THE EXPERIENCES OF WOMEN LIVING WITH HIV AND AIDS IN MANKWENG AREA, LIMPOPO PROVINCE

BY

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DECLARATION

I, Malatji Modjadji Linda, declare that this dissertation is my original work and that all the sources used or quoted have been indicated and acknowledged by means of complete references.

Signature: ____________________                     Date: _____________________

DEDICATION

I dedicate this study to everyone who is infected and affected by HIV and AIDS. Your courage, compassion, determination, and hope inspire us all.
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ABSTRACT

The impact of AIDS has an overwhelming effect on women as they are unable to fulfill their multiple roles. For many women, a diagnosis of HIV/AIDS carries a profound physical, psychological and social burden. Gender inequities, poverty and a
growing prevalence of HIV in developing countries have increased the vulnerability of women to HIV infection. Women’s lack of social and economic independence and their low status in their marital households also increase their vulnerability to HIV. They are susceptible to stigma and discrimination when they are identified as being HIV-positive. Negative social responses in these situations may result in them being rejected by their families and denied access to resources.

A qualitative exploratory-descriptive study was conducted with fifty-six women living with HIV/AIDS (WLWHA) in the Mankweng area and surrounding villages. Six focus groups interviews were conducted to elicit information about their experiences and perceptions on the way families, communities, health and social service professions treat them. A quantitative approach was also used to indicate the number of participants who shared similar views on a particular issue.

The striking feature about the participants’ explanation of HIV and AIDS is that, they associated HIV/AIDS with *makgoma* (contaminations). The participants also reported that dealing with the consequences of the disease is a huge challenge. They also face challenges in managing their illness. Their problems are compounded by accusations from their partners, family members and the community who blame them for the infection. This creates stress for them that may be detrimental to their physical and emotional health. The participants freely expressed views on HIV/AIDS, aspects that are positive and unsupportive of people living with HIV/AIDS. They shared their physical, social, psychological, cultural and economical challenges. The findings also revealed that an overwhelming number (89%) of WLWHA are struggling with negotiating for condom use. Some of their partners are reluctant to use condoms thus, risking re-infection that is detrimental to their health. The participants’ plea is for the health and social service professionals to become sensitive and compassionate towards them.

**TABLE**

Table 1: Support groups 9

**FIGURE**
ABBREVIATIONS

AFSA: AIDS Foundation South Africa

AIDS: Acquired Immune Deficiency Syndrome
ARRM: AIDS Risk Reduction Model

ART: Anti-Retroviral Treatment

ASSA: Actuarial Society of South Africa

CDC: Centers for Disease Control and Prevention

CHBC: Community Home Based Care

DSD: Department of Social Development

FHI: Family Health International

HBM: Health Belief Model

HIV: Human Immunodeficiency Virus

IMB: Information- Motivation-Behavioral skills model

ICRW: International Center for Research on Women

ILO: International Labour Organization

NCRW: National Council for Research on Women

NIMH: National Institute of Mental Health

PLWHA: People Living With HIV/AIDS

PRP: Poverty Relief Programme

SCT: Social Cognitive Theory

STIs: Sexual transmitted infections
TRA: Theory of Reasoned Action Model

UNJPH: United Nations Joint Programme on HIV/AIDS

UNDFW: United Nations Development Fund for Women

UNPF: United Nations Population Fund

UNAIDS: United Nations Programme for HIV/AIDS

VCT: Voluntary Counseling and Testing

WLWHA: Women Living With HIV/AIDS

WHO: World Health Organization

TABLE OF CONTENT

Declaration i
Dedication ii
Acknowledgments iii
Summary iv
CHAPTER 1
GENERAL ORIENTATION TO THE STUDY

1.1 Introduction and background 1
1.2 Motivation of the study 2
1.3 Statement of the problem 4
1.4 Aim of the study 5
   1.4.1 Objectives 6
1.5 Assumptions of the study 6
1.6 Guiding questions 6
1.7 Research Methodology 7
   1.7.1 Type of research 7
   1.7.2 Research design 8
   1.7.3 Population 8
   1.7.4 Sampling method 10
   1.7.5 Data collection method 10
      1.7.5.1 Focus group interviews 10
   1.7.6 Data analysis method 11
1.8 Theoretical framework 12
1.9 Area of study 13
1.10 Ethical considerations 13
1.11 Significance of the study 14
1.12 Limitations 14
1.13 Operational definition of concepts 15

CHAPTER 2
THEORETICAL PERSPECTIVE ON THE EXPERIENCES OF WOMEN LIVING WITH HIV AND AIDS

2.1 Introduction and background 17
2.2 Myths about the transmission of HIV and AIDS 19
2.3 Feminist perspective on women and HIV/AIDS

2.3.1 Feminist theory

2.3.1.1 Cultural
2.3.1.2 Liberal
2.3.1.3 Marxist
2.3.1.4 Postmodern
2.3.1.5 Socialist
2.3.1.6 Radical

2.4 Factors that render women vulnerable to HIV infection

2.4.1 Physical factors

2.4.2 Social factors

2.4.2.1 Violence against women
2.4.2.2 Male control of sexuality
2.4.2.3 Women’s lack of control over the sexual lives of their partners
2.4.2.4 The inability of women to insist on condom usage

2.4.3 Economic factors

2.5 Perceptions of illness in Traditional Africa

2.5.1 African beliefs and HIV and AIDS
2.5.2 Witchcraft and HIV and AIDS
2.5.3 The ancestors and God as the causal agent of illness

2. Traditional African perceptions of condoms

2.7 Consequences of HIV/AIDS

2.7.1 Loss of livelihood
2.7.2 Loss of opportunities
2.7.3 Loss of marriage and childbearing
2.7.4 Internalized stigma

2.8 The impact of HIV/AIDS on women

2.8.1 Interpersonal relationships
2.8.2 Health consequences
2.8.3 Psychological consequences
2.8.4 Physical consequences
2.9 Consequences of HIV/AIDS on families of PLWHA

2.10 Expressions and forms of social labeling (stigma)
   2.10.1 Physical stigmatization
   2.10.2 Social stigmatization
   2.10.3 Verbal stigmatization
   2.10.4 Institutional stigmatization

2.11 Care and treatment of PLWHA

2.11.1 Family care and treatment of PLWHA

2.11.2 Community care and treatment of PLWHA
   2.11.2.1 The positive impact of HIV/AIDS on the community
   2.11.2.2 The negative impact of HIV/AIDS on the community

2.11.3 Four criteria for social disassociation in the society
   2.11.3.1 Threat to health and safety
   2.11.3.2 Violation of social standards
   2.11.3.3 Contributions to the social good
   2.11.3.3 Aversive impact

2.12 Disclosure of HIV/AIDS status
   2.12.1 Denial
   2.12.2 Fear of rejection
   2.12.3 Non judgmental attitude

2.12.2 Possible positive consequences of disclosure

2.12.3 Possible negative consequences of non-disclosure
   2.12.3.1 Lack of support
   2.12.3.2 Risk
   2.12.3.3 Lack of caregivers
   2.12.3.4 Suspicion

2.13 Unmet needs and barriers to social services
   2.13.1 Needs for social services
   2.13.2 Barriers to services

2.14 Life after HIV diagnosis
   2.14.1 Fear
   2.14.2 Grief
2.14.3 Depression 71
2.14.4 Anger 72
2.14.5 Anxiety 72
2.14.6 Low self-esteem 72
2.14.7 Loss 73
2.14.8 Hope 73

2.15 Conclusion 73

CHAPTER 3
PREVENTION AND INTERVENTION OF PEOPLE LIVING WITH HIV/AIDS

3.1 Introduction 75
3.2 Roles of prevention intervention theories of HIV/AIDS 76
3.2.1 Behaviour change theories 76
3.3 Models specific to HIV reduction 79
3.4 HIV/AIDS intervention programmes 82
3.4.1 Support groups 82
3.4.2 Facilitating empowerment 84
3.4.3 Community home based care 86
3.4.4 Education programme 86
3.4.5 Poverty relief programme 86
3.4.6 Awareness campaigns 87
3.5 The social workers’ attributes 87
3.5.1 Social work intervention for persons living with HIV and AIDS 89
3.5.2 Social work challenges due to HIV and AIDS 90
3.5.2.1 Current challenges to social workers 91
3.5.3 Community and the social worker 94
3.6 Government responses 95
3.6.1 The basic rights of people living with HIV and AIDS 96
3.6.1.1 Liberty, autonomy, security of the person and freedom of movement 97
3.6.1.2 Confidentiality and privacy 97
3.6.1.3. Health and support services, public benefits, medical schemes, and insurance 97
3.6.1.4 Education
3.6.1.5 The right for safer sex

3.6.2 The role of the Department of Social Development in combating
HIV and AIDS

3.6.6 Anti-Retroviral Treatment (ART)

3.7 Responding to the needs of people living with HIV/AIDS
3.7.1 Physical
3.7.2 Emotional
3.7.2 Social

3.8 The multi-professional team

3.9 Conclusion

CHAPTER 4
EMPIRICAL RESEARCH FINDINGS

4.1 Introduction
4.2 Biographical data
4.3 Views on HIV/AIDS
4.3.1 Participants views on HIV/AIDS
4.3.2 Views on HIV/AIDS shared by the family and community
4.3.3 Positive aspects by the community towards PLWHA
4.3. Negative views of the community towards PLWHA

4.4 Family care and treatment of PLWHA
4.4.1 Participants’ views on family treatment towards PLWHA
4.4.2 Participants views on the treatment of WLWHA by health care
workers
4.4.3 Participants views on the treatment of MLWHA and WLWHA
4.4.4 Views about the role of health care

4.5 Disclosure of HIV/AIDS

4.6 Husband or partner’s reactions after disclosure
4.6.1 Restrictions placed on PLWHA
4.6.2 Challenges faced by WLWHA

4.7 Life changes after diagnosis
4.7.1 Hope and Acceptance
CHAPTER 5
MAJOR FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction 145
5.2 Restatement of motivation for the study 145
5.3 Restatement of the problem statement 146
5.4 Restatement of aims of the study 147
   5.4.1 Aim of the study 147
      5.4.1.1 Objectives 148
5.5 Restatement of assumptions 149
5.6 Summary of the major findings 151
5.7 Conclusion 153
5.8 Recommendations 154
5.9 Closing statement 156
   References 157
   Annexure A-Guiding questions for focus group discussions 172