

**RESEARCH TOPIC: THE IMPACT OF HIV/AIDS ON RURAL  
WOMEN CASES FROM MAGOGWE AND STADT VILLAGES IN  
NORTH-WEST PROVINCE SOUTH AFRICA.**

**BY**

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## **DEDICATION**

I dedicate this document to all HIV/AIDS sufferers and the rural women of Magogwe and Stadt Villages.

**AND**

To my family, department of Applied Social Sciences (Land Reform and Rural Development

## **DECLARATION**

I declare that the dissertation for the degree of Master of Social Sciences (Land Reform and Rural Development) in the Department of Social Sciences, faculty of Human and Social Sciences at the North West University hereby submitted, has not previously been submitted by me for a degree at this or any other University, that is my own work in design and execution and that all material contained herein has been duly acknowledged

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## **ABSTRACT**

A case study to examine the impact of HIV/AIDS on rural women.

The aim of the study was to investigate the impact of HIV/AIDS on rural women with the view to empower them with knowledge and all the necessary information concerning HIV/AIDS.

Samples of 50 women were selected by stratified sampling from rural areas.

Respondents were drawn from Magogwe and Stadt villages surrounding Mafikeng in North West province.

Data was collected through questionnaires and interviews. Respondents were interviewed according to the standardised interview questions. Responses were content analysed into descriptive techniques. Tables were used to determine the significant differences in relation to socio-demographic factors.

The main finding of the study was that African Black rural population in general is affected by HIV/AIDS. Majority of respondents were aware of the causes, infection and dangers surrounding HIV/AIDS. There were no significant differences in religious beliefs in relation to socio-demographic factors of the sampled population.

The need for the whole nation to recognise that HIV/AIDS is a human destruction and the time for ignorance has long passed us. The South African government has tried and is still trying to inform people on daily basis so that the universal goal of "Health for All " could be realised. We are not immune from HIV/AIDS it affect all irrespective of age, gender and race.

## **CHAPTER ONE**

### **Introduction**

#### **The impact of HIV/AIDS on rural women cases from Magogwe and Stadt villages: North-West**

##### **1.1. Background**

According to Pratt (1998: 175) Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) is becoming the leading cause of death among rural women in the developing world. In many societies and cultures being a woman is a significant risk factor for HIV/AIDS acquisition. More and more women become infected with HIV/AIDS especially rural women because of their cultural, economic and physical conditions, which sometimes result in rural women involving themselves in commercial sex for the sake of income. During this type of sex condom is not used and they sometime fall pregnant and this result in their unborn babies being infected with HIV/AIDS as women were infected during sex with this disease.

Kempe (1995: 51) argues further that rural women are both socially and culturally vulnerable to HIV/AIDS infection as they are often economically dependent on men. Throughout the world their status is lower than that of men and they have lower opportunities for education to acquire financial independence. This means that they have little or no control when coming to sexual behaviour. For example, women cannot suggest on the use of condom

during sexual contact and therefore women are vulnerable to coerced sex during marital and non-marital rape. Berer (1993) states that the community health services in the developing countries are not up to the standard of catering the needs of women in different age groups. There is still cultural distance between professionals and rural community members. The professionals sometime do not involve the rural community on health issues including HIV/AIDS. There is still a miscommunication between the health workers and rural communities and this result in rural communities being at risk of being infected with HIV/AIDS.

The Media Release (2000) argues further that lack of communication also play an important role in the spread of HIV/AIDS people are misinformed about the disease. Most rural women do not have access to information concerning sexual transmitted diseases including the risk they are at of being infected with HIV/AIDS. The rural women either get half- baked information from newspapers or friends who in turn are also misinformed. People who are well educated with the subject of HIV/AIDS should enlighten others by going to rural disadvantaged areas and conduct health workshops.

Furthermore, the Media Release states that ignorance also leads to the spread of HIV/AIDS whereby rural women are ignorant about how one transmits or is infected with HIV/AIDS. The rural women and the community at large need life skills education to inform them about the facts of life. Myth on the other hand contributes to the spread of HIV/AIDS. Some people still

believe that HIV/AIDS does not exist is a myth that the reason they live recklessly thus the spread of HIV/AIDS.

Panos (1990) states that there are social factors associated with HIV/AIDS. Men always blame rural women for the spread of HIV/AIDS because they believe that women are more vulnerable to disease compared to them and when women are affected or infected by this disease they face rejection. Rural women are deprived of support and care when they are ill and weak of HIV/AIDS. They experience negative attitudes and indifferent feeling from their husbands and the rural community. This results in rural women judging themselves as bad, hopeless and ending up in the blame for the spread of HIV/AIDS.

The HIV/AIDS epidemic is a well-established problem in South Africa, thus each sector of society, government and civil society has the responsibility and a critical role to play in developing appropriate and affordable strategies in addressing the socio-economic impact of HIV/AIDS on rural women. The burden of HIV/AIDS is left with them because rural women have to carry the responsibility of their own children and other family members. Rural women also experience the stigmatisation and isolation from the rural community members when they are infected HIV/AIDS (City Press 2000).

Halkett (1999:62?) reveals that in the South African context the contribution of the environment to behaviour cannot be ignored. Some high risk behaviours are greatly determined whereby rural women in the absence of adequate

information engages in unprotected sex with a city man and get the disease because this man has been involved in multiple sexual contact without the use of a condom. The link between HIV/AIDS and the undeveloped environment means that strategies to care for rural women will need to include plans to eradicate negative environmental influences, which have the effect on the well being of rural women regarding HIV/AIDS.

According to the information from (The Star: 1999) the incidence of HIV/AIDS is greater in rural than urban areas and also greater among women in rural areas than men whom many of them work in town. HIV/AIDS is also spreading fast among the unemployed. Unemployment will be linked to poverty and poverty is high among the nine provinces especially to rural populations. The unemployed rural women resort to anything for the survival of their children and involve themselves in risky situations to acquire survival.

For the last ten years South Africa has conducted a national survey of HIV/AIDS rates among rural women at public antenatal clinics in an attempt to understand the patterns of HIV/AIDS in our society. The results are still awaited with mixed feelings because of their inherent value to the planning process and the hope that they will suggest that prevention programmes are having an impact. Perhaps the most significant feature is that the nation should recognise the danger and the spread of HIV/AIDS problem in a serious way (<http://www.polity.org.za/govdocs/pr20000/pro401.html>)).

In North-West Province people are either infected or affected by HIV/AIDS rural pregnant women are advised by the national and provincial committees to check their status on the issue of HIV/AIDS in different clinics. The HIV/AIDS infection among rural women is higher than in men because rural women are the target group and they are more vulnerable to sexual diseases including HIV/AIDS than men.

The rural areas around Mafikeng in Northwest have to take their HIV/AIDS tests in Magogwe and Stadt clinics. These are the two clinics nearby which have been authorised for the HIV/AIDS test that is the reason why the North-West Department of Health has equipped the clinics with relevant equipment for the HIV/AIDS test (NAPWA-REPORT 2001).

National Association of People Living with HIV/AIDS (NAPWA) is a non-government organisation. Its main objective is to deal with the injustices against people living with HIV/AIDS. This organisation is stationed in the whole of South Africa and its branches differ according to provinces. In Northwest its head offices is in Mafikeng and people who are infected and affected by HIV/AIDS are able to get help and information relating to this disease.

## **1.2. Statement of the Problem**

The study investigated the following research questions:

1. What are the socio-economic and demographic characteristics of the rural women infected with HIV/AIDS in Magogwe and Stadt villages?
2. What are the main causes of HIV/AIDS infection among rural women in Magogwe and Stadt villages?
3. What measures do the rural community members especially rural women in Magogwe and Stadt villages take to fight against HIV/AIDS?
4. What problems do rural women encounter in the fight against HIV/AIDS?
5. What is the North-West Provincial Government doing in fighting against the spread of HIV/AIDS in Magogwe and Stadt villages?

## **1.3. Rationale of the Study**

Although the danger of disease transmission among rural women was not a prominent theme when HIV/AIDS was first identified. HIV/AIDS is now a problem that requires empirical investigations if informed intervention policy measures are to be devised.

The general public researchers have identified that unemployed rural women contribute to the spread of HIV/AIDS infection. Other rural women who sell goods along the roads are also contributing to the spread of this disease in the sense that they sometime involve themselves in unprotected sex with married or unmarried men.

Some rural women go to cities where because of lack of employment they involve themselves in commercial sex without condom, which increases the risk of HIV/AIDS infection. Other factors leading to HIV/AIDS infection can be cultural as the husband is the head of the family the woman should abide by his rules. The husband could be involved in extra marital sexual affairs and the use of the condom during sexual contact with his wife is not a matter of discussion. Furthermore, if HIV/AIDS struck the family, women are the first to be blamed and the family and the society at large further reject them.

Rural women become highly vulnerable to HIV/AIDS infection. The research findings of this study can be used to prevent the spread of HIV/AIDS by bringing knowledge to the relevant rural communities especially rural women through different forms of mass media and information workers. Rural women form easier target than other social groups for HIV/AIDS because of their economic conditions.

#### **1.4. Aim of the Study**

The study investigated the impact of HIV/AIDS on rural women in Magogwe and Stadt villages in the North-West Province.

### **1.5. Objectives of the Study**

The study investigated the following specific aspects:

- The socio-economic and demographic characteristics of the rural women infected with HIV/AIDS in Magogwe and Stadt villages.
- The main causes of HIV/AIDS infection among rural women in Magogwe and Stadt villages.
- Measures used by the rural community especially rural women in their fight against HIV/AIDS in Magogwe and Stadt villages
- The problems that rural women in Magogwe and Stadt villages encounter in their fight against HIV/AIDS.
- The role of the North-West Provincial Government in the fight against the spread of HIV/AIDS.

### **1.6. Literature Review and Theoretical Perspectives**

Before any research study can be conducted the researcher must have knowledge of earlier research findings about the topic. It helps the researcher to clarify the topic or the research problem in order to develop the research questions and to design the study. The researcher should also use the most recent publications on the topic since they contain the most up to date research information.

Nkowane (1990:2) says that the impact of HIV/AIDS on rural women has its own devastating effects therefore; the epidemic is of the most major challenges of our times. Rural women are vulnerable to infection and risk-taking is increased by cultural attitudes that make it inappropriate for women

to be knowledgeable about sex or to suggest the use of condom. There is also the link between substance abuse and the exchange of sex for drugs or money and risk of HIV/AIDS infection become high in this instance (<http://www.unifem-eseasia.org/resources/genderAIDS/genderaids/a.htm>).

White (1999:102) further adds that rural women in Zaire tend to breastfeeding as the way of preventing themselves from HIV/AIDS infection. This is due to the fact that breastfeeding mothers are likely to have the average months of natural infertility and they sometime do not involve themselves in sexual activities in this time. To add on this people long ago adapted their behaviours to the biology of breastfeeding knowing that if a breastfeeding mother can be pregnant her milk supply will no longer suitable for the child. This led to Africans declaring breastfeeding mothers off limits to sexual intercourse.

However, in this case HIV/AIDS is now leading some people too calls again for an end to polygamy. Women's rights activists of Zambia have recommended the motto: "one man, one woman" as the way of encouraging the development of monogamous society. HIV/ AIDS is also changing some taboos on intercourse and breastfeeding women should abstain from sexual contact for about two years, and that men should be allowed to sleep with other women.

But eventually HIV/AIDS have changed this public opinion because the spread of HIV/AIDS made rural women breaking from this taboos so that the man will not seek an outside partner. Rural women in Zimbabwe now also resume to sex early after childbirth to avoid their partners from extra marital affairs. While other women are breastfeeding less in order to avoid abstinence and encourage their husbands to be faithful (White, 1999:4).

Furthermore, Gorna (1996:47) stresses that the obvious reason for discussing rural women and HIV/AIDS would be to explore the complex interplays between HIV/AIDS and rural women's sexual desire and to understand the needs of women living with HIV/AIDS. Rural women are affected by the crisis and they are vulnerable to HIV/AIDS infection. One of the features of HIV/AIDS is that it creates symbols out of human being events and behaviour.

Rural women are used, as public face of HIV/AIDS while HIV/AIDS on the other hand is the symbolic of the planet destruction. Just as HIV/AIDS is rarely described as a medical condition in which rural woman with HIV/AIDS is rarely perceived as a person to be cared for or afforded sympathy for her life threatening disease.

Kiereini (1990) on the other hand states that the physical burdens imposed by HIV/AIDS on rural women are very heavy. Due to the fact that family is ill, the rural women should take care of him and to other daily responsibility of farming, trade and housekeeping. Apart from the physical burden, traditionally rural women are living in fear of becoming infected with HIV/AIDS and to add

on their fear they also worry that the very remaining faithful act to her traditions may put her at risk of acquiring this disease.

Furthermore, HIV/AIDS pandemic is posing a serious threat on the lives of rural women. Rural women are affected by both social and economic disadvantages. HIV/AIDS lead to financial vulnerability of rural women.

Rural women often loose their formal section of employment which in return affect the entire household on condition that the same rural women being unemployed was a breadwinner in the family (White Paper: 1998:150).

White Paper (1998) stressed the fact that HIV/AIDS creates additional costs which may place the household under great financial constrains more especially households directly affected by the death of a father, for example micro-economic impact can occur. Rural women in this instance will be faced with dependency burden, health care, funeral costs, which are going to affect the household savings. This will result in productivity been affected whereby malnutrition in the family occurs and poverty will follow.

Apart from financial stress the rural women experiences psychological stress that is caused by the social stigma and discrimination from the rural community. The rural women are rejected and isolated by their community members and experience radically altered roles. The rural women also loose control over their lives and this led to total destruction of expectations for the future, fear of physical and mental disability and of imminent death(Social Welfare Plan on Aids 1998:28).

Women also have to carry family sorrows and burdens that is the reason why the HIV/AIDS pandemic disproportionately affect them, exacerbating the vulnerability of poor, rural women in particular according to studies carried out in eastern Africa. Women are mostly to carry the main burden of caring for the sick and dying. And since HIV/AIDS is above all a sexually transmitted disease, very often several people in one household can be affected (Food and Agricultural Organisation, 1997).

In Uganda districts studied, AIDS widow's head more households than widowers, widows with dependent children can quickly become entrenched in poverty. All family assets and savings that in most cases are meagre before the onset disease may be completely spent leaving the surviving family members without means of support.

The assumption that 80% of Ugandan men and women are aware of HIV/Aids and know how to protect themselves does not apply to the rural areas visited particularly not to young rural women. Myths, misconceptions, superstitions, stereotypes and stigmatisation are widely prevalent in Tororo and Guru districts. The less people know about HIV-infected families and the stronger the stigmatisation. What particularly significant is that individuals tend to blame their partners for transmitting HIV not themselves for engaging in high-risk sexual behaviour.

In addition to the burdens and the sorrows that the rural women bear when infected with HIV/AIDS they are denied other social rights. Rural women are unable to have any access to land, credit and support services more often than male privileges that could see these women through the hard times. They are denied those rights because of their inferior social and legal status in patriarchal rural societies.

HIV/AIDS carries a stigma and most rural women are ostracized and they could not get any help from the extended family and community as their main safety nets is often severed. The effects of HIV/AIDS are not only felt at the household level but have wider repercussions as well. The declines in the contributions of women to agriculture as result of their illness or of family members create a substantial drop in productivity. In some developing countries rural women account for as much as 70% of the agricultural labour force and higher percentage of food production.

But who take care of the women when they fall sick with the disease? The likelihood of which is growing. For a combination of biological and social reasons, rural women are more than twice more likely to be infected by men than the reverse. The outlook is even bleaker for the future generation. The joint United Nations Programme on AIDS (UNAIDS) has reported that in countries where young people from 15-24 years old account for as much as 60% of all new infections. The infected young women between 15 and 19 years old outnumber their infected male peers by an alarming ratio of 2 to1.

Pilar recently watched her boy die of AIDS, as well as her husband who infected her after his latest stint working in the United States. Pilar aged 53 did not want to give her real name is living with HIV in the city of Puebla near Mexico City. It is not far from her home village and the name of her village she also decline to provide. She cannot forgive her husband for infecting her husband for infecting her and their young son with AIDS and complains that she was the victim of ignorance, naiveté and submission to her husband.

After finding out that she and her son tested positive for HIV, Pilar was shunned by her family and ostracized by her village. She had no choice but to throw herself on the mercy of a distant relative in Puebla. People who are infected with HIV/AIDS in Mexico City are less than five percent. Those who are mostly infected are found in the rural areas, which include the countryside and small villages they form 21.3 percent of the cases compared to 14.4 percent in other cities.

Nearly twenty percent of all cases reported in rural areas are directly associated with emigration flows to the United States, which is a factor in just 6.1 percent of cases reported in urban areas according to the Secretariat Ministry of Health.

Pilar describes her life as 'wretched' because her husband Marco infected her with HIV in the United States died last March followed by their two sons in April the same year." I haven't forgiven him because he ruined my life and left me with nothing and even my son died because of him, damn the day he went to United States" said Pilar.

Thanks to the support from the foundation Pilar is now receiving the antiretroviral medicines, which helps her to delay the onset of full blown AIDS. She was denied the access to the public health system because of no social security. Pilar was also turned away by the free clinics, which provide care to impoverished HIV/AIDS patients

The free clinics operate beyond capacity in the countryside in which rural women encounter serious problems relating to HIV/AIDS. There are people Who are infected with these disease and they do not know until they fall ill, their children or partner die, said Carlos Rugerio, a delegate of the non-governmental organisation Mexico Vanguard of People Infected with HIV (VAMPAHVI) based in the state of Puebla told IPS.

Many of the nearly one million Mexicans who try to enter the United States every year, most of them illegally come from the States like Puebla."The link between the spread of AIDS and the phenomenon of emigration to the United States has not been studied in depth, but our experience indicates that it is a growing problem," said Rugerio.

There is much more ignorance on HIV/AIDS in the rural parts of Mexico than in the cities, those who are infected immediately find themselves spurned by their families and neighbours he explained.

Pilar can vouch that when it came out that her husband had AIDS her small family began to be ostracized and even suffered physical aggression. Her close family members also began to shun her, she and her husband decided to leave the village. By then Pilar and her little boy had been tested and both HIV positive. Marco brought back dollars, which we were happy about because of AIDS his betrayal and lies life became bleak and wretched.

According to the statistics of the joint United Nations Programmes on HIV/AIDS (UNAIDS) there are 800, 00 to 900,000 people living with the disease in the United States which a country of 283 million while 40,000 are infected annually. Mexican men who emigrate to the United States are at high risk of been infected with the disease due to the fact that they are young have strong needs for intimacy and sex. They are often living under great stress said Bronfman.

The World Health Organisation (WHO) says rural women are up to four times more vulnerable to HIV/AIDS than men in heterosexual relationships. The semen contains a higher concentration of infected cells and because the vagina provides an ideal environment for their proliferation. Mexico's

secretariat of Health estimates that more than 150,000 people are living with HIV in this country of 100 million and 11 people infected daily.

In the Ugandan village of Gwanda many households appear to be experiencing reductions in labour productivity as a result of the HIV/AIDS pandemic. Productivity is initially reduced when the HIV-infected person is ill, and later the supply of the household labour declines even further with the death of that person. Moreover, more than one adult per family is most likely infected given the heterosexual nature of HIV/AIDS transmission in Africa.

To add more on this a compounding factor is that infection rates are higher among rural women. They account for as much as seventy percent of the agricultural labour force and 80 percent of food production in some developing countries. Furthermore, household members will devote productive time to caring for the sick persons and traditional mourning customs. These rituals can last as long as forty days for some family members whereby labour availability is adversely affected.

However, the effect of HIV/AIDS in reducing the number of household members available to cultivate crops and large areas of land has led to substantial reductions in land use in many of the community studied, especially in Gwanda. And with the disease-affecting people in their most productive years which are 15-45, many households now consist of orphaned children and their grandparents or other senior relatives. These few young adults' family members they can't contribute much to the crop cultivation.

There are initial signs that an indirect effect of the HIV/AIDS epidemic is the reduction of soil fertility. This appears to be the result in part of reluctance of the farmers to carry out long-term soil conservation measures. This may be because such measures do not yield an immediate result and are also labour demanding.

Furthermore, as increasing number of rural women becoming widowed being heads of the families their rights to land are constrained by the tradition and access to land is automatically denied. In practice, both cultivation rights and land title are inherited through the male line and the women do not inherit these rights except in certain circumstances where they hold rights of trusteeship for a limited period, for example until a male heir attains his maturity. This has special implications in the case of HIV/AIDS-affected households where the woman is the survivor.

The impact of HIV/AIDS on the livestock-raising practices has been felt in several ways. In Gwanda, for example, cattle husbandry has declined. Cattle are frequently sold to pay medical bills and funeral expenses. After the death of household member the remaining widow often do not have the management skills and knowledge to care for livestock (Food and Agriculture Organisation,1997).

Almond (1990) on the other hand stresses the fact that rural women are being discriminated or neglected by the rural community due to the fact that her

child or husband is an HIV/AIDS patient. In this instance rural women are sometimes chased from their work because they are affected by HIV/AIDS. Children of rural women also suffer the consequences of HIV/AIDS in the family whereby other parents organise boycotts because someone's daughter or son who is infected with HIV/AIDS is attending the same school together with their children. Rural women are greatly affected by HIV/AIDS whereby their neighbours go to an extent of chasing them out of their homes.

The White Paper on Social Welfare (1998:159) conveys a strong message regarding the impact of HIV/AIDS. On the well being of the population of South Africa, although the White Paper for Welfare does so the socio-economic impact of HIV/AIDS on rural women is severe because it kills those that the society relies on.

According to South Africa's Medical Research Council (2000), HIV/AIDS is the leading cause of death among South Africans. In shocking report researchers revealed that estimated 40% of deaths of South Africans aged 15 to 49 last year were due to HIV/AIDS. The report titled the impact of HIV/AIDS on rural women say that HIV/AIDS will have taken the lives of about six million South Africans by 2010.

### **1.7. Theoretical Perspectives**

Theories are there to put more emphasis on the research topic whether agreeing or differing with other authors of the literature review. Theories that are going to be discussed are Psychological, Christian and Developmental.

According to Bayley (1993), from the Christian Perspective HIV/AIDS threaten religious people, for HIV/AIDS destroys more than just immune defences. It threatens many of the defences religious people normally use to protect themselves from reality. For example HIV/AIDS challenges us to deal honestly with our sexuality. HIV/AIDS infected people silently judge the worthlessness of many church concerns also our misleading preaching and much of our interned superficial fellowship. The quality of HIV/AIDS silently judges the quality of our so-called conversions.

Bayley further states that when an unmarried priest in Africa vow to celibacy before HIV/AIDS reached his country the sense of virtue and being set-apart is threatened or destroyed. In theory we accept the gospel message that resurrection to new life presupposes real death, but it is very different when it is our friends who are dying and beloved one we bury every week.

Catalan et al (1995) argue that HIV/AIDS leads to psychological affects and it is not surprising to find that severe deterioration in health is often association with psychological and neuropsychiatry problems. For other people who are HIV/AIDS infected depression and fear may have been present since diagnosis was made. The dividing line between normal and pathological fear

is understandable suicidal thoughts. The main issue is how to enable the person to remain in control and as comfortable and pain free as possible.

Furthermore, the patterns of psychological reactions in the terminal stages of HIV/AIDS are largely the same as those seen in other disease. People dying with HIV/AIDS tend to be relatively young and the social reaction to diagnosis of HIV/AIDS can make the situation harder to confront. There is for example, some evidence to suggest that terminally ill patients with HIV/AIDS show lower level of hope than similarly ill patient with cancer and this difference may well be related to fears of isolation.

Sims and Moss (1995) stress the fact that women with late stage of HIV/AIDS are subjected to a range of gynaecological problems, which may cause anxiety, discomfort and pain. Common gynaecological problems are of course, common in the HIV/AIDS patient and it may not be possible to attribute their presence specifically to the HIV/AIDS infection. These problems may include pelvic inflammatory disease, menstrual irregularities, genital warts and ulcers.

According to Miller& Bor (1990) HIV/AIDS infection can place considerable stress on family relationships and it is therefore important to take the patient's sexual partner, lovers and family members into account when trying to find ways of managing the patient's illness, whether they are merely worried about HIV/AIDS or facing death. Our experience of working with HIV/AIDS infected

patients has led us to extend the definition of family to include not only those who are related to patients by birth, but also those related by choice.

In the developmental approach counselling may focus on the individual patient without ever touching upon the relationship dilemmas that the patients with HIV/AIDS infection face. In our experience counsellors can help patients best if they maintain a perspective that takes into account the impact of the patient's illness behaviour and feelings on those around them. The way in which these people react to the patient at different stages of their illness in turn affects how the patient is able to manage and cope.

Bartlett & Finkbeiner (1996) add that people's reactions to HIV/AIDS infection differ widely, but nearly everyone shares to some extent feelings of anger, depression, fatigue and guilt. These feelings are not stages they come in no order. Some people notice more of one feeling at certain times, more of another at times. Some people have several or all the feelings at once and all are part of human nature. They all contribute to HIV/AIDS infection positively or negatively.

### **1.8. Hypotheses**

- There seems to be socio-economic and demographic characteristics of women infected by HIV/AIDS in Magogwe and Stadt villages in terms of age, marital status, educational levels, occupation etc.

- There are various causes of HIV/AIDS infection among rural women in Magogwe and Stadt villages e.g. unemployment.
- Rural women are using different preventive methods in the fight against HIV/AIDS in Magogwe and Stadt villages e.g. use of condoms.  
Rural women encounter problems in their fight against HIV/AIDS in Magogwe and Stadt villages e.g. rejection.
- The North-West Provincial government of Health is involved in different projects to fight against HIV/AIDS in Magogwe and Stadt villages e.g. conducting HIV/AIDS workshops.

### **1.9. Significance of the Study**

The completion of the study came at the right time whereby the North-West Provincial department of Health need provision of information on how to approach the HIV/AIDS problems in the rural areas such as causes of this disease. The students of Land Reform and Rural Development in this instance are going to make use of the study as reference. The study comes at the right time where people are confused and frightened by the issue of HIV/AIDS especially in the rural areas and women in particular.

## **1.10. Methodology**

This is a case study of the impact of HIV/AIDS on rural women in of Magogwe and Stadt villages. A case study is a time-honoured, traditional approach to the study of topics in social science and natural sciences. Because the study is normally done in the few instances the researcher uncovers more variables than he or she has data points on making statistical control.

The cross case study was used to provide the researcher with an in-depth understanding of the research problem. Both qualitative and quantitative methods were used to get a comprehensive understanding of the research problem. This has assisted in cross-referencing the data from various sources.

### **1.10.1. Study Areas**

The two villages of Magogwe and Stadt villages around Mafikeng were selected for conducting the study. People living in Magogwe and Stadt villages fall under Barolong community. The research topic deals with rural women in Magogwe and Stadt villages. The two areas were chosen due to the fact that they are within the vicinity of the voluntary testing centre (Stadt Clinics) and the community was used for proper conduction of data.

As a result of developmental change Magogwe and Stadt clinics were equipped with the facilities for HIV/AIDS testing. People in rural villages

around Mafikeng go to Magogwe and Stadt clinics for voluntary HIV/AIDS test.

### **1.10.2. Subjects**

The following were the sources of information for the study:

Primary data was from key persons such as nurses and social workers in Magogwe and Stadt clinics. These people are responsible for counselling and providing medication to those infected with HIV/AIDS. Nurses and social workers were resourceful to the study because they work with the patients on daily basis including those infected with HIV/AIDS. They have more knowledge and information about the research problem.

A stratified random sample of 50 rural women in the study area was used. Secondary data were obtained from Library materials, Internet articles and Journals.

### **1.10.3. Methods of Data Collection**

A qualitative research method such as interviews for nurses and social workers in Magogwe and Stadt villages were part of data collection method. Questionnaires were used to collect quantitative data from research sample. Interviews were face-face and for the key persons.

Questionnaires were open-ended and close-ended for the stratified sample of rural community from the study villages. Open-ended questions gave the respondents the opportunity to elaborate further on the research problem

while the close-ended restricted them. These two methods were used to ensure validity of the data.

#### **1.10.4. Data Analysis**

Content analysis was done on qualitative data. Qualitative data has greater information of the contents and usually presents a true story of people's experiences, attitudes and beliefs. Survey data was from questionnaires i.e. demographic data of respondents such as age, marital status and educational background, etc. This was quantified by subjecting them to descriptive analysis.

#### **1.10.5. Limitations of the Study**

The study opened the eyes of the researcher in the sense that people especially rural women were afraid to talk about issues pertaining HIV/AIDS in Magogwe and Stadt villages. Problems like these made it difficult for the researcher to get the in depth information relating to the research problem.

#### **1.10.6. Ethical Considerations**

The respondents were treated with respect and ensured courtesy concerning their culture and values. The researcher asked questions, which were sensitive to the norms and values of the community in Magogwe and Stadt villages by not forcing them to speak about their painful experiences when coming to the research problem HIV/AIDS. Respondents were informed that participation the study is voluntary. The information given to the researcher will be confidential.

### **1.10.7. Organisation of the Research Report**

#### Chapter One

Provides background to the study, statement of the problem, rationale, aim and objectives, literature review and theoretical perspective, hypotheses, significance of the study, and methodology.

#### Chapter Two

Examines the demographic characteristics of the respondents in Magogwe and Stadt villages.

#### Chapter Three

The researcher looks at the main causes of HIV/AIDS, measures taken and problems encountered by rural women in the fight against HIV/AIDS in Magogwe and Stadt villages.

#### Chapter Four

Investigates the involvement of North-West Provincial Government in fighting against HIV/AIDS in Magogwe and Stadt villages.

#### Chapter Five

Provides the conclusion and recommendations

## CHAPTER 2

### *DEMOGRAPHIC CHARECTERISTICS OF RESPONDENTS IN MAGOGWE AND STADT VILLAGES*

*The study was interested in studying the impact of HIV/AIDS on rural women in Magogwe and Stadt villages according to age, educational background marital status, occupation and religious affiliation. The study concentrated only on specific group of women those who went for antenatal clinics.*

#### **2.1. Age Distribution**

The difference in age categories determined the trends in ages of rural communities so as to establish whether the communities are ageing or otherwise. Age is being defined as the period of time a person has lived or a thing has existed (Giddens.1997).

Age is a significant variable in the study due to the fact that the researcher was able to identify which age group is sexually active and whether these age groups know about various sexual diseases including HIV/AIDS. The age category showed that rural women between the ages of 18-28 are sexually active and they sometimes involve themselves in unprotected sex.

Rural women sometimes are exposed to risky sexual behaviours whereby drugs and alcohol are involved. That is the reason some rural women are infected with HIV/AIDS and not knowing the events thereof. HIV/AIDS infection does not consider age group and we are all affected or infected by it.

**Table 2.1. Percentage Distribution of Age Category**

Total number of Respondents (Female 50)

| Age   | Frequency | Percentage |
|-------|-----------|------------|
| 18-28 | 17        | 34         |
| 29-39 | 10        | 20         |
| 40-59 | 15        | 30         |
| 60 +  | 8         | 16         |

In table 2.1 the group were categorised as follows: from 18 and 28 years, between 29 and 39 years, between 40 and 59 years, and over 60 years. The result indicated that there were an overwhelming number of respondents in the age groups from 18 and 28 years and between 40 and 59 years as indicated in table 2.1. 34 percent and 30 percent of females represents this. However there were fewer respondents between 29 and 39 years and over 60 years represented by 20 percent and 16 percent of females.

The above respondents in a nutshell they are affected by HIV/AIDS, as they are older and sexually active. They are afraid of infection by this disease although they are faithful to their partners the disease is still a threat to their lives. Other respondents have to take care of those infected by HIV/AIDS in their households.

Therefore, HIV/AIDS does not only affect the age category it also extend its boundaries to the social status of a person.

**Table 2.2. Percentage Distribution of Marital Status of Respondents**

Total number of Respondents = 50

| <b>Marital Status</b> | <b>Frequency</b> | <b>Percentage</b> |
|-----------------------|------------------|-------------------|
| <b>Single</b>         | 18               | 36                |
| <b>Married</b>        | 15               | 30                |
| <b>Divorced</b>       | 05               | 10                |
| <b>Widowed</b>        | 12               | 24                |

In table 2.2 the marital status of respondents ranged from single women to married ones and from married to the ones that are divorced they also consist of widowed women. This was represented by 36% single and 30 percent married. Those who were divorced were represented by 10 % while widowed represented 24%. However other respondents who were cohabiting were not included in the study due to the fact that they did not want expose their relationship and views to the community.

According to Giddens (1997:140) marriage can be defined as a socially acknowledged and approved sexual union between adults individual. When two people marry they become kin to one another, the marriage bond them, however it connects together a wide range of kins people. Married people can also get divorced or separated due to their marital problems.

The above table shows that most of the respondents were single and the risk of infection is high as they sometimes get involved with the married ones and the use of the condom is not an option. Married women on the other hand are at risk of getting infected with HIV/AIDS due to the fact that sometimes their

husbands were not faithful and bring the disease to them.

HIV/AIDS stretches its wings beyond marital status of respondents to their educational level not academically but pertaining the infection, spread, prevention, causes and its impact thereof in Magogwe and Stadt villages.

**Table 2.3. Percentage of Educational Levels of Respondents**

Total number of respondent (Female = 50)

| <b>Educational Category</b> | <b>Frequency</b> | <b>Percentage</b> |
|-----------------------------|------------------|-------------------|
| <b>Illiterate</b>           | 23               | 46                |
| <b>Primary</b>              | 06               | 12                |
| <b>Secondary</b>            | 12               | 24                |
| <b>Tertiary</b>             | 09               | 18                |

In table 2.3 educational levels of respondents were dominated by imbalance in levels of education being below primary and tertiary. This was represented by 46% and 18% secondary. Those with secondary education represented 24 percent. The results indicated that there was a low level of education in the rural community. There were only 9 respondents (18% females) with diploma as a qualification and none had any qualification above diploma.

Education is the transition of knowledge from one generation to another by means of direct instruction (Giddens: 1997). Giddens further state that there are a wide difference between modes of organizing educational institution and

in the proportion of the population receiving different type and level of education.

Understanding the issues and facts about HIV/AIDS and its impact on rural women will be tackled accordingly if people are open and want to learn more on this disease. Rural women also believed that education is learned through experience the more you are grown the more experience and knowledge you have to solve problems (Cajete 2001:168). Table 2.3 this is justified where educational level is shown.

**Table 2.4. Percentage Distribution Religious Affiliation of Respondents**

**Total number of respondents (Females =50)**

| <b>Religious Affiliation</b> | <b>Frequency</b> | <b>Percentage</b> |
|------------------------------|------------------|-------------------|
| <b>Christian</b>             | 40               | 80                |
| <b>Muslim</b>                | 2                | 04                |
| <b>Traditional belief</b>    | 8                | 16                |
| <b>Any other specify</b>     | 0                | 00                |

Table 2.4. Indicates that the majority 80% of respondents are Christians, which is represented by 80 percent of respondents. Other beliefs, which were included in the study, are Traditional and Muslim. Those beliefs are represented by 10 percent and 8 percent respectively. Other beliefs except those mentioned were not found in the study areas.

According to Giddens (1997) religion is a set of symbols and feelings referring to ideas and values produced by human beings in the course of their cultural development.

Religion is found in all societies functioning to maintain beliefs about forces that are considered supernatural and sacred to prescribe symbolic practices that are thought to be in harmony. Religion experience may include the awareness of belonging to a certain group of believers. We have different set of religion, which are classified under Christians, Muslims and Traditional Beliefs.

The above table show that although, rural women are belonging to different religious groups it does prevent the infection and the spread of HIV/AIDS. There are reasons to this some according to the Christian and Muslim's principles sex before marriage is sin. People ignore this principle and indulge themselves in sexual activities and others get infected and spread HIV/AIDS in this way.

HIV/AIDS does not affect religion only the workplace, labour and production is affected, as rural women who are forming part of the labour force are infected and dying of this terminal disease. This further explained by table 2.5.

## 2.5. Percentage Distribution of Occupational Status of Respondents

Total number of respondents (Females =50)

| Occupational Status | Frequency | Percentage |
|---------------------|-----------|------------|
| Domestic worker     | 13        | 26         |
| Unemployed          | 17        | 34         |
| Pensioner           | 18        | 36         |
| Professional        | 02        | 04         |

In table 2.5. Occupational category of the sample were (4% females), domestic workers 26 % females' unemployed 4% of females, pensioner's 16% females. From the total population 38 percent were unemployed. According to Peasal (1999) occupation is the way of spending time whether at work or home.

Most of the respondents were pensioners and they rely mostly on the government for their grants and they are affected by HIV/AIDS in the sense that they have to use the money for other necessities at home. They are responsible for taking care of those who are ill and HIV/AIDS sufferers. Other respondents who were highly represented were unemployed and they no means of income.

They are highly at risk of being infected by HIV/AIDS as they sometimes indulge themselves in commercial sex and condom is not used. HIV/AIDS

affected them in all spheres of life financially, socially and physically when infected.

Occupation status of people can determine the people's accomplishment and the table 2.5. showed that most of the respondents in the study areas are not getting much income as they are working less profitable jobs like domestic workers.

Beside the demographic characteristics of respondents in the study areas there are social and economic factors, which contribute to the infection and the spread of HIV/AIDS, which result in the negative impact to the lives of rural women in Magogwe and Stadt villages.

### **2.5.1. Social and Economic Factors**

Lack of education, high level of unemployment of women are some of the major reasons that cause HIV/AIDS in the rural areas. Education in the study is important in finding out how well people know about HIV/AIDS infections, causes and effects.

Unemployment in a way contributed to the spread of HIV and AIDS as 28 percent of rural women were unemployed and they have to strive for survival. This indicated that people are in need of money and they will involve themselves in anything to accomplish money including engaging themselves in unprotected sexual activities which will negatively impact their lives.

Rural women in most cases are stigmatised, rejected and isolated when infected with HIV/AIDS. They are always blamed when their households are affected or infected with HIV/AIDS and find it difficult to talk about this issue. They keep their HIV/AIDS problems to themselves and life becomes heavy and miserable. To add more on their burdens they do not have money to afford expensive hospital bills or purchase medicines.

## CHAPTER THREE

### CAUSES OF HIV/AIDS IN MAGOGWE AND STADT VILLAGES

The chapter unfolds in looking at the causes of HIV/AIDS, measures taken and problems encountered by rural women in their fight against HIV/AIDS

#### 3.1. Causes of HIV/AIDS

According to the AIDS Information Booklet (2003) cause is any characteristic or event that stimulates or produces a disease or complication e.g. a virus causes HIV.

HIV/AIDS in Magogwe and Stadt villages (Females=50)

| Causes of HIV/AIDS                                  | Frequency | Percentage |
|---|-----------|------------|
| Touching the infected person                        | 2         | 04         |
| Sharing needles with the infected person            | 15        | 30         |
| Hugging or kissing the infected person              | 0         | 0          |
| Through pregnant infected mother to the unborn baby | 10        | 20         |
| Eating with the infected person                     | 0         | 0          |
| Having sex with the                                 | 25        | 50         |

|   |  |  |
|---|--|--|
| <p>infected person<br/>without the use of<br/>condoms</p> |  |  |
|---|--|--|

Table 3.1.1. Indicated that most of the respondents 50% know about the causes of HIV/AIDS. They also indicated other causes of HIV/AIDS, which is represented by 30 percent and 20 percent of respondents. The respondents also know that hugging; kissing or eating with the infected person does not cause HIV/AIDS

### 3.1.2. Prevention of HIV/AIDS

Apart from socio-economic, causes and infection of HIV/AIDS in the study areas there are preventory methods that the rural women can get involve in preventing the infection and the spread of HIV/AIDS

Preventing the spread of HIV/AIDS among rural women should be a national priority. However, prevention will not take place unless we have a clear understanding of the ways in which gender, culture and developmental issues interact in contributing to safer sex behaviours.

Increasing our understanding will require a variety of methods that through developing this contextualized knowledge will begin to understand issues of power and empowerment in preventing HIV and AIDS among rural women.

HIV/AIDS is a terminal disease and once infected chances of being cured are very slim. There are prevention methods that can be used to reduce the spread of this disease. The safest ways are the practice of safe sex for example abstinence, which is 100% safe. The use of condoms during sexual intercourse reduces the risk of infection. The other way is knowing one's and partner's status.

These are methods used to act as barriers between the male and female genital organs during sexual intercourse. The most commonly used barrier method is condom. There are two types of condoms the female condom, which is made of plastic and the male condom, is made of rubber. Condom gives both man and woman protection against unwanted pregnancies and sexually transmitted disease including HIV/AIDS.

Table 3.1.2. Indicates prevention methods against HIV/AIDS in Magogwe and Stadt villages (Females=50)

| <b>Prevention of HIV/AIDS</b>            | <b>Frequency</b> | <b>Percentage</b> |
|--|------------------|-------------------|
| <b>Abstaining from sexual activities</b> | 15               | 30                |
| <b>Having sex with a virgin</b>          | 05               | 10                |
| <b>Being faithful to one partner</b>     | 15               | 30                |
| <b>By using condom during sex</b>        | 12               | 24                |
| <b>Having sex with different people</b>  | 3                | 06                |

The table above shows that participants are aware of the risk people will be taking when involved in sexual activities. They believe that if someone is involved in sexual activities should be faithful to one partner, whilst others

belief that people should condomise to prevent the spread of sexual diseases and the infection with HIV/AIDS.

### **3.2. FACTS ABOUT HIV/AIDS**

All the infections, causes, socio-economic factors about HIV/AIDS and its impact on rural women made the researcher to realise that there are real facts about this disease.

HIV/AIDS is very difficult to transmit, sexually or otherwise. Not one case of health care workers has been documented as getting infected by a patient. It is estimated that up to 1000 contacts must be made sexually with a person carrying HIV for it to be transmitted. There are many cases of lovers or husbands/wives where one is HIV+ and the other is HIV- they have had unprotected sex for a decade or more without transmitting the virus from one to the other.

HIV/AIDS hypothesis is ludicrous on its face. We are supposed to believe that this tiny organism causes 29 different diseases. The theory is that first it creates an immune deficiency and the 'opportunistic' diseases follow. However, many of the so-called indicator diseases are caused neither by HIV nor impaired immune system e.g. dementia.

HIV is a very inactive retrovirus, not infecting sufficient cells to cause disease. Retroviruses do not kill the cells they invade, but they depend upon them for survival. (HIV is cultivated in immortal T4 cells in vitro for use in research.

Infectious diseases account for only about 1% of all deaths from disease in the advanced nations of the world. It is very unlikely that this retrovirus could cause a 'pandemic' when no other such catastrophes are taking place. The populations of the advanced countries are living longer and are healthier than any other time in history. The HIV 'epidemic' runs counter to this trend. The last viral outbreak was polio.

The pathogens show no preference for people with different personalities. If HIV were pathogen, it would have migrated out of the high risk groups, particularly the gay male population because a large portion of gay males also cross over to have sex with the opposite sex. In spite of huge campaign to get men wear condoms, they are not doing it.

Prostitutes have not become infected, and are not dying of HIV/AIDS, although many of them do not use condoms. HIV is said to be a slow virus (I.e. a lentivirus) that only becomes pathogenic after many years.

Population growth it is projected to decline in births due to the decrease in fertility.

The workforce is affected in the sense that people who are mature for work are infected with HIV/AIDS. There is no valid information on the impact of HIV/AIDS on the workforce.

HIV/AIDS has impacted the households in various ways whereby there is the greatest burden, loss of income. HIV/AIDS increase poverty and low socio-economic development.

The pandemic brings psychosocial effects in communities whereby they are traumatised by HIV/AIDS. There is a high level of stress when this disease has affected the household or the community.

HIV/AIDS on the other hand have a negative impact on the education of a child due to the fact their parents are infected and the money is used to buy medication. The funding of children and other facilities suffer due to insufficient funds. On the other hand the children suffer because they have to take care of their parents and their schoolwork is not attended to. Teachers despair due to high rate of deaths.

Health care needs are highly in demand and more hospital bills and patients would no longer be admitted because of large numbers of patients but less hospital beds.

Rural women in a way are more vulnerable to the infection of HIV/AIDS because of their low self-esteem in society. They also have less economic power and fertility vulnerability. Women are the one who provide care for the sick and the dying members of their family and the demand are increasing.

Therefore, the stigma is attached to HIV/AIDS leads to feelings of guilt, shame

and denial. Those affected typically become isolated and their problems hidden. The South African AIDS epidemic is not as far progressed as it is in some neighbouring countries HIV/AIDS still frequently a 'hidden' problem in South Africa.

### **3.3.Main Causes of HIV/AIDS in Magogwe and Stadt Villages**

In respect of the mode of transmission there are other factors, which cause HIV/AIDS in the study areas. The HIV/AIDS epidemic follows a different pattern in each village and district. Geography and ethnic factors including cultural beliefs, marital status and behaviour and unemployment play an important role in the spreading of this disease.

Culturally, women are obliged to respect their husbands in each and every decision that have to be made including sex patterns. As the husband is the head of the family he can have sex whenever he wishes without the use of condoms. The woman cannot mention the use of condom to her husband because it would be disrespectful and simply will mean that the woman do not trust the husband in which the husband is unfaithful to her.

Gender imbalances between men women will continue to grow. In response women are more vulnerable to sexual transmitted disease including HIV/AIDS. But when thinking of it lack of economic empowerment is not the only cause that leads to the spreading of HIV/AIDS. Women sometimes have high top jobs in which men feel threatened.

Women in this instance feel unaccepted and they choose to have children without a full partner. They choose to stay single but have a partner who is a married man. They will make a kind of agreement in which arrangement will be made on how to raise children without the consent of the wife. The arrangement has some implications on the spread of HIV/AIDS due to the fact that sexual contact will continue during visitation by the father.

Single parenting whereby a parent is burdened with all the responsibilities of taking care of the children without the help of another partner is difficult. Other single parents especially women are at risk of contracting this disease due to the fact that they will sometimes devise the means of bringing extra money into her household. Those means will sometimes involve unsafe sex and thus the spread of sexual diseases including HIV/AIDS, as they are vulnerable and they will do anything at that time to please the opposite sex.

Extra marital affairs whereby the male partner would be involved with 1, 2, 3 sex partners in different villages. This does not mean his wife is not cheating on him when he is away and even those two sex partners they will not wait for him rather they will devise the means to satisfy their sexual needs. The sad is that all people in question have heard about HIV/AIDS.

Men have to change their behaviour when coming to women. The way men treat women as tools for their sexual needs really it have negative impact when coming to the spread of HIV/AIDS. Men involve themselves in many sex

affairs in which unsafe sex is practiced whereby wives and other sex partners are the risk of getting this disease.

Unemployment also contributes to the spread of HIV/AIDS due to the fact that women who are unemployed have to meet their basic needs. Unemployed women are very vulnerable in this instance and they will do anything to accomplish that. Rural women those unemployed will involve themselves in sexual activities as way of getting income and the use of condom is not negotiable. Through this sexual activities with rich men or truck different sexual diseases will be exchanged and HIV/AIDS will be amongst them.

#### **3.4. Measures taken by rural women against HIV/AIDS in Magogwe and Stadt villages**

A framework that features both structural and individual and that shifts our Perspectives to their interaction may advance our understanding about the implications of gender for health practices including HIV/AIDS. Inequality is based on ideas about gender, and equality, in turn, reifies the subordination of rural women through a massive network of structures, processes, and relationships.

Rural women are always negotiating a better life, struggling against constraints, and sometimes accepting life challenges the way they are. They are disadvantaged because of gender in-interaction with race and class and yet they can actualize their own personal agendas. The power to negotiate, struggle and accept despite the larger social context is an integral component

of health practices. Inequalities within society silence women and our expression of sexuality, which in turn may endanger health and well-being.

Rural women try by all means to talk to their partners about safe sex in which sometimes they do not succeed. In most cases the information they try to pass on deaf ears.

This gendered understanding of HIV/AIDS prevention calls for a contextualised perspective in considering how rural women protect themselves from infection. Empowerment theory is one of the efforts to study how perceptions of power affect behaviours (Hoffoll, 1993). This theory emerged to explain how individuals can increase their power through social interaction and addressing the health problems of relatively powerless populations.

Rural women on the other hand should have the personal power which involves experiencing oneself as an effective and capable person. They have to understand and identify the means of increasing their personal knowledge when coming to HIV/AIDS and the prevention methods.

Rural women are involved in voluntary work in helping people who are infected by HIV/AIDS. They are the one who takes care of the sick and the dying. By doing this women acquire more information on the issue of HIV/AIDS. They attend workshops and always go to the clinics for preventory measures.

Rural women also take pains in knowing how to live positively when infected with HIV/AIDS. They acknowledge the fact that when HIV infected you are not dying but have the virus that can lead to AIDS. The HIV virus can live with a human being for a period of ten years or longer only if the person take proper medication and having the proper diet.

### **3.5. Problems encountered by Rural Women in the fight against HIV/AIDS in Magogwe Stadt Villages**

There are problems that women encounter when trying to fight the HIV/AIDS epidemic. When a woman or one of her family is infected with HIV/AIDS is faced with rejection and discrimination by her relatives, neighbours and the community at large. Her household become isolated and this is a serious burden because the woman has no moral support. That is the reason why some infected people have suicidal thoughts when infected with HIV/AIDS.

Rural women on the other hand are afraid of losing their husbands when coming to the issue of sex. They cannot mention the use of condoms due to the fact that women are afraid of rejection by their husbands. They rather are infected with sexual transmitted disease including HIV/AIDS. They know safer sex on their part is not the matter of discussion unless the husbands initiate the topic.

The issue of HIV/AIDS is a burden in a poor household whereby medication and proper diet is needed. Sometimes the medications they get from the clinic are not enough and as the result of their household status the woman have to bear the family burdens and sorrows. Women in this instance cannot properly fight the disease because of lack of relevant resources and the disease will spread ultimately destroys her family.

Besides, the physical problems faced by rural women they also suffer psychological due to the fact that culturally women are powerless. The husband is the head of the family and has the sole vote in every decision that had to be made. The women cannot suggest voluntary testing on HIV/AIDS. They are subjected to the cultural beliefs and this increase the burden and the level of stress increases.

Lack of education also contribute to the problems that rural women are experiencing when fighting HIV/AIDS. They sometimes do not have all the facts concerning the disease because they cannot read. The husbands or their sex partners will take advantage of their situation and manipulate them having sex without the use of protection. They know the facts but they cannot prove what they are saying in literature.

Rejection and discrimination add more loads to the rural women's problems, they feel worthless and the disease becomes more strenuous on them because they had no one to talk to. When the disease reaches its toll they die alone miserable and sad. People cannot help them, and they on the other

hand are afraid to ask for help because they fear the response of the people who isolated them in their time of need.

Unemployment is another problem that rural women are faced with, in the sense that women do not have an income except from their husbands. They are the one taking care of the sick at home. They cannot afford other nutritional needs when the household is affected by HIV/AIDS. Therefore, the funding they have has to concentrate more on medication than foods thus malnutrition.

People living with HIV/AIDS and their families experience diverse psychological problems which include social stigma, rejection and isolation, radically altered roles, loss of control over and destruction of expectations of the future, fear of physical and mental disability and of imminent death. It is thus clear that the psychosocial impact is severe and not only a financial impact.

## **CHAPTER FOUR**

### **THE INVOLVEMENT OF PROVINCIAL GOVERNMENT IN THE FIGHT AGAINST HIV/AIDS IN MAGOGWE AND STADT VILLAGES**

One of the most significant challenges facing South Africa is the spread of HIV and AIDS. The government is trying its best to inform people through media release, television networks and any other relevant sources that is available to make people alert of the dangers of unprotected sex, unfaithfulness by having too many sexual partners and the mishaps around the dangers of risky sexual behaviours and infection with HIV/AIDS. People continue to live dangerously irrespective of the warning signs and the consequences thereof.

The national government mandated every province to make its people aware that HIV/AIDS is not child's play it destroys the immune system, leave you paralysed and total destruction, which result in death. The government take more time in addressing the issue of HIV/AIDS by involving the world scientists in finding the cure for this disease whereby a lot of money is spend in researching the proper medicine. The money that could be used to create more jobs for the unemployed, it is for the drugs for those infected in addition they are given grants every month for purchasing of pills and food.

Beside, the money used by the government in fighting HIV/AIDS there are non-governmental organisations like National Association of People Living with AIDS (NAPWA). This organisation its objective is to deal with the

injustices towards people infected. The organisation on the other hand is there for counselling and advices to those infected and affected by HIV/AIDS.

The White Paper on Social Welfare conveys a strong message regarding the impact of HIV/AIDS on the well being of the population of South Africa. The White Paper also commits the Department of Welfare to assess, monitor and enhance the capacity of the existing mechanisms to meet the needs of rural women.

In order to address this epidemic effectively the role of the Social Welfare has to be defined clearly, it was necessary to compile a Social Welfare Plan on AIDS in collaboration with the provinces as well as stakeholders. The plan amongst all Include the monitoring of the HIV/AIDS epidemic, reducing the impact of HIV/AIDS on personal, family and community levels, and to protect the rights of people living with HIV/AIDS.

In Magogwe and Stadt villages the North-West provincial government have tried to address the problem of HIV/AIDS by equipping the clinics of these villages with proper facilities concerning this disease. There are women from the study areas who are doing voluntary work to assist those infected with HIV/AIDS.

Those volunteers help infected people who are unable to go the clinics because they are really sick. They help by taking medication to those people

and assist in cleaning their homes also encourages them how to live positively with this disease.

There are condom promotional campaigns done by people from the government to these areas on quarterly basis. There are also counselling facilities, which are stationed at the clinics according to the nurses from Magogwe and Stadt clinics.

There is a national and provincial policy that exists for the prevention of HIV/AIDS amongst rural women. This policy aims to promote the prevention of HIV/AIDS and sexually transmitted diseases on women and to alleviate the impact of HIV/AIDS.

There is limited recognition that the protection of women from HIV/AIDS is the key to the prevention of mother to child transmission. Many contractions concentrate on the protection of children after the mother has contracted the virus. These interventions are prioritised at the expense of stressing the need of the prevention of HIV/AIDS in women.

Where HIV/AIDS prevention exists for women, girls are marginalized. Interventions that target positive women in the protection of unborn children from HIV/AIDS exclude young mothers there ignoring the fact that 10% of mothers are teenage girls.

Therefore HIV/AIDS despite the development of retroviral drugs which delay the onset on HIV/AIDS and which can reduce mother to child transmission. Meanwhile HIV/AIDS continues to spread virtually unchecked particularly in the poorer nations of the world where 90% infection is currently located.

The traditional healers are found in the rural areas mostly and they act on behalf of the medical doctors because some rural communities including those in Magotho and Stadt consult them. They are referred to be less in services and their healing is depended on herbs or muti. The traditional healers in Northwest are well organised in the sense that they managed to form the Traditional Healers Council. This has been done to allow all traditional healers in the Province to speak in one voice.

People who claim to be healers who claim to be healers are shying away from the organisation. They also sell wrongly mixed concoctions to pensioners. They utilize taxi ranks as means through which they can retail their products. These products do not possess any medicinal value.

Therefore, it is very important that these people are stopped immediately. A request has been made to all the districts, mayors and Department of Traditional Affairs to help with registration of healers in their areas.

The need for registration has arisen due to misrepresentative reports regarding the number of healers that are operating in South Africa. A request to other provinces to undertake the registration process as well, the data will allow the government to contact the right people.

The council have representatives in all regions and will not spare the charlatans that pretend to be healers and those that sell human parts, as every effort will be made to send them to prison.

People are dying from concoctions that are being sold on the streets by unqualified people who claim to be healers and due to fewer prices and the condition they are faced with buying is the only option. The traditional healers on the other hand they have to be known by their local chiefs/leaders, as the leaders will sanction the examinations of these healers.

People in the rural areas believe that the traditional healers can cure HIV/AIDS; therefore, they should not be irresponsible and make unfounded claims regarding the manner in which they have been healed of HIV/AIDS.

#### **4.1. The Role of the traditional leaders in the fight against HIV/AIDS**

The traditional leaders have identified how the war against HIV/AIDS calls on rural communities to change the way we operate so as to respond to the call of the need of those who are infected as well of those affected by this disease. They need to strengthen ties of the social solidarity and promote the

condition of a social environment, in which everyone becomes more responsible to alleviate the sufferings of the other.

HIV/AIDS is a challenge which has called on the traditional leaders, to exercise the full measure of the moral leadership within communities, to act as catalyst to people coming together to help one another become more familiar with the hard facts of HIV/AIDS and joining hands in running the programmes which can prevent the spreading of the disease, and address its effects on those who are infected or affected by it.

Traditional leaders on the other hand had to go through a steep learning curve and the question is what they could do under the present circumstances to change things in their community for the better. In addition to the efforts of traditional leaders, business leaders, leaders in the government, leaders in the churches and leaders in NGO's have a similar challenge and that on success of such challenge, the fortunate of our war on HIV/AIDS really hinges.

HIV/AIDS affects all of us and that no one is immune from it, because even if though not infected, anyone of us may become affected by it by virtues of those who are dear to us being infected or affected themselves. The chain of sufferings must now become a chain of solidarity, which recognises that we are all tied together in this fight and that this war of ours will temper a new nation, which has now the opportunity of combining courage and determination with deep sense of humanity and social solidarity.

## **4.2. Impact Assessment of the programmes on HIV/AIDS**

### **Northwest**

The provincial government is involved in various programmes that are designed to educate the rural communities on HIV/AIDS in order to manage HIV and AIDS infections and prevent any further infections.

The research/study was undertaken in order to investigate the impact of this disease on rural women and coping mechanisms of rural communities in the management of HIV and AIDS.

The assessment of understanding of HIV/AIDS within rural communities in the survey. The extent to which the programmes content has penetrated into rural communities in the province.

To explore individual understands and management of sexuality transmitted infections and HIV/AIDS. The programmes are designed to test views and attitudes advocated as mechanisms of preventing or containing HIV and AIDS in particular, views on abstinence, faithfulness to one's partner and the use of barrier methods, for instance.

To explore the extent to which individuals are ready to undergo voluntary counselling and testing in order to be aware of their HIV status and take the requisite prevention containment measures. The study further discussed the sexual behaviours specifically among rural women.

To explore in detail, individual and community responses to HIV and AIDS, and especially to investigate community attitudes to HIV and AIDS including stigmatisation of people living with HIV/AIDS.

The Provincial government established the presence educational and resource centres in rural communities including programmes and activities undertaken. The programmes include workshops and counselling of people infected and affected by HIV/AIDS.

## CHAPTER FIVE

### Conclusion and Recommendations

In conclusion one may say HIV/AIDS affects all of us and that no one is immune from it, because even though not infected, anyone of us may become affected by it, by virtues of those who are dear to us being infected or themselves affected. HIV/AIDS is a much greater challenge and momentous than the oppression and apartheid we faced twenty-five years ago. Even today scientists and traditional healers are still looking for the cure.

On the other hand the government is trying its best to come with solutions to this fatal disease but all in vein. The reason being people are still in denial that HIV/AIDS exists; they are still unfaithful to their partners or wives involving themselves in sexual activities without the use of condoms. Others especially women are still embedded to their traditional beliefs; they do not talk to their husbands about protective sex.

Women on the other hand are economically powerless and socially vulnerable to all kinds of injustices. The reasons mentioned contribute to the spread of HIV/AIDS and its impact on the lives of people rural women as examples.

On the basis of findings, causes and problems encountered by rural women in Magogwe and Stadt villages the researcher made the following recommendations:

- The participants suggested that making use of the language of women is important so that messages can be appropriate and having continuous awareness campaigns will help. There should be HIV/AIDS clubs and popular magazines for all. Building the relationship within their household could help them to discuss freely about sex education.
- Women should teach their children about sexually transmitted diseases including the infection by HIV/AIDS. Children should be educated in the way that will genuinely promote non-preventive sexual techniques by developing an interest in foreplay, masturbation and eroticism of non-penetrative sexual play.
- Women should outgrow the feeling of insecurity when coming to sexual relationship with their husbands or partners. They should encourage the use of condoms during sex. They should not be ignorant about sexually transmitted diseases including the infection with HIV/AIDS. HIV/AIDS is not a myth but reality and if we do not deal with this problem the whole nation will be destroyed.

- Women in the rural areas should be open to their young ones when coming to sexual matters including the use of condoms. Guidance teachers at schools should do their work regularly and by discussing all the important issues about life. Continuing life-skills education programmes must be implemented at all schools and institution for all people.
- The researcher recommends that rural women should break the silence, raise the level of awareness, and demystify the taboos, expose the violence and educate on the impact of HIV/AIDS.
- There should be measures that will support and protect rural women and children in their fight against HIV/AIDS. Ensured programmes had to be put in place to educate and empower rural women to fight HIV/AIDS at community level.
- Rural women should have the power to negotiate, struggle, and accept, the despite the larger social context when coming to the integral component of health practices.
- Rural women should have interpersonal power, which is the ability to influence others. In the context of HIV and AIDS prevention this could involve developing the skills of relationships with health care providers and other important people.

- Women in all walks of life are encouraged to start to organise themselves to play a more active role in the fight against HIV/AIDS. Women's Partnership against HIV/AIDS will make men to act in their utmost capacities to bring solutions to the HIV/AIDS epidemic in the country.
- Sustainable programmes aimed at empowering rural women to fight against HIV/AIDS at grassroots level are essential. Men must be encouraged and drawn as partners in this fight. This message must reach women and they should mobilise, network, unite and organise for immediate mass action against HIV/AIDS.
- The national government should strategise and strengthen the capacity at local government and community level to respond to the HIV/AIDS pandemic.
- There should be partnerships between key sectors and stakeholders and the required institutional framework to integrate, coordinate and support such partnerships.
- HIV patients are given grants on monthly basis to purchase medication and their special diet. The researcher on this note recommends that the government should rather buy food and medication for the HIV patients, makes packages and sent them to their respective homes.

- The traditional leaders should act as catalyst to people coming together to help one another become more familiar with the hard facts of HIV/AIDS and join hands in running programmes which can prevent the spreading of the disease, and address its effects on those infected or affected by it.

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## QUESTIONNAIRE FOR RURAL WOMEN

### SECTION A

#### Personal Data

1.1. Female ( )

#### 1.2 Age Group

18-28 ( ), 29-39 ( ), 40-59 ( ), 60+ ( )

#### 1.3 Marital Status

Single ( ), Married ( ), Divorced ( ), Widowed ( )

Any other specify ( )

#### 1.4 Occupational Status

Self- Employed ( ), Employed ( ), Unemployment ( ), Pensioner ( )

#### 1.5 Educational Level

Illiterate ( ), Primary ( ), Secondary ( ), Tertiary ( )

Any other specify ( )

#### 1.6 Religious Affiliation

Christian ( ), Muslim ( ), Traditional Belief ( )

Any other specify ( )

**SECTION B**

**2. KNOWLEDGE AND ATTITUDES OF PEOPLE TOWARDS HIV/AIDS**

2.1 What do you understand by HIV/AIDS?

.....  
.....

2.2 What is the difference between HIV and AIDS?

.....  
.....  
.....

2.3 The following actions lead to HIV/AIDS INFECTION.

Tick with an X the correct one.

Touching the infected person ( )

Sharing needles with the infected person ( )

Hugging and kissing the infected person ( )

Through the pregnant infected mother to the unborn baby ( )

Eating with the infected person ( )

Having sex with the infected without the use of condom ( )

2.4 Can HIV/AIDS be prevented?

If yes, explain.....

.....

2.5 Do the following ways prevent the spread of HIV/AIDS?

Put a cross on the correct answer

Abstaining from sexual activities ( )

- Having sex with a virgin ( )

- Being faithful to your partner ( )
- Having sex with different people ( )
- By using condom during sex ( )

**SECTION C**

**3. HIV/AIDS Education Facilities**

3.1. Do you think women should be taught more about HIV/AIDS?

.....  
 .....

3.2. If yes, elaborate in your answer

.....

3.3. Do you have any counselling centre in your village?

Yes ( ) No ( )

3.4. If, the answer is no, where do you get information about HIV/AIDS

.....  
 .....

3.5. Do you have any infected woman in your community?

.....

3.6. What types of assistance do these women get from the community?

.....  
 .....

3.7. Do you have HIV/AIDS programmes in your villages?

.....  
.....

3.8. If yes, who is responsible for these HIV/AIDS programmes?

.....

3.9. How effective is the provincial government doing to address the issue of HIV/AIDS?

.....  
.....

3.10. Explain your answer in 3.9.

.....  
.....

3.11. How often do women come to clinics?

.....

**4. SECTION D**

**The socio-economic factors influencing the spread of HIV/AIDS**

4.1. Who are mostly infected with HIV/AIDS infected in your village?

Men ( ) women ( )

4.2 .Why men or women in your village mostly affected by HIV/AIDS?

Elaborate on your answer

.....  
.....

4.3. Do women have any say when coming to sexual activities especially the use of condoms? Yes ( ) No ( )

4.4. Do cultural values increase the risk of HIV/AIDS infection?

Yes ( ) No ( )

4.5. Explain your answer in 4.4.

.....  
.....

4.6. Which problems do women encounter in their fight against HIV/AIDS?

.....  
.....

4.7. How does the society perceive HIV/AIDS?

.....  
.....

4.8 Explain your answer in 4.7.

.....  
.....

4.9. Who is to blame for the spread of HIV/AIDS and why?

.....  
.....

4.10. Are we infected or affected by HIV/AIDS?

.....  
.....

4.11. What is the impact of HIV/AIDS on rural women? Explain

.....  
.....