

**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**

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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

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