"*

*"He goes somewhere leaving you and when he gets home he starts beating you"*

*"My boyfriend is abusing me"*

- Sexual abuse

*"He is going to end up forcing you to have sex"*

*"He is going to take you to bed, and that's how rape occurs"*

*"... ends up raping you"*

*"... the guy who forced himself on the lady and did not use a condom"*

*"he raped the lady"*

Literature indicates that violence against women is a major problem, and is linked to its male-dominated culture. Physically abusive relationships limit women's ability to negotiate safer sex, as many men still do not want to use condoms, and some become violent if women insist on protected sex, as one participant indicated that when you complain the man starts beating you up. Women may not even raise the issue of safer sex for fear of a violent response (Anon, 2006b). According to Rao Gupta (2000:15), one-third to half of the physically abused women also report sexual coercion. The risk of acquiring HIV also appears to be high among sexually abused women. In Tanzania and Rwanda, HIV-positive women were significantly more likely than HIV-negative women to report prior physical abuse or coercive sex (Maman, 2002). Literature indicates that coercion results in inability to exercise sexual choice and control or right over their own body as one woman said: "This trained me to understand my sexuality in ways that

made no place for my own wishes and desires, I learnt therefore to accommodate the demands of men.” (Human Rights Watch, 2003).

- **Men’s risky sexual behaviour**

In the findings of this research, women felt that risky sexual behaviour of men is related to the unfaithful and promiscuous behaviour of men, as this predisposes women to the risk of HIV infection. The majority of women reiterated this by mentioning that most men engage in unprotected sex with different women. One participant indicated that men become unfaithful with other women and expect their wives/regular partners to have unprotected sex with them as well.

*“They become unfaithful with other women and when they arrive home they expect us to have sex with them as well”*

*“Having many sexual partners”*

*“This guy is having sex with different women without using a condom”*

*“ They are having sex with other ladies”*

High-risk sexual behaviour remains the norm among a large proportion of South African men as a result of lack of condom usage, violent sexual behaviour and sexual coercion, and the inability of women to resist unsafe sex (Anon, 2005). According to a study that was conducted by IOM (2004) in commercial farms in South Africa, alarming levels of unsafe sexual behaviour among farm workers were reported, where one third of the workers reported having one or more concurrent sexual partner. Du Plooy (2004:17) points out that for many traditional Africans anything that causes the sexual act to be “unnatural” is unacceptable. The interference that condoms cause during the sexual act is perceived to be unnatural and therefore unacceptable.



- **Trust based on time of relationship**

The other aspect that was reported in this research as a factor contributing to the spread of HIV due to the roles of men is that women are trusting of men. A few participants indicated that, over time, they tend to trust men and do nothing to encourage safe sex with their partners. One participant supported this and indicated that in the process of the relationship women act like wives to the boyfriends and treating them like they are their husbands. Three participants mentioned that they so much trust their boyfriends and discontinue the use of condoms with their partners, let alone the thought of going for HIV tests to ensure safety as they think they trust their partners. The following are supporting quotations from the transcripts”

*“You meet somebody that you love and use a condom for the first six months only and you stop using because you tell yourself that this person is your boyfriend without going for HIV tests”*

*“You stay with your boyfriend and you do everything that a married woman would do for a man and act like a wife; and treating him like a husband”*

*“When you know the person and you have been involved for some years then it’s understandable, you can then stop using a condom because then you know this person and you trust him”*

*“when he comes home you trust him and have sex with him without using a condom”*

According to Nauen and Goldman (2007), even love and trust put women at risk, (Van Dyk, 2005:130) because women remain faithful to their partners who therefore do not feel that it is necessary to use condoms, despite the partners previous sexual behaviour. Literature indicates that women tend to practice safer sex with new relationships but not consistently – one of the reasons being not wanting to spoil the moment (Nolan, 2004).

- **Passive traditional role of women and acceptance of status quo**

From the findings of this research some participants seem to be comfortable with male dominance and inequality. This acceptance of the status quo is perceived as part of the socialization of children within African culture and social context where the child is socialized in the cultural norms of society and the need for obedience, with expectations from the woman when she grows older and gets married. Some of the participants further mentioned that, as women they are not expected to deny their partners sex – under no circumstances – and have to be prepared for any infection that may occur because in African culture a man can have as many wives as he wishes. One participant indicated that if she has problems with her husband she will ask the elders for advice, which further supports the socialization of children in the African culture. The following are the statements that confirm the acceptance of the status quo from the transcripts:

*"No man will agree to what you say"*

*"Remember this person is your partner, how can you say NO?"*

*"You cannot refuse him sex!"*

*"Say NO to your partner about sex being in love with him? It is not possible, he won't take it. You cannot refuse him sex!"*

*"Yes he is dominating me now but is because I'm refusing to have sex with him"*

*"He is my husband even if he is spreading HIV. I have to acknowledge the fact that he is home and I have to have sex with him. What can I say?"*

*"He gives you problems with different girls. You find that every month he has a new girlfriend. You end up accepting it"*

*"If he beats me the following day I can go to the elders around the home advice so that*

*they can advice me on how to solve my problem"*

*"As a woman you have to accept whatever that comes your way"*

*"As a woman you should be expecting any sickness that may infect you"*

*"You have to obey by his laws"*

Literature indicates that in South Africa women's respectability is derived from traditional roles of a wife, homemaker and mother, with satisfying her husband sexually and otherwise being the key expectations of a wife – even if she is aware that her husband is unfaithful (Anon, 2006b). This confirms the passive traditional view where one participant in this study reported that even if her husband was spreading the infection, she has to acknowledge the fact that he is home and have sex with him. In a study in Zimbabwe another woman expressed a more traditional view that "it is good to let the husband feel that he's the head of the house, to allow him back and to ask for forgiveness" (Vickers, 2006).

- **Women's financially dependence on men**

The other aspect that was reported in this research is that women stay in abusive relationships due to different financial reasons. Lack of financial security seems to be the major reason for women's decision to stay in abusive relationships. A few of the participants indicated that financial security for the children contributes to their inability to take action against their partners.

*"... He brought her gifts to bribe and to win her love and trust"*

*"He bought her a present and gave her a lift, the next thing he wants to sleep with her"*

*"... And you think of who will help you with money for the children if he is arrested"*

Literature indicates that a prominent aspect of South African culture that undoubtedly contributes to HIV/AIDS epidemic is that sexuality is frequently seen as a resource that can be used to gain economic benefits; hence many women who lack economic power

feel they cannot risk losing their partners. Therefore their source of financial support, by denying them sex, insisting on condom use or deciding to leave an abusive relationship (Anon, 2006b). This is confirmed by a study in Botswana where one participant reported that she is lucky to have a boyfriend who gives her soap (i.e. money), because they do not use a condom and her boyfriend realises that she needs soap to wash his semen, if they use a condom there will be no need for soap because he throws away the condom with semen (Ntseane & Preece, 2005). This reveals that the act of intercourse itself is an exchange. Economic dependency also prevents the women from reporting abusive husbands to the proper authorities (Human Rights Watch, 2003). In most cases women do not want to go to the police because they fear that if the law is applied the husband will be incarcerated and he is the husband, the bread winner (Human Rights Watch, 20063).

### **3.2.1.3 Females' knowledge regarding HIV prevention**

The third main theme that was identified in this research was the knowledge females posses concerning HIV prevention. This is summarised in Table 3.2.1, Column C and further categories were identified. The following is a detailed discussion of the further categories as reported by participants:

#### **◆ Knowledge in place regarding HIV**

From the findings of this research it was clearly indicated that most of the women have extensive knowledge regarding HIV. The women believe that they should take responsibility for their own health and encourage safety precautions. However, they still feel that, without the males' mutual responsibility, they cannot fight the infection. Table 3.2.13.1 indicates the further categories that were identified in this sub-category. These sub-categories will subsequently be discussed.

**Table 3.2.1.3.1 Knowledge in place regarding HIV**

<ul style="list-style-type: none"> <li>• Use of condoms</li> <li>• Faithfulness</li> </ul>
--

- Mutual responsibility between men and women
- Abstinence/ biblical principles
- Sense of responsibility to ensure own safety

- **Use of condoms**

From the findings of this research it emerged that the majority of participants consider condoms the safest method for HIV prevention among couples despite the non-use. Participants indicated extensive knowledge as far as condoms were concerned, except one participant who had misconceptions about the safety of the condoms issued at the community clinics. The researcher perceived this as resistance to condom usage because upon encouragement by one participant to get the ones that are sold, the participant further made excuses about financial constraints. Most participants indicated that partners should endeavour to use condoms to decrease infection and HIV and that there should be consensus between partners on this issue, as evidenced by the following statements:

*"When I'm going to have sex with him I must use a condom"*

*"We can decrease the infection by using a condom"*

*"You should be prepared that there will be infection especially if you are not using a condom"*

*"You have to use a condom"*

*"We can decrease HIV through protecting ourselves because if we have sex without condoms HIV won't decrease"*

*"HIV won't decrease without condom usage"*

*"We need to use condoms because we don't know what each of us is doing"*

*"You use a condom and the two of you can agree that you are not going to have sex without a condom"*

*"We must use a condom. If we don't have "CDs", we cannot engage in sex until we have condoms"*

*"It is the same because they say the same condoms that the clinics are issuing are also not safe, how can we be sure of our safety now?"*

*"There are those that are sold if you don't trust the free issue ones."  
:What will we do if we don't have money?"*

Despite the participants' extensive knowledge concerning the use of condoms and indications that they are the safest method to protect women from becoming infected, the researcher perceived non-use of condoms. Literature indicates that in many studies the majority of women reported that they refrained from introducing condom use for fear of being beaten or being suspected of being unfaithful (Human Rights Watch, 2003). According to Du Plooy (2004:16), the use of condoms is seen as a sign of mistrust and a hallmark of one who indulges in casual sex.

- **Faithfulness**

Only one amongst all the interviewed women mentioned staying faithful to your partner as another important method of decreasing HIV. The participant mentioned that despite condom use, couples have to be faithful to one another. The following statement was used:

*"You have to be faithful to each other as well."*

According to Van Dyk (2005:130), a mutual faithful relationship with an uninfected partner is the ideal way of protecting one oneself against HIV infection.

- **Mutual responsibility between men and women**

From the findings of this research it was evident that the majority of women interviewed did not see a need for mutual responsibility between men and women. Three of the participants expressed the views that both men and women should be able to communicate and agree on issues related to sex, as evidenced in the following quotations from the transcripts:

*"You have to sit down and talk"*

*"You also have to talk to each other and agree"*

*"We should be able to sit down and solve problems together"*

According to literature, mutual responsibility between men and women can be achieved by shared decision-making power between men and women at all levels, open communication and obtaining basic information on HIV/AIDS and STI's (Drysdale, 2007)

- **Abstinence/ Biblical principles**

It also came out from one participant in the findings of this research that another way of decreasing the risk of HIV infection was through abstinence and avoiding sex before marriage according to biblical principles. It was perceived by the researcher from the participants' laughter that there was ignorance concerning this and that participants were against this. One participant even indicated that it was the same as they were already committing a sin as they are practicing sex. Another participant reiterated that things have changed and that they live in another era. The following statements were used:

*"We can use old Biblical principles that say "sex before marriage is a sin, not to have sex before marriage"*

**Participants:** *All laughing!*

*But it is the same, we are already doing it*

*Now is another era, things have changed*

Literature indicates that abstinence is an effective method of reducing HIV infection (Drysdale, 2007). The author further mentioned that there are, however, contributing factors that undermine abstinence which include high levels of sexual violence against women, economic dependence of women on men and extramarital sex, moreover cultural complexities and cultural rituals involving sex are further challenges.

- **Sense of responsibility to ensure own safety**

The participants in this research expressed a sense of responsibility to prevent being infected through engaging in safe sex by using condoms and communicating with one another. One participant indicated that women should also take charge of their lives by exercising their rights and being able to refrain from practising unprotected sex. The following quotations confirmed these findings:

*"If he does not want us to use a condom he must move on and leave me alone"*

*"You can get a boyfriend who is HIV positive and if you feel you love him you can continue the affair, as long as you protect yourself by using a condom"*

*"I can go to the elders around the home so that they can advice me on how to solve my problem"*

*"As a woman you have to take care of yourself"*



*"She must initiate condom usage, so she must think of using a condom"*

*"We as ladies have to think for ourselves that when I am going to have sex with this person I must use a condom"*

*"We should be able to sit down and solve problems together"*

*"No you are able to say NO to your partner about unsafe sex, it is your responsibility"*

*"... Today we have our own condoms for females"*

Literature indicates that women felt compelled to discuss testing and condom use first with their partner before accessing the service, thereby creating a potential barrier to accessing the service (Rao Gupta, 2001:15). In a study to empower women in Namibia, six sources of power to empower women were identified, namely women education, improving women's access to economic resources, ensuring access to health services, increasing social support for women who are struggling to change existing gender norms, moving the topic of violence against women from the private sphere to the public sphere and giving them a voice (Rao Gupta, 2001:15)

#### ◆ **Myths/ misconceptions and HIV knowledge gaps**

Another sub-category identified in this research, as summarised in Table 3.2.1, Column C, deals with females' myths/ misconceptions and HIV knowledge gaps. The following is a detailed discussion of the further categories as reported by participants:

**Table 3.2.1.3.2      Myths/ misconceptions and HIV knowledge gaps**

- "Clean blood" to prevent HIV
- "Safety" of partner with time

- No need to test for HIV if not married
- Unsafe condoms from clinics

- **“Clean blood” blood to prevent HIV**

From the findings of this research, one participant had a myth that the other way for couples to decrease the risk of HIV infection is through cleaning their blood to keep it safe, as evidenced in the following statement:

“I think you can also clean your blood to keep yourself safe. I don't think HIV can affect you easy in this way”

No literature could be traced which confirmed that blood can be cleaned to keep it safe and prevent HIV infection. Therefore this is a unique finding in this research.

- **“Safety” of partner with time**

It also emerged from these findings that, with time, you can trust your partner and stop using a condom as he is perceived to be safe. The following statement confirms the findings:

*“When you know the person and you have been involved for some years, then it's understandable, you can then stop using a condom because then you know this person and you trust him. You cannot take risks when you have just met the person”*

Literature indicates that, in a study in Ireland, women tend to practise safer sex with casual partners or within new relationships, but not consistently (Nolan, 2004). The author further mentions that one of the reasons cited for the lack of consistent condom use, was “not wanting” to spoil the moment.

- **No need to test for HIV if not married**

Another finding that emerged from this research was that one woman perceived that there is no need to test as a couple if you are not married, as your partner may discontinue the relationship if you are found to be HIV positive. This is how she qualified her perception:

*"There is no use for testing for HIV as lovers if you are not married. To take a chance with a person you are not married to is useless because if he finds out that you are HIV positive is going to start disassociating himself from you"*

In a study in Botswana and Zambia men and women expressed concern for women who test positive because they felt that men would be likely to abandon an HIV positive partner (Rao Gupta, 2000:4). According to UNAIDS (2005) in another study in Botswana, women have admitted to health professionals that they are afraid of their partners' reactions if they discover that they are HIV-positive. Therefore this fear has kept them from being tested, from returning for their results if they are tested. In Ireland women reported that disclosure of the HIV status to their partners had been extremely difficult and some experienced rejection, and one woman stated, he ... "blames me for being HIV positive" (Nolan, 2004).

- **"Unsafe" condoms from clinics**

What also emerged from the interviews is that one of the reasons for not using condoms is that those that are issued free of charge at the Community Clinics are perceived to be unsafe. The following statement confirms these findings:

*"It is the same because they say the same condoms that the clinics are issuing are also not safe, how can we be sure of our safety now?"*

According to literature, the recall of 20 million condoms by the South African Health Department in October 2007 due to safety concerns has dealt a blow to the country's prevention programme resulting in general loss of confidence in condoms as the best means of avoiding the transmission of HIV, and people being tempted to stop using them as a result (Anon, 2007) According to this sources, those were some of the comments from people: *"I don't like the government condoms. I don't think they're safe. I'd rather buy condoms from the garage than get them from the clinic, I just don't think they're safe"*

#### **3.2.1.4 Suggested strategies to facilitate couple empowerment**

The fourth main theme identified in this research, as summarised in Table 3.2.1, Column C, deals with suggested strategies by female farm workers to facilitate couple empowerment to reduce the risk of HIV infection. The following is a detailed discussion of the sub-categories as reported by participants.

**Table .3.2.1.4.1 Suggested strategies to facilitate couple empowerment**

<ul style="list-style-type: none"> <li>• Couple testing</li> <li>• Open communication between couples</li> <li>• Awareness of women's rights</li> <li>• Consultation of elders</li> </ul>
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- **Couple testing**

Findings in this research indicated that from all the female farm workers who were interviewed, only three participants indicated that couple testing in relationship can be

encouraged as a strategy to prevent HIV infection between couples. The following are the statements from the transcripts:

*"We can both go for HIV testing to check if we are not infected"*

*"I think when you stay together you can go for blood test to see if you don't have the HIV infection"*

*"We have to have blood tests before we stop using a condom"*

According to literature voluntary counselling and testing (VCT) has emerged as a major strategy for the prevention of HIV infection and AIDS in Africa (Van Dyk, 2005:130). Van Dyk further mentions that many studies show that knowing one's HIV status is instrumental in effecting behavioural change and adoption of safer practices. Hence couples should be encouraged to test in order to make informed decisions to take steps to avoid becoming infected or infecting others.

- **Open communication between couples**

From this study it emerged that a few of the participants perceived communication between couples as a strategy that can be used by women to voice their dissatisfactions, and in so doing, reach agreement with their partners. The following are the quotations from the transcripts:

*"Have to sit down and discuss your issues and tell him what you don't like and where he is wrong"*

*"It also depends on how you talk to your partner because he can understand and the two of you can agree"*

*"We should be able to sit down and solve problems together"*

*"You also have to talk to each other and agree"*

Literature indicates that it was consistently found that men perceive women as behaving more sexually and as more interested in having sex with them than women actually are

(Swaart & Terre Blanche, 2005:26). Lack of sexual communication has been identified as a factor that may contribute to sexual coercion between partners. Therefore bridging the communication gap between couples will ensure achieving shared decision-making between men and women at all levels in relationships, more importantly shared decision-making concerning safer sex and condom usage (Pardasani, 2005:120), especially for women who, due to culture and customs, have been unable to negotiate condom usage and who have been unable to participate in decision-making, particularly about sex (Drysdale, 2007).

- **Awareness of women's rights**

From the findings of this research it emerged that there were a few of the women who were quite assertive and well versed with their rights. One participant indicated that women should avoid the indoctrination of the African culture of men being dominant to women and making all the decisions. Instead, women should fight for mutual decision making and equality in relationships. Two of the participants expressed the opinion that women can use programmes provided to them by the government to empower women like the female condoms and pressing charges against their abusive male partners. Another participant mentioned that women should also be able to discontinue abusive relationships. The following quotations from transcripts confirmed these findings:

*"As women we shouldn't allow our partners to dominate us and should not be forced to listen to them only as they make decisions alone"*

*"That one I don't agree to. I love what the government has done; if he beats me up the following morning I wake up and go to the police to lay a charge against him"*

*"As a woman you can also make sure that you are the one who is always having condoms, so that he cannot have any excuse as it is nice that today we have our own condoms for females"*

*"If he has sex with me by force I have the right to lay charges against him despite him being my boyfriend even if it means ending the relationship"*

*“... If this does not work then each one of us can take own way”*

Literature confirms that denying the women basic rights lowers their status in society, makes them dependent on men for economic survival, and increases their chances of being abused and infected with HIV (Anon, 2008). Therefore inequality can be overcome by recognizing, understanding and publicly discussing the ways in which power imbalance in gender and sexuality fuels the epidemic (Rao Gupta, 2000:4). Furthermore, the author mentions that breaking the silence and talking openly about sex will reduce denial and bring about acceptance of our collective vulnerability. In addition, Garson (2005) mentions that HIV is forcing men to rethink their macho typical behaviour such as having multiple sexual partners and threatening women with violence. According to Dr. Brundtland, in WHO (2000), we will see no progress until women gain control over their sexuality.

- **Consultation of elders**

Only one out of all the interviewees in this research indicated that consultation of the elders for advice can be instituted, and this is what she said:

*“I can go to the elders around the home advice so that they can advice me on how to solve my problem”*

No literature could be traced which confirmed that the elders can be consulted for advice. However, according to the researcher's experience in traditional African culture it is a norm that when married couples encounter problems in the relationship they usually sought the elders' advice.

### **3.2.2 Discussions of the findings regarding the roles played by male farm workers concerning male dominance and the HIV risk linked to it**

The male farm workers' analysis of their roles resulted in four main categories being identified, as summarised in Table 3.2.2. These categories were further divided into sub-

categories and further categories. The following is a detailed discussion of the categories, sub-categories and further categories with relevant quotations from the transcripts to enrich the data and literature control.

The main categories are as follows:

- ◆ Perceptions of male farm workers of roles played by males concerning male dominance and the HIV risk linked to it.
- ◆ Factors/Reasons that contribute to the roles played by male farm workers concerning male dominance and the HIV risk linked to it.
- ◆ Men's knowledge of HIV prevention
- ◆ Suggested Strategies for couple empowerment

#### **3.2.2.1 Perceptions of male farm workers with regard to roles played by males concerning male dominance and the HIV risk linked to it.**

This main category, as indicated in Table 3.2.2, Column A, was further divided into two sub-categories which are highlighted under the same column.

##### **◆ Physical behaviour as displayed by men**

From the findings of this research it was clearly indicated and admitted by male farm workers that the roles men play are associated with certain physical behaviours that are not acceptable. These behaviours are often directed at female farm workers who, due to this, feel oppressed and dominated by men in the relationships. Male farm workers also reported that some factors exist that contributed to the roles men play concerning male dominance and the risk of HIV infection linked to it.



**Table 3.2.2 The roles played by male farm workers concerning male dominance and the HIV risk linked to it**

<b>COLUMN A</b>	<b>COLUMN B</b>	<b>COLUMN C</b>	<b>COLUMN D</b>
<b>Perceptions of male farm workers of roles played by males concerning male dominance and the HIV risk linked to it.</b>	<b>Factors/Reasons that contribute to the roles played by male farm workers concerning male dominance and the HIV risk linked to it</b>	<b>Men's knowledge of HIV prevention</b>	<b>Suggested Strategies for couple empowerment</b>
<b>1. Physical behaviours as displayed by men</b> <ul style="list-style-type: none"> <li>- Unfaithful and selfish behaviour of men</li> <li>- Men are untrustworthy and deceive women</li> <li>- Men abuse their male status to oppress women</li> <li>- Men use women for sexual satisfaction</li> <li>- Perceptions concerning male societal socialization</li> <li>- Men exploit women in exchange for sex</li> <li>- Men perceive their role as contributory to infecting women and spreading the infection</li> </ul>	<b>1. Impeding factors to the spread of HIV due to the roles of men</b> <ul style="list-style-type: none"> <li>- Men admitted that they are unfaithful and have multiple concurrent partners</li> <li>- Men use coercive behaviour on women : <ul style="list-style-type: none"> <li>* Sexual coercion</li> <li>* Emotional coercion</li> <li>* Physical coercion</li> </ul> </li> <li>- Men admit that they are weak and short-tempered</li> <li>- Men admit that most African men are unfaithful</li> <li>- Men admitted to risky sexual behaviour</li> <li>- Men use external locus of control: <ul style="list-style-type: none"> <li>* Blame women— dress code</li> <li>-women's behaviour</li> <li>* Blame alcohol</li> </ul> </li> <li>- Men succumb to peer pressure (<i>"Monna ke selepe"</i>)</li> </ul>	<ul style="list-style-type: none"> <li>- Men's knowledge of realities concerning HIV</li> <li>- Use of condoms</li> <li>- Faithfulness</li> <li>- Blood Tests</li> </ul>	<ul style="list-style-type: none"> <li>- Open Communication between couples</li> </ul>

COLUMN A	COLUMN B	COLUMN C	COLUMN D
<p>Perceptions of male farm workers of roles played by males concerning male dominance and the HIV risk linked to it.</p>	<p>Factors/Reasons that contribute to the roles played by male farm workers concerning male dominance and the HIV risk linked to it</p>	<p>Knowledge of HIV prevention</p>	<p>Suggested Strategies for couple empowerment</p>
<p><b>2. Emotional experiences</b></p> <ul style="list-style-type: none"> <li>- Anger towards men who abuse women</li> <li>- Men are hurt by fellow-men's unfaithfulness towards women</li> </ul>	<p><b>2. Facilitative role of men to ensure equality of women</b></p> <ul style="list-style-type: none"> <li>- Respect for women</li> <li>- Supportive and assistive role in relationships to ensure equality of women</li> <li>- Observe women's rights</li> </ul>	<p><b>Myths/and knowledge gaps</b></p> <ul style="list-style-type: none"> <li>- Lack of insight into the consequences of risky behaviour</li> <li>- Women do not want to have sex when you have a condom</li> <li>- If you ask a condom from your friend, he thinks you sleep with somebody with AIDS</li> </ul>	

**Table 3.2.2.1.1 Physical behaviours as displayed by men**

<ul style="list-style-type: none"><li>• Unfaithful and selfish behaviour of men</li><li>• Men are untrustworthy and deceive women</li><li>• Men abuse their male status to oppress women</li><li>• Men use women for sexual satisfaction</li><li>• Perception concerning male societal socialization</li><li>• Men exploit women in exchange for sex</li><li>• Men perceive their role as contributory to infecting women and spreading the infection</li></ul>
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- **Unfaithful and selfish behaviour of men**

From the findings of this research it emerged that all male farm workers perceived men to be unfaithful and that they have multiple partners. One participant indicated that, despite men having steady partners/girlfriends they still become unfaithful and have unprotected sex with other women. The majority of participants mentioned that men are selfish, because they are not considerate of the women's feelings. Two participants reiterated this fact by indicating that men expect women to feel the same way as they do with regard to sex. Participants further mentioned that despite the reasons the woman give for declining sex, men usually have their own way, and men mentioned the fact that they do not want to lose; thus they look out for opportunities. The following are supporting quotations from the transcripts:

*"This guy has a lot of girlfriends that he sleeps with"*

*"This guy has a steady girlfriend but keeps on having unprotected sex with other women"*

*"As a man if you get a five minute chance, you must use it"*

*"They are selfish, the way one feels one expects his partner to feel the same way"*

*"Men have the feelings that when they want to have sex they must have their own way because this is my girlfriend/partner"*

*"if a man is alone he can do things that he was not intending to do because of being selfish"*

*"no matter the reasons that my girlfriend will give, we men do not want to lose, we want everything to be the way we want it"*

*"Sometimes it depends on the agreement we make, the kind of opportunity I found, what kind of an opportunity it is as well as how many times I get this opportunity"*

Literature indicates that, in traditional Mexican society, men are encouraged to have multiple sexual partners when they migrate. There is also a reluctance to use a condom with their regular partners, thus when the men come home they may have sexually transmitted infections, they do not discuss it with their partners or use a condom, resulting in the partner being infected (Nauen & Goldman, 2007). In Nigeria, monogamous and polygamous men are having two or more partners concurrently or outside pregnancy or post partum (Lawoyin, 2006). The author also indicates that more polygamous than monogamous men had multiple sexual partners. In another study in Tanzania a few men described experiences in which their partners confronted them about their own infidelity and in these situations they physically abused the women for confronting them about their infidelities (Lary et al., 2004).

- **Men are untrustworthy and deceive women**

It emerged from the findings of this study that there are perceptions that men are untrustworthy and deceive women. The majority of participants indicated that men are untrustworthy and hide information from women. Five of the participants supported these

findings and mentioned that men hide the fact that they are married or sick. One of the reasons are fear of losing the girlfriend. One participant indicated that a man's illness is his secret and a woman should not know about it. The following statements confirm these findings

*"he is not trustworthy"*

*"One problem with men is we are not trustworthy"*

*"we hide a lot of things because we don't want the woman to know"*

*"We always think that if I can tell her that I have a certain illness or a wife at home I'll lose her or she will leave me"*

*"I am going to hide all my problems"*

*"I cannot tell you about my illness"*

*"Me either I won't tell you that I'm sick"*

*"A man's illness is his secret!"*

Literature indicates that, in a study in Tanzania, men often take advantage of women and deceive them to initiate sexual relationships, as indicated in this male's statement: "Many men, including me, like to tempt the girl, telling her: 'I love you very much'. That is a lie, because when you tell her that you love her, your aim is to make love to her. It's not that you love her so that you marry her. You persuade her, lie to her somehow." (Lary *et al.*, 2004).

- **Men abuse their male status to oppress women**

From the findings of this research it was clearly indicated that men abuse their status to oppress women, and this abusive behaviour often results in women feeling victimized and subordinate to men. The behaviour of men towards women is due to positional power and male dominance that contributes to the subservient position of women, which is regarded as the norm within the African social context. All male farm workers expressed a common view and acknowledged that they use their status to oppress women because they are the ones with more power. According to the participants

women must know their place in the relationships and should not initiate sex or decline it. Men further mentioned that they should be the ones to act first and women should accept anything men do on them. The following are quotations from the transcripts:

*"men use their status as men"*

*"They dominate women because they are men"*

*"He did this because he is the one with more power"*

*"His feelings makes them to oppress their partners' right"*

*"So this is rape as well as dominance on women"*

*"They undermine women's thoughts and rape them"*

*"If a lady agrees to go with me to my place it means she has already agreed to have sex with me"*

*A "cherry is a cherry" and a woman cannot say to a man she loves him"*

*"We end up oppressing them"*

*"If a guy smiles at a lady and she smiles back at him, a man gets excited and this clings to his mind that she likes him and gets the opportunity to use her"*

*"If you accept a lift, you will accept everything I do on you because of the pressure"*

*"I must be the one to act first"*

*"I tell myself I must "finish her"*

*"No woman must argue on anything we say"*

*"But my girlfriend must know that I'm a man"*

*if you are a man you can say to your woman: "Hey I want this and that"*

*"Truly speaking we oppress women and rape them"*

*"Me with my force when I want sex I want it"*

*"My mind tells me that she does not have the right to tell me when she feels like having sex. I must be the one leading her"*

*"She does not have the right to say NO as we are lovers"*

*, "we as men are abusing women. That is abuse!"*

*"When I want sex, I don't want to hear any excuse, I want sex that's all!"*

*"today is my chance I cannot go away without having sex with you"*

*"The point is we men do not want to lose to women, you think that if a woman tells you something it's like you are not visible as a man"*

Literature indicates that, in traditional African context, status and power affect the individual's risk of infection, the low status and power of women lead to their subordination and restrict their possibility of taking control of their lives in respect to HIV/AIDS (Drysdale, 2007). According to Lary *et al.* (2004), men in Tanzania usually determine when, with whom and under what circumstances they have sex with their partners. Furthermore, the author mentions that women cannot choose safer sexual practices or refuse unsafe sexual activity. Instead they must negotiate within unequal social relationships. Therefore gender expectations limit women's power to negotiate safe sexual behaviour. As a result many women perceive their role as one serving their partner's sexual needs (Lary *et al.*, 2004).

- **Men use women for sexual satisfaction**

The findings in this research indicate that men are perceived as using women for sexual satisfaction. The men acknowledged this fact and said that they use women to satisfy their feelings. At the same time men acknowledged this as a weakness on their part and furthermore that they did it because they are defeated by their feelings as they did not care about these ladies. The following are supporting statements:

*"I use her to satisfy his sexual feelings"*

*"Men are overcome by their feelings"*

*"He does it just to satisfy himself"*

*"he did not love this lady. He does not care about this lady; he just wanted to satisfy his feelings. He did not care about the lady's"*

*"I just do this so that I can be able to satisfy my feelings"*

In a study undertaken by Lary *et al.* (2004) at Dar es Salaam, Tanzania, participants reported that a man and a woman must have sexual intercourse to be considered intimate partners. Furthermore, the same authors indicated that men mentioned that a woman must be willing to have sex to be considered a girlfriend, and to know that she

loves you and she is your partner they must make love. Men also mentioned that their primary reason for starting the relationship with their partners was to engage in sex (Lary *et al.*, 2004).

- **Perception concerning male societal socialization**

Most of the male farm workers perceive men as superior and dominant over women. According to men, this dominance is due to gender and the expectations within the African culture that men as the heads of the family should rule. According to one of the participants, it is clear that the world view of culture was instilled through socialization of children, given the ideology about the superior nature of men and the inferior nature of women which are built into the sexual relationships. From the findings of this research it is evident that men still perceive themselves as superior and dominant and that women should assume their subordinate position and accept the social norms and adhere to the need for obedience. One participant mentioned *"that is why we man, when a woman talk we keep reminding her of her position: 'Don't talk too much, when I talk you don't talk!'"* This is supported by a statement from one participant that men are heads of the family and women should assume a non-questioning attitude and know their position within the house. Another factor that makes these perceptions stronger is the belief that decision making is the sole responsibility of the man; hence one participant indicated as much by mentioning that women are not expected to voice their need for sex and should be shy in order to be taken seriously. This results from inequality between men and women. The following are direct quotations from the transcripts:

*"Women will always be dominated by men because we are still in the old traditions and customs that are destroying us; that we still believe that a man will always stay being a man"*

*"I am MoSotho, I took after my father. I believe that in the house I am the head. I'm still holding those beliefs of BaSotho. My father mentored me that when I leave the house, on coming back my girlfriend does not have the right to ask me where I've been. There are things that I can and must share with her. I cannot ask her for permission if I want to go somewhere"*



*That is why we man, when a woman talk we keep reminding her of her position "Don't talk too much, when I talk you don't talk!" things like that"*

*"If you are a woman, you cannot say to a man I love you but if you are a man you can"*

*"Even if she wants sex she must be shy and not verbalize it"*

*"A woman is not supposed to do that; she must always be serious"*

*"You are not supposed to be like this as a lady, to be taken serious you need to be serious as well"*

According to Du Plooy (2004:18), there is a common belief among traditional Africans that a man has a right, or even a duty, to force himself on a woman who displays reluctance or shyness. Drysdale (2007) further comments that men are expected to control women in all aspects of relationships, decision-making on when and who the woman will marry and when and how she will have sexual relations. According to Lary et al. (2004), community gender norms encourage and promote male initiation of sex and simultaneously limit women's ability to express their own sexual desires and needs. These views serve to justify men's sexual behaviour to some extent; men are given licence to be sexually adventurous and aggressive, without taking responsibility for their own actions (Anon, 2006b). In the same text it is further indicated that the low social status accorded to a woman maybe an additional reason for women being less likely to leave an abusive relationship. At the same time married women who request safer sex may be suspected of having extra-marital affairs or accusing their husbands of being unfaithful.

- **Exploit women in exchange for sex**

Findings of this research indicated that male farm workers often exploit women in exchange for sex. Men acknowledged this fact and reported that women expected financial assistance from them but this came at a price, as men expected to have sex with the women in return. Another participant indicated that, after giving the women money/presents, men push to have sex with them, since the money was not for free.

Lack of financial resources seems to be a major contributory factor to women staying in abusive relationships and the risk of HIV infection because fear of partner assault leads to the women succumbing to unprotected sex. The following are the quotations from the transcripts:

*"Men believe that is about give and take, I cannot give you something not expecting something in return. If you accept presents it means you understand what is happening and it is obvious"*

*"I can also not agree to give presents for free while losing. Maybe I lose R2 000 you see and after that you start with nonsense, obviously I must push to have sex with this lady. I give it to you so that I can be able to do my thing and after being satisfied that is then you can go and spend it anywhere you like"*

*"As men if we give someone a present it is just to ensure that later we can satisfy ourselves sexually by having sex with the lady because you gave her a present"*

*"We as men most of the time expect something in return. If I give you something especially if we are not very close, you must also know that I don't give you for free, there is something that I want from you. I do it because I'm sexually aroused and I want to relieve myself sexually"*

*"If you buy her two lollipops then you expect something in return"*

*"You can ask a lady what she drinks and buy her two beers, after that I buy her a six pack (six cans of beer). The reason I do this is that I love her but I don't tell her. After that I tell myself that the beer I bought won't just go in vain". I tell myself I must "finish her". (R: What do you mean when you say you are going to "finish her"?)*

*P: "I am going to have sex with her. That is pay back time. It is just like I would take the lady out for entertainment and after that I have to have sex with her. Yes, she must pay even though we did not agree. Nothing comes for free!"*

Literature indicates that a prominent aspect of South African culture that undoubtedly contributes to the HIV/AIDS epidemic is that sexuality is frequently seen as a resource that can be used to gain economic benefits (Anon, 2006b). According to Drysdale (2007), greater vulnerability is associated with lower social and economic status, with economic insecurity resulting in women engaging in sex in exchange for money, goods and services. Furthermore, there is a sexual culture that associates sex with gifts, where men gain social prestige by showing off material possessions and being associated with several women (Anon, 2006b). Lary *et al.* (2004) reiterated these findings and indicated that, in a study in Dar es Salaam, men use other strategies as well to encourage reluctant partners to have sex, including gifts and the promise of financial security. In the same study on unmarried men it was reported that "there are many ways of force (power), some use power to rape, some use money".

- **Men perceive their role as contributory to infecting women and spreading the infection**

From the findings of this research it emerged that the roles of men are perceived to be contributory to infecting women and spreading the infection. The majority of men indicated that their role contributes to the fact that men force women to engage in unprotected sex with them, which can lead to women being infected. One participant also mentioned that men continuously become infected because they have multiple concurrent partners with whom they engage in sex. Three of the participants reiterated this fact and further indicated that, in the process of men's unfaithfulness with other women and spreading the infection, they infect their wives/regular partners who are faithful to them. The following statements from the transcripts confirm their views:

*"The men's role has a contribution to HIV infection, he just grabbed the woman without putting a condom"*

*"... Role can contribute to HIV because you find that maybe the man is infected and transmit HIV to the woman by forcing her to have sex without using any protection"*

*"... The man by having three girlfriends that he continuously change to have sex with, he can infect them in this way"*

*"That is why most of the time we keep on becoming infected"*

*"...Does not think of taking condoms along, and after that he goes back to his other girlfriend and has sex with her as well without a condom. That is how he can get HIV/AIDS and also transmit it to his girlfriends"*

*"He has a woman that he is seriously involved with but at the same time had sex with two women without protection and after that he went back to his woman, this can lead to infection"*

*"This can lead to him being infected as he moves from one woman to the other without using protection that may also infect his woman at home, who is not doing all this wrong things he is doing"*

*"The guy has a steady girlfriend but keeps on having unprotected sex with other women. He is going to end up infecting his girlfriend"*

According to literature, married women are more vulnerable and at risk due to the sexual relationships of their husbands, and from violence that occurs outside and within their marriages including rape and forced sex (Drysdale, 2007). In a study conducted by Human Rights Watch (2003), many of the women explained that their husbands often forced them to have unprotected sex. Furthermore, due to the inability to dissuade their husbands from having extramarital affairs, these women became vulnerable to HIV infection. In a study in Tanzania men said that they have had unprotected intercourse despite knowing that they were putting their partners at risk of contracting HIV (Lary *et al.*, 2004)

#### ◆ Emotional responses

The second sub-category, as indicated in Table 3.2.2, Column A, from this research was then divided into two further categories. This sub-category deals with men's emotional responses to the way their fellow-men treat women. These further categories will be discussed.

**Table 3.2.2.1.2      Emotional responses**

- Anger towards men who abuse women
- Men are hurt by fellow-men's unfaithfulness towards women

- **Anger towards men who abuse women**

This research identified that there are men who perceived the physical behaviour of men towards female farm workers as unacceptable. Some participants mentioned that men were having multiple partners with whom they were engaging in sex, which is wrong and indicates greed among men. Four participants indicated their anger towards men who are abusing women by forcing them to engage in sex and raping them. One participant further regarded this behaviour of men as an offence that requires serious punishment. The following statements from the transcripts indicate the men's anger:

*"... You are not supposed to have many girlfriends as you will be engaging in sexual intercourse with them. This is wrong!"*

*"There is one problem; greed among us men!"*

*"I think the rape happened because the man told himself that he was going to rape the lady. He planned it!"*

*" You know the rape issue makes me angry"*

*"I don't understand why he raped that lady because there are so many girls out there, he could have just left her and looked for other girls"*

*"That is abuse!"*

*"If I was the magistrate I will punish you"*

No literature could be traced which confirmed that men display anger towards men who abuse women. Therefore this is a unique finding in this research.

- **Men are hurt by fellow-men's unfaithfulness towards women**

From this research it also emerged that men are hurt by the physical behaviour of men towards female farm workers. Two participants indicated dissatisfaction with the way in which men treat women, forgetting that they are human beings. The following quotations confirm the pain that men expressed:

*"Those women are human beings: they are like us"*

*"It hurts me very much, because what this men are doing is wrong"*

Also, no literature could be traced which confirmed that men display anger towards men who abuse women. Therefore this is a unique finding in this research.

### **3.2.2.2 Factors/Reasons that contribute to the roles played by male farm workers concerning male dominance and the HIV risk linked to it**

This second main category, as indicated in Table 3.2.2, Column B, was further divided into two sub-categories that are highlighted under the same column.

- ◆ **Impeding factors to the spread of HIV due to the roles of men**

The findings of this research indicate that there are factors that contribute to men's roles concerning male dominance and the HIV risk linked to it. Men indicated that most of the time they try not to dominate their partners but there are challenges that they are faced with that they are unable to overcome due to internal and external factors.

**Table 3.2.2.2.1      Impeding factors to the spread of HIV due to the roles of men**

<ul style="list-style-type: none"> <li>• Men admitted that they are unfaithful and have multiple concurrent partners</li> <li>• Men use coercive behaviour on women: <ul style="list-style-type: none"> <li>* Sexual coercion</li> <li>* Emotional coercion</li> <li>* Physical coercion</li> </ul> </li> <li>• Men admit that they are weak and short-tempered</li> <li>• Men admit that most African men are unfaithful</li> <li>• Men admitted to risky sexual behaviour (want to have sex even if they don't have a condom)</li> <li>• Men use external locus of control: <ul style="list-style-type: none"> <li>* Blame women – dress code</li> <li>* women's behaviour</li> <li>* Blame alcohol</li> </ul> </li> <li>• Men succumb to peer pressure (<i>"Monna ke selepe"</i>)</li> </ul>
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- **Men admitted that they are unfaithful and have multiple concurrent partners**

From the findings of the research it emerged that men are unfaithful and have multiple concurrent partners with whom they cheat their regular partners/wives. The majority of men in this research admitted to being unfaithful and having multiple partners more than once. One of the participants indicated that he once had nine girlfriends concurrently and had unprotected sex with all of them, which resulted in Sexually Transmitted Infections. One participant further mentioned that he used to have sex in the same house with four

women, including his regular partner at the same time one after the other. One of the participants even bragged about the fact that he is unfaithful and is having sex with multiple sexual partners. These are the quotations from the transcripts:

*"I want to tell you about my unfaithfulness"*

*"What I can tell about myself is that I am unfaithful"*

*"I once had nine girlfriends in this same farm home. I used to alternate where I sleep every night until I got ill and went to hospital"*

*"I am proud of one thing; "I am unfaithful, I have sex with them"*

*"I used to sleep with four girlfriends in the same house and have sex with them at the same time, one after the other, my girlfriend included"*

*"I go out with another lady and leave my partner alone at home"*

Du Plooy (2004:17) mentions that, getting married to two or more wives is a universal African custom. Literature also indicates that monogamy is often seen as unnatural for men, who try to prove themselves "manly" by frequent multiple sexual encounters (Anon, 2006). According to Du Plooy (2004:17), in a study at a Durban STD clinic, on average men reported that they had more than six (6) sexual partners in the previous year. In another study in Tanzania, most of the men interviewed said they had multiple concurrent or serial relationships. Furthermore these men said they had unprotected intercourse despite knowing that they were putting their partners/wives and themselves at risk of contracting HIV.

- **Men use coercive behaviour on women :**

From the findings of this research there is a common perception among male farm workers that men are naturally superior to women and are expected to control them in all aspects of relationships. This superiority and control, according to them, is a common belief among traditional Africans, both men and women that a man has a right, or even a duty to force himself on a woman who displays reluctance or shyness. Another factor that makes these perceptions even stronger is the belief that sexual coercion and



violence is a sign of passion and affection and men have natural urges that cannot be controlled, something that was mentioned by the majority of men interviewed in this research. A few of the participants indicated that emotional and physical coercion is used as well to persuade the woman to give in to the man's demands, although this seems not to be a common form of coercion used.

- **Sexual coercion**

*"I don't have love for women but I have feelings to have sex only"*

*"... After we have sex I feel like she can leave immediately because what I wanted from her was sex only"*

*"... If we can seriously argue and I am angry with her if she gives me sex then every thing is well then we can make peace"*

*"... That's rape because there was no agreement"*

*"I can force the woman in bed"*

*"He raped this lady because she refused to sleep with him"*

*"He did not ask the lady for sex, he decided to take by force that is rape"*

- **Emotional coercion**

*"Forcing and pressurizing women is what we do"*

*"If my girlfriend can refuse to sleep over at my place I am going to be funny to her"*

*"Even if we can seriously argue and I am angry with her if she gives me sex then every thing is well then we can make peace"*

- **Physical coercion**

*"... "You can even force someone to do something that she did not want to do."*

*"He is forcing a woman to sex"*

*"I can force the woman in bed. I can force the woman in bed."*

*“... Obviously I must push to have sex with this lady”*

According to literature, violence and coercion on women is a major problem in South Africa, and is linked to its male-dominated culture, whereby men use violence in an attempt to maintain their status in society and prove that they are “real men” by keeping women under their control (Anon, 2006b). Literature further indicates that physical violence, the threat of violence, and the fear of abandonment, act as significant barriers for women who have to negotiate the use of a condom, discuss fidelity with their partners, or leave an abusive relationship (Rao Gupta, 2001:15). In a study in Tanzania, men condoned violence against women, and indicated that men are justified in using violence to control a wife or long-term partner (Lary *et al.*, 2004). Furthermore, Lary *et al.* (2004) also indicated that men described violence as a tool to teach women right from wrong, as indicated in the following statement: “These women, there’s a time they need a teaching”. In the same study Lary indicates that men who were violent towards female partners also frequently described forced sex and sexual infidelity in these relationships; “When you find that she doesn’t agree you give some beating”. According to Anon (2006b) physically abusive relationships limit women’s ability to negotiate safer sex leaving them exposed to the risk of HIV infection.

- **Men admit that they are weak and short-tempered**

From the findings of this research it emerged that one of the factors that contributes to the roles played by male farm workers concerning male dominance and the HIV risk linked to it is that men admit that they are weak and short-tempered. According to the findings in this research men indicated that they are weak and short-tempered when it comes to their partners, as one participant indicated that men work according to time. One participant mentioned that men have feelings for sex only and this puts them under pressure, as women sometimes do not want to have sex and men being men will have sex with the woman any way because it is not possible that they can both have feelings for sex. The following are the quotations from the interviews as transcribed:

*"... We men have a short temper and are weak."*

*"... We are overpowered by the by challenges"*

*"I don't have love for women but, I have feelings to have sex only"*

*"Having sex brings peace to my life"*

*"But this is due to pressure of our feeling. If you are my girlfriend and we share a bed and you know that you don't want to have sex and I don't know, I am going to tell myself that you are my girlfriend and I want to have sex with you I am going to have sex anyway. It's impossible that we can have the same timing".*

*"... We work according to time"*

Literature indicates that men often explained that sex was their primary reason for starting the relationship compared to women who initiate intimate relationships for reasons such as love and identifying prospective husband (Lary *et al.*, 2004), which concurs with the findings in this study where a few participants mentioned that they don't have feelings for love but have feelings for sex only. In the same study Lary *et al.* (2004) mentioned that some of the men indicated that some of the women need to be forced, as indicated by one participant: *"You may find that someone needs to make love and she's lingering, playing tricks, it gets difficult to withstand that and you have to use force, when you use force she agrees to make love..."*. Something that was also mentioned in this study by some of the participants was that if the woman refuses to have sex the man will continue in any case and have sex with her, since men work according to their feelings and according to time. Drysdale (2007) points out that many societies share the ideas that women seduce men into having sex and that, because male sexual needs are so strong, men cannot resist this, therefore such notions make men appear to be governed by their instincts, unable to control their behaviour and victims of female power.

- **Men admit that most African men are unfaithful**

Some of the participants in this research indicated that most African men are unfaithful in their relationships, making women more vulnerable to HIV infection. According to them, this unfaithfulness is due to gender and the expectations within the African culture. Two of the participants interviewed mentioned that unfaithfulness has always existed and will

remain. One of the participants mentioned that this is the lesson they learned from childhood. The following are the quotations from the transcripts:

*"We found unfaithfulness here on earth and is the education we got from our fathers at home"*

*"I am not only being unfaithful, we found unfaithfulness here on earth and is the education we got from our fathers at home"*

*"I'm not the first one to be adulterous"*

*"We steal from each other and after that we get accidents (STIs)"*

According to literature, it is believed in many societies worldwide that variety in sexual partners is essential to men's nature and that men will seek multiple partners for sexual release (Rao Gupta, 2000:3). These notions emphasize sexual domination over women, resulting in unequal power relation between men and women particularly when negotiating sexual encounters, and increase women's vulnerability to HIV infection (Anon, 2006b). In a study in Dar es Salaam, Tanzania, the majority of men interviewed reported that they had multiple concurrent or serial relationships (Lary *et al.*, 2004). According to Lawoyin (2006) in Nigeria, monogamous and polygamous men are have two or more partners concurrently or outside pregnancy or post partum. In a study of men and women at a Durban STD clinic, South Africa, on average men reported that they had more than six sexual partners during the previous year (Du Plooy, 2004:17).

- **Men admitted to risky sexual behaviour**

According to the findings in this research, most of the men interviewed admitted to have engaged in risky sexual behaviour. Two of the participants admitted having concurrent multiple sexual partners and engaging in unprotected sex. Some of the participants indicated that they had had unprotected sex, which resulted in Sexually Transmitted Infections. A few participants indicated that, in the case where they have any infection, they would hide it so that their partners should not find out. The following are the quotations from the interviews:

*"I once had nine girlfriends in this same farm home. I used to alternate where I sleep every night until I got ill and went to hospital. I had Sexually Transmitted Infections and spent weeks in hospital"*

*"I used to sleep with four girlfriends in the same house and have sex with them at the same time one after the other, my girlfriend included"*

*"Like that guy who was sleeping around without a condom, I did the same"*

*"We use the condom only when the relationship is still new, two months later when you are sure that this is your girlfriend you stop using it. That is how you then get HIV"*

*"If I am sick and I love you and you don't know when we start the relationship, we hide a lot of things because we don't want the woman to know. We always think that if I can tell her that I have a certain illness or a wife at home I'll loose her or she will leave me"*

*"To avoid you leaving me I am going to hide all my problems until we have agreed and are lovers and that's only then I can tell you my problems. I cannot tell you about my illness when we have just met"*

*"The condom is not there and my partner is here, no ways! That won't be possible. I want sex, that's all!"*

Literature indicates that in Nigeria more men were having multiple sexual partners and that men claimed that condom use is not indigenous to the Nigerian culture (Lawoyin, 2000). According to Bunjra and Baylies (2001) and Drysdale (2007) men consider it their right to have extramarital relationships and run the risk of contracting HIV through unprotected sex with multiple partners. Bunjra and Baylies (2001) further mentioned that men are less likely to seek health care or focus on their sexual health or safety – a fact that was indicated in the findings of this research by some of the participants that men hide their illnesses from their partners. In a study conducted by Human Rights Watch in Uganda, many of the women were powerless to resist sex with their husbands or to

insist on condom use due to fear of violence (Human Rights Watch, 2003), as emerged in this research where one participant mentioned that he would have sex with his partner even in the absence of a condom.

- **Men use external locus of control as an excuse**

The majority of participants in this research indicated the belief that their behaviour is due to external factors that they cannot account for. Most of the men interviewed in this research believe that their behaviour at one point or the other might have been as a result of the women's behaviour, women's dress code and/ alcohol.

- **Blame women's dress code**

*"...But if you meet a woman at a tavern wearing "two centimetres" (mini skirt- street language) it means she wants to steal you from your girlfriend by attracting you with her looks"*

- **Women's behaviour**

*"... Women make themselves simple people because they go to the taverns to be used by men"*

*"If that woman did not get into the car the guy could not have forced himself on her"*

*"The lady's smile is dangerous!"*

*"Women are throwing themselves to these men"*

*"He was already hot and aroused. I blame this woman!"*

- **Blame alcohol**

*"Your problem is alcohol"*

*"... The guy was already under the influence of alcohol"*

*"... You know alcohol as well is not right. If you are sober and didn't take alcohol you cannot do this but if you are under the influence of alcohol you are controlled by alcohol and you do things that you don't want to do"*

- *Blame women's dress code*

Literature indicates that sexual harassment of women in miniskirts at Johannesburg taxi ranks has been occurring for at least eight years (Williams, 2008). In the latest incident a young woman was stripped naked, assaulted and paraded naked around the rank as "punishment" for being what the taxi drivers said was indecent dressing (Clayton, 2008). Furthermore, Clayton mentions that the incident has highlighted violence against women in South Africa, which has one of the highest incidences of rape in the world. Contrary to that, no literature could be traced that confirms these findings about the women's dress code.

- *Women's behaviour*

According to Leclerc-Madlala, as quoted by (Du Plooy, 2004:18), there is a common belief among traditional Africans, both men and women, that a man has a right to, or even a duty to force himself on a woman who displays reluctance or shyness. Research among college students has consistently found that men perceive women as behaving more sexually and as being more interested in having sex with them than women actually are (Swaart & Terre Blanche, 2005). Hence if a woman resists a man's advances, he might assume that she really wants sex but is merely offering a token resistance or he may feel led on by the woman and thus justified in using force to obtain sex. Clayton (2008) mentioned this, pointing to the trial of Jacob Zuma, president of ANC, who was acquitted in May 2006, but said in court that he knew from the way a woman sat if she wanted sex.

- Blame alcohol

Studies in the United States and Canada reveal a link between sexual victimization and perpetration and the consumption of alcohol in dating situations where impaired cognitive functioning due to alcohol consumption may lead to an intoxicated man to misperceive a woman's sexual interest (Swaart & Terre Blanche, 2005:26). Beliefs supporting alcohol's enhancement of men's sex drive have been found to discriminate between perpetrators and nonperpetrators of coercion because, if intoxicated, the male perpetrator is regarded as less responsible for sexual assault, whereas if the female victim was intoxicated, is regarded as more responsible for the sexual assault (Swaart & Terre Blanche, 2005:27). Shirvely in (Swaart & Terre Blanche, 2005:27) further reiterated that due to the perception of an intoxicated man having less self-control alcohol consumption may provide male perpetrators with an excuse to justify their sexually aggressive behaviour. Furthermore, Wood in (Swaart & Terre Blanche, 2005:27) found that forced sex in the form of verbal threats and physical violence by men was prevalent in sexual relationships among youth from Umtata, South Africa, occurring typically in contexts where men buy women alcohol in return for sex

- **Men succumb to peer pressure**

From the findings of this research peer pressure was identified as another impeding factor to the prevention of HIV infection as it encourages coercive behaviour on women. The following are supporting quotations from the interviews:

*"To tell the truth when you look at the four of us here, we are the owners of this home, "playboys"*

*"... You know when they say "Monna ke selepe" (a man has got the right to multiple women)? I used to sleep with four girlfriends in the same house and have sex with them at the same time one after the other, my girlfriend included"*

Several studies among males have found that peer support can encourage sexual victimization of women (Swaart & Terre Blanche, 2005). A study of violence in



relationships in Umtata by the same authors also suggested that peer group context is an important factor in the uses and legitimization of coercive sexual practices among young adults in South Africa. Furthermore, in another study Swaart and Terre Blanche (2005:28) reported that coercive sexual experiences were also legitimised by female peers who indicated that silence and submission was the appropriate response.

#### ◆ **Facilitative role of men to ensure equality of women**

The following is the second subcategory that emerged during the interviews, as indicated in Table 3.2.2, Column B, from this research. This further category deals with the roles men play to ensure equality of women. These further categories will be discussed.

**Table 3.2.2.2      Facilitative role of men to ensure equality of women**

<ul style="list-style-type: none"> <li>• Respect for women</li> <li>• Observe women's rights</li> </ul>
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- **Respect for women**

Findings of this research indicate that one participant encouraged men to respect women as their partners. The following is a quotation by the participant:

*"... Respect the women that we stay with"*

In a study in Tanzania, a few men felt that men should respect women in relationships and avoid fighting with them, and further mentioned that when there is force, it is no longer love, because love is the consent of two people coming together (Lary *et al.*, 2004).

- **Observe women's rights**

Although the participants indicated that there were many impeding factors to the prevention of HIV, some participants deemed it important to treat women as their equal partners to overcome all the notions of dominance over women. This can be achieved through observing women's rights. The following are supporting quotations from the transcripts:

*"If you trust her you will understand when she says not today or not here, you won't think of all those negative things"*

*"As partners we have to agree on decision. There must be balance"*

*"Those women are human beings: they are like us"*

*"I am a human being with feelings; she is also a human being with feelings"*

*"I believe that if I talk to a woman about having sex and she is not in me, I have to leave her alone and should not force her"*

The Bill of Rights gives all women the right to equality and in South Africa this section gives special attention to the rights of women within the HIV/AIDS context, since they have a large percentage of people living with HIV (Van Dyk, 2005:361).

### **3.2.2.3 Males' knowledge of HIV prevention**

This third main category, as indicated in Table 3.2.2, Column C, was divided into five sub-categories that are highlighted under the same column.

**Table 3.2.2.3.1 Men's knowledge of HIV prevention**

- Men's knowledge of realities concerning HIV (spread, consequences of risky sexual behaviour)

- Use of condoms
- Faithfulness
- Blood Tests
- Sense of responsibility

- **Men's knowledge of realities concerning HIV**

A few participants indicated acceptable levels of knowledge regarding prevention of HIV and the importance of condom usage. The following are quotations from the interviews:

*"... You are not supposed to have many girlfriends as you will be engaging in sexual intercourse with them. This is wrong!"*

*"If I have sex with her without a condom I don't know how she has been leading her life, if she has HIV she will infect me or I can also infect her in the process if I'm infected as well"*

*"I just want to have sex with you and pass. This is what makes us get AIDS"*

*"... It does not mean you don't trust your partner but you just want to reduce the risk of infection"*

Literature indicates that the majority of South Africans have heard of AIDS, and have a fairly good level of knowledge of the basic facts, i.e. that the disease is spread sexually, and that condoms reduce risk (Anon, 2006), with men over years having access to and control of education (Drysdale, 2007)

- **Use of condoms**

From the findings of this research participants indicated that, despite the perceived non-usage of condoms by participants, they still perceive it to be the most effective method of combating HIV infection. The following are quotations from the interviews:

*"always condomise in and outside home"*

*"Condom is the only thing"*

*"We must protect ourselves for ever, even when having sex with your girlfriend, you must use protection"*

Literature indicates the use of condoms as the most effective way of combating the spread of HIV, and also reported a significantly lower incidence of other sexually transmitted infections among people who insist on using condoms (Van Dyk, 2005:131)

- **Faithfulness**

From all the participants that were interviewed in this research only two participants indicated faithfulness as another safe method of decreasing the risk of HIV infection. Participants also indicated committing to the partners as one method of preventing HIV.

*"... get married: Sex after marriage"*

*"... by being committed to our partners"*

*"... We need to be faithful"*

*"... We can learn to be faithful in our relationships we won't have all this problems"*

According to Van Dyk (2005:130) a mutual faithful relationship with an uninfected partner is the ideal way of protecting one against HIV infection.

- **Blood Tests**

One participant out of all the male farm workers who were interviewed indicated that testing for HIV was another option to ensure the safety of couples. This was the comment he made:

*"... Also go for HIV testing"*

According to literature, voluntary counselling and testing (VCT) has emerged as a major strategy for the prevention of HIV infection and AIDS in Africa (Van Dyk, 2005:130). Van Dyk further mentions that many studies show that knowing one's HIV status is instrumental in effecting behavioural change and adopting safer practices

- **Sense of responsibility**

From the findings of this research, two of the participants interviewed indicated that it is important that people should realise how serious HIV is and realise that once one has contracted it, ultimately one will die of it. These are their direct quotations from the transcripts:

*"All the heroes of this world will be buried in their graves"*

*"To realise the danger we are in, we need to measure our distance from the graveyard because that is the furthest we are from death and this will make us stop what we are doing"*

According to literature, male behaviour is one of the main determinants of HIV infection in women. However, men can be a solution through participating in prevention activities and displaying a sense of responsibility in their relationships and challenging the damaging notions of masculinity and other gender stereotypes (UNAIDS, 2000).

#### ◆ **Myths/Misconceptions and knowledge gaps**

From the findings of this research it was evident that myths, misconceptions and knowledge gaps regarding HIV still occur among male farm workers despite the knowledge they indicated. This third subcategory, as indicated in Table 3.2.2, Column C, from this research deals with further categories, as will be discussed.

**Table 3.2.2.3.2      Myths/Misconceptions and knowledge gaps**

<ul style="list-style-type: none"> <li>• Lack of knowledge of and insight into the consequences of risky behaviour</li> <li>• No need to use a condom if you know the woman</li> <li>• Women don't want to have sex when you have a condom</li> <li>• If you ask a condom from your friend, he thinks you are sleeping with somebody with AIDS</li> </ul>
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- **Lack of knowledge of and insight into the consequences of risky behaviour**

From the findings of this research, it emerged that, despite a few participants indicating extensive knowledge of HIV, a few participants indicated a lack of insight/knowledge or that they are ignorant when it comes to this aspect. This is indicated in the part of the interview quoted below during which one of the participants mentioned that he did not see the importance of condom usage and the other indicated coercive behaviour. Despite the fact that the researcher also perceived lack of insight and ignorance from the

participants as to their responses and the laughter as they actually agreed with what the other participant said. One participant further displayed ignorance in that he indicated that he wanted to alternatively use a plastic if a condom was not available. The following are the direct words of the participants from the transcripts:

*"I don't see the importance of using a condom"*

*"I don't want to hear anything. When I want it (sex) I want it!"*

*R: "Even if your partner can explain why she is saying no?"*

*"When I am hot and aroused I am sorry, I don't want to hear anything!"*

*"You don't want to understand anything! Why is she refusing today?"*

*"Yes, why, why?"*

*"It means there was another man here! He was here!"*

*"Yes!"*

**All participants: "LAUGHING..."**

*"I can even use a plastic bag, but not say no to sex! So what then, will any partner chase me away?"*

According to literature, it appears that the majority of South Africans have heard of HIV/AIDS and have a fairly good level of knowledge of the basic facts, i.e. that the disease is spread sexually and that condoms reduce the risk. Nevertheless, there are still many people, especially those with low levels of formal education and who lack access to accurate, relevant information on HIV/AIDS and sexuality, who are unaware of the risks (Anon, 2006), as is the case in this research with farm workers, seeing that they have low levels of formal education.

- **No need to use a condom if you know the woman**

From the findings, it emerged that there were perceptions that if you know a person or if the two of you have been together or have been dating for a while, there is no problem with discontinuing the use of condoms, as evidenced by the following statements:

*"... It depends on the person you are dating whether you know the person or know something about this person"*

*"As lovers it depends on the period we have been going out together whether it is months or days"*

*"... You know this person because you have been together for a while"*

*"If you go to the girlfriend you've been dating for a while there won't be a problem because this one you know is better because you know her moves"*

No literature could be traced which confirmed that there is no need to use a condom between sexual partners if you know the woman. Therefore this is a unique finding in this research.

- **Women do not want to have sex when you have a condom**

It also emerged from the findings of this research that another reason for not using condoms is that the perceptions exist that condoms have a repellent and if you have them in your wallet, ladies will not be attracted to you, as they can sense it intuitively. The following statements confirm the findings:

*"Condoms have a repellent. If you have them in your wallet you will never get women, but once you don't have them you start seeing all the nice ladies"*

*"Take those condoms out of your wallet and you will see what girls do!"*



*"They play closer to you because you don't have condoms"*

*"Maybe they feel it in their blood. They can feel that you do or do not have it"*

From the literature it became evident that, in South Africa, majority of people, especially the farm worker population, are associated with poverty and low levels of formal education and literacy and a lack of access to accurate information on HIV/AIDS. Added is the problem of dangerous myths and misconceptions which contribute to confusion about HIV/AIDS (Anon, 2006). Contrary to this, the researcher could trace no literature confirming these findings that women choose men who do not have condoms with them because they can sense it. This is therefore a unique finding of this research.

- **If you ask a condom from your friend, he thinks you are sleeping with somebody with AIDS**

From the findings it emerged that if you ask your friend for a condom, it will seem that you are saying that somebody with AIDS is with you; hence you need a condom, as evidenced by the following quotation:

*"It will seem like I am saying to my friend, somebody with AIDS is here, and I need a condom"*

According to (Leclerc-Madlala, 2000:30) in Du Plooy (2004:16) "sex is regarded as necessary, natural, an expression of love, and an activity that their peers expect of them if they are to be considered normal" The use of a condom is seen as a sign of mistrust. It is also seen as the hallmark of one who indulges in casual sex. According to Anon. (2006b), men in Southern Africa usually do not wish to use condoms because of beliefs such as that "flesh to flesh" is equated with masculinity and is necessary for male health. Condoms also have strong associations of unfaithfulness, lack of trust and love, and with disease, as it emerged in this study that a condom is associated with AIDS.

#### 3.2.2.4 Suggested strategies to facilitate couple empowerment

This main category, as indicated in Table 3.2.2, Column D, was further divided into one sub-category, which is highlighted under the same column, namely:

**Table 3.2.2.4.1 Suggested strategies to facilitate couple empowerment**

- Open Communication between couples

##### ◆ Open Communication between couples

From the findings of this study it emerged that open communication is the option for couples to discuss their decision mutually in order to come up with solutions. These are the quotations from the transcripts:

*"We just have to communicate"*

*"We also need to be upfront as lovers and discuss problems early"*

Lack of sexual communication has been identified as a factor that may contribute to sexual coercion between partners. Literature indicates that it was consistently found that men perceive women as behaving more sexually and as more interested in having sex with them than women actually are (Swaart & Terre Blanche, 2005). Therefore, bridging the communication gap between couples will ensure achieving shared decision making between men and women at all levels in relationships. More importantly. Shared decision making concerning safer sex and condom usage (Pardasani, 2005:120).

### **3.3 CONCLUSION**

The findings of the research and the literature control regarding the couple empowerment strategies to decrease the risk of HIV linked to it in a male-dominant milieu were discussed in this chapter. Findings were discussed according to their different categories, sub-categories and further categories and compared with the relevant existing literature for confirmation, with the unique findings identified and highlighted. In the next chapter the limitations of the research and the conclusion according to the researcher will be discussed. The researcher will also focus on strategies formulation for health education that will facilitate couple empowerment so as to enable couples to protect themselves from running the risk of becoming HIV infected.

## **CHAPTER 4**

# **CONCLUSIONS, SHORTCOMINGS AND RECOMMENDATIONS FOR NURSING EDUCATION, NURSING RESEARCH AND COMMUNITY HEALTH PRACTICE**

### **4.1. INTRODUCTION**

The research findings were discussed in the previous chapter. The findings were supported by direct quotations from the interviews with the participants, and confirmation was also made through reference to relevant literature. In this chapter the conclusions and shortcomings will be discussed, and recommendations will be made for nursing education, nursing research and community health practice with special reference to the formulation of recommended strategies for health education to facilitate couple empowerment to enable couples to protect themselves from HIV infection.

### **4.2. CONCLUSIONS**

Conclusions from the data of this research, confirming literature as well as the field notes will subsequently be discussed. From data analysis four main categories emerged pertaining to the experiences of female farm workers concerning male dominance and the HIV risk linked to it and four main categories pertaining to the roles played by male farm workers concerning male dominance and the HIV risk linked to it. Conclusions pertaining to these two sets of data will be discussed separately.

#### **4.2.1. CONCLUSIONS PERTAINING TO THE EXPERIENCES OF FEMALE FARM WORKERS CONCERNING MALE DOMINANCE AND THE HIV RISK LINKED TO IT**

Conclusions pertaining to the experiences of female farm workers concerning male dominance and the HIV risk linked to it will be discussed according to the four main categories as reflected in Table 3.2.1.

#### ◆ **Contribution to the increased risk of HIV infection by male farm workers**

A conclusion that can be drawn from the findings is that male farm workers seem to contribute to the risk of HIV infection, based on the fact that men in general due to African culture and the social context they live in, abuse their power and dominance by becoming unfaithful and promiscuous to their partners and resist the use of condoms, at the same time infecting their partners.

A major aspect regarding the contribution to the increased risk of HIV infection by male farm workers is male dominance and inequality. It is apparent from this research that in most traditional African cultures men have always been considered superior and women are expected to be more subservient to their husbands as the heads of the family. There is a belief that males have urgent sex drives and need sex with more than one woman. As a result men believe that they have a right to seek new pastures constantly by having different sexual partners. It also appears that, even though polygamy is no longer a norm, men tend to have many sexual partners using this as an excuse for their promiscuity and unfaithfulness. Unfaithfulness and promiscuity is common in both married and unmarried men but aggravated in married men by the fact that they even have sex with the girlfriends in their matrimonial beds. This negative behaviour of men affects women because despite men cheating, they still expect their wives /regular partners to have unprotected sex with them and display non-questioning behaviour. Due to women's inferior status, refusing a man sex or insisting on condom use usually results in rejection or violence or even being raped, and in the process increasing the woman's vulnerability to HIV infection.

Another behaviour of male dominance that seems to lead to the increase in the risk of HIV infection in women is the fact that men are interested in the women's physical structure and see them as sex objects. They lie that they love them in order to have sex with them, which is very demeaning to the women. In most cases men lie to women about being unfaithful and having unprotected sex with other women, including being dishonest about being married or having a regular partner and in turn expecting their wives/regular partners to have sex with them as well. It is apparent that, due to female farm workers' stereotypes about male dominance coupled with socially accepted norms,

women are unable to decline unprotected sex with their husbands/partners due to the belief that a woman cannot deny her husband sex, which leaves women at risk of being infected with HIV. Another factor that leads to women not being able to resist unprotected sex is emotional coercion men use to pressurise them. It is apparent that women also succumb to men's demands for unprotected sex due to their economic dependence on men and fear of being threatened with violence or abandonment. The physical and emotional experiences regarding the contribution to the increased risk of HIV infection triggered negative responses in women, which include blaming men's behaviour and blaming other women who are enticing other's husbands/partners. Negative feelings that are experienced by women include feelings of powerlessness and hopelessness, feelings of being hurt and fear of being assaulted. The experiences of emotional coercion and triggered responses are associated with psycho-social outcomes such as depression, low self-esteem and isolation which may further expose the women to male dominance and thus contribute to the risk of HIV infection.

These physical and emotional experiences and responses triggered resulted in women using coping mechanisms such as forgiveness of the behaviour, emotional suppression and self-blame due to being incapable of doing anything about their situation.

◆ **Perceptions of female farm workers concerning the roles of male farm workers of male dominance and the HIV risk linked to it**

The conclusion drawn from the findings with regard to perceptions of female farm workers concerning the roles of males is that men are infecting women and spreading the infection while using their authority to exploit and oppress women.

Most of the female farm workers perceived men as using their authority to exploit and oppress them. Most of the female farm workers reported behaviours such as men taking advantage of or using women and expectations that women should agree to their demands of unprotected sex despite knowing well that their husbands/partners were unfaithful with other women and have even contracted an infection in the process. This raised attitudes of not caring about the safety of their partners/regular partners in men. It appears that women are victims of oppression and male dominance due to the fact that men control sexual decision making, and women cannot negotiate for safer sex, since they may be accused of infidelity, or they fear being abandoned for someone else that

will not mind unprotected sex. However, even though these assumptions may be true, there are women who do not characterise male farm workers as mentioned above. This was observed when one participant mentioned that her husband was supportive and took care of her when she was ill.

From the findings of this research it also appeared that factors exist that contribute to the spread of HIV infection due to the roles of men. It appears to be an acceptable norm for a man to have multiple sexual partners to prove his masculinity through sexual performance and to practice risky sexual behaviour, but on the other hand it is unacceptable for a woman to have multiple sexual partners. It is apparent that, during this risky behaviour, men tend to engage in sex with multiple sexual partners without using condoms. Men at the same time deceive their wives/regular partners by lying about or denying their involvement with other women. There is also acceptance of men's unfaithfulness by female farm workers which further put them at risk of infection. It appears that mostly there is no opportunity for negotiation for safer sex, as this is the man's right to decide as head of the family and the woman is ordered to be silent and submissive. Efforts to initiate negotiation for safe sex are met with resistance, which result in physical and sexual abuse if the woman insists on using a condom, which triggers fear of being assaulted or abandoned. Hence women try by all means to avoid further occurrences of the abuse and give in to the men's demands for unprotected sex which further predispose them to the risk of HIV infection.

In spite of men's unfaithfulness and risky sexual behaviour over time women tend to trust men and do not resist unsafe sex, therefore discontinue use of condoms with their partners. It is also apparent that women play a passive traditional role and accept the status quo. African women in general are expected to be subservient and respect the husband by keeping quiet when the husband is talking. It appears that these expectations make women feel indebted to submit to men's demands; thus the status quo is accepted as it is perceived as part of socialization as well as an expectation of an African woman. It was also noted that women stay in abusive relationships or succumb to demands of unprotected sex because of financial security. It also appears that this economic dependency prevents women from reporting abusive husbands to the proper authorities because they are afraid that if the law is applied the husband will be arrested.

### ◆ Females' knowledge regarding HIV prevention

The findings of this research indicated that, despite the female farm workers' low education level, they possess quite an extensive knowledge of HIV. It is apparent that women consider condoms the safest method for HIV prevention between couples. However, it could be concluded that the majority of women are reluctant to negotiate condom use due to a lack of assertiveness and fear of being abandoned for someone else who cannot resist unprotected sex. It appears that women also fear that negotiation for the use of condoms could be perceived by a man as a sign of mistrust, lack of love and a hallmark of one who indulges in casual sex. All women, except one, could not agree that faithfulness was another safe method of prevention. This could be due to stereotypes concerning male dominance and the acceptable norm for traditional Africans that a man must have multiple sexual partners to prove his masculinity through sexual performance; hence women do not see faithfulness as an effective method and that marital sex is expected of men as part of the marriage "deal". Mutual responsibility between couples is also not seen as an effective method because, according to the African culture, a man is seen as the head of the family and as a person responsible for making decisions concerning important matters, and the woman should be submissive and respect the husband and keep quiet when the husband is talking.

In addition, the conclusion could be made that abstinence/biblical principles were perceived to be outdated and impossible by all women except one. It appeared that the majority of women are against abstinence and are ignorant about it. This was perceived from the laughter of the women when it was mentioned (see Appendix I). It appears that, from the African culture and social context, there are factors that undermine abstinence which include high levels of sexual violence against women, economic dependence of women on men and extramarital sex, including cultural complexities and cultural rituals. Furthermore, it was concluded that couple testing is another effective method of preventing HIV. Despite testing being considered an effective method there were perceptions that disclosing one's status may result in physical violence against the woman if found to be HIV positive.

It appeared that most of the women expressed a sense of responsibility as a method to prevent being infected by using condoms and communicating with their partners. The



women feel they should initiate condom use and if the men are not willing to use a condom they can use the female condom. It was apparent that only a few women were quite assertive and well versed with their rights. From the African culture the stereotypes of a man being dominant to woman and making all decisions while a woman is subservient and is expected to listen to the husband still prevail. Some women feel that women should fight for their mutual decision making in their relationships

From the findings of this research a myth concerning purifying blood emerged, that cleaning of the blood can prevent HIV, and misconceptions that with time you can trust that your partner is "safe" and that there is no need to test for HIV if not married. All these misconceptions increase the chances of HIV infection. Another misconception is that condoms issued at the clinics are not safe, which further makes their acceptability, use and negotiation for sex difficult.

#### ◆ **Suggested strategies to facilitate couple empowerment**

In view of the experiences of female farm workers regarding male farm workers' contribution to the increased risk of HIV infection and the perceptions of female farm workers concerning the roles of male farm workers of male dominance, women suggested strategies to facilitate couple empowerment. Couple testing was identified as one effective strategy that can help couples know their status which can be instrumental to behavioural change and to adoption of safer practices. Communication between couples is fundamental, as it will ensure achieving shared decision making between men and women, and most importantly shared decision making concerning safer sex and condom usage. Finally, consultation of the elders can be instituted where there is a conflict or misunderstanding due to the fact that, in traditional African culture, the elders are regarded as having wisdom and are able to help in solving even complicated problems.

#### **4.2.2 CONCLUSIONS PERTAINING TO THE ROLES PLAYED BY MALE FARM WORKERS CONCERNING MALE DOMINANCE AND THE HIV RISK LINKED TO IT**

Conclusions pertaining to the roles played by male farm workers concerning male dominance and the HIV risk linked to it will be discussed according to the four main categories as outlined in Table 3.2.2.

##### **◆ Perceptions of male farm workers of roles played by males concerning male dominance and the HIV risk linked to it.**

The conclusion can be drawn that the relationships between male farm workers and female farm workers is often characterised by unfaithful and selfish behaviour of men. There was a general perception among male farm workers that men are unfaithful, because they often have multiple sexual partners with whom they engage in unprotected sex despite being involved in stable relationships, which predisposes women to the risk of HIV infection. In addition, males believe that men are selfish and are not considerate of the women's feeling as they usually expect them to feel the same as they do when it comes to sex. It is apparent from this research that, in most traditional African cultures, there is a common belief that it is acceptable for men to have more than one sexual partner, as they are seen as heads and should rule the family and play a significant role in decision making including sexual decision-making. These result in coercing women into unprotected sex. It also appears that, in the course of their unfaithfulness, men deceive women and hide the fact that they are married or have regular partners and they also hide being sick.

From the findings of this research it was also clearly indicated that men abuse their status to oppress women, and this abusive behaviour often results in women feeling victimised. It is apparent that the behaviour of men towards women is due to positional power and male dominance that contributes to a subservient position of women, which is regarded as a norm within the African social context. Men acknowledged that they use their status to oppress women due to the fact that they are the ones with more power than women, which leads to their subordination and restricts their possibility of taking

control of their lives regarding HIV. It appeared that men are perceived as using women for sexual satisfaction. Furthermore, men acknowledged this as a weakness on their part and that this is due to the fact that men are defeated by their feelings. This is perceived by the researcher as exploitation of as well as demeaning to women.

In addition from the findings of this research a conclusion was drawn that, in the traditional African culture, men have been socialized to believe that they are superior to and dominant over women and should rule as heads of the families. It is also apparent that the world view was instilled through their socialization as children looking at the superior nature of men and the inferior nature of women and that women should accept the social norms and adhere to them. It was also concluded that decision making is the sole responsibility of men, which limits women's ability to express their views or discuss safer sex and use of a condom, forcing women to give in to the demands of their husbands/regular partners, further making them unable to resist unprotected sex and less likely to leave an abusive relationship.

It appeared that men often exploit women in exchange for sex due to the men's dominant position and the subordinate position of women, which makes them more vulnerable to exploitation as they cannot secure good employment and resort to being subordinate to men for fear of losing financial support. This aspect is seen as fuelling women's risk of being infected with HIV. It was also clear that men perceive their role as contributing to infecting women and spreading infection as they are unfaithful and more often involved with multiple sexual partners in unprotected sex and in turn also engage in unprotected sex with their wives/regular partners whilst knowingly infecting them and spreading the infection. It also appeared that, despite the physical behaviour of men, there are also those who are against some of these behaviours who displayed emotional responses towards the way their fellow-men treat women. Men displayed emotions of anger and hurt towards men who are unfaithful and abuse women, showing their disagreement with such men.

◆ **Factors/Reasons that contribute to the roles displayed by male farm workers concerning male dominance and the HIV risk linked to it.**

The conclusion can be drawn that, in the relationships of men and women, factors exist that contribute to men's roles concerning male dominance which further predispose women to the risk of HIV infection. It is apparent that most men are unfaithful and have multiple partners. During the interviews the majority of men agreed that they were cheating on their wives/regular partners with multiple concurrent partners. On average, men reported that they had had more than four sexual partners during the past six months before the interviews took place. The majority of these men also reported having suffered from Sexually Transmitted Diseases with two of them reporting having to spend days in hospital due to the severity of their infection. Therefore it can be concluded that men are unfaithful and have multiple sexual partners, which results in them being infected as well as infecting their wives/regular partners. During the interviews with male farm workers the researcher picked up that most men brag about their unfaithfulness and do not show any remorse for being unfaithful and infecting women. The male farm workers also agreed to using coercion to persuade women to give in to demands for sex. From the findings it was apparent the most common form of coercion used was sexual coercion, followed by emotional coercion with physical coercion being the least form used as it seems they would not like to give any evidence of their behaviour. It appeared there is a common perception among male farm workers that men are naturally superior to women, as this is a common belief among traditional Africans, and should control women in all aspects and that they have a right to force themselves on women who display reluctance to sex.

In addition, men admitted to being weak and short-tempered, which makes them to engage in sex at the time suitable for them irrespective of their partners' feelings. Furthermore, men admitted to the perception that most African men are unfaithful which is due to gender and the expectations within the African culture that variety in sexual partners is essential to men's nature. These emphasize sexual domination over women resulting in unequal power relations between men and women when negotiating sexual encounters. There is a general perception that men engage in risky sexual behaviour. The majority of men in this research admitted to engaging in risky sexual behaviour with

multiple concurrent sexual partners and engaging in unprotected sex with them and further engaging with their wives/regular partners in unprotected sex as well, which puts them at risk of contracting infections. Some of the men also indicated that they even hide the fact that they are infected from their wives/regular partners which further causes them to be infected as well.

One further impeding factor to the prevention of HIV spreading is that it is quite clear that, despite the roles that men play and the factors that attribute to their roles concerning male dominance and the risk linked to it, the majority of men do not want to accept responsibility, but further use external locus of control and place blame on the behaviour and dress code of women, including putting blame on alcohol. Another worrying factor men admitted to is peer pressure among men, which leads to men competing with one another on who has the largest number of sexual partners, which also stems from the notions of the African culture that variety in sexual partners is essential to men's nature – "*Monna ke selepe*", as was mentioned by one of the participants during the interviews.

In spite of the conclusion that the roles played by men do contribute to the spread of HIV infection due to impeding factors, facilitating factors regarding the role of men in ensuring equality of women were identified in this research. It appeared that there are men who deem respect for women important in relationships, including observing the women's rights, as stipulated in the country's Bill of Rights to overcome inequality and male dominance.

#### ◆ Knowledge of HIV prevention

From the findings of this research it can be concluded that a few male farm workers indicated acceptable levels of knowledge regarding the prevention of HIV and importance of using condoms compared to female farm workers. It was clear that most male farm workers perceived condoms to be the most effective method of HIV prevention despite the fact that they did not use them, which can be due to the fact that for many traditional Africans anything that causes the sexual act to be "unnatural" is unacceptable, so is the condom. It was clear that faithfulness among male farm workers

is not supported, although some participants mentioned it as another effective method to prevent HIV infection. It was also apparent that HIV testing is not a preferred method of preventing HIV infection among male farm workers in spite of their risky sexual behaviour.

In addition to knowledge of HIV prevention, a sense of responsibility among men was identified as a possible preventive method or a way of sensitizing men to change their risky sexual behaviour by indicating the consequences of such behaviour. From the findings of this research some powerful comments were indicated by participants (*"All the heroes of this world will be buried in their graves"*) which, when taken serious by men, can be used as guiding principles for positive behavioural change.

From the findings of this research it was also clear that there myths, misconceptions and knowledge gaps which may be deemed dangerous in the quest to prevent HIV infection. A conclusion was drawn that, despite most male farm workers indicating acceptable levels knowledge of HIV, a few indicated lack of insight into and knowledge in this respect. Ignorance and lack of insight from the male farm workers in general was perceived by the researcher based on their comments as they agreed with one another on despicable comments and laughter. It can be concluded that this confirms that the majority of South Africans have heard of HIV/AIDS and have fairly good knowledge of the basic facts on HIV. Nevertheless, many people with low levels of formal education including farm workers lack access to accurate, relevant information on HIV/AIDS and sexuality, which results in risky behaviours due to a lack of information. It was also clear that male farm workers have a misconception that if you have been dating for a while there is no need for a condom as you can trust the partner, making it more likely that they will continue practising unprotected sex.

Another myth concerning condoms is that there are perceptions that condoms have a repellent and if you have them in your wallet women will not be attracted to you, as they can sense it intuitively, which makes their acceptability and safe sex difficult. In addition, another perception concerning condoms is that, if you ask a condom from your friend, he will think you are sleeping with somebody with AIDS. The fact that condoms are associated with disease will make their use difficult.

### ◆ Suggested strategies to facilitate couple empowerment

The conclusion that can be drawn from the findings of this research is that open communication is seen by male farm workers as the one possible way of enhancing mutual decision making to ensure that couples negotiate sexual decisions. This will help reduce the reluctance of women to negotiate for safe sex and at the same time increase partner trust.

### 4.3 SHORTCOMINGS OF THE RESEARCH

The following are the shortcomings of the research, as experienced and observed by the researcher:

This research formed part of the overarching Farm Labour and General Health (FLAGH) project, where several studies have already been performed in this farming community. This leads to the participants initially being reluctant to participate as they felt used by the previous researchers who they indicated as disappearing after their studies without indicating that the studies had come to an end and without giving them feedback on the results of the study. This took the researcher more time to gain the participants' trust and confidence, as the researcher had to visit the homes at several occasions including visiting them during working hours with the permission of the farm owner to get to know the kind of work they do and their workplace. This helped to initiate a rapport between the researcher and the participants and, in so doing, gain their trust and confidence.

The researcher had one population of couples which was divided into two populations: one comprising female farm workers, and the other male farm workers. Two mediators were selected (a male and a female mediator). Initially the female mediator was considered the contact person for arranging appointments, but in all the cases the researcher established that participants were not made aware of the appointments, which resulted in the participants not being prepared for the appointments. Therefore it took the researcher more time to get participants together, as some were already busy with the house chores seeing that appointments were arranged for Saturdays when most

participants were off duty. Eventually the researcher ended up arranging appointments herself with the help of other participants who offered to help, as the male mediator was willing to help but, due to work constraints and the fact that his work included travelling almost on a daily basis, it was difficult for him to see participants and arrange appointments for the researcher.

The use of focus group interviews as a method of data collection could be attributed to some participants' minimal participation during the group discussions. This is due to the fact that some issues might have been sensitive to discuss in the groups despite the fact that the participants initially indicated that they were comfortable in the groups; hence they needed more probing by the researcher. In spite of these aspects, those who eventually participated were cooperative and expressed their gratitude for being afforded the opportunity to do so, as the topic researched and method of data collection was interesting and the use of vignettes was unusual and gave them something to write home about. Consequently these shortcomings had no negative effect on the results.

Another shortcoming was that initially the farm owner offered the hall to be used for interviews which would provide adequate space and it would be convenient looking at the methods of data collection to be used, but the researcher learnt later that it would not be available. This resulted in the researcher depending on the participants to choose the venues for interviews, which posed a problem, because appointments were arranged for Saturdays (a day chosen by participants) and the majority of family members were home and this would not allow for adequate privacy. In these cases the researcher and the participants agreed to start by watching the vignettes in any of the participants' house for power supply, since a DVD was used, and then proceed outside under the shade of a tree away from disturbance of other people and to ensure privacy. The male mediator's home was used on occasions when he was home, as he offered it to be used, seeing that there were no disturbances. This allowed privacy and adequate space because he stayed alone and in that case he would leave to give the researcher and the participants time and privacy. These shortcomings did not have a negative influence on the results.

The researcher also identified language as a shortcoming in this research. This is because, in spoken African language, there is not much difference between the concepts "dominance" and "oppression". Therefore it became difficult for the researcher



to clarify the concept “male dominance” to the participants without bringing the concept “oppression” into play.

Although this research is titled “Couple-empowerment strategies to decrease HIV risk in a male dominant milieu”, the results cannot be generalised to all the couples as the population was farm workers and due to their different dynamics, different results could be generated from a non-farm working population.

#### **4.4 RECOMMENDATIONS FOR NURSING EDUCATION, NURSING RESEARCH AND COMMUNITY HEALTH NURSING PRACTICE**

In this section, recommendations for nursing education, nursing research and community health nursing practice will be discussed. Reference will be made to the data of this research and to the conclusions that were drawn.

##### **4.4.1 Recommendations for nursing education**

4.4.1.1 The findings of this research could bring much value to nursing education if it could be included in the curriculum of all basic nursing programmes that are offered in the nursing colleges and universities. Counselling should be developed as a module with emphasis on the communication skills, as the learner will be taught skills to empower couples in a male-dominant milieu to deal with socio-cultural factors that put them at risk of contracting HIV infection. Learners will also come to recognise emotional responses triggered and coping mechanisms that are applied by couples, thus acquire the necessary skills to deal with them effectively. The learners will also be able to understand and accept different cultural issues.

4.4.1.2 This module should also be implemented in the post-basic programmes so as to update learners who were not exposed to it in the basic programmes. It will also help them with the latest trends within the Socio-cultural aspects of HIV/AIDS in South Africa and around the world.

4.4.1.3 The findings and the strategies should be included in in-service training programmes of all the health professionals including community health workers and volunteers so that they are facilitated to empower couples to decrease the HIV risk.

4.4.1.4 The strategies can be applied to facilitate the knowledge of the professional nurses working in the community through workshops and conferences to acquire the required knowledge and effective skills to empower couples to decrease the HIV risk.

4.4.1.5 The strategies can be applied to facilitate the establishment of community health forums and to support groups for couple empowerment on mutual decision making to prevent male dominance.

#### **4.4.2 Recommendations for nursing research**

Based on the research findings, literature and conclusions drawn from this research, it is evident that there is potential for further research in the field of male-dominant African male status as well as on how this status places couples at risk of contracting HIV infection.

Research in the following areas is recommended:

4.4.2.1 An exploration of coping mechanisms that are employed by women in male-dominant relationships

4.4.2.2 The supportive and caring role of men in male-dominant relationships

4.4.2.3 An exploration of couple counselling as an effective method in creating more gender-equitable relationships and reducing vulnerability and stigma

4.4.2.4 An exploration of how, and in what way, culture can survive the emancipation of women

4.4.2.5 The perceptions of homogenous couples regarding dominance and the support system available

#### **4.4.3 Recommendations for community health nursing practice**

Recommendations for community health nursing practice have specific guidelines as set under the objectives of this research with a view to formulate strategies for health education that will facilitate couple empowerment so as to enable couples to protect themselves from running the risk of becoming HIV infected.

##### **4.4.3.1 Recommended strategies for health care workers to facilitate couple empowerment so as to enable couples to protect themselves from running the risk of becoming HIV infected.**

Participation in decision making has been linked to empowerment as a way of encouraging male farm workers to see themselves and their roles as relevant and indispensable in couple empowerment. In the absence of a cure, behavioural change is a key to reducing the incidence of HIV transmission. Health care workers need to encourage education strategies that emphasize couple participation and self-reflection, because such forms of education are necessary for couples to empower themselves to effectively reduce the risk of HIV infection rates within their context. From the findings of this research it is evident that women know a great deal about HIV/AIDS but that this knowledge is not being applied because of their powerless status in decision-making matters about sexuality. From the findings and the conclusions of this research, it seems that there is a need for the health care workers to empower women by teaching them skills to negotiate for safer sex. This is necessitated by the fact that the majority of women expressed an inability to negotiate safer sex practices with their partners, which puts them at risk of HIV infection, since they cannot resist unprotected sex. This was noted in instances where female farm workers perceived male farm workers as being unfaithful and promiscuous with multiple sexual partners and engaging in unprotected sex and in the process of their unfaithfulness not using condoms, and on coming back home, expecting their wives/partners to have unprotected sex with them as well. This aspect is aggravated further by acceptable stereotypes about male dominance that a woman cannot refuse a man sex and the fact that, in African culture, in many instances there is no opportunity for negotiation for safe sex as decisions are usually made by the

man as head of the family. Therefore it is the duty of health care workers to empower female farm workers by teaching them skills related to effective problem solving and interpersonal skills such as negotiation, assertiveness and self-advocacy. This can be achieved through education and workshops to address HIV/AIDS and gender inequality for both male and female farm workers leading to men learning to respect women, and women being able to express themselves therefore being able to negotiate for safer sex.

In their endeavour to ensure effectiveness and sustainability of these workshops; health workers should understand the holistic outlook of the traditional Africans which affect their way of thinking and living. *Ubuntu* should be used to emphasise the need for unity or consensus in decision making. Collective functioning among the couples should be encouraged to ensure achievement of consensus decision making. Couples, particularly men, should be encouraged to uphold the spirit of *ubuntu* in their households and understand that to be human is to affirm to one's humanity by recognising the humanity of women and establish respectful human relations whereby they will treat them as their equals and participate in consensus decision making without coercing them. This will have a positive influence within the families and children, and consequently influence the community as a whole.

It is also the responsibility of the health workers to design gender-based programmes that can help male farm workers and female farm workers redefine their relationships in a mutually beneficial way as they both need to be freed from the constraints of their social conditioning and helped towards a fairer and less dangerous relationship with one another. As women move into traditionally "male domains", men must be encouraged to begin sharing in responsibilities in the "female domain" without being stripped of their male hood. Male farm workers can be helped to see how their privileged position and social roles orient them more towards relationships involving authority. As the dynamics of male-female relationships change, communities will be able to benefit from the potential of all their members to minimize the impact of HIV/AIDS.

In addition to this it will also be meaningful for female farm workers to openly discuss issues concerning sexuality and use of condoms with male farm workers. This is necessitated by the fact that more commonly, men believe that they can force themselves on a woman who displays reluctance or shyness. Hence if a woman resists

a man's advances, he might assume that she really wants sex but is merely offering a token resistance. Due to a lack of sexual communication if women decline unprotected sex, they are threatened with violence or end up being raped, which makes it unlikely that women will resist unprotected sex or negotiate condom use. An example is where men perceive women as behaving more sexually and being more interested in having sex with them than women actually are, due to relying on nonverbal cues. Therefore it is the duty of the health care workers to bridge the communication gap between couples to ensure achieving shared decision-making between men and women at all levels in relationships, more importantly shared decision making concerning safer sex and condom usage, especially for women who, due to culture and customs, have been unable to negotiate condom use, and who have been unable to participate in decision making, particularly concerning sex.

In a male-dominant society as the one described in this research, men have a dual role. They are not just leaders, policy makers and decision makers in matters of sex; they are also sex clients in an environment conducive to the spread of HIV infection, for instance where male farm workers will offer financial favours to female farm workers in exchange for sex. It is therefore recommended that HIV/AIDS empowerment programmes promote men's understanding of their role and responsibility with regard to protecting women's health and reducing the transmission of sexually transmitted infections, including HIV/AIDS. This is in line with their cultural role of a provider and protector as well as their assistive, supportive and caring role in relationships identified in this research to ensure equality of women. Men must know and realise that they need to change their behaviour, and health care workers should understand that this needs to be done in relation to men's cultural values and beliefs. It is therefore important for health care workers to empower men to dictate safe sex practices by providing them with discourses that are appropriate to enhance behavioural change. Participation of the male partner is crucial for successful HIV risk reduction in couples.

On the other hand, it seems that there is a need to encourage men and women to go for voluntary counselling and testing as couples. This is necessitated by the perceptions that men are unfaithful and have multiple concurrent sexual partners whom they engage with in unprotected sex and consequently infect their wives/regular partners and spread the infection. This was noted in cases where men demanded that women should agree

to their demands of unprotected sex despite knowing well that they were unfaithful with other women and had even contracted an infection in the process. Given the disproportionate power of men in sexual relations, efforts to strengthen women's condom negotiation skills may be counterproductive; instead interventions that increase male involvement in HIV testing and counselling must be emphasized. Therefore it is a duty of the health care workers to educate couples on the benefits of voluntary counselling and testing and to encourage couples to have them tested.

In addition, it will also be meaningful for couples to consult the elders to learn and understand the African customs and practices, as this will help them recognise, understand and publicly discuss the ways in which the power imbalance in gender and sexuality fuels the epidemic. There is a need as well for couples to consult elders if they seek advice on family matters, misunderstandings or clarification of customs and norms that contribute to male dominance, e.g. polygamy. This is necessitated by the fact that, in African culture, the elders are seen as having wisdom and knowledge of norms and customs and they may be instrumental if customs need to be reviewed in the community, or to determine whether some of these customary practices are to be eliminated, continued or modified, especially with regard to addressing issues of gender, sexuality and HIV/AIDS in a way that has an impact without damaging culture. Therefore it is the duty of the health care workers to incorporate gender and cultural issues when educating couples on sexuality and HIV/AIDS by revisiting some of the customs that contribute to dominance and the increased risk of HIV infection and by further referring them to trained influential community leaders for consultation.

Health care workers should also provide women-friendly services that are non-judgemental whereby women and girls receive health care and prevention such as HIV testing and counselling and distributing condoms including combating ignorance by making sure that girls become educated. Health care workers should also provide a meeting space to initiate dialogue and facilitate exchange of information because a centralised meeting space is essential for members of the community to meet and share their experiences and information. This will also encourage and promote the development of a group consciousness, which is essential for any empowerment process.

However, as much as women-friendly services need to be made, males should not be excluded from sexual dialogues as this could ostracize them and create a barrier between couples. Empowerment strategies should focus on the couple as a family instead of on the individual. Therefore it is recommended that alongside raising women's consciousness of gender power relations, men be empowered to realise that as decision makers in sexuality issues they have to lead the fight against HIV/AIDS in partnership with women. This could be done through the increase of awareness campaigns that are specifically targeting males; thus giving them a sense of being part of the bigger health community.

To achieve the above-mentioned objective, strategies for health education that are recommended to facilitate couple empowerment so as to enable couples to protect themselves from running the risk of becoming HIV infected will subsequently be discussed.

**4.4.3.2 Recommended strategies for health education that can be put in place to facilitate couple empowerment so as to enable couples to protect themselves from running the risk of becoming HIV infected.**

- The health care workers need to teach couples negotiation skills and to ensure that couples are able to reach consensus decisions without making the other party feel left out, especially skills to negotiate for condom use. Assertiveness and self-advocacy should also be encouraged in women.
- Health care workers should also encourage open communication during negotiations between couples to clarify misunderstandings about the following: how HIV is spread; contributing factors, e.g. violence; prevention e.g. condom use.
- The health care workers should educate couples on voluntary counselling and testing as a major strategy for HIV prevention and encourage couples to both test and know their status.



- Health workers should address the men's cultural beliefs that contribute to male dominance and counsel men on increased condom awareness and on remaining faithful to their wives/partners.
- The health workers should encourage couples to consult elders or knowledgeable influential community members who can be able to give advice on issues of customary practices, gender and HIV to ensure that customary practices that are harmful are reviewed.

#### **4.5 CONCLUDING REMARKS**

The objectives of the research were achieved, which mainly were to explore and describe the experiences of female farm workers concerning male dominance and the HIV risk linked to it; to explore and describe the roles played by male farm workers concerning male dominance and the HIV risk linked to it; and to formulate recommended strategies for health education that will facilitate couple empowerment so as to enable couples to protect themselves from running the risk of becoming HIV infected.

Open-ended questions derived from the vignette stories told by participants and an unstructured interview schedule were formulated from and based on the background literature of this research. The researcher performed data collection, and analysis was conducted with the assistance of an independent co-coder. The findings of this explicitly described the experiences of female farm workers concerning male dominance and the HIV risk linked to it and the roles played by male farm workers concerning male dominance and the HIV risk linked to it. Literature from the electronic database was used to confirm these findings. Unique findings in this research were highlighted

The conclusion that can be drawn is that female farm workers experience male dominance. This results in female farm workers feeling exploited and oppressed and unable to negotiate for safe sex and therefore exposed to an increased risk of HIV infection. It was also evident that the male farm workers acknowledge that men dominate and oppress women and that men infect women and spread the infection but use external locus of control as an excuse.

Recommendations in this research are made for nursing research, nursing education and nursing practice. Specific recommended strategies for health care workers were formulated to facilitate couple empowerment so as to enable couples to protect themselves from running the risk of becoming HIV infected. To achieve this objective, recommended strategies for health education were formulated to enable couples to protect themselves from running the risk of becoming HIV infected.

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## **APPENDICES**

### **APPENDIX A**

#### **REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN KEKKELE FARM, POTCHEFSTROOM SUB DISTRICT**

Mrs. R Welgemoedt  
Kekkelle Poultry farm Manager  
Potchefstroom

Madam

#### **PARTICIPATION IN RESEARCH: INFORMATION AND REQUEST FOR PERMISSION**

I am currently registered as a student for a MCur (Community Nursing Science) degree at the North West University (Potchefstroom campus) and as part of the degree I plan to do a research about couple-empowerment strategies to decrease the risk of HIV infection in a male dominant milieu.

The purpose of this research is:

1. To explore and describe the experiences of female farm workers concerning male-dominance and the HIV risk linked to it.
2. To explore and describe the roles played by male farm workers concerning male-dominance and the HIV risk linked to it
3. To formulate recommended strategies for health education that will facilitate couple-empowerment so as to enable couples to protect themselves from running the risk of becoming HIV infected.

The criteria for inclusion are as follows:

- heterosexual couples, married (western or customary), unmarried but living together (“*vat en sit*”) or apart but involved in a consistent sexual relationship,
- sexually active, as HIV is mainly sexually transmitted
- of any available African (non-white) culture
- between 15 and 49 years of age
- Working and/or living in the designate farm in the Potchefstroom subdistrict,
- volunteering and consenting to participate,
- Participants will be sampled to groups of not more than five participants of the same sex to prevent partner fear and intimidation, according to availability based on set criteria to ensure active participation
- consenting to the use of an audio-tape during an interview
- able to communicate in any language understood by the researcher (English, Setswana, Sesotho, Sepedi, isiXhosa and isiZulu).

The interviews of those who agree to participate will be conducted during August to October 2007. Interviews will be conducted in the farm homes in the venue chosen by participants, and will last forty-five minutes to an hour per group. This will not interfere with the workers’ work as interviews will be conducted outside working hours. All the names of the participants and research proceedings will be treated confidentially.

It will be appreciated if two workers will be identified as leaders by fellow farm workers and act as mediators in the recruitment of participants. I trust that this research will contribute to the realization of the above-mentioned aim.

If any further information concerning this research is needed, please do not hesitate to contact me.

Yours truly,

---

E NKHUMANE (Researcher)

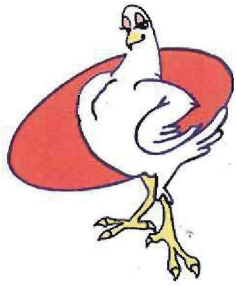
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DR. A. Pienaar (Supervisor)

---

MRS. D.R. Phetlhu (Co-Supervisor)





# *Kekkellê Pluimveeplaas / Poultry Farm*

Posbus / P.O. Box 1099

Potchefstroom 2520

Tel: 018 290 1253 Fax: 018 290 1028

5 June 2007

To: Evelyn Nkhumane

We hereby give permission to you to conduct research in conjunction with our farm workers on the farm Kekkellê Poultry Farm. We understand that the research will be on HIV and about couple-empowerment strategies.

If there are any queries, please feel free to contact me on 082 802 0858.

Regards



Ronéle Welgemoedt

## **APPENDIX B**

### **REQUEST TO ACT AS A MEDIATOR IN RESEARCH IN THE KEKKELE FARM IN THE POTCHEFSTROOM SUB DISTRICT**

Sir/Madam

#### **PARTICIPATION AS A MEDIATOR IN RESEARCH: INFORMATION AND REQUEST FOR PERMISSION**

I am currently registered as a student for a MCur (Community Nursing Science) degree at the North West University (Potchefstroom campus) and as part of the degree I plan to do a research about couple-empowerment strategies to prevent the risk of HIV infection in a male dominant milieu.

The purpose of this research is:

1. To explore and describe the experiences of female farm workers concerning male-dominance and the HIV risk linked to it.
2. To explore and describe the roles played by male farm workers concerning male-dominance and the HIV risk linked to it
3. To formulate recommended strategies for health education that will facilitate couple-empowerment so as to enable couples to protect themselves from running the risk of becoming HIV infected.

In order to achieve these objectives, vignettes and unstructured interviews with farm workers who are couples will be conducted. These should be farm workers employed in the Kekkele farm, Potchefstroom sub district in the North West Province.

The role of the mediators will be to:

- identify and compile a list of potential participants,

- explain the purpose, benefits and importance of the research project to the potential participants,
- explain to the potential participants that confidentiality and anonymity will be maintained throughout the research project and the strategies that will be used to ensure this,
- explain to the potential participants the method of data collection and that the interview will last more or less one hour and will be recorded on the audio-tape,
- arrange appointments for the interviews on behalf of the researcher that will suit both the researcher and the participants,
- organise a quiet area with no or minimal disturbances around the farm homesteads for conducting the interviews,
- introduce the participants and the researcher on the set day.

The criteria for inclusion of participants are as follows:

- heterosexual couples, married (legally or customary), unmarried and partnership couples living together (*"vat en sit"*) or apart, or involved in any arranged sexual relationship,
- sexually active, as HIV is mainly sexually transmitted
- of any available African (non-white) culture
- between 15 and 49 years of age,
- Working and/or living in the designate farm in the Potchefstroom sub district,
- volunteering and consenting to participate
- Participants will be sampled to groups of not more than five participants of the same sex to prevent partner fear and intimidation, according to availability based on set criteria to ensure active participation
- consenting to the use of an audio-tape during an interview
- able to communicate IN any language understood by the researcher (English, Setswana, Sesotho, Sepedi, isiXhosa and isiZulu).

The interviews for those who agree to participate will be conducted during August TO October 2007. Interviews will be conducted in the farm homesteads in a venue chosen by the participants, and will last forty five minutes to an hour per group. This will not

interfere with the workers' work as interviews will be conducted outside working hours. All the names of the participants and research proceedings will be treated confidentially.

As soon as I get your response in this regard I will contact you personally before the recruitment of participants to clarify all aspects regarding the recruitment and the interviews. Your timeous response will be of great help as I will be able to make further arrangements.

If any further information concerning this research is needed, please do not hesitate to contact me.

Yours truly,

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E NKHUMANE (Researcher)

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DR. A. Pienaar (Supervisor)

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Mrs. D R Phetlhu (Co-Supervisor)

## **APPENDIX C**

### **CONSENT TO BE A PATIENT IN RESEARCH: COUPLE EMPOWERMENT STRATEGIES TO DECREASE THE HIV RISK IN A MALE DOMINANT MILIEU**

#### **A. PURPOSE AND BACKGROUND**

Mrs. Nkhumane is conducting research to try and understand male-dominance directed at female farm workers by male farm workers and the role that they see themselves play and the HIV risk linked to it.

The objectives of this research are:

4. To explore and describe the experiences of female farm workers concerning male-dominance and the HIV risk linked to it.
5. To explore and describe the roles played by male farm workers concerning male-dominance and the HIV risk linked to it
6. To formulate recommended strategies for health education that will facilitate couple-empowerment so as to enable couples to protect themselves from running the risk of becoming HIV infected.

You are being asked to participate in this research because your responses will help in achieving these objectives.

#### **B. PROCEDURE**

If you agree to participate the following will occur:

1. Video clip vignettes of less than five minutes will be viewed
2. You will be expected to respond to a questionnaire/ questions based on the video clip vignette that will be asked by the researcher.
3. A tape recorder will be used to make sure that the researcher has the whole information, and it will be destroyed after it has been transcribed.

4. Your participation will take about an hour.
5. The setting will either be at the houses of the mediators or any volunteering participant, where there will be no disturbances.

#### **C. RISKS/DISCOMFORTS**

1. Some of the questions may remind you of unpleasant feelings but you may decline to answer any question you do not wish to answer.
2. You will be referred to a counsellor for support on your request or if necessary

#### **D. CONFIDENTIALITY**

Participation in this research may involve loss of privacy; however your records will be handled as confidentially as possible. Only Mrs. Nkhumane will have access to your research records. No individual identifiers will be used in any reports or publications resulting from the survey.

#### **E. BENEFITS**

There will be no direct benefits to you from participating in this study. Your participation will help the researcher to formulate strategies for health education that will facilitate couple-empowerment so as to enable couples to protect themselves from running the risk of becoming HIV infected.

#### **F. COSTS**

There will be no cost to you as a result of participating in the research.

#### **G. PAYMENT**

You will receive no payment for your participation.

## **H. CONSENT**

You will be given a copy of this consent to keep.

### **PARTICIPATION IN THIS RESEARCH IS VOLUNTARY**

You are free to decline to be in this research, or to withdraw from it at any time.

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**SIGNATURE OF PARTICIPANT**

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**DATE**

---

**SIGNATURE OF RESEARCHER**

---

**DATE**

## **APPENDIX D**

### **TUMELO YA GO NNA MOTSA YA KAROLO MO DIPATLISISONG:**

#### **MELAWANA YA MATLAFATSO YA BARATANI GO FOKOTSA TSHWAETSO YA HIV MO TIKOLOGONG E E NANG LE GATELETO YA BANNA**

##### **A. MAIKAELELO LE LEMORAGO**

Moh Nkhumane o dira dipatlisiso go tthaloganya ka gatelelo e e lebisitsweng go badira polaseng ba basadi ke badira polaseng ba banna le karolo e ba bonang ba e tshameka malebane le tshwaetsego ya HIV e e lebaneng le karolo e.

Maikaelelo a patlisiso e ke go:

1. Batlisisa le go tthalosa maitemogelo a badira polaseng ba basadi malebane le gatelelo ya banna le tshwaetsego ya HIV e e lebaneng le yona.
2. Batlisisa le go tthalosa karolo e e tshamekwang ke badira polaseng ba banna malebane le gatelelo ya banna le tshwaetsego ya HIV e e lebaneng le yona.
3. dira melawana ya thuto ya tsa pholo e e tla rotloetsang matlafatso ya baratani go gontsha baratani go itshirelletsa go ba le tshwaetsego ya kokwana-tlhoko ya HIV.

O kopiwa go tsaya karolo mo thutong e, kantlha ya gore tsibogo ya gago etla thusa go fitlhelela maikaelelo a.

##### **B. TSAMAISO**

Fa o dumela go tsaya karolo mo thutong e, go tla diragala tse di latellang:

1. Setshwantsho sa video sa metsotso e ka nna metlhano se tla lebelelwa.
2. O tla tshwanelwa ke go tsibogela dipotso tse di ipapisitseng le setshwantsho se sa video tse di tla botsiwang ke mmatlisisi.
3. Go tla dirisiwa setsaya mantswe go gatisa puisano eo go gontsha mmatlisisi go ka nna le dintlha tsotlhe, mme e tla phimolwa Morago ga go kwalolola.
4. Go tsaya karolo ga gago go tla tsaya nako e ka nnang ura.
5. Lefelo la dipuisano etla nna kwa ntlung ya morulaganyi kgotsa kwa ntlung ya mongwe-le-mongwe wa batsaya karolo yo o ka ithaopang go re neela ntlu ya gagwe.

##### **C. MATSAPA/GO SE IKETLE**

1. Dingwe tsa dipotso di ka go kgobera maikutlo mme o ka gana go araba dipotso tse o sa batleng go di araba.



2. Go tla nna le mooki wa moitseanape mo mererong ya maikutlo mme o tla romelwa kwa go ena fa o mo tlhoka.

**D. BOKHUPAMARAMA**

Go tsaya karolo mo dipatlisisong tse go ka akaretsa go latlhegelwa ke sephiri, le fa gontse jaalo direkoto tsa gago di tla tsholwa mo sephiring ka moo go kgonagalang. Ke Moh Nkhumane fela yo o tla nnang le phitlhelelo ya direkoto tsa gago tsa thuto. Ga go boitshupo bope ba batho bo bo tla dirisiwang mo dipegelelong kgotsa mo diphasalatsong tsa dipatlisiso.

**E. DIPOELO**

Ga go dipoelo ka tllhamalalo tse o tla di bonang ka go tsaya karolo mo thutong e. Go tsaya karolo ga gago go tla kgontsha mmatlisisi go dira melawana ya thuto ya tsa pholo e e tla rotloetsang matlafatso ya baratani go gontsha baratani go itshirelletsa go ba le tshwaetsego ya kokwana-tlhoko ya HIV.

**F. DITSHENYEGELO**

Ga go ditshenyegelo tse o tla itemogelang tsona fa o tsaya karolo mo dithutong tse.

**G. DITUELELO**

Ga o kitla o amogela dituelo tsa go tsaya karolo.

**H. TUMELELO**

O tla neelwa khophi ya tumelelo e go e tshola.

**GO TSAYA KAROLO MO THUTONG E GO DIRWA KA BOITHAOPO. O gololosegile go gana go tsaya karolo mo thutong e, kgotsa go lkgolola mo go yona nako nngwe le nngwe.**

\_\_\_\_\_  
**TSHAENO YA MOTSAAKAROLO**

\_\_\_\_\_  
**LETLHA**

\_\_\_\_\_  
**TSHAENO YA MMATLISISI**

\_\_\_\_\_  
**LETLHA**

## **APPENDIX F**

### **SEMI-STRUCTURED INTERVIEW SCHEDULE**

#### **Female subgroup questions**

1. After watching the clip/video what are your thoughts/perceptions as females concerning the role of men in this clip?
2. To what extent do you think the role of this men contribute to the HIV risk? (to increase/ to decrease the risk)?
3. What is your experience of the role of males in your relationship with your partner?
4. How do you see couples decrease the risk of HIV infection in the conduct of your relationship?

#### **Males subgroups questions**

1. After watching the clip/video what are your perceptions as males concerning the role of men in this clip?
2. To what extent do you think the role of this men contribute to the HIV risk? (to increase/ to decrease the risk)?
3. Describe your role in your relationship with your partner?
4. How do you see couples decrease the risk of HIV infection in the conduct of your relationship?

## **APPENDIX G**

### **DIPOTSO TSA DIPATLISISO**

#### **DIPOTSO GO BASADI**

1. Morago ga go bogela setshwantsho se sa video maitemogelo a lona jaaka basadi malebane le karolo ya banna mo papatsong e, ke afe?
2. Le nagana gore karolo ya banna ba ba mo setshwantshong se e amana le tshwaetso ya kokwana-tlhoko ya HIV go le kanakang?
3. Maitemogelo a lona ke a feng malebane le karolo ya banna mo kgolaganong ya lona le bakapelo ba lona?
4. Jaaka baratani le ka fokotsa jaang tshwaetso ya kokwana-tlhoko ya HIV mo kgolaganong ya lona?

#### **DIPOTSO GO BANNA**

1. Morago ga go bogela setshwantsho se sa video maitemogelo a lona jaaka banna malebane le karolo ya banna mo papatsong e, ke afe?
2. Le nagana gore karolo ya banna ba ba mo setshwantshong se e amana le tshwaetso ya kokwana-tlhoko ya HIV go le kanakang?
3. Tlhalosang karolo e le e tsayang mo kgolaganong le bakapelo ba lona?
4. Jaaka baratani le ka fokotsa jaang tshwaetso ya kokwana-tlhoko ya HIV mo kgolaganong ya lona?

## **APPENDIX H**

### **REQUEST TO REFER THE PARTICIPANTS WHO EXPERIENCE PSYCHOLOGICAL DISCOMFORT FOR COUNSELLING DURING DATA COLLECTION**

Madam

I am currently registered as a student for a MCur (Community Nursing Science) degree at the North West University (Potchefstroom campus) and as part of the degree I plan to do a research about couple-empowerment strategies to prevent the risk of HIV infection in a male dominant milieu.

The purpose of this research is:

1. To explore and describe the experiences of female farm workers concerning male-dominance and the HIV risk linked to it.
2. To explore and describe the roles played by male farm workers concerning male-dominance and the HIV risk linked to it
3. To formulate recommended strategies for health education that will facilitate couple-empowerment so as to enable couples to protect themselves from running the risk of becoming HIV infected.

In order to achieve these objectives, vignettes and unstructured interviews with farm workers who are couples will be conducted. These should be farm workers employed in the Kekkele farm, Potchefstroom sub district in the North West Province.

The interviews for those who agree to participate will be conducted during August to October 2007. Interviews will be conducted in the farm homesteads in the venue chosen by participants, and will last forty five minutes to an hour per group. These interviews

might cause the participants to experience feelings of distress due to the explanation of their lived experiences.

I therefore request your availability for psychological support and debriefing for these participants as an expert in this regard. All the names of the participants and research proceedings will be treated confidentially

If any further information concerning this research is needed, please do not hesitate to contact me.

Yours truly,

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E NKHUMANE (Researcher)

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DR. A. PIENAAR (Supervisor)

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Mrs. D R PHETLHU (Co-Supervisor)

## **APPENDIX I**

### **FIELD NOTES**

#### **1. FIELD NOTES FOR FEMALE FARM WORKERS' INTERVIEWS**

##### **GROUP 1**

###### **Descriptive notes**

A group of five females between 19 - 26 years of age employed at the farm. All women are involved in sexual relationships, not married and are living apart from their partners. Participants were all willing to talk, although there was one who was shy but would talk when brought in the discussions. One participant kept on sniffing snuff without disturbing the interview but participating actively, and willing to even share some personal experiences. Most of the time participants volunteered information and enjoyed to express their views and there were also light moments where they shared laughter. The interview was held in the house of the mediator and no interruptions were experienced.

###### **Demographic notes**

The interview was held at 13h20 on the 18<sup>th</sup> August 2007 at the farm homesteads. The mediator offered his house to be used and the environment was cool and well ventilated. It was very private and it was only the six of us after he left us alone to join his friends. The interview lasted for one hour.

###### **Reflective notes**

The ladies were tense but relaxed after the commencement of the interview. The participants were quite open and willing to give information and share their experiences except for two participants who kept being quiet, but were able to participate when the researcher pulled them in the discussion. There was sadness and disappointment expressed and from the tone of voice by some participants as they talked about their experiences. One blinked away tears not allowing herself to be emotional and verbalized that she was fine with what she went through and has made peace with it.

## **GROUP 2**

### **Descriptive notes**

Participants are women aged between 22 – 36 years who have been working at the farm for more than a year. One woman married in a customary marriage and the other three ladies are single but involved in sexual relationships. Participants looked relaxed but did not volunteer information freely except two participants who seemed eager to share information. The interview was held at the farm homestead in the house of the mediator which allowed adequate privacy.

### **Demographic notes**

The interview was held on the 15<sup>th</sup> September 2007 at 15h55 in the farm homesteads. The room was private and no interruptions occurred. The interview lasted about 50 minutes.

### **Reflective notes**

Most of the participants were not willing to talk much about their experiences; they gave short answers even when probing was done. This aspect made it difficult for the interviewer as participants answered mostly with short answers. The inability to talk about the experiences may be as a result of the age difference between participants or fear of sharing their bad experiences and their partners knowing that they shared the information as they knew about the interviews and were around sitting with other men in the neighbour hood where they were relaxing with their beer. Participants seemed to have fears that what they say may be revealed thus calculated what they say.

## **2. FIELD NOTES FOR MALE FARM WORKERS' INTERVIEWS**

### **Males Group 1**

#### **Descriptive notes**

The farm workers were a group of middle aged males between the ages of 27 – 34 years. Three of the farm workers are living in 'vat en sit' relationships with their partners and two of them are living apart from their partners. Participants were very comfortable with the interviewer and each other as a result they participated very actively. They were very talkative and the interviewer had to keep on asking them to give each other a chance to talk. Participants seemed passionate when discussing their experiences. Minimal probing and non verbal communication was used because most of the time participants volunteered information and enjoyed to express their views. The interview was held at the home of one of the participants at the farm. Some interruptions were experienced as some of the participants' friends kept knocking to ask for them. On being made aware of the interview in progress they stopped disturbing.

#### **Demographic notes**

The day was a warm afternoon on Saturday, 25th August 2007. The farm workers were relaxing and drinking traditional beer as they were off duty. The venue was a house of one of the participant's. The room was cool and well ventilated with adequate and comfortable sitting arrangements. The interview started at started at 14h20 and lasted for one hour and fifty minutes as the participants were passionate about expressing themselves and the researcher allowed them time to do so without restricting them on time.

#### **Reflective notes**

The participants were very open and comfortable with each other and the researcher. All participants were willing to give information freely, participated actively and were also willing to give sensitive information. Some of the participants were even able acknowledge the fact that they sometimes cheated on their partners.



## **MALES GROUP 3**

### **Descriptive notes**

This was a group of 4 male farm workers between the ages of 29 – 48 years. Three of the participants living with their partners and married in customary marriages and one participant still single but involved in a relationship with a partner who stays and works at the farm. The interview was conducted in the house of the mediator who was also a participant in this group. Slight disturbances occurred from the noise of the farm workers who were sitting and enjoying their beer near by. Participants were sitting comfortably as two used a sofa and the other two were using a bench. The room was clean and well ventilated.

### **Demographic notes**

The day was Saturday afternoon on the 15<sup>th</sup> September 2007 and the interview was held at house of the mediator. It was a warm but slightly windy afternoon and the room was well ventilated well lit and cool. The interview started at 14h55. The participants participated actively and they were comfortable with each other looking at the way they addressed each other. The interview lasted for about forty five minutes.

### **Reflective notes**

Participants took part actively and were open when talking about general issues but when coming to more personal issues appeared uneasy. One of the participants even referred to others to ask as to whether they did hear the question as though this did not refer to him. Ignorance and lack of knowledge with regard to the seriousness of HIV was perceived by the researcher.

## **APPENDIX J**

### **WORK PROTOCOL FOR DATA ANALYSIS**

Dear Dr. Abel Pienaar

Thank you for agreeing to be my co-coder for this research. The objectives of this research are as follows:

1. To explore and describe the experiences of female farm workers concerning male-dominance and the HIV risk linked to it.
2. To explore and describe the roles played by male farm workers concerning male-dominance and the HIV risk linked to it
3. To formulate strategies for health education that will facilitate couple-empowerment so as to enable couples to protect themselves from running the risk of becoming HIV infected.

One population was used, namely: the farm workers who are couples and live and work in the designated farm homesteads.

Vignette of approximately five minutes from existing materials on male dominance and the risk of HIV infection pre-recorded on a video-clip was used so as to stimulate conversation from the participants. Unstructured interviews using open-ended questions derived from the vignette stories told by participants were put forward to the participants to probe further.

The following questions were asked to female and male participants respectively:

#### **Female Questions**

1. After watching the clip/video what are your thoughts/perceptions as females concerning the role of men in this clip?

2. To what extent do you think the role of this men contribute to the HIV risk (to increase/ to decrease the risk)?
3. What is your experience of the role of males in your relationship with your partner?
4. How do you see couples decrease the risk of HIV infection in the conduct of your relationship?

#### Males Questions

1. After watching the clip/video what are your perceptions as males concerning the role of men in this clip?
2. To what extent do you think the role of this men contribute to the HIV risk (to increase/ to decrease the risk)?
3. Describe your role in your relationship with your partner?
4. How do you see couples decrease the risk of HIV infection in the conduct of your relationship?

As per our agreement, 6 transcripts of interviews conducted with both male and female participants, with their individual field notes are enclosed. A combination of methods as described by Giorgi (Omery, 1983:57) and Tesch (Creswell, 1994:153-159) are used to analyze the data. The following steps are followed:

- 1 Read all the transcripts to get an idea.
- 2 Choose one script and read it again.
- 3 Using words and sentences as units of analysis, read the transcript again, and underline the spoken words and sentences.
- 4 Transfer underlined words and sentences to the left hand column of the transcript as categories.
- 5 Write down your personal perceptions on the right hand column of the transcript.

- 6 Then read the categories that were transferred to the right hand column so as to identify the main categories, sub categories as well as the redundant categories.
- 7 Transfer the underlined words (still in the participant's own words) to a table indicating the main categories, subcategories and further categories.
- 8 Finalise these categories by going through the table again.
- 9 Translate the spoken words into scientific language with the possibility that the categorization can be refined kept in mind.

As per our discussions, the consensus meeting will take place on 12 April 2008.

Thank you

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Mrs. E. Nkhumane  
(Researcher)

## APPENDIX K

01-09-2008

Hereby I, Ms Cecilia van der Walt, certify that I did the editing of the dissertation titled *Couple-empowerment strategies to decrease HIV risk in a male dominant milieu*, author Ms E Nkhumane.

MS CECILIA VAN DER WALT

HED, BA

Plus Editing and Translation at Hons level,  
Plus Accredited with SATI for Afrikaans  
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## **APPENDIX L**

### **1. PARTS OF THE TRANSCRIPTS OF THE INTERVIEWS WITH FEMALE FARM WORKERS**

#### **FEMALE GROUP 1**

**R: RESEARCHER**

**P: PARTICIPANT**

**P1:** I think these men are taking an advantage.

**R:** This lady thinks that these men are taking an advantage over the women. What are you ladies thinking?

**P4:** I think maybe he has a certain illness that he wants to transmit to these ladies, because when he leaves from the one he goes to the other.

**P5:** I agree with the lady who says men take advantage. How can a person who says he loves you go and do the same thing he does with you with the other woman if he really loves you? They are taking advantage over ladies, they are using us women!

**P1:** This guy is using the ladies. It's like he does not love them, he is moving from one to the other in a row and only wants to have sex with all of them.

**P2:** He knows, this is totally not right, but as ladies we need to be careful as well. How do you knowingly agree to date "Step 1" if you know that he is in love with someone, and tell yourself that you want him and take the advantage to get him?

**P1:** What if you don't know that they are involved in a relationship?

**P 2:** There is no way that you won't know. In life you have to tell yourself that there is no person you may find who does not have a partner.

**P1:** What if you find that you already love this person? You cannot question a person about someone you don't know when he proposes love to you. There is no way that you can refuse his proposal if you love him. You are going to accept the proposal!

**P2:** You have to sit down and talk. You cannot just accept somebody's proposal so easy without discussing this with him.

**P3:** It's the same he won't tell you the truth.

**P4:** But you see you will find that he is in a hurry to have sex with you.

**P1:** That one shows you exactly what he wants.

**All Participants:** YES!

**P1:** You can see that the lady was not interested in him, he just bought her a present and gave her a lift, the next thing he wants to sleep with her.

**P4:** It was his aim to have sex with her!

**P1:** That is forcing her. It does not mean he loves her, he just want to have sex with her. Sometimes men are only interested on how the lady physically looks: 'your physique' and he tells himself that he is going to take you to bed, and that's how rape occurs. The person gets interested when he looks at your body and feels like having sex with you and ends up raping you.

**P5:** He envies you by just looking at you!

**P:** Yes, he envies you.

**P1:** That's how rape occurs, and if a person rapes you sometimes you get AIDS from this rape.

- P2:** If I have an affair with someone, I don't know what kind of life he is living and I don't know what he does at night because I don't go everywhere with him. If he comes and proposes love to me I must not tell myself that he does not have a girlfriend and he is faithful. When I'm going to have sex with him I must use a condom. If he does not want us to use a condom he must move on and leave me alone.
- R:** To what extent do you think the role of this men contribute to the HIV risk?
- P2:** Firstly that guy who forced himself on the lady did not use a condom. He wanted to do what he did not even thinking of a condom. That's how people get HIV infection because he does not even know if the lady is HIV positive.
- P1:** He has been sleeping around with other ladies and he does not know what this lady has been doing and the lady as well does not know what the guy has been doing during her absence. They just have sex without using a condom and that's how they can be infected.
- R:** Yes, I hear what you say ladies, but do you think the role this men play is contributing to the risk of HIV infection?
- P3:** Yes it contributes to HIV infection. I don't think you can have sex with three women at the same time and tell yourself you love them all. This guy actually loves only one lady, the others he just uses when he is stranded.
- P4:** That is how we can be infected with HIV because your boyfriend finds another lady and becomes unfaithful.
- P5:** Sometimes you meet somebody that you love and use a condom for the first six months only and you stop using because you tell yourself that this person is your boyfriend without going for HIV tests.
- R:** What are your experiences as women concerning the roles of these men in your relationships with your partners?



**P2:** I have realised that if you are in love with a man never show him that you really love him, you have to limit. Because if you show him how much you love him he takes you for granted as if there are no other men out there. He starts treating you like a tennis ball and when you complain he starts beating you up. When you try to show him the wrongs he is doing by being unfaithful, he takes as if you are the one doing all this and you are talking from your own experiences. When he comes from his other girlfriends when he gets home he is already angry without a reason, thinking because he has been unfaithful; the same with you. He even goes to an extent of accusing you of unfaithfulness and tells you that you are having an affair with somebody even if it is not true.

**R:** When you say you shouldn't show a man how much you love him, how are you going to do this?

**P2:** If you get him with another girlfriend do not show your anger, just look at them and leave them alone. A man sometimes does the same mistakes in many different ways; you find that he keeps on being unfaithful with different ladies repeating the same mistake. He knows that you love him and you will forgive him. When you try to end the relationship you are in trouble because he does not want you to end the relationship he may start beating you up.

**P3:** Sometimes when you stay with your boyfriend and you go and visit your relatives for the weekend and it happens that you change your mind and decides to come back earlier than planned without informing your boyfriend, you find that when you get home you find him in bed with another woman; in your own bed!

**P1:** What I have realised with men is that even if he can tell you that he loves you, you find that he has other girlfriends on the side. A man is never satisfied!

**R:** When you say a man is never satisfied what do you mean, can you explain?

**P1:** What I mean is like we have explained, If you stay with your boyfriend and you do everything that a married woman would do for a man and act like a wife; and treating him like a husband, you find that he still go out and cheat and have extra

affairs. Instead of him giving you problems with one girlfriend, he gives you problems with different girls. You find that every month he has a new girlfriend.

**P4:** When your boyfriend has one extra affair you end up accepting that and when he is not home you know that at least he is with "so-and -so" and it does not stress you anymore.

**P5:** You end up accepting it.

**P2:** It is better if you don't know who your boyfriend is having an affair with. If you know the person it is very-very painful, because you know that I'm sharing my boyfriend with this person and this makes you not to feel free, even when you are relaxing it keeps on bothering you but if you don't know you will just suspect that he is having an affair - *"It is very painful"*

**P3:** What men are doing to us ladies is that he will have an affair with you and have another girlfriend in the same vicinity.

**P5:** Many boyfriends like to brag to us ladies about other girlfriends that they are having extra affairs with.

**P2:** Man sometimes will have an affair with another girl knowing so well that you love him and won't question him about the affair. He spends the entire weekend with another girlfriend knowing that when the girl leaves at the end of the weekend he will come back to you. He knows that you won't question him and you will agree to have sex with him. When you stop the affair with him today the following day he brings another girlfriend home to get to you and when he sees you he becomes worse, he cuddles and hugs the other girlfriend in front of you to try and hurt you more.

**R:** How can you decrease the risk of HIV infection as couples in your relationships?

**P1:** We can decrease the infection by using a condom.

- P3:** What if you are going to get married; will you use a condom for ever?
- P1:** We have to have blood tests before we stop using a condom.
- P2:** Sometimes you can get a boyfriend who is HIV positive and if you feel you love him you can continue the affair, as long as you protect yourself by using a condom.
- R:** You have all supported the issue of condoms; do you have any other ways of decreasing HIV infection that you know of?
- P5:** I have heard of a condom only.
- P3:** I think also you can also clean your blood to keep yourself safe. I don't think HIV can affect you easy in this way.
- P1:** Immediately you have sex with someone who is HIV positive you will be positive as well, no matter what you use to clean your blood. If we could clean our blood like you are saying, there would already be a cure for HIV. So cleaning of blood is something and HIV is HIV, it does not go out once it has entered your blood until you die.
- P2:** We can use old Biblical principles that say "sex before marriage is a sin"
- Participants:** All laughing!
- P3:** But it is the same, we are already doing it.
- P2:** In the olden days people used not to have sex before marriage.
- P3:** Now is another era, things have changed.
- P2:** But if we can be serious as a couple we can still do it
- P1:** But nowadays it is very difficult because if you don't have sex with your boyfriend,

he is going to leave you and look for those that can have sex with him.

**R:** Does that mean sex is the only thing that keeps you and your boyfriend together?

**P2:** Yes, the only way is to have sex with him.

**R:** As you have sex, is there a way of protecting yourself as a couple to reduce the risk of HIV infection?

**P1:** There is a way; we only have to use condoms.

## **PART OF ANOTHER TRANSCRIPT**

### **FEMALE GROUP 2**

**R:** To what extent do you think the role of these men contribute to the HIV risk?

**P3:** The role of the men contribute because this guy is having sex with different women without using a condom, maybe this guy is HIV positive and is infecting this women.

**P2:** His aim is to infect these ladies

**P1:** He is also playing with these women's feelings because he is having affairs with them all.

**P2:** Again these ladies can be blamed!

**P4:** If it's your boyfriend doing this he won't tell you that he has been unfaithful and having sex with other ladies. Unless somebody tells you or you catch him red-handed.

**P2:** But his girlfriend as well cannot just have sex with this man without using a condom. She must initiate condom usage. She must tell herself that she does not know what this guy has been doing, so she must think of using a condom. The rest of the ladies are not using condoms as well, they don't know if this guy has

any infection that he is transmitting to them they are as well to blame like this man. The other guy is wrong because he raped the lady, he brought her gifts to bribe and to win her love and trust and from there he rapes her. That is wrong!

**R:** Don't you think these ladies did not know that this man was unfaithful and having other girlfriends hence they trusted him? Don't you think each of them thought she was his only girlfriend?

**P2:** If you don't know the person you have to use a condom when having sex. When you know the person and you have been involved for some years then it's understandable, you can then stop using a condom because then you know this person and you trust him. You cannot take risks when you have just met the person.

**P4:** You find that you don't know his lifestyle

**P2:** In this way you are putting yourself at the risk of being infected. We as ladies have to think for ourselves that when I am going to have sex with this person I must use a condom.

**P3:** These men are not trustworthy, sometimes you live together but you don't see what your man does when he is not with you and when he comes home you trust him and have sex with him without using a condom, and he won't tell you when he has been unfaithful let alone to use a condom.

**R:** What are your experiences as women concerning the roles of these men in your relationships with your partners?

**P1:** Most of the time men tell us that they don't have girlfriend while is the opposite.

**P3:** We as women are easily deceived by men. Sometimes your boyfriend tells you he'll come at a certain time and does not pitch up or arrives late without a genuine reason and finds you angry, he easily deceives you and tells you stories that you will believe even if it's not true.

- R:** Does that mean he tells you a lie and you believe him?
- P3:** Yes. You do this because you love him that is why you believe what he tells you.
- P2:** How do you believe someone even if you can hear that he is lying to you?
- P3:** Yes, you believe him because you love him!
- P2:** Even if you love somebody you are able to hear when he lies to you. He is trying to deceive you.
- P4:** You know how it is; you will be angry and scold at him and then he threatens you that he will pack his staff and leave. You are going to stop him from leaving to try and work out your differences, forgive him and forget what happened because you love him. He then takes days behaving well to let you cool off and forget the incident. When he sees that you have forgotten he repeats the same mistake again.
- P1:** If your boyfriend has made a mistake and you scold at him he is in return going to be angry as if you are the one who is wrong and you end up being the one asking him for forgiveness as if you were the one who initially made a mistake. You have to sit down and discuss your issues and tell him what you don't like and where he is wrong. You should not scold at him because he is going to retaliate in return.
- P1:** Men don't see their wrongs sometimes.
- P1:** If you scream at him he is also going to get angry and tell himself that he does not care and this causes friction.
- P1:** Even if you love this man, I don't agree that you have to tolerate his mistakes.
- P4:** When it nears the weekend he makes himself angry and packs his staff to leave because he intends to spend the weekend with the other woman and makes your misunderstanding an excuse for leaving to get away easily without you blaming

him.

**P2:** He does this deliberately knowing that he will make as if he is angry with you over the misunderstanding so that he can leave knowing that when he comes back you will think you are partly to blame for him leaving and try and make up without questioning him about his weekend disappearance and things go back to normal again. He is going to keep on repeating this. I have been there myself before, the same as this guy Andile was doing and these ladies did not know.

**R:** That should have been a bad experience for you. You can tell us more if you want to.

**P2:** We have a child together with this man, but he used to have extra affairs. Sometimes my friends used to tell me that they saw him with another woman and when I asked him about this he denied and will be so aggressive. I have been there. I know that pain!

**R:** The lady here has shared with us her experiences and the fact that they were not nice ones. What are you ladies saying?

**P3:** Sometimes you have to obey by his laws.

**P1:** I have also been through almost the same experience. When I refused my husband sex because I was from work and tired he used to leave during the night and come back in the morning. When I asked him where he came from he used to fight me. He even told me not to ask him where he came from because I didn't want to have sex with him. I realised that it means he was having an affair and was getting sexual relieve because for days after this he wouldn't even bother to touch me and he kept on repeating this. Despite all this I stayed with him and he is better now.

**R:** This is also another painful experience for this lady as well. How can you decrease the risk of HIV infection as couples in your relationships?

- P3:** If we are unfaithful to each other we need to use condoms because we don't know what each of us is doing.
- P2:** It is the same because they say the same condoms that the clinics are issuing are also not safe, how can we be sure of our safety now?
- P3:** There are those that are sold if you don't trust the free issue ones.
- P2:** What will we do if we don't have money?
- R:** If you are unable to get or afford condoms what else can you do?
- P2:** We can both go for HIV testing to check if we are not infected. After that I don't know.
- P3:** You also have the responsibility to say NO.
- P2:** Remember this person is your partner, how can you say NO?
- P4:** Say NO to your partner about sex being in love with him? It is not possible, he won't take it. You cannot refuse him sex!
- P3:** Yes you can, if you don't want to you don't want to.
- P2:** No man will agree to what you say.
- P1:** Being in love with him? He won't agree to that.
- P:** Even if you don't trust him are you still going to have sex with him?
- P3:** You cannot say No to him when he wants sex.
- P3:** It also depends on how you talk to your partner because he can understand when you say no. You can also go for HIV testing and after that use a condom and the



two of you can agree that you are not going to have sex without a condom.

**P1:** You have to be faithful to each other as well.

**P3:** Even if we love each other we must use a condom. If we don't have "CDs" (condoms) we cannot engage in sex until we have condoms.

**P1:** He is going to end up forcing you to have sex.

**P3:** If he has sex with me by force I have the right to lay charges against him despite him being my boyfriend even if it means ending the relationship.

**P4:** When a man really wants sex he can end up strangling you in bed. No way, you will give in.

**R:** Does he really strangle you?

**P4:** He really strangles you.

**P1:** He will also beat you up!

**P4:** Sometimes he even tells you that It means you are having an extra affair and you are sexually satisfied that is why you are denying him sex.

**P2:** He will keep on saying this to you, it becomes a daily song. This is hurting and feels like you are being blackmailed.

**P1:** I am talking from experience because when my husband wants sex and I tell him I'm tired, he tells me that it means I am having sex with somebody during the day and I'm satisfied.

**R:** Did you try to explain to him how you feel so that he can understand?

**P1:** I do explain to him and he keeps saying this so that he can pick a fight me.

## **PARTS OF THE TRANSCRIPTS OF THE INTERVIEWS WITH MALE FARM WORKERS**

### **MALES GROUP 1**

**R: RESEARCHER**

**P: PARTICIPANT**

**P3:** What I see is that these men use their status as men. So they dominate women because they are men not because they are at the taverns. First time it happened they were only two. This man even verbalized that he did not love this lady. He does not care about this lady; he just wanted to satisfy his feelings. He did not care about the lady's feelings. He did this because he is the one with more power though he knew he was wrong.

**R:** What do you mean if you say even if they went to her grand mother's together it was rape?

**P3:** Oh yes that's rape because there was no agreement. He raped this lady because she refused to sleep with him but she gave in because she wanted to satisfy him anyway.

**P4:** The men are overcome by their feelings, I may say they don't have timing you see. They are selfish, the way one feels one expects his partner to feel the same way. If one wants to have sex he expects it to happen at that moment, so those feelings make them to oppress their partners' rights. So this is rape as well as dominance on women because of men's feelings. Men have the feelings that when they want to have sex they must have their own way because this is my girlfriend/partner. He does it just to satisfy himself and that's what makes them undermine women's thoughts and rape them. I also think that forcing a woman to sex without a condom is rape. Men sometimes believe that is about give and take, I cannot give you something not expecting something in return. If you accept presents it means you understand what is happening and it is obvious. So men look for advantages".

- R:** When you say if this man gives her something he believes that something will happen, you mean that's what is happening?
- P4:** Yes, that is what always happens. I can also do it; if I smile and you start smiling back I can already see where this thing leads to, it means we have skipped other steps like knowing each other better. So I start working faster and that is when I start taking an advantage because it has presented itself. In other words I can force the woman in bed.
- P2:** I can also not agree to give presents for free while losing. Maybe I lose R2000 you see and after that you start with nonsense, obviously I must push to have sex with this lady.
- R:** If you give a woman R2000 or a present, do you give it out of love or looking at an advantage?
- P2:** I give it out of love but I'll look at your actions and if you are always busy to see me, then I take an advantage as well like that guy in the video who raped the lady. I can't give you money to spend with another guy before I can have sex with you.
- R:** Ok...mm?
- P2:** I give it to you so that I can be able to do my thing and after being satisfied that is then you can go and spend it anywhere you like. As men if we give someone a present it is just to ensure that later we can satisfy ourselves sexually by having sex with the lady because you gave her a present.
- P3:** We as men most of the time expect something in return. If I give you something especially if we are not very close you must also know that I don't give you for free, there is something that I want from you. I do it because I'm sexually aroused and I want to relieve myself sexually. There's nothing that forces me to talk to that person, I just do this so that I can be able to satisfy my feelings.

R: Hm...?

P1: Sometimes a man look at the way a woman is dressed and get attracted. If you buy her two lollipops then you expect something in return.

P2: He puts her under pressure.

P1: I could say when I pass by and see a woman wearing shorts cleaning at home I won't mind, but if you meet a woman at a tavern wearing "two centimetres" (*mini skirt*) it means she wants to steal you from your girlfriend by attracting you with her looks and that is where you will get AIDS. Sometimes women make themselves simple people because they go to the taverns to be used by men.

P2: You see sister; we men have a short temper and are weak. There are things that are done by ladies that we as men cannot withstand. If that woman did not get into the car the guy could not have forced himself on her. If a lady agrees to go with me to my place it means she has already agreed to have sex with me. That is why I say we are overpowered by the challenges that the ladies bring to us as men. We end up oppressing them because of their actions as we work on to time and their actions put us in a bad position.

P4: You can ask a lady what she drinks and buy her two beers, after that I buy her a six pack (*six cans of beer*). The reason I do this is that I love her but I don't tell her. After that I tell myself that the beer I bought won't just go in vain, I tell myself I must "*finish her*".

R: What do you mean when you say you are going to "*finish her*"?

P4: This means I am going to have sex with her that is pay back time. It is just like I would take the lady out for entertainment and after that I have to have sex with her.

R: Does this mean that she must now pay for the six pack you bought her?

- P4:** Yes, she must pay even though we did not agree. Nothing comes for free.
- P2:** Man me, I am MoSotho, I took after my father. I believe that in the house I am the head. I am not yet married; but my girlfriend must know that I'm a man. I'm still holding those beliefs of the BaSotho. My father mentored me that when I leave the house, on coming back my girlfriend does not have the right to ask me where I've been. There are things that I can and must share with her. I cannot ask her for permission if I want to go somewhere. That one I cannot do!
- P1:** I once had nine girlfriends in this same farm homestead. I used to alternate where I sleep every night until I got ill and went to hospital. I was lucky not to be infected with HIV/AIDS but I had Sexually Transmitted Infections and spent weeks in hospital.
- P4:** Forcing and pressurizing women is what we do. We do it every time without realising that we are doing it. What I can tell about myself is that I am unfaithful. I am not only being unfaithful, we found unfaithfulness here on earth and is the education we got from our fathers at home. I'm not the first one to be adulterous. Women around here look at you whether you behave wrong or right. I am proud of one thing; "I am unfaithful, I have sex with them"
- P2:** There are laws that we are not following, the Ten Commandments; "Thou shall not steal" that is what the Bible says. But what do we do? We steal from each other and after that we get accidents (STI's). When your woman wants you, you cannot perform because of the accidents. By doing this I put the woman I am living with into risk. But what I know is that my girlfriend is trustworthy and I trust her, she will never do the same to me. What I did was wrong, I used to sleep with four girlfriends in the same house and have sex with them at the same time one after the other, my girlfriend included. But I want to tell you my friends don't do this it is bad!
- P2:** I want to talk about the sickness among men. We are sick but we are not aware and I know I am sick as well. I don't have love for women but I have feelings to have sex only. I don't have love for nor future dreams with my partner, I love her

now and after we have sex I feel like she can leave immediately because what I wanted from her was sex only. Even if we can seriously argue and I am angry with her if she gives me sex then every thing is well then we can make peace.

**P3:** It means you always want to have sex.

**P2:** Having sex brings peace to my life.

**P1:** A condom is the only thing, get married: Sex after marriage, not sex in demand as is happening. I give you, you give me story is out don't do that; if you do that use a condom.

**P3:** Condoms have a repellent, if you have them in your wallet you will never get women, but once you don't have them you start seeing all the nice ladies.

**P2:** On the condom issue I would like to say you won't have condoms for 24 hours with you. Take those condoms out of your wallet and you will see what girls do!

**P3:** They play closer to you because you don't have condoms. At the end you find that you have slept with a lady without a condom.

**R:** In your view, what makes girls to run away from you when you have condoms and attract them closer if you don't have one?

**P3:** Maybe they feel it in their blood. They can feel that you do or do not have it.

**P1:** Wise words say: "All the heroes of this world will be buried in their graves". To tell the truth HIV and AIDS is a man killer and it has many diseases associated for example, chest infections, diarrhea etc.

**PART OF ANOTHER TRANSCRIPT**  
**MALES GROUP 3**

- P1:** According to what I see in this video, we as men are abusing women. That is abuse! ***Pause...*** This is what I have realised from your side, as men.
- P2:** The way I see it, women in this video are throwing themselves to men, so this men are taking an opportunity as presents itself to use them.
- P3:** I also see that these women are throwing themselves to these men, as the other woman mentioned that she wanted to have sex with the man but not at her granny's place
- R:** Don't you think is because this lady loves this man even though she did not want to do it at her granny's?
- P4:** The way I see it the guy was already under the influence of alcohol. When you are intoxicated everything does not go well.
- P1:** I don't think its alcohol, because if my girlfriend can refuse to sleep over at my place I am going to be funny to her.
- P4:** When I want sex and I am intoxicated, I don't want to hear any excuse, I want sex that's all!
- R:** You don't want to hear any excuse?
- P4:** I don't want to hear anything. *When I want it (sex) I want it!*
- R:** Even if your partner can explain why she is saying no?
- P4:** When I am hot and aroused I am sorry, I don't want to hear anything!
- P1:** You don't want to understand anything! Why is she refusing today?

**P4:** Yes, why, why?

**P5:** It means there was another man here! He was here!

**P1:** Yes!

***All participants laughing...***

**R:** I can see that you all agree on this, but the lady might have refused because they were at her granny's place and her granny might hear everything.

**P4:** She is the one who brought the guy there and he was already hot and aroused. I blame this woman!

**P5:** Their role has a contribution to HIV infection. I am looking at the speed of this man who was raping the woman he took a short cut, he just grabbed the woman without putting a condom and he does not know her HIV status.

**P4:** I would like to concentrate more on "Andile" he has a woman that he is seriously involved with but at the same time had sex with two women without protection and after that he went back to his woman, this can lead to infection.

**P2:** The way I see it, it depends on the person you are dating whether you know the person or know something about this person.

**R:** You said it depends on whether you know the person or know something about the person, what did you mean by this?

**P2:** When you know a person, you know this person because you have been together for a while. If you have a new girlfriend that you just met and you want to have sex with her it may be risky because you don't even know this lady. This new girlfriend may even be sick

**P2:** The problem with us men is that if I am sick and I love you and you don't know when we start the relationship, we hide a lot of things because we don't want the



woman to know. We always think that if I can tell her that I have a certain illness or a wife at home I'll lose her or she will leave me. To avoid you leaving me I am going to hide all my problems until we have agreed and are lovers and that's only then I can tell you my problems. I cannot tell you about my illness when we have just met.

**P5:** Me either I won't tell you that I'm sick when we have just met. If I love you even if I cannot have an erection I won't tell you! I will seek medical advice in silence.

**All Participants:** Laugh

**P4:** A man's illness is a secret!

**R:** As couples how can you decrease the risk of HIV infection in your relationships?

**P1:** We have to sit down and communicate as a couple and also go for HIV testing. When results are negative we can continue and be faithful to each other

**P4:** We can also use condoms; this does not mean you don't trust your partner.

**P2:** There is no any way but to use a condom.

**R:** What if you don't have a condom with you at that time?

**P5:** The condom is not there and my partner is here, no ways! That won't be possible. I want sex, that all!

**P1:** That's where one gets infected with HIV

**P5:** I can even use a plastic bag, but not say no to sex! So what then, will any partner chase me away?

**P3:** You can even go to your friend and ask for a condom.

**P5:** It will seem like I am saying to my friend, somebody with AIDS is here, and I need a condom.