

# CHAPTER 3

## Data analysis and interpretation

### 3.1 INTRODUCTION

The researcher conducted a practical field study in a community clinic. Data was collected through interviews with clients attending the clinic. During data collection, only one theme emerged, that is, perception of HIV/AIDS of clients attending the clinic.

This chapter analyses and interprets the collected data. Data was collected in a community clinic in the Mutale area with the aim of exploring and describing clients' perceptions of HIV/AIDS.

Two categories emerged from the theme:

- client-related perceptions
- disease-related perceptions

### 3.2 SAMPLE

The sample was drawn from a population of all the clients attending a community clinic in the Mutale area. The clinic serves fourteen villages. The researcher managed to get representatives from ten villages.

The sample comprised 14 clients who volunteered to take part in semi-structured interviews. The researcher continued until five interviews were conducted and no new themes emerged. The researcher decided to divide the remaining nine clients into three groups of three and conducted focus group interview to enrich the data.

Table 3.1 represents the distribution of research participants in this study.

**Table 3.1 Sample distribution**

<b>VILLAGES SERVED BY CLINIC</b>	<b>NUMBER OF CLIENTS</b>
Matshavhawe	1
Tshibvumo	1
Tshapasha	1
Pile	1
Tshiungani	1
Tshitopeni	2
Baimoro	1
Tshidzati	3
Tshagwa	2
Mutodane	1
<b>TOTAL</b>	<b>14</b>

### **3.3 ETHICAL CONSIDERTIONS**

The researcher avoided embarrassing, harming or frightening participants. No participant was forced to participate. The researcher respected participants' right to privacy, confidentiality, anonymity and to maintain self-respect.

### **3.4 FIELD EXPERIENCE**

The researcher found it easy to enter the research field as she was used to it. She is a member of the staff working in the field and no stranger to the sister in charge. It was easy to obtain permission to conduct a study from the authority figure as the researcher is well known and the purpose of the study was clearly explained.

Clients attending the clinic were asked for permission to participate in the study. The purpose of the study, importance of the participants' contributions and participation, confidentiality and their rights were emphasised. The use of a tape-recorder during interview and the reason therefore were explained.

The researcher obtained permission from the participants, who all signed a written consent form. The researcher was well known to the participants as she works at the clinic. Clients were free to participate or refuse.

During data collection, the researcher controlled the situation. The researcher conducted one interview a day. The researcher gathered lots of information from the respondents and applied effective communication and listening skills.

During data analysis the researcher transcribed the interview tapes and arranged the answers to questions. The researcher learned that qualitative research looks at participants holistically.

### **3.5 PERCEPTION OF HIV/AIDS**

One theme emerged: perception of HIV/AIDS. The theme looked at the clients' views concerning HIV/AIDS. Clients were aware of HIV/AIDS and were touched when talking about the disease, which is very dangerous, and killing their relatives.

In this study clients seemed unable to differentiate between HIV and AIDS. Many people thought being HIV-positive meant a person had AIDS whereas HIV infection and AIDS are not the same. Some did not believe in the existence of the HIV virus.

In this study clients viewed HIV/AIDS as follows:

*I believe there is no such thing as an HIV virus. It is a very dangerous disease that can pass from one person to another. Some employers believe that people with HIV are sick, unproductive and will burden their companies. Once you are having the virus, you are going to die.*

*Collins English Dictionary* (1991:30) defines AIDS as "acronym for acquired immune- (or immuno deficiency syndrome: a condition, caused by a virus, in which certain white blood cells (lymphocytes) are destroyed, resulting in loss of the body's ability to protect itself against

disease. AIDS is transmitted by sexual intercourse, through infected blood and blood products, and through the placenta.”

*Collins English Dictionary* (1991:738) defines HIV as “abbreviation for human immunodeficiency virus; the cause of AIDS. Two strains have been identified: HIV-1 and HIV-2.” The Department of Health (2001a:6) describes HIV as “a kind of virus that gets into your body through semen or vaginal fluid, infected blood and mother-to-child transmission, causing a disease AIDS”.

According to the Department of Health (2001b:7), “unprotected sex and unsafe sex mean the same thing. It means not always using a condom when having sex.”

➤ **Client-related perception**

- Gender issues and sexual behaviour
- Shame and blame
- Discrimination
- Attitude
- Culture and beliefs
  - ◆ Witchcraft
  - ◆ Polygamy
  - ◆ Religion
  - ◆ Tradition

➤ **Disease-related perception**

- Mode of transmission
- Prevention of transmission
- HIV/AIDS stages
- Views challenging disclosing status

### **3.5.1 Client-related perception**

#### **3.5.1.1 Gender issues and sexual behaviour**

The community is characterised by informal and formal polygamy and view man as a person to be heard in all circumstances. Clients understood that the man is the head and polygamy is promoted. Clients' views:

*To prove one's manhood one needs to have multiple partners. The man is the head of the family. According to our culture, a man is allowed to marry as many wives as he can. Some men are reluctant to visit hospitals and clinics when they have sexually transmitted infections. Men also blame their woman for having STI.*

According to De Jong (2003:5), women are at risk of contracting HIV for biological and social reasons. They lack power in sexual relationships and are susceptible to abuse (Valdisseri 2003:191).

#### **3.5.1.2 Shame and blame**

HIV/AIDS is characterised by shame and blame. Those affected by HIV/AIDS blame their partners and the community also blames them for being HIV-positive.

*The disease is suffered by people who are not faithful to their partners. A person who is living with HIV/AIDS has sinned or is dirty. Those who practise sex for gain are the ones at risk of getting HIV/AIDS because they are sinners.*

Prevention efforts may be credible and effective only if they are matched by humane and high quality care and support. Messages inducing fear and shame may lead to stigmatisation and discrimination. Those affected may be labelled or label themselves. People who think they may have HIV may be reluctant to seek treatment and those who know their status may be discouraged from seeking help and treatment (De Jong 2003:21; Van Niekerk 1991:26).

### **3.5.1.3 Discrimination**

HIV/AIDS clients are discriminated in their daily life. They are treated with indignity with their rights violated. The direct consequence of this is that people often do not seek the help they need and are not open about their status. This makes it very difficult to control the further spread of HIV.

*It is a shame people do not want to mix with somebody who has AIDS. We will not get care and treatment or are even turned away from health centres. Children living with or affected by HIV are prohibited from attending schools. A person who is HIV-positive is very dangerous because he/she can transmit the virus to someone else. It is not good to be in contact with a person who is HIV-positive until he/she is cured.*

AIDS sufferers are perceived as a threat to the health of others. Public opinion shows signs of intolerance. People believe that those with HIV infection should not be treated with compassion (Thampu 1995:43).

Some people were forced to move away from their neighbourhood when their HIV status became known. Some were discriminated, rejected by friends and family (Aggleton, Hart & Davies 1999:15).

### **3.5.1.4 Attitudes**

Attitudes are tendencies to respond to people, institutions or events either positively or negatively. People's attitudes come from culture, religion, and personal experiences.

*HIV/AIDS is a disease suffered by those who have multiple partners. There is no need to use a condom. It is not good to be in contact with a person who is HIV-positive. HIV/AIDS is a disease suffered by homosexuals and those who are sinful. There is no need to tell the youth about using a condom during sexual intercourse.*

People believe condoms reduce both the pleasure and intimacy derived from sex. This further reduces the likelihood that the sexual episodes will be interrupted to obtain or apply a condom. Similarly, drug-related behaviour is very difficult to modify (Valdiserrie 2003:81).

#### **3.5.1.5 Culture and beliefs**

People who believe in witchcraft as the cause for illness find it difficult to believe the virus theory. People's belief system can put them at risk of HIV infection.

*I believe there is no such a thing as the HIV virus. People are dying because others are jealous of them. Those who are bewitching others are free of the disease HIV/AIDS. People are suffering from diseases that cannot be cured because they are bewitched.*

Van Dyk (2001) reports that in Africa, witchcraft is believed to be the casual agent in HIV transmission and AIDS. Belief in witches provides people with meaning and potential answers that science cannot give.

Formal and informal polygamy may expose a number of infections at one time.

*The man is free to choose how many partners to engage with in sexual intercourse. Traditionally, men are allowed to marry more than one wife.*

*According to our culture, a man is allowed to marry as many wives as he can. To prove one's manhood one needs to have multiple partners. The man is the head of the family with all powers.*

Polygamous relationships play a significant role in the spread of HIV/AIDS according to Ashworth (cited in Goldstein et al 2003:18).

Because of their religion, some people see themselves above the level of getting infection. Such beliefs make people disregard basic things and become targets for infection.

*Those who are not sinners are safe from the disease HIV/AIDS. HIV/AIDS is a disease suffered by those who do not believe in God. A person living with HIV/AIDS has sinned and can be punished by God. Nothing is impossible with God. It is not fair to tell youth to use a condom because sex before marriage is a sin.*

Ashworth (in Goldstein et al 2003:18) recognises that cultural and religious traditions complicate reactions to HIV/AIDS and hinder the possibility of encouraging communication.

Goldstein et al (2003) cite Sortag (1991:26) who adds that HIV/AIDS is an infectious disease viewed as punishment. Those infected with the disease experience shame and isolation.

Traditional ways of doing things sometimes put people at risk of getting infection and hinder the chance of care and treatment needed.

*Traditional healers can help us in times of illnesses. Traditional healers can connect people to their ancestors in trying to solve their problems. The man is the head of the family.*



Lawson (in Goldstein et al 2003:18) notes that traditional practices in Africa, specifically circumcision, sexual mutilation of woman, ritual sacrifices, and various skin perforations by traditional healers, may act as potential modes of HIV/AIDS transmission.

## 3.5.2 Disease-related perception

### 3.5.2.1 Modes of transmission of the virus

HIV/AIDS is transmitted from one person to another. It is not easy for transmission to take place. As a result of transmission, the statistics are increasing day by day. Lack of knowledge about transmission contributes to a number of new infections every day. In this study the clients understood transmission as follows:

*The disease is killing a lot of people because it can pass from one person to another. A person can still acquire the virus even if he/she is using a condom, the person gets the virus from someone else.*

The only ways of contracting HIV are unprotected sexual intercourse, mother to child in pregnancy, birth and breastfeeding, blood and blood products, sexual intercourse being the major mechanism for HIV transmission (Health Systems Development Unit 2001: 155).

Three sub-categories from modes of transmission were revealed.

- ***Unprotected sexual intercourse with an infected person***

Unprotected sexual intercourse with an infected person contributes to the transmission of the virus from one person to another.

*Women have to submit to their partner's decision. The man can force the woman to engage in sexual intercourse without a condom. HIV infection is passed from one person to another through sexual intercourse.*

- ***Sexual intercourse with many sexual partners***

Data analysis revealed another sub-category of this sub-category, namely sexual intercourse with many sexual partners. Having many sexual partners places one at risk of getting and transmitting the virus.

*People are acquiring the disease because they are sleeping around with many sexual partners. If a man engages in sexual intercourse with his wife, it is safe. If a man is sleeping with other wives, he is out of the law of God. Husbands have power over wives.*

- ***Infected blood***

Previously people were transfused HIV positive blood before notice of the HIV virus. Others carelessly handled with clients bleeding with no protection. Today people still put themselves at risk of contracting the virus through sharing infected needles and careless mistakes. Nurses on duty sometimes ignore the use of gloves when dealing with procedures involving body fluids. This places them at risk of contracting the virus.

*Sharing of needles and blades can also transmit the virus. If one touches infected blood without gloves, like during car accidents, he/she may get the virus.*

Although the HIV virus is usually spread through sex, there is a chance of being infected:

- If you share razor blades with someone who is HIV positive.
- If you are a drug user and you share needles with someone who is positive.
- If you are given infected blood when you have a blood transfusion. All the blood that is used in hospitals is checked for HIV (Department of Health 2001a:7).

◆ ***Mother to child transmission***

The government has introduced prevention of mother-to-child transmission services that are decentralised to local facilities. Pregnant women are counselled and tested after consent. HIV-positive pregnant women are given Nevirapine to prevent transmission of the virus to the baby. The programme is helping because HIV-positive mothers are giving birth to HIV-negative babies. Nurses are continuously trained in the prevention of mother-to-child transmission.

◆ ***The child may be born with HIV from the mother***

According to a survey conducted in Limpopo Province on antenatal mothers, the statistics of HIV prevalence is increasing every year (Department of Health 2001b:7). Prevention of mother to child transmission services need to be promoted.

**3.5.2.2 Prevention of transmission of HIV virus**

Prevention is better than cure. It is possible to prevent HIV transmission. Persons both at the health centres and at home or in the community situation are at risk of HIV infection. This includes prevention of cross-infection through exchange of body fluids whilst in the process of helping others.

*From the examples, it is clear that HIV/AIDS can be prevented. Those who are Christians are safe from HIV/AIDS because they are practising safer sex. If a man engages in sexual intercourse with his wife, it is safe. The only way to overcome HIV/AIDS transmission, is to have one sexual partner. Truly speaking, I don't want to stay with an HIV-positive person. It is difficult to protect myself from HIV infection.*

Two subcategories emerged during data analysis, namely protective clothing and prevention of infection through blood.

◆ ***Protective clothing***

Universal precautions are recommended as a measure that can be used nationwide to protect people from infected body fluids. Precautionary measures should be applied at all times to everybody whether or not the person's HIV status is known.

*Touching one's blood may lead to HIV infection. People may use condoms when doing sexual intercourse. The man can force the woman to engage in sexual intercourse without a condom.*

◆ ***Prevention of Infection through blood***

Bleeding persons need immediate attention. To avoid transmitting the infection, if possible, the bleeding person should apply pressure to the wound himself/herself.

If the person needs assistance, the first aider should apply pressure to the wound, avoiding direct contact with blood. Gloves should be used, if available. If not, any barrier between blood and the skin can be used.

*Sharing needles and blades can also transmit the virus. In situations like accidents where there can be transfer of someone's blood to another, transmission can also take place. If one touches infected blood without gloves he will get the virus.*

**3.5.2.3 HIV/AIDS stages**

Five phases were identified, namely infection phase, primary infection, minor symptomatic phase, moderate disease, and full blown AIDS. A person can live for a long time with no

symptoms but have the virus circulating, replicating, and infecting others. The client develops minor symptoms between 3 to 4 years' post-infection.

During the HIV stages the person is confronted with a situation where the person does not know exactly what to do. Crisis has been found to occur at any stage of the disease, commonly immediately after the diagnosis, at the onset of the symptomatic stage and at the full-blown stage.

*To be HIV positive means that you are going to die soon.*

#### **3.5.2.4 Views challenging disclosing status**

Whilst it is the responsibility of all to protect themselves from HIV infection, this is not easy for women. Women have to submit to their partners. Women can be linked with the relevant support groups, including those that may be income generating to improve their financial state. Other women are expelled from their homes once their status is known. Economically, some women are dependent on male support, which makes it difficult for them to negotiate for condom use, for fear of being rejected and thus losing other benefits. Men are also challenged by fear of rejection although they are the heads of families. The role of the counsellor is to increase the coping strategies of the client.

*Once a person is known to be HIV-positive, people don't want to live or interact with that person. People keep their HIV status secret because they are rejected in the community. The man can force the woman to engage in sexual intercourse without a condom even if he is aware that he is HIV-positive. When one tells his/her partner that he/she is HIV-positive, divorce may result.*

### **3.5 CONCLUSION**

This chapter discussed the research findings and literature reviewed in detail. The researcher conducted a focus group interview in addition to individual interviews and participant observation to collect data on the respondents' perceptions of HIV /AIDS.

The study revealed views affecting the spread of HIV infection as well as the rate at which infections take place. The researcher categorised client-related views, namely gender issues and sexual behaviour, shame and blame, discrimination, attitudes, culture and beliefs, and disease-related views, namely mode of transmission, prevention of transmission, HIV/AIDS stages, and views challenging disclosing status. Challenging these views can have a positive effect on the spread of HIV infection.

The study also revealed psychological and spiritual factors that can make an HIV-negative person susceptible to HIV infection. For example, the respondents believe that HIV attacks people who have multiple partners and others because of their religion see themselves above the level of getting infection.

Chapter 4 concludes the study, discusses its limitations and makes recommendations for practice and further research.