Exploring risk perceptions and protective behaviours in relation to HIV/AIDS among wives and partners of migrant workers in the rural areas of Lesotho

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REMARKS

- The reader is kindly requested to take note that this mini-dissertation has been written in the NWU approved article format, which consists of an introductory chapter, two research articles containing the main findings of the study, and a final chapter outlining the conclusions, limitations, and recommendations pertaining to the study.

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SUMMARY

Topic: Exploring risk perceptions and protective behaviours in relation to HIV /AIDS among wives and partners of migrant workers in the rural areas of Lesotho

Key words: Risk perception, Protective behaviours, HIV/AIDS, Wives, Basotho migrant workers, rural areas.

This mini-dissertation presents a discussion of the qualitative study exploring risk perceptions and protective behaviours in relation to HIV/AIDS among wives and partners of migrant workers in the rural areas of Lesotho. The sample consists of 30 wives of migrant workers who stay in two rural districts of Lesotho being Teyateyaneng and Quthing. An explorative qualitative research design was used. Two methods were used to gather data for the research study. Semi-structured interviews were conducted with individual participants, and focus group sessions were also carried out in both districts. Participants were selected purposively and through snow ball sampling. Interview questions for both the semi-structured interviews and for the focus group session consisted of themes relating to how Basotho wives of migrant workers perceive risk of contracting HIV/AIDS and what protective behaviours they adopt in order to prevent contracting HIV/AIDS.

The results show that many participants had knowledge on issues of HIV/AIDS and therefore perceived risk of contracting it especially with their spouses living away from home where they may be engaging in risky sexual behaviours. Even though Basotho wives of migrant workers in this present study perceived themselves to be at risk of contracting HIV/AIDS, they did not adopt any preventive measures against contracting HIV/AIDS. As per the study findings, the wives of migrant workers were not able to adopt preventive measures against contracting HIV/AIDS even though they were aware of the risk of contracting it was because of socio-cultural norms and practices that gave the men power to make decisions in their marriages, even in relation to sexual matters. Findings

further show that some Basotho wives of migrant workers did not perceive themselves to be at risk of contracting HIV/AIDS due to lack of knowledge on the issues of HIV/AIDS and therefore failed to undertake the necessary preventive measures.

The mini-dissertation is concluded with a chapter that outlines the conclusions and limitations related to the study, and on this basis, several recommendations were proposed for future research and practical application of the findings. Some of these recommendations indicate that future studies should not only be conducted in rural areas, but should also be broadened to urban areas because many wives of migrant workers have left their rural homes and have migrated to work as domestic workers and in factories. Such studies should also seek to determine whether the barriers to adopting preventive measures against contracting HIV/AIDS by wives and partners of migrant workers who are now employed and earning an income still exist; and whether these barriers (if they exist) are similar or different to that of the wives who remain unemployed in their rural homes. It is also suggested that future studies employ different methods of data collection which will enable participants to share freely their experiences, opinions and views on this sensitive phenomenon.

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CHAPTER 1

INTRODUCTION, PROBLEM STATEMENT AND OBJECTIVES

The purpose of this chapter is to orientate the reader to the study on which the mini-dissertation is based. The main aim of the study presented here is to explore risk perceptions and protective behaviours of wives and partners of migrant workers in rural areas of Lesotho in regard to HIV/AIDS. A brief introduction is followed by an overview pertaining to the background of risk perceptions and protective behaviours of wives and partners of migrant workers in regard to HIV/AIDS, as well as a review of existing literature on the topic. The research problem is outlined next, which is followed by an outline of the main research questions and the aims guiding the study. The theoretical framework is explained and followed by a discussion of the research methodology that guided the study. Ethical matters related to the present study are also described and the chapter is concluded with an outline of the division of chapters of the mini-dissertation.

INTRODUCTION

Millions of people across the world migrate to find opportunities that will better the quality of their lives and that of their families. Hundreds of thousands leave Lesotho every year to go work in South African mines and farms, and to find employment as construction workers and domestic workers (Cobbe, 2012). According to the ACP Observatory report of 2010, poverty and lack of opportunities at home elevate the migration statistics every year, and this has proven to adversely affect social networks and family structures. Weine and Kashuba (2013) further explain that limited access to healthcare, physically demanding and dangerous jobs, low wages, bad living conditions, and limited social support are some of the factors that put migrant workers at risk of contracting HIV/AIDS while away from home.

The ACP 2010 report reveals that the HIV/AIDS prevalence in Lesotho is a result of human mobility and that not only migrants are exposed to contracting the virus, but also

their families, and this is said to often occur because migrant men are separated from their spouses for long periods of time due to work. Sharma *et al.* (2012:14) indicates that apart from the lengthy times that men spend away from their wives, they face challenges of boredom and loneliness which at times cause them to go to sex workers or to engage in extra marital affairs, thus exposing themselves, and consequently their wives, to possible HIV infection.

This phenomenon has been researched previously in the context of other African countries. In 2003, a study was conducted in Kenya and focused on migration and HIV/AIDS (Djamba & Kimuna, 2012). The study examined risky behaviours of migrants measurable by condom use on their last sexual encounter with an extra marital affair partner. Based on the demographics and a health survey, results indicated that migrants considered themselves to be at risk of contracting HIV/AIDS and had fear of contracting the virus, but that most of them had not used condoms in their last encounters with their extra-marital partners, thereby putting themselves at risk of contracting HIV. This is said to be happening due to emotional instability that migrants incur when exposed to a new environment (Djamba & Kimuna, 2012:167).

The wives who are left at home taking care of the families are therefore at risk of contracting HIV and/or other STIs because of the risky sexual behaviours of their husbands in the host countries. The social and economic inequalities experienced by these women leave the wives in a vulnerable position of infection each time the husband comes home (Smith, 2007:998). Suneete *et al.* (2008:104) stated that wives are often left at home by their husbands for long periods of time with little financial support, and that they sometimes turn to transactional sex to have some income. Commenting on this phenomenon, Cashdan (cited by Makoae & Makomane, 2008:16) indicates that "because acquiring resources for her offspring is of paramount importance, sometimes a woman will try to attract wealthy, high status men who are willing and able to help her". They also explain that some of these women consequently engage in extra marital affairs in the absence of their husbands, thereby putting themselves at risk of contracting HIV/AIDS.

The Government of Lesotho has for many years put in place different strategies in an effort to control the spread of HIV but these have not been effective as Lesotho ranked second worldwide in terms of its HIV/AIDS prevalence rate in 2014 (Cogan, 2014).

As such, a need exists to conduct more research on this phenomenon. The present study focused on the level of risk at which the wives of migrants perceive themselves to be in regard to contracting HIV/AIDS and what protective measures are accessible to them. Understanding such perceptions might facilitate the identification of barriers to protective behaviours where applicable, which could form the basis for recommendations to be made in terms of strategies that are culturally sensitive yet relevant to help the wives and partners of migrants protect themselves from contracting HIV/AIDS.

PROBLEM STATEMENT

In Lesotho, a lot of attention has been placed on perceptions and protective behaviours of other groups that were seen as high risk of contracting HIV/AIDS, such as migrant workers, and very little research has been conducted on risk perceptions and protective behaviours of wives and partners of migrant workers regarding HIV/AIDS. It is of great importance that risk perceptions and protective behaviours of wives and partners of migrant workers be focused on as well because in the absence of their spouses, women may be at risk of contracting HIV/AIDS through several ways which include contracting HIV/AIDS from the migrant husband and/or from extra marital affairs that may transpire in the absence of their spouses. How the wives and partners of migrant workers assess risk of contracting HIV/AIDS may determine the protective measures they adopt, and it would also be vital to identify existing factors that may thwart their intentions to adopt some protective measures. Tsui *et al*. (2012:02) suggest that risk perceptions are important to explore because it then makes it easier to assess true risks when comparing actual sexual behaviour to perceived risk and perceptions related to sexual behaviour. In many cases low risk perceptions are associated with not adopting safe sexual behaviours thereby increasing risk of contracting HIV and increasing the prevalence rate. Furthermore, risk of marital transmission has been largely ignored, even though it is a risk

factor especially in marriages where spouses are migrants. According to Matope (in Lesotho Times 21 August 2014) the Government of Lesotho and non-governmental institutions are exerting great effort in creating awareness about HIV/AIDS with the aim of preventing new infections. Condoms are distributed through community councils, offices of chiefs, clinics, in schools, in local shops and during sporting and other community activities. The Lesotho UNGASS Country Report (2009) shows that between 2004 and 2009, over 32 million condoms were bought and distributed by different agencies in Lesotho and a technical team was established to distribute and promote usage but according to Help Lesotho (2014), despite these initiatives, Lesotho has the second highest HIV prevalence rate in the world. In spite of some degree of success achieved via initiatives such as scaling up testing and treatment (antiretroviral therapy) coverage, factors such as poverty, gender inequality, HIV stigma and discrimination appear to act as barriers to prevention (Ministry of Health, 2016). The Ministry of Health (2016) further indicates that HIV prevalence is still high among women and argue that this is in large part due to the fact that Lesotho is a patriarchal society which normalises gender inequality.

LITERATURE REVIEW

Women are often disadvantaged in their communities as gender roles confine them to a position of being powerless (Dang, 2005). Many studies that have been conducted to investigate the position of women in terms of HIV/AIDS prevention indicate that women, especially wives of migrants, were aware of HIV, they were aware of how it is contracted, how one can avoid contracting it and they were also aware of the availability of antiretroviral therapy to those who have contracted it. The findings revealed that the wives were fully aware of all issues surrounding HIV/AIDS such as prevention, testing and treatment, but were still not able to protect themselves (Chavada *et al*., 2013; Dang, 2005; Ranjan *et al*., 2015; Sharma *et al*., 2012; Weine *et al.* 2014). This seemed to occur because of societal norms that prohibit them from taking some measures to protect

themselves (Dang, 2005; Gobolof *et al*., 2011; Ramjee & Daniels, 2013; Ranjan *et al.,* 2015; Thapa *et al*., 2015).

In some communities, women are not allowed to discuss infidelity and sexual issues with their husbands, and are not allowed to negotiate safe sex with either their husbands or even with sexual partners from their extra marital affairs or those with whom they engage in sexual activities in exchange for money (Aryl *et al*., 2013; Ramjee & Daniels, 2013). In some cases the wives are aware that their husbands have a partner in their host area and are also aware of the risk carried by such an issue, but they can never address such matters as they are dependent on their husbands financially, and often express fear in angering them (Chavada *et al*., 2013; Dang, 2005; Gobolof *et al*., 2011). To support this fact, Varma *et al.* (2010) conducted a study in South India on perceptions of HIV risk among monogamous wives of alcoholic men and found that the wives were aware of their husbands' extra-marital sexual activities and the potential risk of contracting HIV carried by such, but felt unable to address this issue or to negotiate safe sex out of fear of physical abuse. The inability to discuss infidelity and negotiate safe sex is sometimes exacerbated by the fact that these women at times feel that it is their fault that their husbands are cheating because they were not fulfilling their roles as wives, and by the fact that in these communities it is often believed that the wives pushed away their husbands (Smith, 2007:1002).

The Asian Development Bank (2009:09) carried out several studies on gender, HIV and infrastructure operations in Cambodia, the People's Republic of China, India, Papua New Guinea, and in Tajikistan. The results indicated that cultural norms required women to get married and to bear children, and discouraged condom use, and that the norms forced men who had sex with other men to marry, putting the wives at risk of contracting HIV. These norms also force women to be passive, thereby robbing them of control over their sexual decisions. Findings also revealed that being dependent financially on the husband commonly resulted in their inability to negotiate safe sex. The fact that women had no legal rights of owning land and property put them in a vulnerable position of insecurity, e.g. widows were found to be likely to engage in transactional sex for such security.

According to Ramjee and Daniels (2013:15) this kind of sex was also common among wives of migrants with an aim of getting income in the absence of their husbands.

At times, even though the wives of migrants are aware of HIV and the ways in which this illness is transmitted, there are several factors that may make them perceive themselves as being at a low risk of infection even when this is not factually the case. After investigating HIV/AIDS related knowledge, perceptions, and behavioural change among married women in Mumbai India, Chatterjee and Hosian (2006) found that although more than half of the respondents knew what HIV was, only 12% of the respondents perceived it as a personal threat. These women commonly indicated that they were 'safe' as they only engaged in sexual activities with their husbands, and believed that commercial sex workers were the group most at risk. Furthermore, they trusted that their husbands would never engage in sexual relations with sex workers. These are some of the beliefs that support perceptions of a low risk of contracting HIV among women married to migrant workers.

Ghosh and Kalipeni (2003) conducted a study in Malawi where they sought to examine the gendered context of HIV/AIDS. The study was conducted in the low income regions of Lilongwe where focus group interviews and structured interviews were used to find information in relation to fertility, social networks, economic situations and marriages. In this study, findings indicated that HIV/AIDS was on the rise among women in Malawi due to various reasons. Firstly, poverty played a big role because it limited women's options; e.g. women stayed in marriages even when they were aware that their husbands had extra marital affairs and were HIV positive only because those husbands had sources of income, land, and property. Secondly, male domination in family matters, especially in sexual relations, was also an influencing factor in the spread of HIV/AIDS among the women. Findings also revealed that through media and education provided by health care professionals, women had a high level of awareness of HIV/AIDS but were still unable to protect themselves. In Tajikistan, for example, findings revealed that gender norms played a large role in women being unable to protect themselves from contracting HIV/AIDS. This was evident as they had a high level of awareness about the virus but they could not address issues of condom usage or have conversations with the husbands

about HIV/AIDS and testing for this illness. These wives often turned to social networks of friends and primary care nurses for social support (Gobolof *et al.,* 2011).

Another study was conducted in an urban slum area of Mumbai, India by Chavada *et al.* (2013:22), and was aimed at assessing risk perception regarding HIV/AIDS of wives whose husbands were living geographically far away from them. After conducting a cross-sectional study through snowball sampling, 60 wives of migrants were selected and the results from the study indicated that 88% of the wives were of the opinion that their husbands' being away from them increased the chances of them having extra- marital affairs in their host places, and 82% of the respondents were ready to accept and stay in their marriages even if they were to find out that their husbands were having an affair. The wives indicated that they needed to secure the future of their children and their financial stability because they depended on their husbands' income. The wives had knowledge about HIV/AIDS and how it is contracted, but because of the above given reasons they could not protect themselves.

In another study that assessed perceived risk of HIV infection among spouses of migrant workers in 2009, Sharma *et al.* (2012:14) used face- to- face semi-structured interviews to gather data from 294 women (147 wives of migrants and 147 wives of non- migrants) who were randomly selected in the Bardiya district. The findings showed that almost all respondents were aware that unsafe sex was a mode of transmitting HIV/AIDS and that 39% of the respondents were aware that they could contract it from their husbands. 69 % of wives of migrants perceived the risk of being infected by their husbands and 12% of the wives of non- migrant husbands perceived the same risk. Results further showed that even with a large number of wives who were aware that they could get infected by their husbands, few wives of migrants had ever initiated condom use with their husbands to prevent HIV/AIDS transmission.

In a study conducted in rural southern Mozambique, Avogo and Agadjanian (2013:892) investigated how non- migrating wives of labour migrants use their personal networks to cope with perceived risks of HIV infection. They used data gathered from a survey in 2006 on women and their dyadic interactions. They compared several aspects that included

personal networks, HIV/AIDS communication, and preventive behaviour of wives of migrant labourers. Findings revealed that wives of migrants workers had personal networks with other wives who are also married to migrant workers and they discussed issues of HIV/AIDS and prevention. However, there was an indication that personal networks of wives of migrants and their discussions on HIV/AIDS were ineffective at impacting their risk of HIV infection, as the wives never took it upon themselves to take steps towards HIV prevention and testing. As such, although these personal networks increased the women's awareness of their risk of HIV infection, they nonetheless did not engage in protective behaviours due to gender norms and attitudes related to sexual behaviours in their communities.

As is evident from the foregoing discussions, it is clear that migrant workers' wives' knowledge of HIV/AIDS modes of transmission and prevention alone has not proven to be sufficient in enabling them to accurately assess and minimize their risk of contracting this disease. Furthermore, according to Matope (in Lesotho Times 21 August 2014) the Government of Lesotho and non-governmental institutions are also playing a big role of creating awareness on HIV/AIDS. In Lesotho, HIV/AIDS has a Sesotho name '*koatsi ea bosolla tlhapi*' which means 'a dangerous disease that comes from afar' (Osuwu, 2006). In an effort to prevent new infections, condoms are distributed through community councils, offices of chief, clinics, in schools, in local shops and during sporting and other community activities, and the Lesotho UNGASS Country Report (2009) shows that between the years 2004 and 2009, over 32 million condoms were bought and distributed by different agencies in Lesotho and a technical team was established to distribute and promote usage.

In conclusion it can be seen from the studies that have been conducted that similar trends exist in different societies in relation to the phenomenon of the risk of migrant workers' wives of contracting HIV/AIDS. The main two visible trends firstly centre around the fact that wives of migrants are forced to stay in marriages and relationships where they are not able to negotiate safe sex and confront the partners about their extra marital affairs because of societal norms that prohibit usage of condoms and fear of losing financial security that the husbands provide. The second visible trend is that of women who

perceive themselves not to be at risk of contracting HIV/AIDS because they assume that high risk groups are those that are engaging in sex work and extra marital affairs, and these women often believe that being monogamous is enough to keep themselves safe, turning a blind eye to possible risky sexual behaviours that their husbands could be engaging in while at work. However, it seems probable that at least some of these women might indeed perceive themselves to be at risk, but that as they lack recourse to adopting effective countermeasures and as they are constrained by socio-cultural gender norms, that their lack of risk perception might be more reflective of a state of denial than true lack of awareness (Anugwom & Anugwom, 2016).

It is evident that many angles have not been explored extensively enough, hence the need to assess the risk perceptions and protective behaviours of wives of migrants as a group that is at high risk for contracting HIV/AIDS.

RESEARCH QUESTIONS

Main research questions

Based on the arguments outlined in the previous section, the following main research questions have been formulated as basis for the present study:

- How do wives and partners of migrant workers who live in the rural areas of Lesotho perceive risk in regard to HIV/AIDS?
- What protective behaviours do the wives and partners of migrant workers adopt, if any in order to address the potential risk if HIV/AIDS?

Secondary research questions

- What findings have been made in previous studies in relation to risk perceptions and protective behaviours of wives and partners of migrant workers in regard to HIV/AIDS?
- What are the attitudes and the level of awareness of the Basotho wives of migrant workers in relation to the risk of HIV infection?

- What mechanisms (if any) do Basotho wives of migrants use to protect themselves from contracting HIV?
- What factors challenge the efforts Basotho wives of migrants in adopting protective behaviours against contracting HIV/AIDS?

RESEARCH AIMS

Main research aims

- To explore risk perceptions and protective behaviours of wives and partners of migrant workers who live in the rural areas of Lesotho in regard to HIV/AIDS.
- To find out what protective behaviours wives and partners of migrant workers adopt, if any in order to address the potential risk if HIV/AIDS.

Secondary research aims

- To provide a review of existing literature pertaining to risk perceptions and protective behaviours of wives and partners of migrant workers in regard to HIV/AIDS.
- To investigate the level of awareness and attitudes that the wives of migrant workers have in relation to being at risk of contracting HIV.
- To find out what mechanisms (if any) the wives of migrants use to protect themselves from contracting HIV.
- To explore the factors that challenge the efforts of Basotho wives of migrants to adopt protective behaviours against contracting HIV/AIDS.

THEORETICAL FRAMEWORK

Two theoretical perspectives have been chosen to aid the process of contextualizing the findings that emerged from the present study – the heath belief model (Hochbaum *et al*.

1952) and the social exchange theory (Blau, 1964; Emerson, 1976; Homan, 1958; Thibaut & Kelley, 1959) both of which are briefly discussed in this section.

In the 1950s, the health belief model was created by Hochbaum *et al*. (1952) to help predict and explain people's attitudes and actions in relation to health related issues (Rosenstock *et al.,* 1988 in Jones *et al.,* 2014). The theory aims at analysing risk, evaluating proposed remedies, and addressing people's beliefs in areas such as sexual health. The theory, according to Turner *et al.* (2004:32), explains that an individual only adopts preventive measures if they perceive themselves to be at risk of contracting an illness or disease. It further explains that at times people are constrained from taking preventive action by certain barriers that include, among others, culture. In addition, factors such as age, sex, personality, race, personality and seriousness of an individual also determine whether they perceive a disease to be a threat, how they gauge the seriousness of the threat and how they view themselves in terms of being susceptible to infection (Butraporn *et al*., 2004:171). These factors also determine how an individual perceives benefits associated with adopting safe health behaviours and proposed remedies, and also indicate the barriers that an individual can come across while trying to adopt safe health behaviours or while taking recommended health action.

The value of this theory in this study was that it provided a useful framework for interpreting the findings that emerged from the study as it specifically deals with perceptions of disease related risk and responses to such perceptions. The theory might also be of practical use as it points to ways in which people's perceptions could be altered and how to initiate protective behaviours once the respective attitudes and beliefs of such individuals are understood.

The social exchange theory explains that social behaviour exists only because of an exchange process that takes place. This theory developed by Homans, Blau, Emerson, Thibaut and Kelley has its roots in economic sociology and psychology and has proven to be applicable in explaining among others, marital and family relationships (Nakonezny & Denton, 402:2008). Parties seek to maximize profits while minimizing cost in relationships that are a result of social behaviour, and this theory explains that each and

every relationship is therefore weighed by those involved to assess potential benefits and risks. In most cases, relationships that have more risks to be incurred than benefits are often terminated, and vice versa (Cosmides, 1989). As individuals interact and the 'natural' process of exchange takes place, power imbalances occur because some parties possess more privileges than others. Those with more resources or privileges are in better position to benefit in any relationship and this often causes distress and exploitation unto the other party. This theory serves as a useful framework for interpreting the findings that emerged from the present study, as the dynamics of power imbalances and exchange between parties were likely to offer salient explanations for at least some of the dynamics involved in the transmission of HIV/AIDS between migrant workers and their Basotho wives and partners. In the rural areas, women are seldom educated nor do they have proper jobs; they depend on their husbands/partner to provide for them. This situation, according to the social exchange theory, implies that there is a power imbalance in the relationship because the male possess more resources or privileges. As a way of maximizing profit or avoiding punishment as per the theory, the wives or partners often avoid instances where the spouse could be angered thus they stay in marriages and relationships with infidelity where they cannot negotiate safe sex and therefore putting themselves at risk of contracting HIV because the husbands/partners have an income, property and land which are seen as privileges to the women. According to Dang (2005) it is this low status of women in societies and in their marriages together with social norms that puts them at risk of being infected.

RESEARCH DESIGN

This study was conducted within a constructionist ontology, which holds that social reality is constructed, rather than existing independently of the observer and the observed. As such, the meanings that people have in relation to certain a phenomena do not exist as objective entities waiting to be discovered by empirical observation, but instead these meanings emerge as people's minds engage them via a process of interaction with the world and others in it (Sarantakos, 2013:37). In turn, constructionism forms the theoretical

foundation of qualitative research, which is the methodological route followed in the present study.

Qualitative research involves studying a social phenomenon in a natural setting and attempts to make sense of, understand, and or to interpret a phenomenon in terms of meanings people bring to it. Furthermore, qualitative research enables the researchers to obtain insights into the participant's social world through direct encounters (Austin & Sutton, 2014). Qualitative research is therefore suitable for this study because this study seeks to understand subjectively perceived risk perceptions and protective behaviours which are social issues which take place in a social setting which in this case are the rural areas of Lesotho.

Within the broader qualitative framework, the study employed an exploratory qualitative research design to gain deeper understanding of this research topic and to discover new ideas of tackling this problem. Furthermore, this kind of research explores the research topic with varying levels of depth and leaves room for further research because it is not intended to be conclusive (Van Wyk, 2012:04). Exploratory qualitative research was therefore deemed suitable to use in this study because it sought to inductively explore risk perceptions and protective behaviours of wives and partners of migrant workers in relation to HIV/AIDS in the rural areas of Lesotho without being overly constrained by the limitations imposed by a quantitative approach or the emphasised use of pre-existing theoretical assumptions. Specifically this study sought to surface a deeper understanding of how wives and partner of migrant workers perceive risk of contracting HIV/AIDS, what protective measures they adopted to safeguard themselves from contracting the HIV virus and what incapacitates them from adopting some preventive measures. Lastly, in line with the nature of exploratory qualitative research, it is hoped that the findings derived from the study will reveal implications for further research on this topic.

LITERATURE REVIEW

An essential part of any academic study also involved conducting a meta- synthesis on existing literature pertaining to the topic that is being investigated. Meta- synthesis according to Jensen and Allen (1996) is an analytical technique that uses qualitative findings from previous studies in order to build understanding on a certain research topic of interest. It integrates then interprets findings from similar studies to gain further insight on the topic of research. For the purpose of the present study, literature was gathered from several databases in search of relevant published research articles. The keywords used to guide the search in pursuit of relevant articles included the following terms: Migrant men, risky sexual behaviours, perceptions on HIV/AIDS, wives and partners of migrants. From the databases, pertinent studies were retrieved, selected and examined according to their significance. The findings from the relevant studies were then analysed to identify the most significant underlying themes. These themes were later used as basis for evaluating the findings emerging from the present study.

PARTICIPANTS AND SAMPLING

Purposive sampling was used to find participants. It was relevant to use this method of sampling because only participants who have knowledge on the issue could provide relevant information. Brink (cited by Maduba, 2009:15) explains that purposive sampling requires selecting participants who have insight, experience and some kind of involvement on the topic at hand. Purposive sampling is guided by specific inclusion and exclusion criteria that assist researchers in recruiting only those participants who will be able to provide relevant information. In this study, the following inclusion criteria had been set:

- Participants were adults (18 years of age or older) Basotho women.
- Participants were married to (or partners to) men who are migrant workers (which are taken to refer to men who work in the capital town Maseru, or those whose

husbands or partners work in other parts of the country but far away from their homes or outside the country).

- The participant were residing in the rural areas of Lesotho

Where necessary, the purposive sampling strategy was supplemented with snowball sampling as participants were requested to refer the researcher to other potential participants who are wives or partners of migrant workers in the villages where the research will be conducted. This approach was relevant as it is used where there is no list of the population of interest, as is the case in the present study (Bienacki, 1981:141).

Although the researcher initially planned to collect data in four rural Districts of Lesotho, for reasons that will be elucidated later, data were only collected in two rural Districts of Lesotho. According to The International Fund for Agricultural Development (2016), rural areas in Lesotho are poverty stricken due to lack of opportunities. The opportunities do not surface because of lack of infrastructure in the rural areas of Lesotho. According to The International Fund for Agricultural Development, the rural population then migrates to urban and semi– urban areas within Lesotho and to South Africa and other Southern African countries. As such, these areas were likely to have significant numbers of women whose husbands or partners are migrant workers. Within these two Districts, 30 women who are wives of migrant workers were recruited as participants, all of whom participated in the interviews, and 22 of whom took part in the focus group discussions.

DATA COLLECTION

Data were gathered by means of semi-structured interviews as well as focus group discussions, which are discussed in greater detail below.

Semi-structured interviews

Individual semi- structured interviews were used to collect data. This was an appropriate method to use in this study because, it allowed usage of open-ended and broad questions that helped the participants to reveal extensive details in relation to a given topic. Given that the topic is exploring attitudes and behaviours, it was important for the interviewer to

follow up such questions with further prompts in order to encourage them to elaborate on their responses, which resulted in richer data. It is a flexible data collection method that allowed the participants to elaborate and express themselves. According to Gill *et al.* (2008:291), because of their intimate and personal nature, semi- structured interviews are good to use when collecting data on sensitive topics, as is the case in the present study. Given that the participants spoke Sesotho as their first language, all interviews were conducted in Sesotho by the researcher, who is also a native Sesotho speaker.

Focus group discussions

Two focus group discussions with groups of 6-8 wives of migrants were also used to gather data. Using focus group discussions was important because it allowed participants to agree or to disagree on a given topic, and this, surfaced insights on different opinions, experiences, ideas, beliefs and practices of individuals which might not have emerged in the context of an individual interview. As such, focus groups capitalized on the dynamics of groups because the participants discussed their shared experiences and beliefs on the topic in a comfortable setting. Their shared situation was likely to prompt them to engage in discussions with each other about the given topic and this elicited rich data. During focus group discussions, principles of confidentiality were stressed to ensure participants were are free and comfortable to participate and express their views and experiences without any fears. Even though the research topic was sensitive, the make-up of the groups facilitated for an empowering and supportive environment. The groups were small and largely composed of younger females. Kitzinger and Wilkinson (cited in Jordan *et al*., 2007) indicated that focus group discussions are relevant to use when researching sensitive topics because the interpersonal dynamics in the groups enabled mutual comfort and reassurance, and thus an empowering and supportive environment.

Interview schedules composed of a set of clearly phrased and topic-relevant questions and were used to guide the interviews (Farooq, 2013). As and when relevant, questions from the interview schedules were followed up with additional probes to prompt

participants to explain or elaborate upon their answers. (Refer to appendix 4, which contains the complete interview schedule).

RESEARCH PROCEDURE

After permission to work in the villages was obtained from the chiefs of the selected villages, formal permission to conduct the study was sought and consequently obtained from the NWU Human Health Research Ethics Committee (Refer to Appendix 3). A community based organisation was approached to assist in identifying potential participants who were wives or partners of the migrant workers in the villages. Meetings with the wives of the migrants then followed where it was explained to them what the study is about, how the study would be undertaken, how long the interviews would last, and what would be required from them (Refer to Appendix 2). Once written informed consents were obtained (Refer to Appendix 1), interviews were then conducted with these participants. Following this, focus group interviews were conducted with two groups of 6 to 8 women who agreed to this. All interviews were audio-recorded with the permission of the participants, and were subsequently transcribed and prepared for thematic content analysis.

ENSURING TRUSTWORTHINESS AND CREDIBILITY OF THE STUDY

When conducting research, it is of great importance that trustworthiness and credibility are ensured by the researcher so as to provide reputable and worthy findings that are of high quality. Loh (2013:04) further explains that when trustworthiness and credibility are ensured, the study shall be accepted in its respective discipline and shall be used by others for various reasons and in various ways. These were ensured in the following ways:

Credibility

Credibility is vital in establishing trustworthiness as it seeks to ensure that the research aim is executed to provide relevant and believable findings (Shenton, 2004:64). This was

ensured by using well established research methods, and also by engaging only participants who meet the required criteria. Credibility was also ensured by using interactive questioning to support the gathering of credible data by minimizing the risk of misinterpretations on the part of the researcher.

Credibility of the data was also ensured by collecting information from participants in different locations thereby exploring all factors surrounding the topic excessively. Guba and Brewer (cited in Shenton, 2004:65) reveal that using different research methods and gathering data from participants in different locations is valuable in ensuring credibility and richness of collected data. In this study, to ensure that comprehensive valid data that provides insight on the research topic is gathered, data was collected in 2 districts of Lesotho.

Triangulation

Triangulation was also used to ensure trustworthiness of collected data. According to Patton 1999 (cited in Carter *et al.,* 2014), triangulation involves among other strategies, using different methods when collecting data, thereby enabling one strategy to collect information that might have been overlooked or skipped when using another method of data collection. Using different research methods in a study helps compensate limitations that might have occurred if only one research method was used, as single-handedly, one research method cannot adequately shed light on a research issue or provide the required in-depth understanding. Guba and Brewer (cited in Shenton, 2004:65) further explain that using different research methods and using different data sources also exploits chances of revealing information that might have been missed when collecting data from one group of participants. In this study, to ensure that comprehensive valid data that provides insight on the research topic is gathered, data was collected through semi- structured interviews and focus group discussions to obtain sets of data that complement each other and give a comprehensive picture of the reality of the phenomenon being studied.

DATA ANALYSIS

Thematic analysis is a method of identifying, analysing and reporting themes in data. According to Boyatzis 1998 (cited by Ibrahim, 2012:10) this method of qualitative data analysis reduces broad information into patterns and themes by means of a strategy of coding in order to interpret data and to answer the research questions. Coding is a very vital and primary process that helps establish meaningful patterns which will later support the interpretation of data. This method of data analysis is relevant for usage in this study because according to Ibrahim (2012:13), via thematic analysis a researcher is able to find and reveal factors that influence certain behaviours, actions and thoughts because of its flexibility.

This method of data analysis involved the following stages:

The first phase the researcher familiarized herself with the data intensively. This was done by reading repeatedly through and listening to audio recordings and other information collected with the aim of understanding and finding meanings and patterns. Following this, the second phase was that of transcribing the verbal data; the audio recorded data collected from interviews and focus group discussions was written down. According to Ibrahim (2012:15) the transcription of such data also assists the researcher in becoming familiar with the data and to also extract meanings and patterns in this process. When performing this phase, data was transcribed in a verbatim manner. Ibrahim (2013:14) emphasizes also that it is of great importance that written data is an accurate reflection of the verbal account so as to provide data that is precise and true.

The next step involved initial (or open) coding of the data set. The codes according to Boyatzis 1998 (cited by Braun & Clarke, 2006:18) are applied to identify elements of interest in the collected data that are related and meaningful towards the research phenomenon. The coding of data is an important part of analysis because it organizes data into relevant groups (Braun & Clarke 2006:18). The different codes were then sorted into potential categories and themes. Tables and mind maps were used to sort the codes with the aim of forming main themes, sub- themes, and all irrelevant codes were put aside for usage later if need occurred while others were discarded.

In line with the recommendations set forth by Braun and Clarke (2006), the themes were then reviewed to ensure that they form a logical pattern. Data was re- arranged or refined by splitting, combining or discarding some candidate themes that caused lack of consistency in the themes in order to get meaningful themes that cohered and told a convincing story of the data and that also answer the research question.

ETHICAL CONSIDERATIONS

According to The National Committee for Research Ethics in the Social Sciences and Humanities (2005), taking into account ethics while conducting a study helps a researcher to promote social values, assists in ensuring that the researcher is accountable to the public by avoiding conflict and harming of human subjects, and supports the researcher in making morally acceptable decisions. While conducting this study where subjects were human beings, ethics were therefore accorded a very important role in the study.

When conducting this study, the participants participated voluntarily and their informed consent was obtained. They were not forced to participate just because they fit into the required criteria. The purpose, procedures, duration, the risks and the benefits of the study was explained to them so that they are able to make informed decisions. According to Smith (2003:56) a person should be given all the information that could influence their decision to participate or not to participate in a study comprehensively and in an understandable way. The participants who agreed to participate then signed consent forms after a suitable cooling down period of at least 24 hours had elapsed.

The participants were not exposed to any harm. This was achieved through avoiding any form of pressurising of participants to divulge information which may be sensitive, private and demeaning or humiliating.

In this study privacy was ensured by not sharing private information of the participants with any other party without their knowledge or consent. According to Drew *et al.* (2007:57), it is of great importance that researchers respect privacy, dignity and sensitivities of the participants.

Participation in the study was entirely voluntary and participants were informed of their right to refuse to answer any given questions or to withdraw from the study at any stage if they should wish to, without any incurring any form of penalty.

Given that focus group discussions were conducted, which typically pose challenges to the confidentiality of participants' responses, great care was taken to clearly communicate the potential risks involved to participants in advance, as part of the procedure of explaining the study and obtaining informed, signed consent. Participants were told that if they were not comfortable in revealing a given piece of information in front of others, they should refrain from doing so and rather speak about this topic in the more private setting of the individual interviews. Participants were only invited to take part in the focus group discussions if they provided their signed and informed consent for this.

Information given by participants was treated confidentially. In order to protect the participants' identities, this information was not (and will not be) given out to any third parties without the consent of the participants, and care was taken to remove all personally identifying information from the interview excerpts that have been reported.

CHAPTER OUTLINE OF THE MINI-DISSERATION

The article method, as approved by the North-West University was followed in writing this dissertation. The layout of this document is as follows:

- Chapter 1 – Introduction, problem statement and objectives
- Chapter 2 – A review of literature on the risk perceptions and protective behaviours of wives and partners of migrants regarding HIV/AIDS
- Chapter 3 – Risk perceptions and protective behaviours of wives of migrant workers in regard to HIV/AIDS in the rural areas of Lesotho
- Chapter 4 – Conclusion, limitations and recommendations

CHAPTER SUMMARY

The aim of this introductory chapter was to provide contextual information relevant to the study on which the mini-dissertation is based. The chapter commenced with an introduction into risk perceptions and protective behaviours of wives and partners of migrant workers in regard to HIV/AIDS. Following this, the theoretical frameworks guiding the study were discussed. Next, the methodology which was followed in conducting the study was outlined, and ethical matters pertinent to the study were discussed. The next chapter outlines the findings of a literature review that centred on the topic of risk perceptions and protective behaviours of wives of migrants regarding HIV/AIDS. The findings emanating from the study are presented in the form of a research article (which is in accordance with the article format as specified by the NWU) in the third chapter. In the final instance, the fourth and final chapter provides a detailed summary of the limitations, recommendations and conclusion that are relevant to the study.

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CHAPTER 2

A REVIEW OF LITERATURE ON RISK PERCEPTIONS AND PROTECTIVE BEHAVIOURS IN RELATION TO HIV/AIDS AMONG WIVES AND PARTNERS OF MIGRANT WORKERS

ABSTRACT

Migration has escalated the spread of the HIV epidemic through population movements from high endemic zones to low endemic zones. Men leave their rural homes to work either in large towns or outside their countries where they are at risk of contracting HIV due to demographic, socio- cultural and economic factors. The wives and partners of migrant workers then become at risk of contracting the virus from their husbands/partners each time they come home. The social economic inequalities experienced by these women leave them vulnerable to infection. Whilst a variety of studies have been conducted on different aspects of this phenomenon, a need exists to obtain an integrated picture by synthesising relevant literature the risk perception risk perceptions and protective behaviours in relation to HIV /AIDS among wives and partners of migrant workers. A systematic search of springer, Academia Edu, Research Gate, Jstor, Ebscohost, Sabinet, and Sage journals were done using predefined keywords. Literature review shows that wives and partners of migrant workers generally had low risk perceptions in regard to contracting HIV/AIDS which were often exacerbated by their lack of education which eventually led to them failing to adopt preventive measures against contracting HIV/AIDS. The findings also revealed that wives and partners of migrant workers were not able to adopt preventive measures against contracting HIV/AIDS from their partners and husbands because of their low economic status and because of socio-cultural norms that instilled beliefs in them which prohibited them from negotiating safe sex, discussing and seeking information on issues of sex and HIV/AIDS. Generally, wives and partners of migrant workers did not assess properly their personal risk to contracting

HIV/AIDS and subsequently failed to adopt all the necessary preventive measures against contracting the virus.

KEY WORDS: risk perceptions, protective behaviours, HIV/AIDS, wives/partners, migrant workers.

INTRODUCTION

Lesotho, like many African countries, Lesotho is struggling to combat the HIV/AIDS pandemic, and according to United Nations Development Programme (2012), Lesotho is ranked as the country with the second highest HIV prevalence rate in the world. According to UNAIDS and IOM (1998), migration is one of the main facilitating factors responsible for HIV transmission in many places. The conditions experienced by people who migrate to foreign countries include being separated from their spouses for long periods, experiencing the culture shock of having to live in a new society with different values and norms, and having limited health care. These factors may increase migrants' susceptibility to engaging in risky sexual behaviours which in turn render them vulnerable to HIV infection and transmission (Onwuliri & Jolayemi, 2006:317). The risky behaviours that migrant men engage in have wider and far reaching consequences not only for the migrating population, but also for their partners back at home. Whilst a number of studies have been conducted on different aspects of this phenomenon, a need existed to obtain an integrated picture by synthesising existing literature on the topic. As such, in this chapter, a systematic review that assesses and synthesizes from relevant literature the risk perception risk perceptions and protective behaviours in relation to HIV/AIDS among wives and partners of migrant workers is reported.

In their countries or places of origin, migrants are seen as a source of remittance but they are also not infrequently responsible for bringing home STIs and HIV infection. Because of migration, left at home wives and partners of migrants and partners may also

experience loneliness, poverty and exclusion. To counter this, they sometimes also engage in risky sexual practices with extramarital partners or even survival sex where they are also at risk of contracting HIV/AIDS (Ramjee & Daniels, 2013). According to Wieger (2007:05), the movements resulting from migration increase the risk of contracting HIV for both men and women because such separations amplify chances of commercial sex, multiple partners and extra-marital affairs. As such, migration can therefore inadvertently promote the spread of HIV/AIDS where migrant men become infected while away from home in the host countries and infect their wives or regular partners when they return home and where wives and partner of migrants are involved in risky sexual practices in the absence of their partners.

Wives and partners of migrant workers have varying perceptions in relation to their risk of contracting HIV/AIDS. Some perceive themselves to be at risk of contracting the virus due to circumstances surrounding their sexual behaviours and other issues of exposure while others in similar circumstances do not view themselves as being at risk of contracting HIV/AIDS (Sharma *et al*., 2012:16). Risk perceptions are an evaluation of how one views possible danger and they are influenced by level of knowledge and personal beliefs.

Risk perceptions influence the behaviour adopted by an individual and Tarkang (2014) also emphasizes that according to the socio- psychological literature, perception of being at risk of infection is a necessary condition for behavioural change. On the issue of HIV/AIDS, risk perceptions indicate how wives and partners of migrants perceive vulnerability to contracting it and thereby may influence their adoption of certain behavioural changes as per their understanding of HIV/AIDS and ways of transmission. As the health belief model explains, with perceived risk comes a desire to adopt protective behaviours and when people do not perceive risk of contracting an illness they may tend to adopt unhealthy behaviours Tarkang (2014). On the other hand, some at-risk groups do perceive themselves to be vulnerable to contracting HIV/AIDS but that does not guarantee adoption of safer behavioural practices due to a variety of socio-cultural and educational barriers. These barriers are likely to vary from context to context as a result of prevailing cultural norms, beliefs and values, as well as due to regional variations in

socio-economic status, levels of education, literacy etc. Whilst a number of studies have been conducted on the topic in different contexts, a need exists to integrate and synthesize existing literature in an attempt to identify underlying themes and trends, which in turn, could inform interventions aimed at addressing HIV/AIDS infection risk among wives and partners of migrant workers.

Such a review will serve to contribute to a more accessible and cohesive body of knowledge on issues of risk perceptions and protective behaviours of wives and partners of migrant workers in regard to HIV/AIDS, and it would also enable assimilation of existing studies carried out on the same topic which brings a deeper understanding of the phenomenon being studied and reveals research gaps (Boote & Beile, 2005). Such an integrated perspective will hopefully support a clearer understanding of the complexities of risk perceptions and currently adopted protective behaviours, which in turn might facilitate the aim of developing policies, strategies and interventions to support vulnerable populations in reducing their risk of HIV/AIDS infection. The main aim of this chapter is therefore to review existing literature on risk perceptions and protective behaviours in relation to HIV /AIDS among wives and partners of migrant workers.

METHODOLOGY

A descriptive meta- synthesis was used to conduct the literature review. This approach brings together essential features and findings of different studies to form a new interpretation of the research topic (Walsh & Downe, 2005). According to Newton (2011:06), a descriptive meta- synthesis is a technique that uses qualitative findings from previous similar studies to construct deep understanding and knowledge, and to explain a certain phenomenon. This methodology according to Erwin *et al*. (2011) entails retrieving, selecting, and examining studies relevant to the phenomenon being studied from journals, published dissertations and databases. In a qualitative meta- synthesis, systematic attention is paid to the selected studies to ensure their significance to the topic at hand by focusing on the keywords of the reviewed studies (Lachal *et al*., 2017). The inclusion criteria is based on assessing each study's objectives, rationale, research

designs and methods (Poggenpoel, 2009). If a study's afore-mentioned features were of relevance to the research topic at hand, they were then included in the meta- synthesis. After the relevant articles were selected, their articulated findings were then synthesized to find central concepts.

In search of relevant and up to date literature, English searches were conducted in the following databases: Springer, Academia Edu, Research Gate, JSTOR, EBSCOHOST, SABINET, Sage Journals, Science Publishing Group and Google scholar. The initial search identified 23 qualitative studies relevant to the topic from the years 2008 to 2016 which had varying sample sizes, different research methodologies and were conducted in different settings and also in different continents that included Asia, Africa and the Western Pacific. To be considered for inclusion, titles and abstracts of the article were read to view their objectives, rationale, research designs and methods in order to assess their relevance to the study. The search terms used to find relevant electronic articles included: wives or partners of migrants, HIV/AIDS, risk perceptions, and protective behaviours. Research articles that focused on risk perceptions of migrant husbands alone or risk perceptions of married women in general were excluded, and the focus remained on articles on risk perceptions and protective behaviours of wives and partners of migrant workers in regard to HIV/AIDS. After removing irrelevant and duplicated articles, 15 were selected and included based on originality, relevance, methodologies, analysis and availability of the full paper.

After the 15 relevant articles were selected, they were analysed through thematic content analysis in order to identify themes pertaining to risk perceptions and protective behaviours in relation to HIV/AIDS among wives and partners of migrant workers. Thematic content analysis, according to Braun and Clarke (2006:07), is a qualitative method of data analysis which involves examining and reporting patterns or themes within data and is a valuable method that enables researchers to analyse data in a methodological manner that brings out the richness of details in the data. It also helps surface important aspects of the research topic which speaks to the research questions of the topic at hand. This method of analysis involves identifying, analysing and reporting themes in data. When undertaking this method of data analysis, the researcher first went

through the collected information repeatedly. This the researcher did with aim of becoming acquainted to the collected data. This step according to Ibrahim (2012:15) is vital and is done in order for a researcher to familiarize themselves with the collected information and to create a deep understanding of the data. After reading the collected information and understanding it, the researcher then extracted meaning and placed the segments texts into patterns. Data was then coded by assigning descriptive labels to the segmented texts. The different codes were then be sorted into potential categories and themes based on conceptual similarities. Themes were then reviewed to ensure that they formed a logical pattern that was meaningful and coherent and a pattern which narrated convincing story of the data, and answered the main research question.

DISCUSSION

Four main themes emerged from the reviewed research articles in relation to the phenomenon of the risk perceptions and protective behaviours of migrant workers' wives and partners in relation to contracting HIV/AIDS. The main themes centred on low education and socio- economic status of women, socio- cultural norms and low risk perceptions of women to contracting HIV/AIDS. The themes are discussed in more depth below.

Lack of education

Most studies revealed that lack of formal education and skills development of wives and female partners of migrant workers was a contributing factor to them perceiving low risk in regard to contracting HIV/AIDS, and also prevented them from adopting protective behaviours. Migrant workers are mostly men who leave their uneducated wives and partners at home to take care of children and the households (Aryl *et al*., 2013; Ramjee & Daniels, 2013). Low educational levels of females are condoned by the gender norms that prescribe that a woman's place is at home taking care of the household. The low level of education and illiteracy of the wives have been reported by some researchers to

play a major role in terms of how they perceived risk of contracting HIV/AIDS because in some instances they were found to be unable to fully comprehend the risks of contracting HIV due to the lack of minimal scientific knowledge, which led to them engaging in risky sexual behaviours (Ramjee, 2013). This is was further stressed by Gupta in Ovbiebo (2011) who indicates that HIV vulnerability is prevalent in societies where women are illiterate.

Their illiteracy, which is as a result of lack of proper education, was further evident in the fact that they were unable to read awareness materials provided to them. Furthermore, even in cases where these wives did have some knowledge of HIV, it appeared that this knowledge did not translate into actual understanding of the true risk of contracting HIV/AIDS. As a consequence, most wives and partners of migrant worked failed to adopt any protective behaviour (Aryl *et al*., 2013; Ramjee & Daniels, 2013).

Low risk perceptions

Another reoccurring theme that emerged through existing research related to migrant workers' wives and partners' risk perceptions in relation to contracting HIV/AIDS was that the wives and partners of migrant workers generally did not assess themselves as being at risk of contracting HIV/AIDS especially from their migrant worker spouses (Gobolof *et al*., 2011; Ranjan *et al*., 2015; Weine *et al*., 2013). This commonly resulted in failure to adopt the necessary precautions against HIV/AIDS infection thus increasing their chances of contracting the illness (Hosian, 2006; Sharma *et al*., 2012; Thapa *et al.,* 2015).

Studies reveal that the wives and partners of migrant workers were knowledgeable about HIV/AIDS and that they received ample information on ways of transmission and prevention but still had a low risk perception in regard to their personal risk of contracting HIV/AIDS from their husbands or partners who work away from home (Hosian, 2006; Ranjan *et al*., 2015; Sharma *et al*., 2012). Wives and partners commonly believed that their husbands/partners who worked away from home could not get HIV/AIDS and that they were therefore safe (Ranjan *et al*., 2015; Weine *et al*., 2013). These women were rather more concerned about the safety of their migrant husbands/partners in terms of

being prone to accidents or being ill where they have no one to care for them (Chavada *et al*., 2013; Gobolof *et al*., 2011; Weine *et al*., 2013) than they were about any risks pertaining to sexually transmitted diseases.

Some women were found to be aware that their migrant worker husbands and partners might be engaging in sexual activities with other women and sex workers while away from home, but did not believe that their husbands/partners could contract HIV/AIDS. Instead, they frequently believed that only curable sexual transmitted diseases could be contracted in the risky sexual behaviours their husbands/partners engage in. They therefore did not perceive themselves to be at risk of contracting HIV/AIDS from their husbands and partners (Hosian, 2006; Thapa et *al*., 2015).

Socio-cultural norms

An additional theme that emerged from the literature review was that socio-cultural norms often amplified the risk of wives or partners of migrant workers of contracting HIV/AIDS. These socio-cultural norms reflect notions of masculinity and femininity which create power imbalances between husbands and wives or between a man and a woman who are in a relationship (Varma *et al*., 2010; Woods *et al*., 2016). It is such socio-cultural factors that have created beliefs and practices in societies which often put women at risk of contracting HIV/AIDS from their husbands and partners due to such norms denoting low status of women in society. More specifically, socio- cultural norms acted as a barrier to wives of migrant workers protecting themselves and perceiving risk in regard to contracting HIV/AIDS, thereby putting them at risk of contracting HIV/AIDS (Weine *et al*., 2013). These norms have also been noted to cause dread among women in relation to seeking information to increase their knowledge of HIV/AIDS (Ranjan *et al*., 2015; Woods *et al*., 2016). They also instilled beliefs in women that prompted fear of addressing their husbands' risky behaviours and constrained their ability to negotiate the use of condoms or to adopt other protective measures against contracting the virus (Lotfi *et al*., 2012; Weine *et al*., 2013; Woods *et al*., 2016).

According to literature, wives and partners of migrant workers were at risk of contracting HIV/AIDS because of condom usage that was low. This occurred in part because of socio-cultural norms that implied that discussing or requiring usage of condoms especially within a marriage was embarrassing, and associated with infidelity, as men felt their wives or partners did not trust them if they initiated condom use. Furthermore, it was typically regarded as a sign of disrespect to the husband (Dang, 2005; Ranjan *et al*., 2015; Thapa *et al*., 2011). The wives/partners of migrant workers thus engaged in unprotected sex with their partners putting themselves at risk of being infected with HIV/AIDS.

Exacerbating this situation was the finding that at times wives and partners of migrant workers were also not able to persuade their husbands and partners to engage in safe sex practices in the contexts of their extra marital affairs (which wives and partners were sometimes aware of) because as per the cultural norms, women were not allowed to confront their spouses on such issues, it was a sign of disrespect to the husband who is the head of the family (Ramjee & Daniel, 2013). These put women at risk of contracting HIV/AIDS from the migrant worker spouses.

Furthermore, wives and partners of migrant workers at times had suspicions that their husbands had contracted sexually transmitted diseases but the women were still unable to either refuse sex or negotiate condom use because doing so is typically regarded as being culturally unacceptable and an indication of disrespect. In cases where women did risk violating such norms in an attempt to resist unsafe sex, many were reported to endure sexual violence as a consequence (Dang, 2005; Sharma *et al*., 2012; Thapa *et al*., 2011).

Literature indicates that socio- cultural norms make it difficult for women to go for health checks (e.g. HIV tests) and to even admit to having lack of knowledge about their bodies, sexuality, reproduction and sex education (Varma *et al*., 2010; Weine & Kashuba, 2012). Wives of migrant workers were often left at home to look after children and the in-laws, and wives were afraid to go to the health centers to seek information on HIV/AIDS in fear of what the in-laws and the society may think of them (Dang, 2005; Ranjan *et al*., 2015; Woods *et al*., 2016). The lack of vital knowledge on issues of HIV/AIDS put women at risk

of contracting it because it led to failure in undertaking the necessary preventive measures.

Socio- cultural norms have been found to often force wives of migrant workers who have knowledge about HIV/AIDS to put themselves at risk of contracting it (Gobolof *et al*., 2011). These women knew that handling body fluids belonging to other people with bare hand put them at risk of contracting HIV/AIDS but were not able to use preventive measures such as gloves due to norms of propriety because they feared insinuations that may arise as a result of using such (e.g. using gloves to assist an individual may be suggestive that they are infected with HIV).

Due to gender norms in societies, women are socialized to view men as dominant and the wives or partners could consequently not question their husband/partners' risky behaviours. Exacerbating this trend, literature reviewed also shows that wives and partners of migrant workers perceived low risk in relation to contracting HIV/AIDS from their husbands or partners because they had been institutionalized to expect protection from their spouses and this put them at risk of contracting HIV/AIDS because they were not able to recognize the risk of infection involved (Thapa *et al.,* 2015).

Low socio- economic status

Another factor that seems to be cutting across the reviewed literature which limits the ability of wives and partners of migrant workers to adopt protective measures against contracting HIV/AIDS was their low socio-economic status. According to the literature, most of wives and partners of migrant workers do not own land, which is a source of food, shelter, social status and power and this occurs because of gender biased laws and practices (Dang, 2005; Chavada *et al*., 2013; Gobolof *et al*., 2011). As such, most women married to migrant workers relied solely on their husbands' financial support. This low economic status of women restricted them from opting for measures of prevention against contracting HIV/AIDS because they feared being abandoned by their migrant worker husbands/partners who fully supported them and their families financially (Ramjee & Daniels, 2013). They were also unable to insist on safe sex with those they engaged in

transactional sex with in fear of losing the intended gain which was finances, food or employment, thereby putting them at great risk of contracting the HIV virus.

Wives/partners of migrant worker were not able to refuse sex or request the use of any prevention measures against HIV/AIDS even when aware of risks involved because they feared that this would anger their husbands/partners who are their financial providers, and that it might cause them to abandon and leave them and their children in poverty. As such, their financial dependency and consequent inability to request usage of measures of prevention against contracting HIV/AIDS put wives/partners of migrants at risk of contracting it (Aryl *et al*., 2013; Chavada *et al*., 2013; Dang, 2005; Gobolof *et al*., 2011; Ramjee & Daniels, 2013). In some instances according to the literature, wives and partners of migrant workers were forced to engage in transactional sex because money was not being sent home by the husband/partner due to different reasons that included losing jobs or husbands abandoning their families. In this kind of arrangements, wives/partners of migrant workers still endured having to submit to unsafe sex demands in fear of losing money, food or shelter that is being provided in exchange for sex, which put them at risk of contracting HIV/AIDS (Dang, 2005; Gobolof *et al*., 2011).

IMPLICATIONS OF THE LITERATURE FINDINGS

Education

The wives and partners of migrant workers are often illiterate and uneducated and their limited education denotes limited access to safe sex education and this puts them at risk of contracting HIV/AIDS. Women should be taught more about HIV/AIDS through media and other channels. Simple and local languages should be used to explain the scientific jargon of HIV in a manner that would be readily comprehensible to women, and which would enable them to better assess their risk of contracting it (Chavada *et al*., 2013). Messages should be written and narrated in local languages and be accompanied by appropriate yet culture sensitive visuals so as to direct information correctly to the receivers it is intended for (Aryl *et al*., 2013; Ramjee & Daniels, 2013). Enhanced

education may translate into accurate assessing of one's risk to contracting HIV/AIDS thus enhanced ability to act on prevention messages.

Low risk perceptions

It is evident that wives of migrant workers have low risk perceptions in regard to contracting HIV/AIDS, and it is therefore vital for them to be capacitated through target specific comprehensive education programmes aimed at increasing their knowledge and understanding about HIV/AIDS (Chavada *et al*., 2013; Gobolof *et al*., 2011). The programmes should contain extensive teachings on modes of transmission of HIV/AIDS and ways of prevention with an aim of making them aware of the dangers surrounding unprotected sex even with a spouse whose HIV status is unknown (Dang, 2005). The programmes should aim at equipping the wives of migrant workers with all the vital information on HIV/AIDS so that they are able to accurately assess their risk of contracting HIV/AIDS against the dangers they are exposed to (Chavada *et al*., 2013; Dang, 2005; Gobolof *et al*., 2011; Sharma *et al*., 2012).

Socio-cultural norms

Socio- cultural norms act as a barrier to wives and partners of migrant workers protecting themselves from being infected. It is therefore important to address, challenge or transform such norms (in a manner that is contextually and pragmatically appropriate) in order to enable the wives and partners of migrant workers to be able to protect themselves from contracting HIV/AIDS and to more accurately perceive their risk of contracting HIV/AIDS.

In an effort to transform gender norms that prohibit wives and partners of migrant workers from protecting themselves from contracting HIV/AIDS, mobilization on HIV/AIDS prevention should involve families, communities and several other community actors such as key opinion leaders. This is a deliberate soliciting of support, involvement and action in the fight against HIV and is based on the belief that communities have the ability to

accelerate the interventions (Lippman *et al*., 2013). Community mobilization on HIV may assist in eradicating attitudes, beliefs and practices which hinder efforts of wives and partners of migrant workers to prevent themselves from contracting HIV.

Men who are migrant workers should be made aware of their responsibility of protecting their partners from HIV/AIDS as per the cultural norms that denotes them as head and protectors of their families (Gobolof *et al*., 2011; Thapa *et al.,* 2011). In this way, existing cultural norms could be leveraged to reframe existing risky sexual behaviours (e.g. sexual infidelity by migrant husbands) as normatively inappropriate.

Findings show that condom use among wives of migrant workers is very low because their spouses typically despise condom use due to their beliefs (e.g. they either believe that condoms make them sick, they are unnecessary or that intercourse is not the same with condoms) (Archana & Parveen, 2005; Gobolof *et al*., 2011; Ranjan *et al*., 2015; Thapa *et al*., 2011). The migrant worker men should be capacitated on proper condom use and condoms should be availed to them in places where they will not be ashamed to go get them, such as in their recreational venues or other areas where there are no children and women (e.g. pubs, soccer fields). When men understand the importance of condom use, and act on this understanding, their wives and partners' risk of contracting HIV/AIDS may be reduced.

Low socio- economic status

Literature has indicated that wives of migrant workers have low risk perceptions in regard to contracting HIV/AIDS and that they are not able to protect themselves from contracting the virus due to their low socio- economic status. To counter this, women should ideally be empowered by increasing the scope of vocational training and life skills that may assist them to be more self-reliant and not depend entirely on the husbands' or partner's income. With vocational training and life skills, the wives and partners of migrant workers might be able to generate revenue that will increase their access to housing, land and other assets (Aryl *et al*., 2013; Chavada *et al*., 2013). This could also give a little credence to

their opinions and decision making in the marriages and in their relationships, as they will now have a certain value in comparison to when they depended entirely on their spouses. With skills development and vocational training, the wives of migrant workers may be better able to stand up to their spouses and initiate safe sex practises without fear of losing a partner who provides from them financially (Dang, 2005; Gobolof *et al*., 2011).

RECOMMENDATIONS

As per literature, it is evident that wives and partners of migrant workers tend to have low risk perceptions in regard to contracting HIV/AIDS and also that they face several challenges when trying to adopt certain protective measures. Future studies should therefore focus on researching implementation challenges such as investigating how best to communicate with men who are migrant workers on how they can protect themselves from contracting HIV/AIDS while away from home to avoid transmitting it to their spouses each time they go home, and how to manage the constraints upon communities that hamper women from protecting themselves from contracting HIV/AIDS.

Future research should also investigate the role of transactional sex in marriages and relationships of migrant workers in regard to its contribution to the increased risk of wives/partners contracting HIV/AIDS. There is comparatively little research that explains the phenomenon of wives of migrant workers engaging in transactional sex with other people with the aim of receiving earnings in the absence of their spouses. Future studies could investigate whether women still suffer the same challenges of being unable to negotiate safe sex with of their transaction partners. Such research is important, as if this is found to be the case, it would compound the existing situation and have important implication for the development of intervention strategies.

There is very little research that focuses on women who are in relationships and not married to migrant workers. Further research should be conducted to find out how they perceive their own risk of contracting HIV/AIDS and the protective measures they use to protect themselves each time their regular partner comes home in order to assess

whether they have similar or different views and challenges as those who are married to migrant workers.

CONCLUSION

This chapter provided a review of the literature on risk perceptions and protective behaviours of wives and partners of migrant workers in regard to HIV/AIDS. The review of literature revealed that wives and partners of migrant workers generally had low risk perceptions in regard to contracting HIV/AIDS and that they frequently did not undertake the necessary preventive measures against contracting the illness. According to reviewed articles, the lack of formal education among wives of migrant workers hindered them from understanding HIV/AIDS and messages related to the prevention of HIV/AIDS. As a consequence, these women typically failed to assess properly their personal risk and to adopt measures to avoid contracting the virus. Literature also revealed that the socio-economic status of the wives/partners of migrant workers made it difficult for them to stand up for safe sex methods with their husbands, further putting themselves at risk of contracting HIV/AIDS because they feared losing social and financial support that was associated with having a working spouse. Literature reviewed further indicates that socio-cultural norms instilled customs that made it difficult for women to adopt preventive measures against contracting HIV/AIDS. These norms also instilled beliefs in women that made it difficult for them to seek information on HIV/AIDS which further compounded their inability to properly assess their own risk of contracting the illness. These findings indicate a need for more culturally, contextually and linguistically appropriate and effective measures to raise awareness of HIV/AIDS and of preventive strategies that wives of migrant workers could adopt to avoid contracting the illness. The wives of migrant workers should also be offered vocational training in order for them to become more economically empowered and thus less prone to relying on transactional sex, or being unable to refuse unsafe sex without fear of being left to live in poverty by their partners. More research is however needed to explore the depth of transactional sex amongst wives of migrant workers to assess its role in regard to the increasing HIV/AIDS infections. Future research

should also focus strictly on unmarried partners of migrant workers to assess their risk perceptions and protective behaviours in regard to contracting HIV/AIDS.

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CHAPTER 3

RISK PERCEPTIONS AND PROTECTIVE BEHAVIOURS OF WIVES OF MIGRANT WORKERS IN REGARD TO HIV/AIDS IN THE RURAL AREAS OF LESOTHO

ABSTRACT

The main aim of this study was to explore the risk perceptions and protective behaviours in relation to HIV/AIDS among wives and partners of migrant workers in the rural areas of Lesotho, using an exploratory qualitative research design. Thirty participants were selected by means of purposive and snow ball sampling. Data were collected through unstructured interviews and focus group discussions. The collected data was then analysed through thematic content analysis.

The overall findings revealed that whilst participants generally were sufficiently informed about HIV/AIDS and its transmission, and consequently did perceive themselves to be at risk of contracting HIV/AIDS, they were mostly unable to adopt protective behaviours against contracting the virus due to gender norms and power imbalances that existed in their communities which favoured men by giving them control over their wives and made them sole decision makers in their marriages. These gender norms and power imbalances gave men lone control and made it difficult for women to negotiate safe sex practices or to adopt protective measures such as condom use putting their wives and partners at risk of contracting HIV/AIDS each time the migrant worker spouse comes home.

KEY WORDS: Risk perceptions, protective behaviours, HIV/AIDS, wives, migrant workers

This study sought to explore risk perceptions and protective behaviours of wives and partners of migrant workers in relation to HIV/AIDS. This research aspired to bring insight and deep understanding on how wives and partners of migrant workers assessed their

risk of contracting HIV/AIDS and to also explore the reasons behind their individual assessments on the risk of contracting HIV/AIDS. This research also intended to identify preventive measures against contracting HIV/AIDS that were accessible and those that were inaccessible to wives and partners of migrant workers and also explored reasons why some preventive measures were inaccessible.

INTRODUCTION

This study was devoted to establishing the level of knowledge about HIV/AIDS among the wives and partners of migrant workers and to find out who provided them with information they had. Also important to the study was to identify whether the wives and partners of migrant workers perceived risk of contracting HIV/AIDS because their partners worked away from home and what protective methods they used to protect themselves. In addition the study explored issues of communication on HIV/AIDS issues between couples.

Several studies were conducted on gender issues and the findings revealed that communities often subjected women to subordination due to gender roles that prevail and reduce the position of women to being powerless (Ghosh & Kalipeni, 2003). This position of women in society puts them at risk of contracting HIV/AIDS in various ways. Studies indicate that women married to or in relationships with migrant workers were not immune to the risk of contracting HIV/AIDS even though they had knowledge of issues of prevention from contracting HIV/AIDS because of societal norms that prohibit them from undertaking the necessary precautions against contracting HIV/AIDS (Dang, 2005).

Numerous studies on gender, HIV and infrastructure operations in Cambodia, the People's Republic of China, India, Papua New Guinea and Tajikistan were conducted by The Asian Development Bank in 2009 (The Asian Development Bank, 2009). The findings from these studies revealed that it was compulsory for women to get married and bear children as per cultural norms. These cultural norms detested condom use, forced men who had sex with other men to marry women and forced women to be passive on issues

of sexual decisions. These issues put the wives at risk of contracting HIV. Further findings also revealed that the lack of recognizable social status of women, the inability to have well-paying jobs and the absence of land owning and property rights by women increased their chances of being at risk of contracting HIV/AIDS because they were not able to negotiate safe sex with their partners in fear of losing financial support.

Discussions between men and women on infidelity and sex were not allowed in some communities. Women were also not allowed to negotiate safe sex with either their husbands or even with sexual partners from their extra marital affairs or those with whom they engage in sexual activities with in exchange for money. In some instances, wives or partners of migrant workers were aware of sexual affairs that their spouses had with other women but were not able to address such issues in fear of angering the partner thus losing financial support. A study was conducted by Varma *et al.* (2010) in South India that was aimed at exploring perceptions of HIV risk among monogamous wives of alcoholic men. The findings revealed that the women knew that their husbands were involved sexually with other women and were therefore aware of the risk of contracting HIV/AIDS as result of their husbands' risky behaviours but the wives were not able to address such issues or to protect themselves by requesting usage of condoms with their husbands in fear of enduring physical violence. According to Smith (2007:1002) the inability to address the husbands' risky behaviours were escaladed by the beliefs in society that men cheated their wives because they failed to execute their spousal roles thereby pushing away their husbands into the hands of other women.

Often wives of migrant workers' knowledge and awareness on issues of HIV/AIDS did not translate into them perceiving risk to contracting the HIV virus due to several factors. Chaatterjee and Hosian (2006) conducted a study where they investigated HIV/AIDS related knowledge, perceptions, and behavioural change among married women in Mumbai India. The findings related that more than half of the respondents had sufficient knowledge on HIV/AIDS yet less than half (12%) of the respondents perceived risk to contracting it. As per the study findings, women remained faithful to their husbands and strongly believed that their husbands would also stay faithful. The participants believed that sex workers were a group at most risk of contracting HIV/AIDS because they had

different sexual partners ignoring the possibility of their husbands visiting sex workers and possibly contracting HIV/AIDS and thus transmitting it to them. These are some of the beliefs that support perceptions of a low risk of contracting HIV among women married to migrant workers.

A study was conducted by Ghosh and Kalipeni (2003) in the low income regions of Lilongwe where focus group interviews and structured interviews were used to find information in relation to fertility, social networks, economic situations and marriages. The aim of the study was to examine the gendered context of HIV/AIDS. The study findings revealed that HIV/AIDS was on the rise among women in Malawi due to various factors that included among others poverty and male domination. Findings revealed that through media and education provided by health care professionals, women had a high level of awareness of HIV/AIDS but were still unable to protect themselves. As per the results, poverty restricted women's ability to make decisions on vital issues that included undertaking preventive measures against contracting HIV/AIDS. Women did not question risky behaviours that their husbands were involved in due to fear of losing a partners who provides financially, owns land and property. Male domination which was influenced by gender norms promoted men's sole decision making in relationships and marriages and this increased the risk of women contracting HIV/AIDS because women were not able to decide to use condoms or initiate HIV testing with their husbands because men had the upper hand in decision making.

Findings of a study that was conducted in India by Chavada *et al.* (2013) revealed that 88% of participants who were wives of migrant workers had high risk perceptions to contracting HIV/AIDS from their husbands because they believed that there was a possibility of their husbands being involved in risky sexual behaviours while away from home. Even though the wives of migrant workers were aware of the risk of contracting HIV/AIDS associated with being married to a migrant worker, 82% of the women were ready to accept to stay in their marriages even if they were to discover that their husband was cheating because they needed to secure financial stability that was assured by having a migrant worker husband for herself and for her children. The study was aimed

at assessing risk perception regarding HIV/AIDS of wives whose husbands were living geographically far away from them.

In a study that was aimed at assessing perceived risk of HIV infection among spouses of migrant workers in 2009, Sharma *et al.* (2012:14) after using face- to- face semi-structured interviews to gather data from 294 women who were randomly selected in the Bardiya district, it was found out that almost all respondents were aware that unsafe sex was a mode of transmitting HIV/AIDS. Even though the participants were aware of unsafe sex as a mode of HIV/AIDS transmission, only 39% of them were aware that of the possibility of contracting it from their spouses. Low risk perceptions of wives of migrants in regard to contracting HIV/AIDS from their husbands translated into failure to insist on condom use thereby increasing chance of infection.

Literature substantiates that migrant workers' wives' knowledge of HIV/AIDS modes of transmission and prevention alone has not proven to be sufficient in enabling them to properly assess and minimize their risk of contracting this virus. It is visible as literature relates that partners of migrants are forced to stay in marriages and relationships where they are not able to negotiate safe sex and confront their partners about their affairs because of socio- cultural norms that prohibit usage of safe sex methods and fear of losing financial security that the husbands/partner provide because of their low socio-economic status. However, some of the wives and partners of migrant workers did not perceive themselves to be at risk of contracting HIV/AIDS because they were misinformed due to their lack of formal education and which disabled them from comprehending what HIV/AIDS was and consequently failed to adopt vital preventive measures.

PROBLEM STATEMENT

In Lesotho, a lot of attention has been placed on perceptions and protective behaviours of other groups that were seen as high risk of contracting HIV/AIDS such as migrant workers and very little research has been conducted on risk perceptions and protective behaviours of wives of migrants regarding HIV/AIDS in the context of Lesotho. It is of

great importance that risk perceptions and protective behaviours of wives and partners of migrant worked be focused on as well because in the absence of their spouses women may be at risk of contracting HIV/AIDS through several ways e.g. contracting HIV/AIDS from the migrant husband and or extra marital affairs that may transpire in the absence of the spouse. How the wives and partners of migrant workers assess risk of contracting HIV/AIDS may determine the protective measures they adopt and it is also vital to identify existing factors that may disable them to adopt some protective measures. Tsui *et al*. (2012:02) suggest that risk perceptions are important to explore because it then makes it easier to assess true risks when comparing actual sexual behaviour to perceived risk and perceptions of sexual behaviour. In many cases low risk perceptions are associated with not adopting safe sexual behaviours thereby increasing risk of contracting HIV and increasing the prevalence rate. Furthermore, risk of marital transmission has been largely ignored, even though it is a risk factor especially in marriages where spouses are migrants. According to Matope (in Lesotho Times 21 August 2014) the Government of Lesotho and non-governmental institutions are exerting great effort in creating awareness on HIV/AIDS with the aim of preventing new infections, condoms are distributed through community councils, offices of chief, clinics, in schools, in local shops and during sporting and other community activities, and the Lesotho UNGASS Country Report (2009) shows that between the years 2004 and 2009, over 32 million condoms were bought and distributed by different agencies in Lesotho and a technical team was established to distribute and promote usage but according to Help Lesotho (2014), Lesotho has the second highest HIV prevalence rate in the world. It is evident that many angles have not been explored extensively enough, hence the need to assess the risk perceptions and protective behaviours of wives and partners of migrants who live in rural areas of Lesotho as a group that is at high risk in regard to HIV/AIDS.

RESEARCH METHODS

This study was based on an exploratory qualitative research design. Exploratory research is used to an gain in-depth understanding of a research phenomenon, often with the aim

of establishing new approaches that can be adopted to eradicate an existing problem (Burns & Groove in Mabuda 2009:12). Exploratory qualitative research was therefore used in this study that inductively explored risk perceptions and protective behaviours of wives and partners of migrant workers in relation to HIV/AIDS in the rural areas of Lesotho. The aim of the study was to surface a deeper understanding of how wives and partners of migrant workers perceive their risk of contracting HIV/AIDS, what protective measures they adopted to safeguard themselves from contracting the HIV virus, and what incapacitated them from adopting some preventive measures. As is the nature of exploratory qualitative research, the findings derived from the study also revealed implications for further research on this topic.

PARTICIPANTS AND SAMPLING

In recruiting appropriate participants for this study, purposive sampling and snow ball sampling were used. Purposive sampling according to Brink (cited by Maduba 2009:15) involves recruiting only participants who have an understanding, knowledge and some kind of involvement on the topic at hand. The second sampling method used was snow ball sampling, which entails asking identified participants to refer the researcher to other potential participants who are wives and partners of migrant workers in the villages where the research will be conducted. This approach was relevant as it is used where there is no list of the population of interest, as is the case in the present study (Bienacki, 1981:141).

These two sampling methods were used to obtain participants, based on the sampling criteria. Sampling criteria according to Mugo (2002) are the listed features which determine a prospective participant's eligibility for inclusion in the study. In the present study, participants had to be Basotho women who were stayed at home wives/partners of migrant workers and resided in one of two rural Districts of Lesotho (Quthing and Teyateyaneng) were eligible for inclusion this study. Within the selected districts 30 Basotho women aged between 18- 50 years of age were recruited as participants with 30 participating in interviews and 22 in focus group discussion. The researcher conducted this study over 7 a day period the 07th to the 13th of December 2016.

RESEARCH PROCEDURE

After NWU Human Health Research Ethics Committee granted permission for the research to be conducted (Refer to Appendix 3), World Vision Lesotho facilitated the identifying of wives of migrant workers in the villages within the rural Districts. Meetings were then held with wives of the migrants where they were informed on what the study was about, how the study will be undertaken, how long the interviews will last, and what would be required from them (Refer to Appendix 2). After obtaining informed consent from the participants (Refer to Appendix 1), data was then collected; through individual interviews which were conducted in each participant's home and focus group discussions which were held in the local community halls. Both the interviews and focus group discussions were conducted in Sesotho and were recorded with the consent of the participants.

DATA COLLECTION

To collect data for this study, the researcher employed two data gathering methods which included semi-structured interviews with each participant and focus group discussions with groups of 6-8 participants. According to Clough and Nutbrown (cited in Newton, 2010:01) semi- structured interviews allow usage of open-ended and broad questions that help the respondent to reveal extensive details in relation to a given topic, and as such were appropriate to use in this study. In addition, Gill *et al.* (2008:291) revealed that semi- structured interviews were intimate and personal in nature, thereby fitting to use when collecting data on sensitive topics, as is the case in the present study.

Focus group discussions were also relevant to use in collection of data in this study because according to Gill *et al.* (2008:293), such discussions surface insights on different opinions, experiences, ideas, beliefs and practices of individuals which might not have emerged in the context of an individual interview. All interviews and group discussions were recorded.

Interview schedules were used to guide both Sesotho semi-structured and focus group interviews and additional probes were used to prompt participants to explain or elaborate upon their answers.

DATA ANALYSIS

The gathered data was then analysed using thematic analysis. This method of data analysis is relevant for usage in the current study because according to Ibrahim (2012:13), through thematic analysis a researcher is able to find and reveal factors that influence certain behaviours, actions and thoughts because of its flexibility. This selected method of data analysis involved identifying, analysing and reporting themes in data. According to Boyatzis 1998 (cited by Ibrahim, 2012:10) this method of qualitative data analysis reduces broad information into patterns and themes by means of a strategy of coding, in order to interpret data and to answer the research questions.

In undertaking this method, the recorded data was transcribed and then coded. Coding was a fundamental step that assisted in deriving meaningful patterns in the collected information which later supported the interpretation of data. In analysing data, the following steps were undertaken:

In an effort to familiarise with the data, the researcher listened repeatedly the audio recordings to understand the data and to identify arising meanings and patterns. The audio recorded data was then transcribed verbatim as Ibrahim (2013:14) emphasizes the importance of written data accurately reflecting the verbal account; he indicates that this provides precise and true data. This process also assisted the researcher in increasing familiarity with the collected data and extracting further meanings and arising patterns. The following step was to code the data according to their meaning and relatedness in regard to the research topic. The different codes were then sorted into potential categories and themes. Matrices were then used to support this process of sorting codes, categories and themes into coherent patterns based on the research questions underlying the study. The themes were then reviewed to ensure that they form a logical pattern. Data

was re- arranged or refined by splitting, combining and discarding irrelevant themes so as to remain only with themes that were consistent, meaningful and answered the research question.

ETHICAL CONSIDERATIONS

According to The National Committee for Research Ethics in the Social Sciences and Humanities (2005), taking into account ethics while conducting a study helps a researcher to promote social values, assists in ensuring that the researcher is accountable to the public by avoiding conflict and harming of human subjects, and supports the researcher in making morally acceptable decisions. While conducting this study where subjects were human beings, ethics were therefore accorded a very important role in this research.

When conducting this study, the participants participated voluntarily and their informed consent was obtained. They were not forced to participate just because they fit the required criteria. The purpose, procedures, duration, the risks and the benefits of the study were explained to them so that they were able to make informed decisions. According to Smith (2003:56) a person should be given all the information that could influence their decision to participate or not to participate in a study comprehensively and in an understandable way. The participants who agreed to participate then signed consent forms after a suitable cooling down period of at least 24 hours had elapsed.

The participants were not exposed to any harm. This was achieved through avoiding any form of pressurising of participants to divulge information which may be sensitive, private and demeaning or humiliating. According to Drew *et al.* (2007:57), it is of great importance that researchers respect privacy, dignity and sensitivities of the participants. Participation in the study was entirely voluntary and participants were informed of their right to refuse to answer any given questions or to withdraw from the study at any stage if they should wish to, without incurring any form of penalty.

Information given by participants was treated confidentially, and is only known to the researcher and research supervisor. The information was not given out to other people

and when presented in the findings it does not reflect the identity of the participant who provided the information.

ENSURING TRUSTWORTHINESS AND CREDIBILITY OF THE STUDY

Credibility

Credibility was vital in establishing trustworthiness as it seeks to ensure that the research aim is executed to provide relevant and believable findings (Shenton, 2004:64). This was ensured by using well established research methods, and also by engaging only participants who met the required criteria. Credibility was also ensured by using interactive questioning to support the gathering of credible data by minimizing the risk of misinterpretations on the part of the researcher.

Triangulation

In ensuring trustworthiness of the findings of this study triangulation was used. Different research methods were used in collecting data, and according to Ibrahim (2012:13) such a strategy enables identification and filling of shortcomings that might have occurred in using only one method, thus resulting in the collection of richer data. To facilitate triangulation in this study, semi- structured interviews and focus group discussions were used to collect data.

FINDINGS

Information and knowledge about HIV/AIDS

In order to better understand participants' perceptions of their risk for contracting HIV, participants' information about methods of HIV transmission and prevention (as well as the sources where this information was derived from) were explored in the present study.

Findings indicate that most participants were given information by different sources and were knowledgeable on ways of HIV/AIDS transmission and approaches to be adopted in order to prevent themselves from contracting it.

Ways of transmission

Participants knew of ways of which HIV/AIDS was transmitted from one infected person to one who is not infected. Accounts indicate that they knew that unprotected sex, touching others' body fluids with bare hands, having several sex partners, sharing razors and needles and delivering babies during birth with bare hands increased one's chances of getting HIV/AIDS. For example, in Quthing District, one wife of a migrant worker (Participant 7) explained that *"HIV/AIDS is found when a person has unprotected sex, shares ear rings with other people, shares razors and if they touch blood of an infected person with bare hands that have cuts."* On the same issues another wife married to a migrant worker in Teyateyaneng District (Participant 12) stated that *"people can get HIV/AIDS through sharing toothbrushes, having unprotected sex, from an infected mother to a new-born baby at birth and by touching blood of other people with bare hands".* Participant 7 from Quthing District stated that "*one can get HIV/AIDS if they kiss an infected person*, *I hear if there is a lot of saliva being transferred then an infected person can infect their partner also if a partner has a cut and is being kissed by an infected partner with oral bleeding then HIV can be transmitted".* Another participant 13 in also explained that "*one can also get HIV if they share toothbrushes with other people who are infected because one can get cut in the mouth and if blood happens to be on the toothbrush the HIV can be transmitted".*

Prevention from contracting HIV/AIDS

Participants were aware of measures to be undertaken in order to avoid contracting HIV/AIDS. They indicated that using condoms when having sex, using gloves or plastic bags when touching others' body fluids, being faithful to one partner and avoiding sharing

of razors and needles lessened chances of one contracting HIV/AIDS. This is well illustrated by a wife of a migrant worker (Participant 12) who stated that *"to prevent from getting HIV/AIDS, people should use condoms, use gloves when attending to accidents and avoid sharing razors".* On the same issue of prevention of HIV/AIDS in Teyateyaneng District, another wife of a migrant worker (Participant 3) articulated that *"a person should use condoms when having sex and must also use gloves or plastics when helping a bleeding person".*

Information Source

The information in regard to ways of transmission and prevention of HIV/AIDS was disseminated by different agencies as per participants' accounts. Participants stated that the information they have on HIV/AIDS transmission and prevention was given by institutions such as the health department through clinics and village health workers; via the education department through including HIV/AIDS in the school curriculum; the civil society through non- governmental organisations; and the media. As per their accounts, one wife (Participant 20) affirmed that "*I got this information during a workshop by National Aids Commission"* while another wife (Participant 19) stated that "*the information I got from a public gathering in my village by World Vision".* Another Participant 8 stated that *"I got the information on HIV/AIDS while listening to the radio".* While yet another wife of a migrant worker in Teyateyaneng District (Participant 5) articulated that *"the information I have on HIV/AIDS was given at the clinic".*

A few participants indicated that information about HIV/AIDS transmission and prevention was passed on to them in the context of their social circles. In this regard, one (Participant 3) stated that *"I heard this information HIV/AIDS from my family and friends". A*nother wife a migrant worker (Participant 16) indicated that *"I got this information on HIV/AIDS from talking with my friends".*

Risk Perceptions

An important aim of the study was to explore wives and partners of migrant workers' risk perceptions in regard to contracting HIV/AIDS. The findings indicate that participants' risk perceptions vary significantly, with some perceiving themselves to be at high risk, and others perceiving that they have a relatively low risk of contracting HIV/AIDS.

High risk perceptions

According to their accounts, some participants revealed that they were at risk of contracting HIV/AIDS from their migrant worker husbands who spend most of their time away at work because their husbands may be unfaithful in the absence of their wives and may not use condoms while with other women away from home. In this regard, wives of migrant workers in Teyateyaneng District narrated their accounts; Participant 3 stated that "*I am at risk of contracting HIV/AIDS because I think my husband cheats while away at work and he may not be using condoms"* while (Participant 8) lamented that *"I am at risk of contracting HIV/AIDS because my husband may be having affairs and I do not know whether he uses protection with other women".*

On the same issue, a wife of a migrant worker in Quthing district (Participant 13) stated that *"I may be at risk of contracting HIV/AIDS, I am sure he is unfaithful when away from home, I have heard they have other wives while at work".*

By contrast, other participants believed that they were also at risk of contracting HIV/AIDS from their own extra marital affairs which they engage in due to long separations from their husbands. In Teyateyaneng District, one wife of a migrant worker (Participant 10) pointed out that *"I am at risk of contracting HIV/AIDS because I am involved with other people here at home because my husband spends most of his time at work".*

Low risk perceptions

A number of participants did not believe that the prolonged separations from their husbands placed them at risk of contracting HIV/AIDS, and based this perception on their confidence in their husbands' faithfulness or on evidence of their husbands' HIV negative status.

According to their responses, some wives of migrant workers believed that they wouldn't contract HIV/AIDS because they trusted their husbands to be faithful while away from home. On this issue, a wife of a migrant worker (Participant 18) affirmed that *"I am not at risk of contracting HIV/AIDS because I trust him to be faithful; he is a self-respecting man and I chose to trust him" (Quthing District).*

Other participants' accounts indicated that they believed that the absence or long separations from their husband did not put them at risk of contracting HIV/AIDS because they kept track of their spouses' HIV status. In Teyateyaneng District, a wife of a migrant worker (Participant 9) asserted that "*I don't think I am at risk of contracting HIV/AIDS because he shows me his HIV/AIDS test results each time he comes home"* and after a follow up question on whether the participant was aware of window periods, (Participant 9) indicated that *"well I know and we are always told during counselling sessions but I have no other option but to do my duties as a wife and provide sex to my husband who spends most of his time away from home, I can never properly do the follow up tests with him because he comes home for a few days only".*

Spousal communication on issues of HIV/AIDS

In order to identify protective measures that wives of migrant workers adopted in order to avoid contracting HIV/AIDS it was important to establish whether they were able to initiate discussions on issues pertaining to HIV/AIDS with their husbands, as well as to explore their motives for initiating such discussions and the responses they received. This study findings revealed that some participants initiated discussions on issues of HIV/AIDS with their husbands because they perceived themselves to be at risk of contracting HIV/AIDS

from them and wanted to ensure that their spouses were aware of HIV/AIDS. As per the findings, some husbands were comfortable with discussing issues pertaining to HIV/AIDS and some were very knowledgeable, whilst others had little knowledge. On the other hand, the study also showed that some wives were not able to initiate discussions on HIV/AIDS with their husbands.

Spousal communication

Some participants were able to initiate a discussion on issues of HIV/AIDS with their migrant worker husbands. One wife of a migrant worker in Teyateyaneng District (Participant 1) stated that "*I do initiate discussions on HIV/AIDS with my husband; we often talk about HIV/AIDS when we are at home*". On the same topic, in Quthing District, another wife of a migrant worker (Participant 17) asserted that "*I do initiate discussions of HIV with my husband only when I suspect he is cheating and I do this with the hope that he shall have some kind of fear when cheating to use protection or to leave cheating all together."*

On the other hand, some participants were not able to initiate a discussion on issues of HIV/AIDS with their migrant worker husband due to cultural norms and partner attitudes towards HIV/AIDS. A wife of a migrant worker (Participant 3) articulated that *"I never talk about HIV/AIDS issues with my husband, it would be disrespectful, and we just do not talk about issues of sex with him" (Quthing District).* In regard to the same issue, a wife of a migrant worker (Participant 9) in Teyateyaneng stated that *"I don't talk about HIV/AIDS with my husband, he dislikes talking about HIV issue and I have to respect that".*

Stimulus for spousal communication

The motive behind wives of migrant workers initiating discussions on HIV/AIDS was most commonly reported to be due to high risk perceptions they had in regard to contracting it from their husbands. In an interview, one wife of a migrant worker (Participant 3) stated

that *"I raise the issues of HIV/AIDS to remind him of the dangers of cheating" (Teyateyaneng District).* On the same matter, another wife of a migrant worker (Participant 8) pointed out that *"I talk about issues of HIV/AIDS when my husband leaves for work so that he is reminded that he should avoid behaviours that will put him at risk of getting HIV/AIDS".* Another wife of a migrant (Participant 14) stated that *"my husband and I are already on anti- retroviral treatment so we talk about our health, medications and what to do to get better*". This suggests that the presence of an existing HIV infection along with the concomitant need to take medication served as stimulus for spousal communication about HIV/AIDS.

Response to the conversation

On how their husbands responded to discussions on HIV/AIDS, most wives of migrant workers indicated that their husbands were knowledgeable and comfortable with the topic. In Quthing District, (Participant 13) explained that *"My husband gets comfortable and understands issues of HIV"* and in Teyateyaneng District, on the same matter, (Participant 14) stated that *"My husband gets comfortable talking about issues on HIV/AIDS because we are already infected".* In Quthing District (Participant 17) stated that "*my husband gets comfortable when we talk about HIV/AIDS however; he believes that HIV does not exist and there is nothing I can do convince him that it exists".*

For some participants however, initiating discussions on HIV/AIDS with their migrant worker husbands was not easy because of the unenthusiastic attitude they got from their husbands. One wife of a migrant worker (Participant 9) pointed out that "*my husband dislikes talking about HIV issues; It scares him so I decided not to talk about it" (Quthing District*).

Preventive measures

Another vital objective of this study was to find out ways that wives of migrants used to protect themselves from contracting HIV/AIDS and to also find out what other measures of prevention they knew of but could not undertake; what prevented them from adopting such measures and how they managed the situation of not being able to adopt preventive measures. According to the study findings, some participants avoided body fluid transmissions in an effort to prevent contracting HIV/AIDS, others trusted that faithfulness would protect them from contracting the virus while others relied on their faith and religious beliefs to protect them from contracting HIV/AIDS. On the other hand, some participants were not able to able to adopt preventive measures against contracting HIV/AIDS due to fear of insinuations and their partners' attitude towards HIV/AIDS, whilst others did not undertake any protective measures because of their current HIV positive status. The findings also suggest that the participants who were not able to adopt preventive measures against contracting HIV/AIDS had accepted their situation.

Body fluid transmissions

Participants indicated that they avoided getting in contact with other peoples' body fluids by using condoms even though some pointed out that condom use was irregular with their migrant worker husbands. They also used gloves and avoided sharing toothbrushes and razors. While conducting the study, (Participant 16) in Quthing related that *"I use condoms and I keep and use gloves when there is an accident".* On the same issue another wife of a migrant worker (Participant 2) in Teyateyaneng stated that *"I use condoms, I do not share toothbrushes, I keep and use gloves for accidents and I stay faithful to my husband".* On the same matter another wife of a migrant worker (Participant 9) articulated that *"I sometimes use condoms with my husband when he does not feel like using them then we do not use them and I always pray I do not get HIV".*

On the other hand, some participants were aware that to avoid contracting HIV/AIDS, one had to avoid getting in contact with other people's body fluids but were still not able to

adopt the necessary preventive measures due to fear of insinuations and partner attitudes towards condom use, and they therefore were unable to protect themselves. (Participant 19) stated that *"I know of condoms and would like to use them but my husband dislikes them".* Another (Participant 25) revealed that *"I do not even bother asking my husband to use condoms because I know that topic angers him and I wouldn't want him to be angry at me over such things".*

On the same issue another wife of a migrant worker (Participant 5) related that *"I know I am not supposed to share razors but I share them during funeral rituals because if I refuse to use the razor that is already being used then it brings insinuations that I think other family members have HIV/AIDS".* Another (Participant 21) indicated *"I know that handling body fluids belonging to other people with bare hand puts me at risk of contracting HIV/AIDS but I cannot use gloves when handling family members, my fear is that they think I am insinuating that they are infected and that can bring conflict in the family".*

Some participants knew of ways of prevention to contracting HIV/AIDS but were not able to put such in practice due to the fact that they were infected with HIV/AIDS already putting themselves at risk of being re-infected. (Participant 12) explained that *"my husband and I already HIV+ so I do not use any means of prevention, it is pointless"* after being asked on whether she was aware of issues of re- infection (Participant 12) indicated that *"I know of such they always teach us about it at the clinic but it is pointless honestly we are infected, we are ill and ARVs should help us live longer".*

Religious beliefs

Some participants relied solely on their religious faith that they would not contract HIV/AIDS even though they were aware of the measures to undertake for prevention because their partners disapproved of means of protection such as condoms. (Participant 4) related that "*I know of many methods which I do not use because I believe prayer is enough protection from getting HIV, nothing can surpass God's power".* In a similar vein, (Participant 6) narrated that *"I do not do anything except to pray I do not get infected*

because my husband does not like using condoms". Another wife of a migrant (Participant 11) stated that *"I pray I do not contract HIV/AIDS because my husband and I only use condoms when he feels like using them and I cannot force him to use them, we are a family".*

Behavioural Change

Some participants resorted to changing their behaviours by refraining from risky behaviours that could put them at risk of contracting HIV/AIDS.

Faithfulness

As a preventive measure against contracting HIV/AIDS, some participants refrained from having numerous sexual partners but rather stayed faithful to their migrant worker husbands. On this matter, one wife of a migrant worker (Participant 12) stated that "*I stay faithful to my husband; he is my only sexual partner and I hope he is faithful too or at least uses protection elsewhere".* In Quthing District (Participant 17) pointed out *that "I stay faithful to my husband to avoid catching illnesses and I always pray my husband behaves appropriately for the sake of the both of us".*

Interventions

Another aim of the study was to establish what interventions could be put in place in order to reduce the risk of wives of migrant workers contracting HIV/AIDS. The findings suggest that issues of behavioural change, HIV/AIDS awareness, spousal communication, shortened physical separations and a compulsory HIV testing policy for married couples would lessen chances of wives of migrant workers being at risk of contracting HIV/AIDS.

Behavioural change

Participants indicated that in order for wives of migrant workers to be safe from contracting HIV/AIDS, behaviours of both the wives and husbands should change. Study findings show that the participants indicated that behaviours could be changed if people were to be faithful to their partners and started using condoms. (Participant 8) stated that "*both our husbands and us should change behaviours, be faithful and use condoms always".*

HIV/AIDS awareness

Some participants pointed out that more awareness should be raised on issues of HIV/AIDS, which they believed would reduce the risk faced by wives of migrant workers in terms of contracting HIV/AIDS. Other participants indicated that awareness programmes should focus more on men because they were perceived to lack understanding of the dangers of HIV/AIDS thus they engage in risky behaviours putting their wives at risk of contracting it from them. (Participant 10) stated that *"men should be taught more about HIV/AIDS; they are the one who cheat most of the time and hate using condoms".* Similarly another wife of a migrant worker (Participant 15) related that *"men should be taught about HIV, even when at work they should be taught about it so that they do not forget and end up doing risky things".*

(Participant 20) articulated that *"we should be given more education on HIV/AIDS as families so that we have the same level of understanding".*

Spousal communication

Participants indicated that communication between husband and wife would help reduce HIV infections. They reiterated their belief that when couples communicate on issues of HIV and ways of protection they would not infect each other or chances of infections will be lessened. The participants indicated that even though it would not be easy to communicate issues of sex and HIV/AIDS with their spouses due to cultural norms that

prohibit such conversations, it worthy and helpful to try. (Participant 13) stated that *"women should talk to their husbands and encourage them to use condoms while away from home".* Another wife married to a migrant (Participant 11) related that *"women should discuss issues of HIV with husbands and should not be afraid to ask for safe sex with their husbands".*

Shortened physical separations

Research participants indicated that the long periods that their husbands spent away from home encouraged infidelity on the sides of both parties. They reiterated that if work policies could change by shortening periods that their husbands spent away from home then chances of getting HIV/AIDS would be lessened as husbands meet their spouses more often. A wife of a migrant worker (Participant 10) stated that *"husbands must come home monthly so that their sexual needs are satisfied regularly by their wives to prevent them from being unfaithful".* On another account a (Participant 2) related that *"there should be a work policy that says that husbands should come home monthly to avoid having them get lonely thereby cheating and getting HIV that they infect us with"*.

HIV testing policy

Participants indicated that their husbands refused to go for HIV tests and this meant that they could easily contract HIV/AIDS from their husbands each time they came home. They therefore recommended that husbands should be forced to take HIV tests each time they came home in order to avoid transmissions between them. (Participant 2) indicated that *"there should be an authority to report to if husbands refuse to use condoms".*

DISCUSSION

The main aim of this study was to explore risk perceptions and protective behaviours of wives and partners of migrant workers in regard to HIV/AIDS in the rural areas of Lesotho.

An exploratory qualitative methodology was adopted for this study and thirty semi-structured interviews were conducted with thirty participants. Six focus group discussions were also held with the participants (wives of migrant workers). The data were analysed by means of thematic content analysis following the procedure outlined by Braun and Clarke (2006:06). The overall findings from this study suggest that whilst exceptions certainly do occur, generally participants perceived themselves to be at risk of contracting HIV/AIDS but were commonly not able to adopt protective behaviours against contracting the virus.

This study revealed that the wives of migrant workers interviewed in this study typically had information and were knowledgeable on issues of HIV transmission and prevention. The NGOs, health department, schools, media provided this information to them. They were aware that HIV was transmitted through avoiding body fluid transmission and that to avoid contracting it, that one had to use gloves when handling other people's body fluids and use condoms when having sex. According to the study findings the participants therefore perceived risk of contracting HIV/AIDS especially from their migrant worker husbands who may be engaging in risky sexual behaviours that may put them at risk of contracting HIV and transmitting it to them each time they come home. These findings were however dissimilar to those found on similar studies conducted by Chattaerjee and Hosian, (2006), Ranjan (2015), and Sharma *et al*. (2012), who found that wives of migrant workers who participated in their respective researches were knowledgeable on issues related to HIV/AIDS but the knowledge they had did not influence their perception of HIV/AIDS as they had very low risk perception in regard to their likelihood of contracting HIV/AIDs from their migrant worker spouses.

However, some participants who had knowledge of HIV/AIDS perceived a low risk of contracting the virus because they got their husbands tested each time they came home to avoid contracting it from them. This was a new aspect that has not been revealed by previous studies on a similar topic that sheds new light on protective measures that some wives of migrant workers adopt.

The study findings also revealed that some wives of migrant workers perceived themselves to be at risk of contracting HIV/AIDS because they themselves were unfaithful in the absence of their husband and this put them at risk of contracting HIV from their extra- marital partners. This was a new phenomenon that was not revealed in past studies, and as such, the findings uncover another risk factor to HIV/AIDS infection other than contracting it from the migrant husband who is perceived to engage in risky behaviours while away from home.

Furthermore, in a few cases, some wives of migrant workers were either misinformed or had a lack of knowledge about how HIV was transmitted and this caused them to erroneously perceive themselves to be at low risk of contracting HIV/AIDS from their migrant worker husbands. This finding is similar with the findings from studies which were conducted by Ramjee and Daniels (2013) which revealed that lack of knowledge of HIV/AIDS which could be as a result of lack of understanding, low level of education and illiteracy of the wives, directed how they perceived risk of contracting HIV/AIDS. Those who lacked knowledge and understanding were therefore prone having low risk perceptions, and thus failed to adopt preventive measures.

Findings from this research indicated that even though generally wives of migrant workers were knowledgeable on issues of HIV transmissions and prevention, most were not able to adopt preventive measures against contracting HIV/AIDS due to their inability to negotiate safe sex, and their partners' negative attitudes towards modes of prevention such as condom use. In this situation the study shows that some of the wives of migrant workers instead prayed that they did not get infected as they could not do anything to protect themselves. The findings from studies conducted by Varma *et al*. (2010) and Woods *et al*. (2016) echo the findings made in this study, and indicated that socio-cultural norms were influencing factors because they spelled out that men were heads in the families and therefore sole decision makers, thereby promoting power imbalances that put women at risk of contracting HIV/AIDS because they could not protect themselves or adopt any preventive measure when their husbands were opposed to such measures.

Another finding revealed that some wives of migrant workers were not able to adopt preventive measures even though they were aware of risks involved because of the fear of insinuating illness upon other people and family members e.g. fear of using gloves when handling body fluids of other people and fear of insisting on using their own new razors when cutting hair for funeral rituals. This a relatively new finding that as it was not reflected in the reviewed literature, but which brings new understanding in relation to attitudes which may put wives of migrant at risk of contracting HIV/AIDS.

The findings from this study also revealed that some of the wives of migrant workers were able to protect themselves from contracting HIV/AIDS by avoiding contact with other people's body fluids e.g. by using condoms each time they had sex, avoiding sharing razors, and using gloves when assisting people who are bleeding. Findings also revealed that some of the wives of migrant workers stayed faithful to their husbands in order to avoid contracting HIV/AIDS. This finding does not appear to be evident in previous studies that were identified as part of the literature review, and as such might well present a new insight on to how other wives of migrant workers protect themselves from contracting HIV/AIDS.

LIMITATIONS OF THE STUDY

Similar to most other scholarly research, was not without its limitations. The study was not conducted in all the 4 rural Districts as proposed because the wives of migrant workers have left their homes and migrated to other places to go work. The absence of many of the anticipated participants may have resulted in a loss of data richness.

The research phenomena being studied in this research was sensitive and it was conducted by a middle aged, unmarried female researcher. These factors resulted in some married and older potential participant refusing to participate or participating fully because they were uncomfortable discussing intimate details of their lives with the researcher and this might have also caused some of those who participated to give untruthful, unreliable details which lack of depth. However, this limitation was mitigated

by the fact that some older participants did participate fully, and also by the fact that most of the participants were younger and in the same age group as the researcher and readily revealed their thought on the topic.

In the focus group discussions and interviews, a number of the older participants were timid and hesitant to share their views and experiences due to the sensitivity of the topic that was being discussed, which limited the quality and depth of the data obtained from these participants to some degree. However, other (especially younger) participants were more forthcoming, especially once they understood that the aim of the discussion was not to determine or reveal their HIV status, but to explore their risk perceptions in relation to contracting HIV/AIDS. This served to mitigate this limitation to some degree.

The study had initially intended not only to focus on women married to migrant workers but to also include those who are in relationships with but unmarried to migrant workers (i.e. partners). As such, purposive sampling criteria were initially specified to include Basotho women's migrant worker partners. However, once in the field, it became evident that identifying such participants were extremely challenging. The main reason for this seems to be that in Basotho villages issues of pre-marital relationship are not openly discussed, and therefore these participants were reluctant to reveal themselves, and consequently their views, opinions and experiences were not captured.

RECOMMENDATIONS FOR FUTURE RESEARCH

As this study was undertaken, it became apparent that wives of migrant workers like many others in the rural areas have migrated to find work in urban areas and in places outside of the country, and therefore future research could also be extended to urban areas where the wives of migrant workers have migrated to.

Future research could also seek to identify whether the change in the socio- economic status of wives of migrant workers due to being employed and having an income has had any influence on how they perceive risk of contracting HIV/AIDS and also on whether their improved status has increased chances of adopting some protective measures

against HIV/AIDS which they could not adopt before e.g. ability to negotiate safe sex with their spouses without fear of angering them and risking to lose a financial provider.

Given the sensitivity of the research phenomena being studied, some participants were somewhat reticent during the interviews, and therefore future research on the same phenomena could be undertaken by an older married female researcher as this could help in surfacing some participants' experiences and views which might have been withheld due to its sensitivity and the participants' discomfort.

Future research could also establish whether the strategy used by Basotho wives of migrant workers of communicating issues of HIV/AIDS with spouses with the aim of instilling awareness and fear to certain degree to their husbands as per the research findings does actually encourage safer sexual practices (e.g. husbands agreeing to usage of condoms). Likewise, future research could be devoted to investigating the actual effectiveness of other protective strategies such as those reported by the participants in the study.

CONCLUSION

The main aim of this exploratory qualitative study was to explore risk perceptions and protective behaviours of wives and partners of migrant workers who live in the rural areas of Lesotho in regard to HIV/AIDS. Unstructured interviews were conducted with 30 participants and focus group discussions were held with 22 participants in rural areas of Lesotho. Data were analysed using thematic content analysis.

The themes from this study's findings suggest that wives of migrant workers in the rural areas of Lesotho generally had sufficient knowledge of HIV/AIDS transmission and prevention which led them to perceive themselves to being at risk of contracting HIV/AIDS. However, while some exceptions occurred, particularly in cases where both partners were already infected, in most instances wives were not able to adopt the necessary preventive measures because of cultural norms that prevailed in their societies which forced them to

be passive on sexual issues such as negotiation of condom use, and created power imbalances on other decisions in their marital and familial issues.

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Interviews

Participant 1 (Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 2 (Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 3 (Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 4 (Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 5 (Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 6 (Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 7 (Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 8 (Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 9 (Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 10 (Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 11 (Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 12 (Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 13 (Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 14 (Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 15 (Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 16 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 17 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 18 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 19 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 20 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 21 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 22 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 23 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 24 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 25 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 26 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 27 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 28 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 29 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 30 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Focus group

Participant 1 (Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 2 (Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 3 (Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 4 (Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 5 (Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 6 (Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 7(Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 8 (Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 9 (Mosotho wife of a migrant worker) Quthing, 07 December 2016.

Participant 10 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 11 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 12 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 13 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 14 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 15 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 16 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 17 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 18 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 19 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 20 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 21 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

Participant 22 (Mosotho wife of a migrant worker) Teyateyaneng, 13 December 2016.

CHAPTER 4

LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

This chapter reviews the limitations, recommendations and conclusions that emerged in the study. Following a brief summary of the study, noteworthy conclusions drawn from the findings are discussed. The barriers or limitations that arose throughout the study that are pertinent to the study's findings are presented next. Recommendations for future research are presented based on the conclusions and limitations discussed. Finally, this chapter also encompasses the researcher's personal reflections based on the occurrences that took place as the study was undertaken.

SUMMARY

The main aim of this study was to explore the risk perceptions and protective behaviours in relation to HIV /AIDS among wives and partners of migrant workers in the rural areas of Lesotho, using an exploratory qualitative research design. The participants were selected purposively, and this strategy was supplemented with snow ball sampling. Data was collected through unstructured interviews and focus group discussions. The collected data was then analysed through thematic content analysis and the overall findings revealed that in spite of some participants perceiving themselves to be at low risk, most participants generally did regard themselves as being at risk of contracting HIV/AIDS. However, these participants were mostly unable to adopt protective behaviours against contracting the virus.

RISK PERCEPTIONS

The study revealed that most of the participants had information and were knowledgeable about issues of HIV transmission and prevention. The NGOs, health department, schools and media provided this information to them. They were aware that HIV was transmitted through body fluid transmissions and that to avoid contracting the virus, one had to use gloves when handling other people's body fluids and condoms when having sex. According to the study findings the participants therefore generally perceived themselves to be at risk of contracting HIV/AIDS, especially in cases where their migrant worker husbands were believed to be engaging in risky sexual behaviours while away from home.

The study findings also revealed that some wives of migrant workers perceived risk of contracting HIV/AIDS because they themselves were unfaithful in the absence of their husbands and believed that this put them at risk of contracting HIV from their extra- marital partners. This is an indication that more women are transitioning and gaining equal footing in societies and this phenomenon is being backed up by feminism which is aimed at attaining equality for both sexes.

A minority of participants who had knowledge of HIV/AIDS perceived a low risk of contracting the virus because they got their husbands tested each time they came home, and believed that this would ensure that they would be able to avoid contracting HIV/AIDS.

As per the study findings, some wives of migrant workers were however misinformed and had a lack of knowledge on how HIV was transmitted, and this caused them to perceive a low risk of contracting HIV/AIDS.

PROTECTIVE BEHAVIOURS

The findings revealed that some of the wives of migrant workers were able to protect themselves from contracting HIV/AIDS in a number of ways, which are outlined in this section. Firstly, they were able to avoid contact with other people's body fluids e.g. used

condoms each time they had sex, avoided sharing razors, and used gloves when assisting people who were bleeding.

Findings secondly also revealed that some of the wives of migrant workers stayed faithful to their husbands in order to avoid contracting HIV/AIDS.

Thirdly, it was found that some of the wives of migrant workers discussed with their husbands the issues surrounding HIV transmission and prevention with the hope that they would be cautious and adopt protective behaviours while away from home.

However, despite the adoption of these measures by some participants, the findings indicated that even though generally wives of migrant workers were knowledgeable on issues of HIV transmissions and prevention, most were not able to adopt preventive measures against contracting HIV/AIDS due to their partners' negative attitudes towards modes of prevention such as condom use.

Another finding revealed that some wives of migrant workers were not able to adopt preventive measures even though they were aware of risks involved because of the fear of insinuating illness upon other people and family members (e.g. fear of using gloves when handling body fluids of other people and fear of insisting on using their own new razors when cutting hair for funeral rituals). This finding brings new understanding in relation to attitudes which may put wives of migrant at risk of contracting HIV/AIDS.

The findings also showed that some of the wives of migrant workers did not adopt any physical measures against contracting HIV/AIDS but instead prayed that they do not get infected, and believed that this would serve as a viable measure of preventing them from contracting HIV/AIDS. This indicates that Basotho women are a very religious even when they are aware of facts surrounding and issue such as HIV/AIDS they still belief that the super natural being "God" can protect them from such. Religion therefore plays a part in new infections because people engage in risky behaviours with the hope that their prayers of escaping infection be answered.

Finally the findings revealed that to lessen the prevalence rate of HIV/AIDS infections amongst themselves, the wives of migrant workers believed that more awareness should

be raised about the dangers of HIV/AIDS and the importance of condom use because they believed that many people are still not knowledgeable in relation to issues of HIV/AIDS. The wives of migrant workers believed that the awareness programmes should focus particularly on men who are perceived to have low knowledge and risk perceptions on HIV. The wives of migrant workers according to findings also believe that if their husbands were to come home more regularly then they would not be tempted to engage in risky sexual behaviour where they may contract HIV and transmit it to them.

CONCLUSIONS

The findings from this study indicate that Basotho wives of migrant workers in the rural areas of Lesotho generally had a significant amount of knowledge on HIV/AIDS prevention and transmission. This seems to be attributable to efforts emanating from different sectors that were mandated to promote education on HIV/AIDS in an effort to raise awareness in the country that is ravaged by HIV/AIDS with a 25% prevalence rate, 26 AIDS-related deaths daily, and 52 new infections daily (Global AIDS update 2016). The knowledge and understanding of HIV/AIDS enabled them to perceive the risk of contracting the virus, especially with their spouses living away from home where they may be engaging in risky sexual behaviours. This conclusion is however contradictory to the findings from studies conducted by Sharma *et al*. (2012); Chattaerjee and Hosian (2006); Ranjan *et al.* (2015), which revealed that although the wives of migrant workers were knowledgeable about HIV/AIDS and that they received ample information on HIV/AIDS transmission and prevention, they still had a low risk perception in regard to their personal risk of contracting HIV/AIDS from their husbands who work away from home. However, more supportive of the conclusions reported in these studies was the finding made in the present study that even though efforts were made to spread education and awareness on HIV/AIDS, in the case of some women, this awareness did not translate into actual understanding of HIV/AIDS due to them being uneducated and illiterate. This population consequently did not perceive themselves to be at risk of contracting HIV/AIDS because they had inadequate understanding and consequent awareness about the virus and the

mechanisms of its transmission. As a result, these wives therefore did not take any preventative measures. This finding is in line with findings from studies conducted by Ramjee and Daniels (2013) who after conducting studies on wives of migrant workers' risk perceptions indicated that the low level of education and illiteracy of the wives played a major role on how they perceived risk to contracting HIV/AIDS because they could not comprehend nor understand the risks of contracting HIV due to the lack of minimal scientific knowledge, which lead to them engaging in risky sexual behaviours.

Furthermore, even among of the wives of migrant workers in the present study who did perceive themselves to be at risk of contracting HIV/AIDS, many did not adopt any preventive measures against contracting HIV/AIDS either. The main reason why wives of migrant workers as evidenced by this study were not able to adopt preventive measures against contracting HIV/AIDS even though they were aware of the risk of contracting it was because of socio-cultural norms and practices that gave the men power to make decisions in their marriages, even in relation to sexual matters. Woods *et al*. (2016) and Varma *et al*. (2010) uncovered a similar finding after conducting several studies which revealed that socio-cultural norms reflected notions of masculinity and femininity which created power imbalances between husbands and wives or between a man and a woman who are in a relationship and such socio-cultural factors created beliefs and practices in societies which often put women at risk of contracting HIV/AIDS from their husbands and partners due to such norms denoting low status of women in society.

According to this study findings, the wives of migrant workers were mostly not educated and therefore were unemployed or employed to work low paying jobs such as nursery school care takers or cooks in the local schools. In rural Basotho societies, women are treated as minors and are entitled to very few rights (Mutangadura, 2004:05). In these rural areas, women do not own land or any reliable means of food production. For the survival of the family and children, the women thereby relied on the financial support from their migrant worker husbands. The wives of migrant workers, in fear of angering and risking losing a financial provider, did not insist on safe sex practices because they knew their husbands disliked using protection. This state of affairs however was not of severe concern to the wives of migrant workers, as they were of the opinion that in a marriage

institution, using protection methods such as condoms was unnatural. Instead, most wives indicated that they rather prayed that they would not contract HIV/AIDS. This result is supported by findings of studies conducted by Dang (2005), Thapa *et al*. (2011) and Ranjan *et al.* (2015) which revealed that the socio-cultural norms in these types of contexts implied that discussing or requiring usage of condoms within a marriage was embarrassing, or associated with infidelity as men felt their wives or partners did not trust them if they initiated condom use and that it was a sign of disrespect to the husband.

However, in contrast to the above, the findings of the present study revealed that at least some of the wives of migrant workers who perceived a risk of contracting HIV/AIDS did resort to having conversations with their migrant worker husbands on issues of HIV/AIDS with the aim of making them aware of the dangers of risky sexual behaviours while away from home as a preventive measure. Despite this, the wives were not clear as to whether this made a difference to their husband's behaviour when away from home. Given that Zulu and Chepnego (2003) also indicated that little is known on whether spousal communication may assist in adoption of protective behaviours against HIV/AIDS, it seems that this represents a potentially fruitful avenue for future research to explore.

The wives of migrant workers who had knowledge that HIV/AIDS can be contracted if one came into contact with an infected person's body fluids were also not able to undertake some preventive measures such as using gloves to attend to the ill of injured family members putting themselves at risk of contracting the virus. According to the study findings, this occurred because women were caregivers and felt guilty when using preventive measures on their family members; they believed such practices displayed lack of trust to others and insinuated that others were infected with HIV/AIDS. This finding does not appear to be evident in previous studies that were identified as part of the literature review, and as such might well present a new insight into the ways in which socio-cultural norms and beliefs might put wives in rural communities at risk of contracting the HIV virus.

The health belief model is a useful framework for interpreting the findings that emerged from this study. This theory was created to help foretell and make sense out of people's

attitudes and actions in relation to health related issues (Turner *et al.,* 2004:32). It explains that a person can only undertake precaution against contracting a certain illness if they perceive themselves to be at risk of contracting it, and thus also predicts that to the extent that people do not perceive themselves to be at risk, they will fail to adopt protective measures. The theory further explains that at times an individual who perceives risk of contracting a certain illness may be prohibited by certain barriers to adopt the necessary preventive measures (Butraporn *et al*., 2004:171). The findings of the present study appear to confirm the validity of this theoretical assumption as some of the Basotho wives of migrant workers who did not perceive themselves to be at risk of contracting HIV/AIDS (because they were misinformed and therefore did not fully understand the threat and seriousness of this virus) and therefore failed to adopt protective measures.

Furthermore, this current study's findings are in congruence with the health belief model as they reveal that some of the Basotho wives of migrant workers perceived risk of contracting HIV/AIDS but were not able to undertake any preventive measures because of barriers in the form of socio-cultural norms and gender roles that required deference to their husbands, and which vests all power with their husbands and severely limits their ability to negotiate safe sex practices in order to prevent contracting HIV which they knew could be contracted through unprotected sex. The Basotho wives of migrant workers therefore were at risk of contracting HIV/AIDS due to barriers as explained by the theory.

In relating to the issues of barriers as per the health belief model, the findings further show that wives of migrant workers who were knowledgeable that handling body fluids belonging to other people with bare hand puts one at risk of contracting HIV/AIDS were not able to use preventive measures such as gloves due to norms of propriety because they feared insinuations that may arise as a result of using such (e.g. using gloves to assist an individual may be suggestive that they are infected with HIV).

The social exchange theory also serves as a useful lens through which to view the findings that were made in the present study. The social exchange theory explains that social behaviour exists only because of an exchange process that takes place, and has proven to be applicable in explaining among others, marital and family relationships

(Nakonezny & Denton, 2008:402). Parties seek to maximize profits while minimizing cost in relationships that are a result of social behaviour and this theory explains that each and every relationship is therefore weighed by those involved to assess potential benefits and risks (Cosmides, 1989). As individuals interact and the “natural” process of exchange takes place, power imbalances occur because some parties possess more privilege than others. Those with more resources or privileges are in better position to benefit in any relationship and this often causes distress and exploitation unto the other party.

Applied to the context of the present study, the theory explains dynamics of bartering in marriage; between Basotho wives of migrant workers and their husbands and offers significant explanation of why the wives are not able to adopt preventive measures against contracting HIV/AIDS. In the rural areas, women are seldom educated nor do they have proper jobs, they depend on their husbands to provide for them. This situation according to the social exchange theory implies that there is power imbalance in the relationship because the husbands possess more resources or privileges. With very little social power, women’s bases for negotiating protective measures against HIV/AIDS infection are therefore extremely limited. The social theory explains that in a relationship, one party supplies benefits to another, and although there is a general expectation of reciprocation, the exact nature of the return is not specified; the migrant husbands provide for their families and in exchange the wives respect the husbands by not challenging their decisions in the family (Nakonezny & Denton, 2008:404), which include decisions about sexual practices, such as condom use.

The findings from this study concur with the social exchange theory which explains that each and every relationship is based on a process of exchange (Cosmides, 1989). This theory which is rooted in economic sociology further indicates that parties in every relationship seek to maximize profit or benefits and avoid in all means to avoid costs or termination of a profit making relationship. As per findings of this study, Basotho women value and know their position as wives in the households, they get married, bear kids, nurture the family while the husbands leaves the home to go work and provide for the family (Lebesa, 1999:24). Findings reveal that as a way of maximizing profit or avoiding punishment as per the theory, the Basotho wives of migrant workers avoided instances

where the husband could be angered thus they stay in marriages where they are not able to negotiate safe sex putting themselves at known risk of contracting HIV because the husbands have an income which is a privilege to the unemployed wives.

IMPLICATIONS OF THE STUDY

The findings presented in this study have a number of implications, both in relation to theory, as well as in relation to practical application, as are discussed in this section.

In terms of theoretical implications, the findings of this study provide additional support for the health belief model (Turner *et al*., 2004:32) which states that people tend to adopt preventive measures against an illness or disease only when they perceive themselves to be at risk of contracting it. The theory according to Butraporn *et al*. (2004:171) further explains that even though an individual may perceive risk of contracting an illness, at times there are barriers that prevent them from undertaking the preventive measures which may include culture, sex, personality and seriousness of the individual.

According to Sotho culture and its concomitant socio-cultural gender roles and norms men are the heads of their families and the decision makers. These roles and norms served as barriers to the adoption of preventative measures, as the women therefore did not have a say in decision making, even on issues of their sexuality, and were not allowed to question their husbands' decisions as this was regarded as an indication of disrespect. According to the research findings, wives of migrant workers were not able to prevent themselves from contracting HIV even though they perceived themselves to be at risk because their husbands who were decision makers had negative attitudes towards condom use.

Some cultural practices based on norms of propriety were found to serve as additional barriers that prevented the Basotho wives of migrant workers from adopting preventive measures against contracting HIV/AIDS which they already perceived risk of contracting. The findings revealed that during funeral rituals, these women agreed to shaving off their

heads with a razor that had been used on several other lineage members. The women had a fear of insisting on using their own razors as it would seem as if they were being disrespectful and challenging customs.

The wives of migrant workers who normally stayed at home with their in- laws did not use gloves when attending to the sick or injured family members even though they were aware of the risks of contracting HIV/AIDS involved in such acts because they feared insinuating illness upon those. These findings therefore support the health belief model that stipulates that there can be barriers prohibiting an individual to adopt a preventive measure against an illness they perceive risk to contracting.

The findings from this study reveal that there was a power imbalance in most families whereby the wives of migrant workers were unemployed and stayed at home as family caretakers who relied mostly on the financial provision of the migrant husband. Furthermore, the findings show that even though a few participants did indicate that they had initiated a dialogue on adopting protective measures against contracting HIV/AIDS with their husbands, some women submitted to their husbands by not demanding condom use (which was disliked by their husbands) to avoid angering them. This according to the study findings occurred because the wives did not want to disrespect and anger their husbands and risk losing financial provision. This finding provides support to the social exchange theory and suggests that relationships are motivated by transactions that occur and every party seeks to maximize the profit they receive which can be power, privileges or resources. The theory further explains that involved parties in a relationship often avoid altercations that may put strain to the relationship; and rather work towards solidarity, which are confirmed by the findings of the present study, where wives, despite awareness of their risk, often opted to avoid altercations rather than address the risk directly.

The findings of this study also have a number of implications for practice. In particular, they may serve to guide the development of intervention strategies aimed at reducing the incidence of transmission of HIV/AIDS from migrant workers to their partners or wives. The findings suggest that such strategies need to address or take account of the following:

- Migrant men could be persuaded to use protection and be given knowledge that it is in their best interest and that of their families to avoid contracting HIV and other sexually transmitted diseases. They could be taught that they can be "head of the families" by saving themselves and the families they head. This could be executed by incorporating and drawing on Sesotho proverbs and idioms that eulogize the relevance and importance of men as family heads and as protectors of their families and linking this to the issue of condom use, which would help to ensure greater congruence of the practice with socio-cultural norms and values.

- Migrant men could be encouraged to take part in different HIV-related committees at home and at work such as HIV-related community support groups, this might increase their awareness on issues of HIV and may influence behavioural change e.g. they may establish the importance of safe behavioural practices.

- After including men in community support groups and committees, they could be encouraged to raise awareness of HIV/AIDS amongst fellow men in settings such as "khotla" (where rural men gather in villages to chat about their lives and challenges, it is often by the kraal or a selected place at the tribal chief's yard) and in the hostels they live in while at work. This could be done in an effort of finding an informal, customal and masculine angle that addresses the issues of HIV/AIDS.

LIMITATIONS OF THE STUDY

Like most other scholarly research, this study is not without its limitations.

The intended sample of 15 wives of migrant workers in 4 rural districts of Lesotho was not achieved because the wives of most migrant workers had migrated to urban areas and to regions outside Lesotho to go work as domestic workers, in factories and farms. In the Mafeteng district wives had also left home to work in the farms in the Eastern Cape

while in Butha- Buthe most of the wives of migrant workers had migrated to urban areas of Lesotho and to South Africa where they worked as domestic workers. As a consequence, the research was conducted in 2 districts, and not 4, as initially planned.

Many participants hesitated to take part in focus group discussions because they were not comfortable discussing their experiences in the presence of others. Furthermore, those who participated were not completely free during the discussions due to the sensitivity of the matters discussed and this caused withholding of important information in regard to the research topic. One participant in Quthing stated that "*I am sorry but I will be not take part in those discussions, I know those women gossip so I will not go and talk about my life there".*

Some participants were also hesitant to participate in the interviews because of the age of the researcher; a few potential participants even decided to withdraw from participating in the study. One participant in Teyateyaneng District stated that *"I would like to help you find the information you need but I will not discuss issues of my sexuality with you, you are too young; younger than my youngest child".*

During data collection, some of the participants were cynical on participating in this study when they learnt that the researcher was not married.

Once at the research site, contrary to initial expectations, it was found to be virtually impossible to locate and include women who were partners but not married to migrant workers. Finding such participants was extremely challenging because in Sotho communities issues of relationships preceding marriage are not openly discussed, and therefore these participants were reluctant to reveal themselves, and consequently their views, opinions and experiences were not captured.

Taken together, it therefore appears that a number of different socio-cultural norms that dictate what topics should and should not be discussed, as well as with whom they could or should not be discussed, influenced the data collection process to a significant degree. However, the value of these limitations is that they would hopefully serve to raise

awareness of the various socio-cultural factors that would need to be taken into account when conducting future studies.

RECOMMENDATIONS

This section is focused on addressing the issues presented in the limitations section above. Recommendations are presented here that might be useful for future studies which may be conducted on the topic of the risk perceptions and protective behaviours in relation to HIV/AIDS among wives and partners of migrant workers in the rural areas of Lesotho.

Future research should not only be conducted in rural areas, but should also be broadened to urban areas because many wives of migrant workers have left their rural homes and have migrated to work as domestic workers and in factories. With increased income, and a possibly changed economic power balance between husband and wife, it seems possible that urban living and employed women's social power in managing their risk of contracting HIV/AIDS might differ significantly from that of their rural, unemployed counterparts. Significant scope exists for examining how this trend affects these women's risk perceptions and the protective behaviours that they are able to negotiate and/or adopt. As such, future research could also focus on whether wives of migrant workers who have left their rural homes and are now working in the urban areas' risk perceptions to contracting HIV/AIDS are any different to those of stay at home wives of migrant workers. Such studies should also seek to determine whether the barriers to adopting preventive measures against contracting HIV/AIDS by wives and partners of migrant workers who are now employed and earning an income still exist and to what level in comparison to those who remain unemployed in their rural homes.

During the study, it was found that a number of socio-cultural norms pertaining to the propriety of discussing sexual manners in general, as well as those pertaining to discussing them with younger people adversely impacted the depth and quality of data collected. Some of the wives of migrant workers displayed an uncomfortable attitude to

discussing the issues of HIV/AIDS (either in general, or with the researcher, who was younger than many of the participants) even though they knew a lot about it. In the future, studies should be designed in a way that takes account of these socio-cultural norms and implements strategies to circumvent them. In particular, lessons learnt from this study suggest that interviewers should ideally be the same age or older than participants.

Given the sensitivity that some participants had in relation to discussing matters related to HIV/AIDS in a focus group context, it is recommended that in the future, extra care be taken while conducting focus group discussions for data collection of such a sensitive topic or different methods to collect data be employed. This will enable participants to freely share their experiences, opinions and views on this sensitive phenomenon. Individual interviews would likely be most appropriate.

Despite setting an initial research aim to the contrary, the inability to locate partners (as opposed to spouses) of migrant worker men in the field invariably meant that the focus of the study had to be restricted to the wives of migrant workers. Restrictive socio-cultural norms related to the propriety of discussing such relationships meant that no participants who met this criterion could be found to participate in the study. This eventuality might be of value in highlighting the challenges associated with investigating this type of participant, and points to the need of utilising alternative methods for recruiting such participants, or obtaining data about them. In the future, studies could be conducted which include not only non-married partners of migrant workers, but also migrant workers themselves, in an effort to understand how they perceive risks of contracting HIV/AIDS and what protective measures are at their disposal and what barriers they encounter when seeking to adopt such measures.

In this study, the Basotho wives of migrant workers indicated that they discussed issues of HIV/AIDS with their husbands with the intention of reminding them of the dangers and seriousness of this virus and with hope that they will refrain from risky practices that could put them at risk of contracting the HIV virus while away from home. Future research could focus on investigating whether the approach of wives discussing the issues of HIV/AIDS with their migrant worker husbands does influence adoption of protective behaviours.

PERSONAL REFLECTIONS ON THE STUDY

This study has made me aware that even though in Lesotho the concept of women empowerment is seemingly being addressed and promoted at community level, in reality women are very vulnerable and are being oppressed in the families and the vulnerability and oppression sometimes results in them being infected by HIV/AIDS because they unwillingly engage in practices that put them at risk of contracting the virus. At times the women engage in such dangerous practices even though they are aware of the risk of contracting HIV/AIDS involved in such.

As per this study, even though generally Basotho are aware of and have knowledge on the issues of HIV/AIDS prevention and transmission, they are still very attached to and inclined to their dangerous cultural practices and rituals which put many people at risk of contracting. It is evident that for some people, the knowledge they had acquired on issues of HIV/AIDS does not translate into actual understanding.

While conducting this study I also learnt that people's attitudes towards issues of HIV/AIDS vary in accordance to their geographical location. In more rural districts, people who had been taught about HIV/AIDS by different mediums were adamant to talk about it yet in rural urban districts people who had the same knowledge from the same mediums on HIV/AIDS issues were much more open to the idea of talking about HIV/AIDS, going for testing and openly discussed their statuses.

In this study I also learnt that Basotho in the rural areas have heteronormative attitudes towards unmarried people. Some of the participants who were keen to participate in this study became hesitant once they learnt the researcher is not married even though they were of the same age group as the researcher but other participants who were not aware of the marital status of the researcher did not have a problem of discussing the investigated issues with the researcher who was of the same age group as they were. Class and educational backgrounds of the researcher and the participants were not an issue, the participants appreciated the use of local languages that the researcher used and the traditional Sesotho dress the researcher had worn, these two aspects played a role in harmonious manner in which data was collected in most areas.

CHAPTER SUMMARY

This chapter presented a summary and conclusion of the present study by providing an overview of the limitations, implications and recommendations related to the study. The chapter also encompassed the researcher's personal reflections on the study. Following a brief summary of the study, the main conclusions that emanated from the study were also outlined. Next, limitations that arose during the research process were discussed, followed by the implications of the study, as well as recommendations for future research on the topic.

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APPENDIX 1: CONSENT FORM FOR WIVES AND PARTNERS OF MIGRANT WORKERS

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM FOR
Wives and partners of migrant workers in the rural areas of Lesotho

TITLE OF THE RESEARCH PROJECT: Exploring risk perceptions and protective behaviours in relation to HIV /AIDS among wives and partners of migrant workers in the rural areas of Lesotho.

REFERENCE NUMBERS: NWU-HS-2016-0138

PRINCIPAL INVESTIGATOR: Mamello Ramothamo

ADDRESS: PO Box 8067, Khubetsoana Maseru, Lesotho 106

CONTACT NUMBER: +266 59976943

You are being invited to take part in a research project that forms part of my research study exploring risk perceptions and protective behaviours in relation to HIV /AIDS among wives and partners of migrant workers in the rural areas of Lesotho. Please take some time to read the information presented here, which will explain the details of this project. Please ask the researcher any questions about any part of this project that you do not fully understand. It is very important

that you are fully satisfied that you clearly understand what this research is about and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study was approved by the **Humanities and Health Research Ethics Committee (HHREC) of the Faculty of Humanities of the North-West University (NWU-HS-2016-0138)** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki and the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records to make sure that I (the researcher) am conducting research in an ethical manner.

What is this research study all about?

- *The goals of this research are to better understand how Basotho women who are married to (or living with) migrant workers see themselves as being at risk for contracting HIV/AIDS and to understand what they do to protect themselves against this.*
- *This study will be done in four rural districts of Lesotho namely Mafeteng, Quthing, Leribe and rural Maseru. Group discussions and interviews will be used to get the information we need for the study. Participants will be asked around 7 questions about the research topic. The researcher has been trained to conduct interviews like these.*
- *The group and individual interviews should take around 30 to 60 minutes.*
- *About 15-20 people will be included in this study.*

Why have you been invited to take part in this study?

- *You have been invited to take part in this study because your husband (or male partner) is a migrant worker.*
- *You are a Mosotho woman who is 18 years or older.*

What are you expected to do?

- *You will be expected to take part in a 20-40 minute session where 7questions shall be asked to you and you shall be expected to honestly answer each question as best as you are able to. The session will be recorded so that I can easily get the information you have given me later and only I and my supervisor, Dr Werner Nell, will listen to these recordings.*
- *You will also be expected to take part in a 40-60 minute long group discussion session during which the same 7 questions will be asked. Here you will be asked to take part in a group discussion where questions will be asked and you will also be expected to answer the questions as best as you can be able to. The group discussion session will also be recorded.*

Will you benefit from taking part in this research?

- *There are no direct benefits for you in taking part in this study. However, if you take part in the group interview, you will also get an opportunity of listening and forming connections with other wives and partners of migrant workers where you shall learn from them how they, as wives of migrant workers see themselves in terms of being at risk to HIV/AIDS and what they do to protect themselves from contracting the virus and also the*

challenges they face and how they overcome such. You will receive no payment for taking part in this study.

- *The indirect benefits include the following: this study will serve to make known the level at which wives and partners of migrant workers see themselves to be at risk of being infected with HIV/AIDS and it will also shed light on what wives and partners of migrant workers do to protect themselves from getting infected and also show what the other ways can be made available to them to protect themselves from getting HIV/AIDS.*

Are there risks involved in your taking part in this research and how will these be managed?

- *The risks in this study, and how these will be managed, are summarised in the table below:*

Probable/possible risks/discomforts	***Strategies to minimize risk/discomfort***
Given that the questions in the interviews focus on the risk perceptions in relation to contracting HIV/AIDS and on protective behaviours that wives of migrants adopt, it is possible that the you may face victimization by the men who may feel you are being ill-mannered by discussing issues that may seem private and which may also portray an unpleasant picture of them.	You shall therefore be interviewed in your homes (or at another place that you choose if this will be better for you) where the information you provide will be confidential and it shall not be made known to others that you took part in this study.
During the focus group session, you will be interviewed as part of a group. Others also taking part in the focus group session will therefore know that you have participated and will also know what you have said.	Group rules with regards to confidentiality will be negotiated before the focus group session starts. If there is anything you would not feel comfortable in sharing in the group, then you are free to not say anything.
Some research questions could bring to light and make you realize your level of being at risk and the lack of power, which could be distressing.	If you feel the need for this, a qualified counsellor will provide trauma counselling to you and a ten minutes refresher on HIV/AIDS prevention, treatment, counselling and testing services that are available for you.
There is a possibility that some of the questions may be sensitive in nature or may cause you some discomfort.	You are free to answer questions that you feel comfortable with. Certain questions can be skipped if they cause you discomfort.

- *However, the benefits (as noted above) outweigh the risk.*

Who will have access to the data?

Your identity will be kept secret (that is, in no way will your results be linked to your identity) in the study not revealing who participated in the study. No participant will be referred to by name during the reviewing of the given information and their personal details will also not be written in the final report (dissertation). During the collection of information (the interview and focus group) people taking part will not be called by their name, instead they will be given a number (e.g. P1). Confidentiality (that is, I shall make sure that we protect the information we have about you) will also be ensured. Some of

your private information might be required during this study (e.g., you will be asked to provide your name and contact details) but your name will never be made known and your information will be handled and kept private and in secrecy we possibly can. No identification revealing information will be used in any writings resulting from this study and only the team of researchers will work with the information that you shared. All sensitive information will be protected by locking it up and storing it on a computer which is only usable through a secret code.

- *Only I, the researcher, and my supervisor, Dr Werner Nell, will have access to your personal information and the answers that you provide.Information will be kept safe and protected by locking written papers in locked cupboards in the researcher's office and for information saved in computers, and it will be password protected.*
- *Information recorded during interviews and discussion sessions will be written and put into words by the researcher. As soon as information is written down, the recordings will be deleted. The copy of written information will be stored on a password-protected computer. All people who shall assist in arranging information shall sign forms to swear not to reveal what the information says.*
- *Information will be stored in computers for a period of 5 years.*

What will happen to the data?

The information from this study will be reported in the following ways: findings will be reported in the form of a written report and may be available on the internet as written research reports. You as people who took part in the study shall be given face- to- face feedback on the findings of this study. In all of this reporting, you will not be personally identified. This means that the reporting will not include your name or details that will help others to know that you participated (e.g., your address).

The information you gave me may be re-used in future studies with more or less similar aims and purposes than this one, but it will not be used for any other purpose.

Will you be paid or compensated to take part in this study and are there any costs involved?

You shall receive a refresher course on issues of HIV/AIDS as a gesture of appreciation to compensate for your time and inconvenience and any possible discomfort experienced. You shall not incur any expenses during this study.

How will you know about the findings?

- The general findings of the research will be shared with you through face- to- face discussions that shall be conducted once the report is available.

Is there anything else that you should know or do?

- You can contact me, Mamello Ramothamo, at 59976943 or mhramothamo@yahoo.comif you have any further queries or encounter any problems.
- Alternatively, you can contact my supervisor, Dr Werner Nell at 016 910 3427 or Werner.Nell@nwu.ac.za.
- You can contact the chair of the Humanities and Health Research Ethics Committee Prof Tumi Khumalo (016 910 3397 or Tumi.khumalo@nwu.ac.za) if you have any concerns or

complaints that have not been adequately addressed by the researcher. You can leave a message for Tumi with Ms Daleen Claasens (016 910 30441).

- You will receive a copy of this information and consent form for your own records.

Declaration by participant

By signing below, I ……..……. agree to take part in a research study entitled: Exploring risk perceptions and protective behaviours in relation to HIV /AIDS among wives and partners of migrant workers in the rural areas of Lesotho.

I declare that:

- I have read and understood this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions to both the person obtaining consent, as well as the researcher (if this is a different person), and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I understand that what I contribute (what I say) could be reproduced publically and/or quoted, but without reference to my personal identity.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) .....…..……. on (*date*) ……...…….. 20....

....

Signature of participant **Signature of witness**

- You may contact me again ☐ **Yes** ☐ **No**
- I would like a summary of the findings of this research ☐ **Yes** ☐ **No**

Participant Age ____ (you may refuse to provide your age)

The best way to reach me is:

Name & Surname: _____

Postal Address: _____

Email: _____

Phone Number: _____

Cell Phone Number: _____

In case the above details change, please contact the following person who knows me well and who does not live with me and who will help you to contact me:

Name & Surname:

_____

Phone/ Cell Phone Number /Email:

_____

Declaration by person obtaining consent

I *(name)* ……..…… declare that:

- I explained the information in this document to ……..
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use a interpreter.

Signed at (*place*) .....….....…….. on (*date*) ……...…….. 20....

....

Signature of person obtaining consent **Signature of witness**

APPENDIX 2: Declaration by researcher

Declaration by researcher

I *(name)* ……..…… declare that:

- I explained the information in this document to ……..
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use a interpreter.

Signed at (*place*) .....….....…….. on (*date*) ……...……. 20....

....

Signature of researcher **Signature of witness**

Private Bag X6001, Potchefstroom,

SOUTH AFRICA, 2520

Tel: (018) 299-4900 Faks: (018) 299-4910

WEB: HTTP://WWW.NWU.AC.ZA

Institutional Research Ethics Regulatory Committee

Appendix 3: Ethics Approval certificate

Private Bag X6001, Potchefstroom,
Tel: (018) 299-
4900 Faks:
(018) 299-4910
Institutional Research Ethics Regulatory Committee

TEL: +27 18 299 4849

EMAIL: ETHICS@NWU.AC.ZA

ETHICS APPROVAL CERTIFICATE OF PROJECT

Based on approval by the **Humanities and Health Research Ethics Committee (HHREC)** after being reviewed at the meeting on **14/11/2016**, the North-West University Institutional Research Ethics Regulatory Committee (NWU-IRERC) hereby **approves** your project as indicated below. This implies that the NWU-IRERC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title: Exploring risk perceptions and protective behaviours in relation to HIV /AIDS among wives and partners of migrant workers in the rural areas of Lesotho.

Project Leader/Supervisor: Prof HW Nell
Student: Ms M Ramothamo

Ethics number:	N	W	U	-	HS	-	2	0	1	6	-	0	1	3	8
	Institution	Project Number			Year		Status								

Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Author isation

Application Type: N/A

Commencement date: 2016-11-21 **Expiry date**: 2019-11-21 **Risk:** **Medium**

Special conditions of the approval (if applicable):

x Translation of the informed consent document to the languages applicable to the study participants should be submitted to the HHREC (if applicable).

x Any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the HHREC. Ethics approval is required BEFORE approval can be obtained from these authorities.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

x *The project leader (principle investigator) must report in the prescribed format to the NWU-IRERC via HHREC:*
- *annually (or as otherwise requested) on the progress of the project, and upon completion of the project*
- *without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project. – Annually a number of projects may be randomly selected for an external audit.*

x *The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the HHREC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.*

x *The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-IRERC via HHREC and new approval received before or on the expiry date.*

x *In the interest of ethical responsibility the NWU-IRERC and HHREC retains the right to:*
- *request access to any information or data at any time during the course or after completion of the project;*
- *to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.*

- *withdraw or postpone approval if:*
  · any unethical principles or practices of the project are revealed or suspected,
  · it becomes apparent that any relevant information was withheld from the HHREC or that information has been false or misrepresented,
  · the required annual report and reporting of adverse events was not done timely and accurately, · new institutional rules, national legislation or international conventions deem it necessary.

x *HHREC can be contacted for further information via Daleen.Claasens@nwu.ac.za or 018 210 3441*

The IRERC would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the IRERC or HHREC for any further enquiries or requests for assistance.

Yours sincerely
Digitally signed by

Prof LA Du Plessis
Prof LA Du Plessis Date:
2016.11.22

16:04:23 +02'00 '

Prof Linda du Plessis
Chair NWU Institutional Research Ethics Regulatory Committee (IRERC)

Appendix 4: RESEARCH QUESTIONS

The following questions were used to guide both the semi-structured and focus group interviews:

- **Question 1**
  Tell me what you know about HIV/AIDS, how it is transmitted and what one can do to prevent themselves from contracting it. Who provided you with this information?
- **Question 2**
  Given what you have said, do you think that being separated from your husband for long periods of time while he is at work is a factor that can put you at risk of contracting HIV/AIDS? Why (not)/How?
- **Question 3**
  Are you able to initiate a discussion on issues pertaining to HIV/AIDS, protective behaviours and HIV testing with your husband? If the answer is no, what is it that makes it difficult for you to discuss this? If yes, how and when do you do it? What is the reaction of your husband?
- **Question 4**
  What measures do you take to prevent yourself from contracting HIV/AIDS as a woman married to a migrant worker?
- **Question 5**
  Are there any other measures of preventing yourself from contracting HIV/AIDS that you know of yet you are not able to adopt? List them. Why are you not able to adopt them?
- **Question 6** (If relevant, based on the participants' previous responses)
  How do you deal with the issue of not being able to protect yourself from contracting HIV/AIDS? What do you do about it?

- **Question 7**

  What do you think can be done to assist you as a woman married to a migrant worker and those in similar situations who might be unable to take sufficient protective measures against HIV/AIDS?