

**THE ROLE OF CULTURE AND GENDER IN THE SPREAD OF HIV AND AIDS AND  
STRATEGIES FOR THE REDUCTION OF HIV AND AIDS AMONG FARM WORKERS  
IN SOUTH AFRICA**

by

**NTOMBIFIKILE ELIZABETH KLAAS**

submitted in accordance with the requirements

for the degree of

**DOCTOR OF LITERATURE AND PHILOSOPHY**

in the subject

**HEALTH STUDIES**

at the

**UNIVERSITY OF SOUTH AFRICA**

SUPERVISOR: PROF G THUPAYAGALE-TSHWENEAGAE

CO-SUPERVISOR: DR TP MAKUA

FEBRUARY 2017

Student Number: **576-703-15**

### **DECLARATION**

I declare that **THE ROLE OF CULTURE AND GENDER IN THE SPREAD OF HIV AND AIDS AND STRATEGIES FOR THE REDUCTION OF HIV AND AIDS AMONG FARM WORKERS IN SOUTH AFRICA** is my own original work, and that all the sources that I have used or quoted have been duly acknowledged and referenced as per university requirements, and that this work has not been submitted before for any other degree at any other institution before.



**SIGNATURE**

Ntombifikile Elizabeth Klaas

February 2017

**DATE**

# **THE ROLE OF CULTURE AND GENDER IN THE SPREAD OF HIV AND AIDS AND STRATEGIES FOR THE REDUCTION OF HIV AND AIDS AMONG FARM WORKERS IN SOUTH AFRICA**

STUDENT NUMBER: 576-703-15  
STUDENT: NTOMBIFIKILE ELIZABETH KLAAS  
DEGREE: DOCTOR OF LITERATURE AND PHILOSOPHY  
DEPARTMENT: HEALTH STUDIES, UNIVERSITY OF SOUTH AFRICA  
SUPERVISOR: PROF GLORIA THUPAYAGALE-TSHWENEAGAE  
CO-SUPERVISOR: DR TP MAKUA

## **ABSTRACT**

**Background:** Worldwide, the Human Immunodeficiency Virus (HIV) pandemic has proven to be a health care challenge from the perspective of testing and treatment, including how to create sustainable positive prevention, prevention after becoming HIV positive, that is culturally relevant and gender sensitive. South Africa has been severely affected by the HIV and AIDS epidemic and the agricultural sector is no exception. This statement is supported by the findings of the International Organisation for Migration (IOM) study.

According to an IOM study, the HIV prevalence rate among farm workers in the country is about 40%, the highest ever recorded in Southern Africa. A study conducted in Limpopo and Mpumalanga farms revealed that the prevalence of the twenty-three farms was 39, 5% which is twice the UNAIDS (Joint United Nations Programme on HIV and AIDS) national prevalence percentage of 18, 1% in South Africa. The researchers of this study could not pin-point a single factor causing this high rate of HIV infection on these farms. A multitude of factors, such as multiple and concurrent partnerships, transactional sex, irregular condom use, presence of sexually transmitted infections and sexual violence. The research also showed that almost half of the women working on farms around these provinces are HIV positive, compared to only a third of the male workforce.

**Purpose:** The purpose of this study was to explore and describe the role of culture and gender in the spread of HIV and AIDS among farm workers in South Africa; with the view of developing culture and gender sensitive HIV and AIDS prevention strategies.

**Methods:** A descriptive and explorative qualitative approach was adopted. In depth individual semi-structured interviews were used to explore and describe the role of culture and gender in the spread of HIV and AIDS among farm workers. Purposive and convenient sampling methods were used to select participants who met the inclusion criteria in the Tshitwani and Barota farming community in the Vhembe District, Limpopo Province, South Africa.

**Findings:** Religious and cultural beliefs were believed to be fuelling the spread of HIV among farm workers. Multiple sexual partners and inconsistent condom usage was common among participants. It was evident that stigma and social isolation leading to non-disclosure had adverse repercussions as some participants stated that they would spread HIV intentionally. Powerlessness and lack of decision-making by female farm workers was common as they were dependent on their male partners to make decisions regarding sexual matters in their relationship.

**Conclusion:** More HIV prevention programmes tailored to dispel fears about stigma and correct myths about HIV-transmission should reach ordinary men and women in order to curb the spread of HIV among farm workers. The researcher believes that the strategies that emanate from this study would be applied in other settings other than the farming community.

**Keywords:** AIDS; Culture; Farms; Farming community; Gender; Gender based violence; Guidelines; HIV; HIV Prevention Programme; Land reform; Liberal Feminism; Social Constructionist; Stigma.

## **ACKNOWLEDGEMENTS**

- Professor BG, Thupayagale-Tshweneagae, my supervisor, for your support, guidance and words of encouragement throughout the study.
- Doctor TP, Makua, my co-supervisor, for your support, words of wisdom and encouragement and patiently guided me through this research endeavor.
- I sincerely acknowledge the contribution made by my supervisor and co-supervisor for sharing with me their valuable knowledge and for offering me critical reviews.
- Doctor TR Netangaheni, for assisting with data collection and translation.
- This study would not have been possible without the management and staff of Tshitwani and Barota farms. Thank you for taking part in this study.
- Special thanks to Andile Klaas, for his undivided attention and support through difficult times.

## *Dedication*

*I would like to dedicate this thesis to my loving husband Andile who supported me through difficult times and my beloved daughters Sinothando and Siphhelele Klaas who understood that I needed to spend time away from home collecting data.*

## TABLE OF CONTENTS

CHAPTER 1 .....	1
OVERVIEW OF THE STUDY .....	1
1.1 INTRODUCTION AND BACKGROUND .....	1
1.2 STATEMENT OF THE PROBLEM .....	4
1.3 SIGNIFICANCE OF THE PROBLEM .....	5
1.4 PURPOSE OF THE STUDY .....	6
1.5 OBJECTIVES OF THE STUDY .....	6
1.6 RESEARCH QUESTIONS .....	7
1.7 DEFINITION OF KEY CONCEPTS .....	7
1.7.1 AIDS .....	7
1.7.2 Culture .....	8
1.7.3 Farming community .....	8
1.7.4 Gender .....	8
1.7.5 Human Immunodeficiency Virus .....	8
1.8 THEORETICAL FOUNDATION OF THE STUDY .....	9
1.8.1 Paradigmatic and philosophical perspectives .....	9
1.8.2 Paradigmatic assumptions .....	10
1.8.2.1 Ontological assumption (the nature of the reality) .....	10
1.8.2.2 Epistemological assumption .....	11
1.8.2.3 Methodological assumption .....	11
1.8.2.4 Assumptions underlying this study .....	12
1.8.3 Theoretical framework .....	13
1.9 THEORETICAL FOUNDATION OF THE RESEARCH STUDY .....	15
1.9.1 The social construction theory .....	15
1.9.2 Liberal feminism .....	17
1.10 OVERVIEW OF RESEARCH METHODOLOGY .....	18
1.11 ORGANISATION AND STRUCTURE OF THE STUDY .....	20
1.12 CONCLUSION .....	21
CHAPTER 2 .....	22
LITERATURE REVIEW .....	22
2.1 INTRODUCTION .....	22
2.2 THE HISTORICAL CONTEXT OF HIV AND AIDS IN SOUTH AFRICA .....	23
2.3 THE ROLE OF CULTURE IN THE SPREAD OF HIV .....	26
2.4 THE ROLE OF GENDER IN THE SPREAD OF HIV .....	33
2.5 CHALLENGES FACED BY SOUTH AFRICAN FARM WORKERS .....	39
2.6 CONCLUSION .....	42
CHAPTER 3 .....	44

RESEARCH METHODOLOGY .....	44
3.1 INTRODUCTION.....	44
3.2 THE CONTEXT OF THE STUDY .....	44
3.2.1 The economic situation of Limpopo .....	45
3.2.1.1 Agriculture.....	46
3.2.1.2 Land reforms.....	47
3.2.1.3 Mining and tourism.....	48
3.2.1.4 Health facilities.....	49
3.3 RESEARCH METHODOLOGY .....	50
3.3.1 Research design .....	51
3.3.1.1 Descriptive .....	52
3.3.1.2 Explorative .....	52
3.3.2 Research method.....	53
3.3.3 Research setting .....	54
3.3.4 Population .....	55
3.3.5 Sample size and sampling .....	56
3.3.5.1 Sample.....	56
3.3.5.2 Types of sampling techniques.....	56
3.3.5.3 Non-probability sampling.....	56
3.3.5.4 Purposive sampling.....	57
3.3.5.5 Convenience sampling.....	57
3.3.5.6 Sample size .....	59
3.3.6 Data collection.....	59
3.3.6.1 Preparatory phase.....	60
3.3.6.2 Interview phase .....	61
3.3.6.3 Post-interview phase .....	62
3.3.6.4 Tape recording.....	62
3.3.6.5 Field notes .....	62
3.3.6.6 Pilot study .....	63
3.3.6.7 Reflexivity.....	63
3.3.6.8 Naturalistic observation .....	64
3.3.7 Data analysis .....	68
3.3.7.1 Understanding the whole.....	69
3.3.8 Steps for managing qualitative data .....	69
3.4 MEASURES TO ENSURE TRUSTWORTHINESS.....	70
3.4.1 Credibility .....	71
3.4.1.1 Prolonged engagement.....	71
3.4.1.2 Triangulation .....	72



3.4.1.3	Member checking.....	72
3.4.1.4	Peer examination .....	72
3.4.2	Confirmability .....	72
3.4.3	Dependability .....	73
3.4.4	Transferability .....	73
3.5	ETHICAL CONSIDERATIONS .....	73
3.5.1	Principle of respect for human dignity.....	74
3.5.1.1	The right to self-determination.....	74
3.5.1.2	The right to full disclosure .....	74
3.5.1.3	Informed consent .....	75
3.5.1.4	Principle of beneficence .....	76
3.5.1.5	The right to freedom from harm and discomfort.....	76
3.5.1.6	The right to protection from exploitation .....	76
3.5.1.7	Principle of justice .....	77
3.5.1.8	Right to fair treatment.....	77
3.5.1.9	Right to privacy and anonymity .....	77
3.5.1.10	Voluntary participation.....	77
3.5.1.11	Confidentiality (non-maleficence) .....	78
3.5.2	Permission to conduct the study.....	78
3.6	CONCLUSION .....	79
CHAPTER 4.....		81
PRESENTATION AND DISCUSSION OF THE RESULTS .....		81
4.1	INTRODUCTION.....	81
4.2	A PROFILE OF THE RESEARCH SITE AND DEMOGRAPHIC BACKGROUND OF PARTICIPANTS .....	81
4.3	DATA MANAGEMENT AND ANALYSIS.....	84
4.4	DISCUSSION OF THE THEMES, CATEGORIES AND SUB-CATEGORIES .....	85
4.4.1	Behavioral factors linked to the spread of HIV .....	86
4.4.1.1	Multiple partners and inconsistent use of condoms .....	86
4.4.1.2	Alcohol and substance abuse.....	90
4.4.2	Beliefs and practices in relation to HIV and AIDS .....	91
4.4.2.1	Polygamy .....	92
4.4.2.2	Traditional male circumcision .....	93
4.4.2.3	Virginity testing.....	94
4.4.3	Emotional factors linked to HIV and AIDS .....	95
4.4.4	Socio-economic factors linked to HIV and AIDS .....	97
4.4.4.1	Poverty and low income .....	97
4.4.4.2	Illiteracy.....	98

4.4.5	Stigma and social isolation leading to the spread of HIV .....	99
4.4.6	Human resource factors linked to the spread of HIV .....	101
4.4.7	Gender inequality increasing the spread of HIV.....	102
4.4.8	Discussion of field notes.....	103
4.5	CONCLUSION .....	108
CHAPTER 5 .....		109
GUIDELINES FOR CULTURE AND GENDER SENSITIVE HIV AND AIDS PREVENTION STRATEGIES AMONG FARM WORKERS .....		109
5.1	INTRODUCTION.....	109
5.2	GUIDELINES FORMULATION ON GENDER AND CULTURE SENSITIVE HIV PREVENTION STRATEGIES .....	109
5.2.1	Guideline on culture and gender .....	109
5.2.2	Guidelines on sexual behaviour .....	110
5.2.3	Guideline on socio-economic factors linked to the spread of HIV .....	111
5.2.3.1	Guideline on education.....	111
5.2.3.2	Guideline on employment.....	112
5.2.3.3	Guideline on income .....	113
5.3	CONCLUSION .....	113
CHAPTER 6 .....		114
CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS .....		114
6.1	INTRODUCTION.....	114
6.2	PURPOSE AND OBJECTIVES OF THE STUDY .....	114
6.3	RESEARCH DESIGN AND METHODS.....	115
6.4	THEORETICAL FRAMEWORK.....	115
6.5	CONCLUSIONS OF THE STUDY .....	115
6.5.1	Behavioural factors linked to the spread of HIV .....	116
6.5.2	Beliefs and practices in relation to HIV and AIDS .....	116
6.5.3	Emotional factors linked to HIV and AIDS .....	116
6.5.4	Socio-economic factors linked to HIV .....	116
6.5.5	Stigma and social isolation leading to the spread of HIV .....	117
6.5.6	Human resource factors linked to the spread of HIV in farms .....	117
6.5.7	Gender based inequality increasing the spread of HIV .....	117
6.6	RECOMMENDATIONS .....	117
6.6.1	Farm workers .....	117
6.6.2	Farm owners .....	118
6.6.3	Health care providers .....	118
6.6.4	Institutional policies .....	118
6.6.5	Future research.....	118

6.7	LIMITATIONS .....	119
6.7.1	Qualitative approach .....	119
6.7.2	Sample.....	119
6.7.3	Translation .....	119
6.7.4	Generalisation of the findings.....	120
6.7.5	Personal limitations.....	120
6.7.8	Strengths of the study .....	120
6.8	CONCLUSION .....	121
	REFERENCES.....	122
	ANNEXURES.....	129
	ANNEXURE A: UNISA ETHICAL CLEARANCE CERTIFICATE.....	130
	ANNEXURE B: APPROVAL LETTER FROM TSHAKHUMA FARMS.....	131
	ANNEXURE C: APPROVAL LETTER FROM TSHITWANI FARMS .....	132
	ANNEXURE E: PARTICIPANT INFORMATION LEAFLET.....	135
	ANNEXURE F: NOTICE OF INTENT TO SUBMIT A DISSERTATION OR THESIS FOR EXAMINATION .....	138
	ANNEXURE G: INTERVIEW GUIDE.....	139

**LIST OF TABLES**

Table 1.1:	Anderson and Newman's Framework of Health Care Utilization .....	15
Table 2.1:34	Comparison of HIV prevalence, knowledge and risk behaviour in young South Africana .....	33
Table 4.1:	Demographic characteristics of the participants .....	78
Table 4.2:	Themes, categories and sub-categories .....	81
Table 4.3:	Summary of the observational and theoretical field notes taken during the interviews .....	99

**LIST OF FIGURES**

Figure 3.1:	Map of Vhembe District Municipality .....	52
Figure 4.1:	Tin toilets .....	101
Figure 4.2:	Banana plantation.....	102
Figure 4.3:	Farm signage.....	103

**LIST OF ABBREVIATIONS**

Agri AIDS	Agricultural AIDS Organisation
AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
DOA	Department of Agriculture
DoH	Department of Health
FAO	Food and Agriculture Organization of the United Nations
HIV	Human Immunodeficiency Virus
IOM	International Organization for Migration
NGO	Non-governmental Organization
SAMP	Southern African Migration Project
UNAIDS	Joint United Nations Programme on HIV and AIDS

# CHAPTER 1

## OVERVIEW OF THE STUDY

### 1.1 INTRODUCTION AND BACKGROUND

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) epidemic on a global level continues to be a challenge even after three decades since the first case of HIV and AIDS was identified. In 2015, there were 36.7 million people living with HIV globally. The global statistics show that since the start of the epidemic, around 78 million people have become infected with HIV and 1.1 million people have died due to AIDS-related illnesses (UNAIDS 2015:1).

Sub-Saharan Africa is more heavily affected by HIV and AIDS than any other region of the world. An estimated 19 million people were living with HIV in Sub-Saharan Africa in 2015, and women accounted for 58% of those infected with HIV. In 2015, there were an estimated 2.1 million new HIV infections globally and 1.1 million deaths due to AIDS-related causes. Sub-Saharan Africa accounts for almost 70% of the global total of new HIV infections (UNAIDS 2015:2). There is a vast increase in the statistics of new HIV infections despite the programmes in place. This alarming statistics, however, proves that there is an urgent need of an in-depth research to curb the spread of HIV globally.

There are complex sets of micro- and macro factors that are fuelling the HIV epidemics at a country, regional, continental and global level. Whilst the epidemics follow diverse courses in different countries, there are common threads with regard to main mode of transmission and patterns of distribution, which help us account for the rapid spread of the virus globally over the last 30 years. Some of these factors include gender divisions and cultural roles

According to UNAIDS (2012:16), the factors driving the epidemic are 'deep-seated and embedded in the very power relations which define male and female roles and positions, both in intimate relations or the wider society.

The gender division is one of the most significant inequalities and it cuts across all social and income groups. Gender roles and relations also constitute some aspects of culture. These roles and relations arise from the process of socialisation, where young boys and girls are taught their respective roles in the society as well as in relation to one another. As a result, the gender roles learnt and adopted by young boys and girls influence the way they relate to one another later in life. Men are labelled 'provider/head' and women 'caregiver/subordinate' and as a result, they begin to internalise and assume their respective roles (Brophy 2010:6). This process of socialisation is mostly influenced by culture.

Culture refers to the traditions and customs upheld by societies and communities because of their belief systems and values. Culture is defined as learned, shared and transmitted values, beliefs, norms and life ways carried by groups of people, which guides their decisions, thinking and actions in patterned ways. The individual in society is bound by rules of his/her culture (Ajrouch 2015:203; Brophy 2010:6).

The role of culture has particularly been problematic in the fight against HIV and AIDS. When one talks culture, especially in the context of HIV and AIDS, what comes to mind is the patriarchal society in which we live as well as gender inequalities, which it has given rise to. It cannot be argued that the gender differences contribute to the spread of sexually transmitted diseases such as HIV and AIDS. There is an unequal power between men and their sexual partners, an imbalance whose detrimental effects have resulted in women becoming the face of HIV and AIDS.

Attitudes, traditions and values in every culture affect boys' and men's sexual behaviour. In most cultures, men have more sexual partners than women. Many cultures and religions give more freedom to men than to women. For example, in many cultures it is considered normal and sometimes encouraged for young men to experiment sexually before marriage (Zhou 2011:94).

These cultural attitudes towards sex are leading to HIV infections in both men and women often the men's wives. Certain sexual practices, such as sex between men, are



taboo in many cultures; this can seriously hinder the promotion of safer sexual practices and the use and distribution of condoms among vulnerable groups (Makua 2014:3).

Shehadeh, McCoy, Rubens, Batra, Renfrew and Winter (2012:105), emphasise that people with higher levels of attachment to their ethnic groups, particularly males, have a tendency to engage to riskier lifestyles than the general population. These lifestyles include alcohol and drug usage, multiple partners and unprotected sex. Some traditions can result in increased risk of HIV infection. These include polygamy, which can be risky if one of the partners is infected with HIV; inheritance rights whereby brothers or other male adult relatives are compelled to marry the wife of a male relative who died because of AIDS-related illnesses; circumcision and excision with instruments which are not properly disinfected and dry sex practices used to increase sexual pleasure (Shehadeh et al 2012:105; Makua 2015:13).

Gender inequalities, differential access to service, and sexual violence increase women's vulnerability to HIV, and women, especially younger women, are biologically more susceptible to HIV. Globally, AIDS-related illnesses are the leading cause of death among women of reproductive age. HIV and AIDS is one of the greatest threats to women's health. Every day, nearly 2,400 women are newly infected with HIV around the world. In Sub-Saharan Africa where the epidemic has hit hardest, HIV is spread primarily through heterosexual sex, and women (during vaginal sex) are more likely to be infected than men. There is no precise data on farm workers infected with HIV. However, research studies indicate a high degree of risky behaviour and an escalating rate of HIV among migrant and seasonal farmworkers in general (Anglewickz & Clark 2013:29; UNAIDS 2012:7).

Marriage is often no protection. Many new HIV infections occur in women who are married or in long-term relationships with one partner. In Kenya, 44.4% of married and widowed women are HIV-positive as compared to 2.4% of those who have never been married. HIV prevalence is twice as high among those in polygamous unions (12.9%) compared to those in non-polygamous union (6.1%). This shows the need to prioritise people in married unions as key vulnerable populations (Kenya Country Progress Report 2010:6).

According to Maharaj, Neemab, Clelandc, Buszac and Shahd (2012:444), resistance to condom use within marriage is well understood in Africa. In contrast to the situation in other regions, condoms never gained acceptance as a method of contraception in Sub-Saharan Africa. Rather, they are associated with disease-prevention, appropriate for use in non-marital, casual partnerships.

## **1.2 STATEMENT OF THE PROBLEM**

In a study conducted by McCullagh, Sanon and Foley (2015:66) in the United States on the cultural health practises of migrant seasonal farm workers it was stated that the farm workers are least paid as compared to other workers. Brophy (2010:8) affirmed that South African farm workers are the most vulnerable members of the South African work force, earning the lowest wages, with women earning even less than men.

Commercial farms in Southern Africa particularly in Mpumalanga, Limpopo and Free State Provinces, employ significant number of migrant workers, including those from other African countries mainly from Mozambique, Zimbabwe and Lesotho. Seasonal farm workers are a common feature in most South African farms and this increases the possibility of HIV infections (McCullagh et al 2015:67; Brophy 2010:10).

The majority of those that work seasonally are female farm workers who will then live in very poor living conditions. Desperate to secure employment for the duration of the harvest, young women have sex with male supervisors, known as 'indunas' in exchange for a job. Becoming the girlfriend of a supervisor for a season guarantees accommodation on the farm and better working conditions. Poor living and working conditions, separation from families, physically demanding work with low wages, limited access to and inadequate health care services and working conditions, predisposes farm workers to HIV and AIDS (Klaas, Peu & Netangaheni 2014:442).

Gender inequalities and exploitation of women is still a common practice in the farming community (Klaas et al 2014:462). Women and men experience poverty differently because of gender inequality. Even when women have access to income and assets

(such as land, equipment, employment, knowledge and skills) these are often controlled by men, and women are less able to move out of living in poverty.

Evidence from all regions of the world suggests that the overwhelming motive behind the exchange of sexual services for the provider is economic opportunity. The context of most sex work in Africa is survival sex, and sex work is about making money for women and their families to remain alive. In this way, survival sex is a form of small-scale informal money making. Some women in the informal sector are simply extending their existing capabilities and livelihoods and doing work that is typified as women's work. They are seldom, as is usually the case with women's work, well paid for their efforts. Sex work that is poverty driven is more likely to foster behaviours that are risk taking (Zhou 2012:91).

It is therefore the intent of this study to explore whether culture and gender play a role in exacerbating the rate of HIV infections among farm workers and come up with culturally relevant and gender sensitive strategies aimed at reducing the HIV infections among farm workers.

### **1.3 SIGNIFICANCE OF THE PROBLEM**

The gap identified by this study is the development of culture and gender sensitive strategies for female farm workers in order to curb the spread of HIV and AIDS. Unfortunately, many approaches to combat the spread and impact of HIV and AIDS have failed to take gender differences and inequality into account. Gender-sensitive approaches respond to the different needs and constraints of individuals based on their gender and sexuality. Many current AIDS programmes operate at this level, where women's practical needs are identified and attempts are made to meet those needs through service delivery.

These include programmes which focus on the provision of the female condom, income generation or increasing women's access to health services. Approaches to working with men may also fall into this category, providing education to men that are based on their roles as decision-makers in their relationships with women and help them look at

how they can make better, safer decisions that can protect themselves, their female partners and their present and future offspring (UNAIDS 2013:81).

Some have reaffirmed ideas of female passivity and male dominance in decisions on sex and reproduction. Others have responded to the different needs and constraints of women and men, but failed to challenge the gender status quo. Interventions should seek to empower women, transform gender relations and develop culture and gender sensitive strategies for female farm workers (UNAIDS 2013:81).

The findings of this study will be valid not only for the South African context but also for other societies experiencing similar problems. The results will provide baseline understanding of the impact of culture and gender in the spread of HIV and AIDS. The researcher believes that the recommendations from the study made to the management of the farming community will contribute to a solid foundation that will assist in eradicating the pandemic in the farming communities in general. Strategies that emanate from this study would be applied in other settings.

#### **1.4 PURPOSE OF THE STUDY**

The purpose of this study is two folds:

- To investigate the extent of the role of culture and gender in the spread of HIV and AIDS in the farming community.
- To develop culture and gender sensitive strategies for female farm workers in order to reduce the spread of HIV and AIDS.

#### **1.5 OBJECTIVES OF THE STUDY**

In order to meet the purpose of this study the objectives will be to:

- describe the role of culture and gender in the spread of HIV and AIDS

- explore and determine to what extent does cultural factors and gender roles contribute in the spread of HIV and AIDS in the farming community
- develop culture and gender sensitive strategies for the reduction of HIV and AIDS among female farm workers

## **1.6 RESEARCH QUESTIONS**

The study aimed at answering the following questions:

- What is the role of culture and gender in the spread of HIV and AIDS among farm workers?
- To what extent does cultural factors and gender roles contribute to spread of HIV and AIDS among farm workers?
- What will be the most appropriate gender sensitive strategies for the reduction of HIV and AIDS among female farm workers?

## **1.7 DEFINITION OF KEY CONCEPTS**

A concept is often defined as an understanding of a term used to elucidate meaning (Mcathy 2010:14). The terms used in this study emanate from the title of the study and the theoretical framework used to guide the study.

### **1.7.1 AIDS**

AIDS is the acronym for Acquired Immune Deficiency Syndrome. The disease is said to be acquired because it is not inherited, and it is caused by a virus known as the Human Immunodeficiency Virus (HIV). A syndrome is a medical term which refers to a set or collection of specific signs and symptoms that occur together, and which are characteristic of a particular pathological condition (Van Dyck 2008:4). AIDS occurs when the immune system is weakened by HIV to the point where a person is susceptible to any number of Opportunistic Infections (OIs) or diseases. Having AIDS is defined as presenting with HIV and one or more OIs (Global Fact Sheet: HIV and AIDS 2014:1).

## **1.7.2 Culture**

Culture is defined as learned, shared and transmitted values, beliefs, norms and life ways carried by groups of people, which guides their decisions, thinking and actions in patterned ways. The individual in society is bound by rules of his/her culture (Brophy 2010:6).

In this study, culture refers to beliefs and values adopted by the farming community which increases their risk to contract HIV.

## **1.7.3 Farming community**

The farming community refers to land owners, farm managers, and farm workers and others living. In this study, the farming community refers to the Tshakhuma and Tshitwani farming community in the Levubu farms.

## **1.7.4 Gender**

Gender is the socially defined set of roles, rights, responsibilities, entitlements, and obligations of females and males in societies. The social definitions of what it means to be female or male vary among cultures and change over time (USAID 2012:12). In this study, gender refers to roles displayed by males and females that put them at risk of contracting HIV.

## **1.7.5 Human Immunodeficiency Virus**

HIV stands for Human Immunodeficiency Virus. This is the virus that causes AIDS, and it enters the body from outside. Immunity refers to the body's natural, inherent ability to defend itself against infections and diseases, while deficiency refers to the fact that the body's immune system is weakened, which means that it can no longer defend itself against opportunistic infections. HIV destroys certain blood cells that are crucial to the normal functioning of the immune system, which defends the body against illness (Global Fact Sheet: HIV/AIDS 2014:1).

HIV and AIDS is one of the most destructive diseases humankind has ever faced. It brings with it profound social, economic and public health consequences. It has become one of the world's most serious health and development challenges. HIV is a leading cause of death worldwide. The first cases were reported in 1981 and since the beginning of the pandemic more than three decades ago; approximately 30 million people have died of AIDS-related illnesses. There are an estimated 35.3 million People Living with HIV (PLHIV) (Global Fact Sheet: HIV/AIDS 2014:1).

In this study, HIV refers to the status of the farming community in the Limpopo Province that has been confirmed medically at the Levubu, Hamutsha or Tshakhuma Clinic or in any other medical setting.

## **1.8 THEORETICAL FOUNDATION OF THE STUDY**

This section presents the paradigmatic and philosophical perspective as well as the theoretical framework underpinning the study.

### **1.8.1 Paradigmatic and philosophical perspectives**

Each branch of scientific enquiry is based on a set of theoretical perspectives, or paradigms. These consist of a set of assumptions on which the research questions are based; or a way of looking at the world. Theoretical perspectives are important because they direct attention to and provide frameworks for interpreting observations. These in turn shape the paradigms through the formulation of theories in which familiar premises are altered (Bowling 2009:119).

A paradigm is a philosophical assumption made by researchers when undertaking qualitative studies. These paradigms are beliefs about ontology (the nature of reality), epistemology (what counts as knowledge and how knowledge claims are justified), axiology (the role of values in research), and methodological (the process of research) (Creswell 2013:19-20). It is a set of fundamental frames of reference or a model or framework for observation and understanding, which shapes both what we see and how we understand it (Babbie 2007:31-32). It is also the basic belief system or worldview

that guides the investigator, not only in choices of method but in ontological and epistemological ways. Paradigms are basic belief systems based on ontological, epistemological and methodological assumptions. A paradigm may also be viewed a set of basic beliefs that deals with ultimate or first principles. It represents a worldview that defines for its holder, the nature of the world, the individual's place in it, and the range of possible relationships to that world and its parts. The beliefs are basic in the sense that they must be accepted simply on faith, since there is no way to establish their ultimate truthfulness. Paradigms are simple belief systems based on ontological, epistemological and methodological assumptions (Guba & Lincoln 2005:105-107).

Kuhn (1970), as cited in Bowling (2009:119), points out that what we see depends on what we look at and what previous visual-conceptual experiences have taught us to see. While a sociologist and a psychologist may observe the same reality, the former may focus on the social structure and the latter may focus on interpersonal differences. It is important, therefore, for the investigator to be aware of his or her theoretical perspectives and assumptions about the research topic and to report these honestly when designing research and analysing data.

## **1.8.2 Paradigmatic assumptions**

### ***1.8.2.1 Ontological assumption (the nature of the reality)***

The ontological assumption relates to the nature of reality and its characteristics. When researchers conduct qualitative research, they are embracing the idea of multiple realities. Different researchers embrace different realities, as do the individuals being studied and the readers of qualitative of a qualitative study. And in this particular case, it is about the researcher's beliefs, views, knowledge and perceptions regarding strategies towards the establishment of effective Sexual and Reproductive Health Care Services for Male Adolescents in the Tshwane Metropolitan Municipality.

Considering the state of affairs, it was the researcher's assumption that male adolescents are under-utilising the available SRHCS.



### ***1.8.2.2 Epistemological assumption***

Epistemological assumptions refer to the relationship between the researcher and participants. In this relationship, the researcher and the participants are interactive and inseparable. Epistemological assumptions are theoretical perspectives of interrelated sets of assumptions, concepts and propositions that constitute a view of the world (Van Rensburg & Smit 2004:15).

In the researcher's understanding, epistemological assumptions are concerned with the researcher's knowledge and view of what is considered to be true. It is about the researcher's view, opinion about the truthfulness and validity of the existing knowledge.

### ***1.8.2.3 Methodological assumption***

The methodological assumption is concerned with the procedures of qualitative research or its methodology. These procedures or methodology are characterised as inductive, emerging, and shaped by the researcher's experience in collecting and analysing the data. The logic that the qualitative researcher follows is inductive, from the ground up, rather than handed down entirely from a theory or from the perspectives of the inquirer. Sometimes the researcher questions change in the middle of the study to reflect better the types of questions needed to understand the research problem. In response, the data collection strategy, planned before the study, needs to be modified to accompany the new questions. During the data analysis, the researcher follows a path of analysing the data to develop an increasingly detailed knowledge of the topic (Creswell 2013:22).

In summary, there are three fundamental interrelated questions that the inquirer (researcher) should ask in order to understand the assumptions of each paradigm. These questions are:

**Ontological question:** What is the nature of reality?

**Epistemological question:** What is the relationship of the researcher to that which is researched?

**Methodological question:** How can the researcher go about finding whatever he believes can be known (process)?

#### ***1.8.2.4 Assumptions underlying this study***

An assumption is a proposition or statement whose truth is either considered self-evident or what has been satisfactorily established by earlier research (Burns & Grove 2003:157). Assumptions are basic principles that are accepted as true on the basis of logic or reasoning without proof or verification. These assumptions influence the development and implementation of the research process (Polit & Hungler 2003:528).

In light of the above, the following assumptions can be made in this study:

#### **Ontological assumptions** (based on the research questions)

The possible ontological assumptions about the study topic are:

- Culture greatly influences the spread of HIV and AIDS.
- Females are more prone to HIV because of their subservient role defined by culture.
- Farm workers because of the nature of their work are more prone to HIV and AIDS.
- Farm workers are more likely to be set in cultural practices because of their inadequate educational attainments.

#### **Epistemological assumptions**

The possible Epistemological assumptions about the study topic are:

- Farm workers if educated about the positive and negative aspects of gender and culture in the spread of HIV and AIDS will be more vigilant.
- Behaviours generally may be influenced by knowledge or lack of it, especially if is embedded within the cultural norms.

### **Methodological assumption**

As indicated earlier on, a generic qualitative method design that is contextual in nature was used to yield the expected outcomes of the study.

### **1.8.3 Theoretical framework**

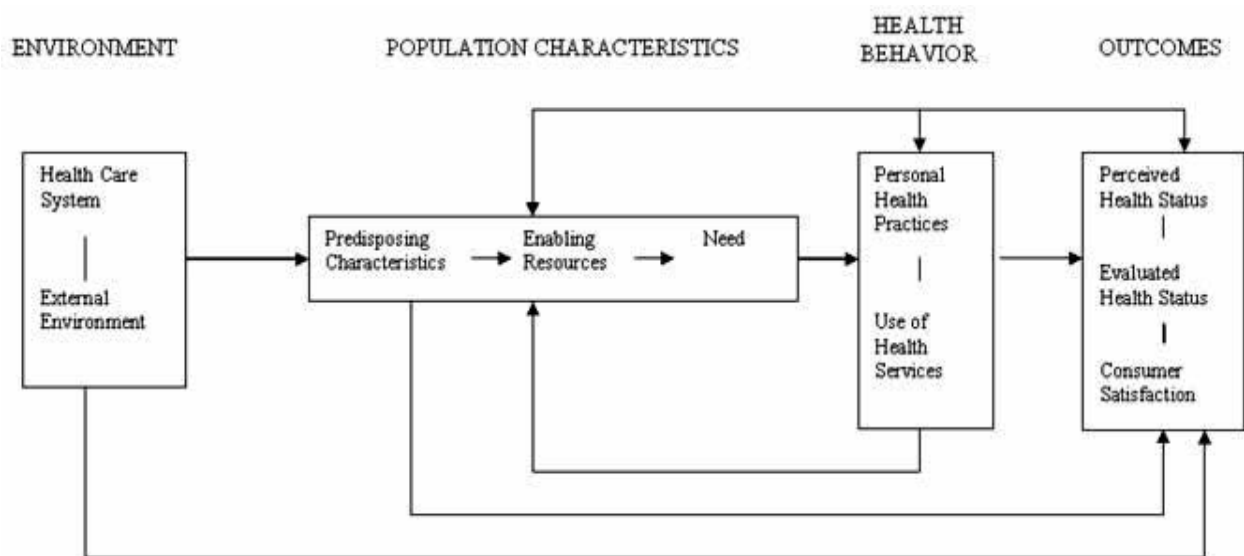
A conceptual framework or conceptual map is a schematic representation of a theory or conceptual model that graphically represents key concepts and linkages among them (Polit & Beck 2012:722). It is also a structure of concepts and/or theories pulled together as a map for the study (LoBiondo-Wood & Haber 2010:575).

In line with the above definition of conceptual framework and given the aim and objectives of the study, the researcher has sought scientifically justifiable to use a conceptual framework instead of a theoretical framework as a guide for this study. There is a variety of conceptual frameworks that could be applied to sexual and reproductive health care services utilisation. But for the purpose of this study the researcher has opted for the Andersen and Newman's model of health service utilisation that was developed for medical care utilisation in the United States of America in 2005 named "**Framework for Health Care Utilisation**" (a conceptual representation of this model is illustrated in figure 1.1). The choice of this conceptual framework was motivated by the researcher's assumptions that many factors that influence the use of sexual and reproductive health care services in the general population would also apply to male adolescents and some male adolescents' individual specific factors would also influence their utilisation of these services for their own individual motives.

The researcher has decided to use the conceptual framework to guide this study for the following benefits (Hennink, Hutter & Bailey 2011:40-41): the conceptual framework:

- Provides focus and structure to the study.
- Provides clarity to the concepts that are being investigated in the study.
- Provides a way to further refine the research questions.
- Reflects the theoretical assumptions and concepts adopted in the study.
- Reflects the expected relationships between the concepts that will be explored.
- Provides coherence between the different tasks in the design cycle and allows researchers to check whether all components are linked in the research design. It is also meant to answer the following questions:
  - Does the conceptual framework correctly summarise the research questions?
  - Do the research questions need to be further adapted or refined?
  - Does the theory fit the research questions?
  - Why has this theory been selected for the study?
  - What is the underlying paradigm of the design?

**Figure 1.1: Framework for Health Care Utilisation**



(Andersen & Newman 2005)

## **1.9 THEORETICAL FOUNDATION OF THE RESEARCH STUDY**

The theoretical framework of this study was based on two theories. The researcher was guided by the Social Construction and Liberal Feminism theory as a framework to explore and describe the role of culture and gender in the spread of HIV among farm workers. A conceptual framework broadly represents an understanding of the phenomena of interest and it explains relationships between phenomena (De Vos, Strydom, Fouché & Delport 2011:40).

### **1.9.1 The social construction theory**

The researcher was guided by the Social Constructionist and Liberal feminism theory as a framework to explore the role of culture and gender in the spread of HIV among farm workers. The Social Construction Theory was used as a guide in this study as it holds that people's reality is actually a cultural worldview (Flores 2014:1), and is developed through stereotyping. Social Construction is how society groups people and how it privileges certain groups over others. For example, one is a woman or man because society *tells* one who they are, not because they choose to be. Flores argues that the way people interact socially and their perception of their roles as women and men are determined by behaviour that is socially acceptable. More so, people are influenced by their culture, surroundings and social context. Sexuality, therefore, needs to be understood within historical social contexts and constructions rather than individually.

Traditional societies have strong cultural and sub-cultural norms such as imbalances in gender relationships. New information plays a critical role in imparting new beliefs and understanding which can bring about cultural change. Interventions which highlight the dangers of male dominance over women and provide information on the advantages of a more equal social structure can lead individuals to reconstruct their realities. This can influence beliefs and behaviour and lead to a decrease in spread of HIV.

Society determines how men and women behave towards one another. The farm workers construct their social identity and sexuality by means of their beliefs,

attitudes and behaviour. Through the HIV prevention programme, the farm workers negotiate their role with regard to gender across different contexts and situations.

The social constructionist approach is, therefore, key to this research as it is the lens through which the male farm workers understand and behave towards their female counterparts. It was observed that the farm workers socially construct and adjust their sexuality and behaviour to fit in with new information learnt through the HIV prevention programmes.

The participants who attended HIV prevention programmes understood the realities within their culture of a man having sex and the stigma attached to not having sex. Their ability to overcome cultural beliefs is in line with the Social Constructionist Theory assumptions that acquiring new information can influence an individual's beliefs.

Many traditional societies encourage men to have multiple partners as a sign of manhood; this undermines safe sex messages (Nzewi 2009:9) and increases the risk of HIV. Within the context of the Social Constructionist Theory, a person's reality is influenced by society and culture and is reflected in their beliefs.

Social and sexual interactions between men and women reflect behaviour driven by social constructions of gender and determine the roles they take on as men and women (Joffe 1996:169-190).

The social constructionist view asserts that beliefs, attitudes and behaviour can be reconstructed and changed over time and space. Traditional societies have strong cultural and sub-cultural norms such as imbalances in gender relationships. New information plays a critical role in imparting new beliefs and understanding which can bring about cultural change. Interventions which highlight the dangers of male dominance over women and provide information on the advantages of a more equal social structure can lead individuals to reconstruct their realities. This can influence beliefs and behaviour and lead to a decrease in the spread of HIV (Flores 2014:2).

Society determines how men and women behave towards one another. The farm workers construct their social identity and sexuality by means of their beliefs, attitudes and behaviour.

The new knowledge acquired by farm workers who attended the HIV prevention programmes challenged their world view and allowed them to construct a new social reality which ultimately helped protect them against HIV. These findings are in line with those of Simons-Morton et al (2012:28-29) that new information and knowledge can influence structural and cultural beliefs.

Responses from some participants were in line with the constructionist theory tenets that the cultural environment defines sexual practices and people are influenced by their culture, surroundings and social context. Gender roles which include sexual relationships are socially created and determine how men and women behave towards one another. Farm workers were influenced through the HIV prevention programmes to oppose socially accepted norms about being a *man*. *They had* reconstructed *their* reality and norms and no longer believed it was important to have multiple partner sex to prove his manhood.

### **1.9.2 Liberal feminism**

This study employed Liberal feminism theory to guide the study. Liberal Feminism argues that women have been discriminated against by virtue of their sex throughout the world. It preaches for equality of men and women in the public sector and schools, the legal system and the private sector as well (Thobejane & Murisa 2015:44).

Liberal Feminism is concerned with the criticism of a historical consciousness of gender imbalances between dominant patriarchal systems and subservient females (Tong 2009:5). By questioning the society's conception of gender, sexuality and perceived inequalities between men and women. The intention is to highlight the belief held in different social settings that women are inferior to men as it has a crucial role in the spread of HIV.

According to Tong (2009:2), women subordination is rooted in a set of customary and legal constraints that block women's entrance to the public world. The society holds a false belief that women are naturally less intellectual and physically incapable than men, it tends to discriminate against women in the academy, forum and marketplace

Liberal feminism claims that gender differences are not based in biology, thus women should have the same rights, educational access, liberation, work opportunities and civil rights as men. It is the lens of gender and gender equality. It explains that society must allow individuals to exercise their freedom and fulfil themselves.

The goal of women's liberation is freeing women from oppressive gender roles. It led to advances in the economic sphere, equality opportunity and civil rights (Tong 2009:11).

The female farm workers are treated unequally by the farm owners and their male counterparts. Liberal feminism plays a role in reducing challenges posed by society to female farm workers by giving them lower value within society when compared to men. This could fuel their vulnerability to HIV infection. Thus it is important to narrow the gap between male and female farm workers. This approach would enhance women's status in society primarily through identifying factors exposing female farm workers more to HIV vulnerability.

## **1.10 OVERVIEW OF RESEARCH METHODOLOGY**

This is the exposition of the research methodology as a science. It incorporates the method the researcher has identified as a vehicle to do the research. In this exposition, the methodology and the rationale for choosing the methodology will be discussed.

Research methodology implies the complete plan for the study starting from conceptualising the research problem to the final strategies for data collection (Burns & Grove 2011:320). In addition, research methodology includes the research design and method; where the research design describes the overall research approach that is to be used, and the research method spells out the means by which the approach is to be realised.



The study was conducted in two phases, namely:

### **Phase 1**

- Exploring and describing the role of culture and gender in the spread of HIV and AIDS among farm workers.

### **Phase 2**

- Exploring to what extent does cultural factors and gender roles contribute in the spread of HIV and AIDS in the farming community.
- Developing strategies for the reduction of HIV and AIDS among female farm workers.

A qualitative study approach was the most appropriate design for this study. This research method enabled the researcher to explore and describe the role of culture and gender in the spread of HIV. Through narratives acquired as a result of individual semi structured interviews, the participants' beliefs, sexual attitudes and behaviour were explored and described.

A semi-structured interview guided these interviews based on the purpose and objectives of the study. In this way the researcher remained focused on the central issues under investigation. It also allowed the researcher to enquire further and to probe more deeply into the discussions to explore issues raised by the participants.

A follow-up interview was held to gather additional information from the participants and to validate data from the individual interviews; it also served as a debriefing session. Field notes were used for personal observations of the participants during these interviews and to take notes of the interview site. Purposeful and convenient sampling maximised data collection. Data was analysed using Tesch's data analysis method. A more in- depth discussion of the research methodology will be dealt with in Chapter 3.

## 1.11 ORGANISATION AND STRUCTURE OF THE STUDY

The thesis will be divided into the following chapters:

**Chapter 1: Overview of the study**

Chapter one provides the overview of the study that includes the introduction, and background of the study, research purpose, methodology and objectives.

**Chapter 2: Literature review**

Chapter two covers the literature review of the study, sources of literature related to the key concepts of the study, which are cultural and gender, strategy, and holistic health. The chapter includes the identification of the knowledge gap in the literature relating to the key concepts of the study

**Chapter 3: Research methodology and data collection approaches**

The qualitative methodological presentation of the study is outlined in this chapter.

**Chapter 4: Data presentation, data analysis and interpretation**

The presentation, analysis and the interpretation of the study results were covered in this chapter. An analysis template was developed for clear analysis of the data.

**Chapter 5: Holistic health strategies framework**

After data analysis in chapter 4, chapter 5 developed the strategies framework on gender and culture sensitive HIV prevention.

**Chapter 6: Conclusion and recommendations**

The chapter concludes the study with a summation of the thesis. The final chapter provides a discursive overview of each of the chapters,

limitations of the study, findings, and recommendations for further studies.

## **1.12 CONCLUSION**

This chapter gave an orientation to the study. The chapter incorporated an introduction to the study, background information for the research problem, research purpose, research objectives and significance of the study, definition of key terms, theoretical foundation to the study, overview of research methodology, ethical rigor, limitations and the structure of the thesis. The next chapter will review the literature relevant to the study topic.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

In this chapter, literature pertinent to the study is reviewed. A literature review is a manuscript written by someone to reflect on the significant points of recent understanding as well as theoretical and procedural contributions to a study subject matter (Burns & Grove 2011:107). The purpose of the literature review and of this chapter is threefold. Firstly, by reviewing research studies that are closely related to the present study, the researcher gained new insights and learnt of new approaches that informed and supported her study and its research design. Secondly and most importantly, in this critical review of related studies the researcher aimed to identify and indicate the gap that other researchers in the field have not focused on. Thirdly, the researcher used the review to help place the study in an appropriate theoretical context.

The researcher consulted different literature sources to arrive at appropriate literature for the study. Consulted literature sources include electronic sources, published and printed materials from different libraries, different data basis and different internet search engines. During literature searching period, the researcher used key words such as culture, gender, HIV, AIDS and farming community to find relevant existing knowledge in the field. The search included browsing through several electronic data bases including PubMed, med Line, EBSCO, CINAHL and Pro Quest. In addition, websites such as Google and Google Scholar were also used. The researcher consulted both grey and recent literature as well as national and international literature related to the role of culture and gender in the spread of HIV and AIDS among farm workers.

Finally, the researcher read all literature sources collected and tried to sort them based on their appropriateness to the current study. After appropriate literature was

sorted, then the researcher started the process of write up on this chapter as evidence was presented under different sub-section of the chapter.

## **2.2 THE HISTORICAL CONTEXT OF HIV AND AIDS IN SOUTH AFRICA**

The HIV and AIDS pandemic is one of the deadly diseases that have hit the Southern African continent. In fact, it has become a world-wide concern such that world leaders are working together to fight the pandemic. Sub-Saharan Africa, the hardest hit region, is home to 70% of people living with HIV but only about 13% of the world's population. HIV statistics show that South Africa is the country with the largest number of people living with HIV. The number of people living with HIV has risen from 5.48 million in 2011 to 6.8 million in 2015 (UNAIDS 2015:1).

Many people worldwide, authors and even researchers like Leclerc-Madlala, Simbayi and Cloete (2009:1), would affirm that HIV and AIDS have been researched, written about, discussed and even denied countless times. There are thousands of articles published dealing with a variety of aspects of HIV and AIDS, there are academic and non-academic journals which are dedicated to reporting on HIV and AIDS, and there are hundreds of books focusing on a multitude of issues relating to HIV and AIDS. So the question that is perhaps asked is, why the need for yet another research? And why focus in South Africa?

The history of AIDS in South Africa started in the early 1980s with HIV being identified in gay men. This started the widespread belief that AIDS was a disease of gay men which led to a sense of complacency in the general population and an excuse for the apartheid government not to act promptly. By the late 1980s doctors had begun to warn people of a significant HIV and AIDS epidemic. The first Black South African heterosexual AIDS cases, two women who had never left the rural Transvaal, were diagnosed in late 1987 (Simelela & Venter 2014:249).

There has been an increase in the access of antiretrovirals (ARVs) globally, but there isn't adequate coverage yet. For many years the South African government was seen to be blocking the access to ARVs (Leclerc-Madlala et al 2009:3).

The researcher argues that, despite the work of dedicated staff and the resources put in the health care systems, South Africa is one of the Sub-Saharan countries where prevention and treatment is often discussed as if, it stood alone from other health related issues.

The researcher strongly believes that most African leaders are in a position to influence political and social thinking surrounding issues of HIV and AIDS. Unfortunately these leaders do not always want to acknowledge the magnitude of the HIV and AIDS epidemic.

The HIV crisis has been one of the biggest obstacles to redevelopment in South Africa, as the country has tried to bring about transformation with limited resources. An already inadequate public health care system has been faced with a task of improving its infrastructure while having to cope with the increasing demand of the HIV and AIDS epidemic. The health crisis is also compounded by broader political issues. For many in South Africa, HIV and AIDS and the battle for effective treatment has been regarded as a “new struggle” following on from the struggle against apartheid.

This is evident when in July 1994, three months after the national elections; the National AIDS Convention of South Africa (NACOSA) issued a National AIDS Plan for South Africa. It spoke in urgent terms about the need to introduce effective measures to ensure that the epidemic is contained and the people and communities that are infected and affected have care and support. As president, Nelson Mandela was very quiet on the subject of AIDS. During his term of office, he literally ignored AIDS, on the basis that in his culture an elder did not publicly discuss sexual issues. Afterwards he said that he “had not had time to concentrate on the issue” during his presidency. It was only after he left office that he publicly acknowledged his son’s death from AIDS.

In 1999 Thabo Mbeki was elected president, Dr Manto Tshabalala-Msimang became his Health Minister, and many South Africans hoped that AIDS would receive the attention it needed. However, the government’s AIDS policies quickly became extremely controversial. It was not just that the government did not wish to provide ARVs for the treatment of AIDS.

The government also did not wish ARVs to be used for the prevention of mother to child transmission (PMTCT). They would not even allow AZT to be provided to women who had been raped (Simelela & Venter 2014:249).

The South African government however, had little interest in providing HIV positive pregnant women with protection for their babies. President Mbeki and Dr Manto Tshabalala-Msimang argued that among other things AZT was too toxic and too expensive. While President Thabo Mbeki denied the causal link between HIV and AIDS and the Minister of Health, Doctor Manto Tshabalala- Msimang supported the president's decision and further encouraged people living with HIV (PLWHA) to alter their diet instead of taking the costly ARVs (Simelela & Venter 2014:249).

This required the government to pay for ARVs. But few people realised that it was going to be the attitude of the government, and not just the cost of the drugs, that was going to become a major barrier to the provision of ARVs for all who needed them. It was until 2001 when the Treatment Action Campaign (TAC) took the Minister of Health Dr Manto Tshabalala-Msimang to court to force her to allow facilities in the public health system to provide nevirapine or other suitable ARVs to pregnant women with HIV. TAC won the case. TAC also worked to breakdown the stigma and secrecy surrounding HIV. In November 2003 the South African government finally decided to introduce a National HIV ARV programme.

These hesitancy and denialism by the South African government led to the deaths of over 300,000 South Africans (Simelela & Venter 2014:250). According to Leclerc-Madlala et al (2009:3), lives lost as a result of the restriction of access to ARVs on the part of the South African government under President Mbeki is estimated to be 330 000 people and 35 000 babies were born with HIV due to an ARV programme not implemented timeously in South Africa.

The researcher feels strongly that the government's failure to respond to the AIDS crisis has led to an unprecedented number of people living with HIV in South Africa. The impact of AIDS will remain severe for many years to come. HIV prevention in South

Africa is the only solution since there is no cure for the pandemic. The alarming numbers of new HIV infections highlights the urgent need to intensify and expand proven prevention methods, and further, to identify and implement new methods of HIV prevention.

While there is a vast amount of literature on the health related issues, the impact as well as the effectiveness of the strategies on HIV and AIDS, there is very limited research as to why there is still alarming statistics of new infections globally three decades since the discovery of HIV in South Africa.

### **2.3 THE ROLE OF CULTURE IN THE SPREAD OF HIV**

The word culture comes from the Latin *cultura* which means 'to cultivate' and is generally used when referring to patterns of human activity and the structures that give these activities meaning and importance. Culture can be called the "way of life for an entire society". Culture thus includes codes of conduct, norms of behaviour, dress, language, religion, and systems of belief, rituals and is visible in a society's music, literature, painting, sculptures, theatre, et cetera (Joubert-Wallies & Fourie 2008:105).

According to Mkhize (2004:54) culture refers to knowledge that is passed on from one generation to another within a given society, through which people make sense of themselves and the world. It incorporates language, values, assumptions, norms of behaviour, ideas about illness and health.

The body of learned beliefs, traditions, principles and guides for behavior that are commonly shared among members of a particular group. Culture serves as a road map for both perceiving and interacting with the world.

Joubert-Wallies and Fourie (2008) recognised and acknowledged that, if we are to control the HIV, and the spread thereof, we must first acknowledge all the factors that are contributing to the existence and the livelihood thereof. The culture of any community embraces many factors that influence the people who belong to that



community and who live according to that culture. Culture thus also influences community members' behaviour, including sexual behaviour. This should thus be an adequate place to start with an investigation into the spread of HIV within a community (Joubert- Wallies & Fourie 2008:105).

These two researchers further stated that individuals have limited freedom in making decisions as in many cultures decisions are more strongly influenced by the social and cultural context than by individual decisions. As culture influences marital systems, household structures, circumcision practices, sexual mores, and the social use of space, it is difficult to put culture into the concept of 'high risk behaviour' (Joubert-Wallies & Fourie 2008:105).

Individual behaviour will vary according to context but it is not determined by it. There is no simple cause-effect link, only a relationship based on probability; an individual is more likely to contract HIV from participating in high-risk sexual activities than when he or she does not participate in such activities as it is evident among farm workers who engage to risky sexual practices like unprotected sex. Culture cannot be blamed for spreading HIV, but it can be seen as one of the factors contributing to the complexity of the spread thereof. Considering how a person's 'life situation' influences his or her behaviour, the question might be asked whether a person's culture and its traditions complicate the basic *modus operandi* of the spread of HIV (Joubert-Wallies & Fourie 2008:107).

The recognition of the importance of cultural, ethnical, and gender differences is important when seeking to understand the factors that influence social behaviour and social thought. The main objective of this research is to explore and describe the possible influence of cultural beliefs, myths, and behaviours on the spread of HIV among farm workers. Finding one solution to stop the spread of HIV that will help everyone, in every community, in every country and on all continents, is most probably an impossible task that each community has to be helped in a unique way that will 'fit' their communal needs and wants (Joubert-Wallies & Fourie 2008:107).

Leclerc-Madlala et al (2009:13), affirmed that the development of cultural approaches to HIV and AIDS presents two major challenges for South Africa. First, the multi-cultural nature of the country means that there is no single sociocultural context in which the HIV and AIDS epidemic is occurring. South Africa is home to a rich tapestry of racial, ethnic, religious and linguistic groups.

As a result of colonial history and more recent migration, indigenous Africans have come to live alongside large populations of people with European, Asian and mixed descent, all of whom could lay claim to distinctive cultural practices and spiritual beliefs. Whilst all South Africans are affected by the spread of HIV, the burden of the disease lies with the majority black African population (Leclerc-Madlala et al 2009:13).

A second challenge involves the legitimacy of the culture concept. Whilst race was used in apartheid as the rationale for discrimination, notions of culture and cultural differences were legitimised by segregating the country into various 'homelands'. Within the homelands, the majority black South Africans could presumably find a space to give free expression to their own culture and language. During this era, language and culture were employed as strategies for cultural preservation and as instruments of resistance to reclaim and reaffirm an African identity.

A desire to revive and re-dignify African culture and traditional practices, long denigrated through colonial and apartheid processes, has characterised the African Renaissance project of the immediate post-1994 democratic period.

Today the cultural terrain remains a highly contested terrain and public debates on culture are often avoided in anticipation of offending personal and political sensitivities (Leclerc-Madlala et al 2009:13).

The sociocultural context contributes to legitimising and giving meaning to the common assumptions, expectations and values that people hold in relation to their day-to-day activities. Some behaviours found to increase the vulnerability of people to HIV infection in South Africa include practices such as multiple and concurrent sexual partnering, age-disparate and intergenerational sex, dry sex practices, unequal gender power

relations, high levels of sexual violence, on-going AIDS related stigma and denial and a variety of practices relating to cultural rites of passage around puberty, marriage and death. Below is a brief discussion of some of the sociocultural factors that play a role in the spread of HIV and AIDS in South Africa (Leclerc-Madlala et al 2009:15).

A host of rituals surrounding the life transitions of birth, puberty, marriage and death have been identified as cultural factors specific to the African continent that are influencing the spread of HIV. In South Africa, these include the following:

- **Traditional male circumcision**

Traditional male circumcision has long been practiced in various forms among various ethnic groups. Youth who have reached puberty among the Xhosa, Ndebele, Pedi, South Sotho and Venda partake in initiations, which include circumcision. For the most part, these are conducted by traditional surgeons in deep rural areas under highly unhygienic conditions using the same unsterilised instruments on several of the initiates. In some cases, the newly circumcised young men are encouraged to engage in sex soon after initiation with a woman whom they do not intend to marry.

Moreover, according to Leclerc-Madlala et al (2009:14), for many initiates traditional male circumcision has come to be viewed by many as a permit for sex within a context of gender relations characterised by coercive sex. Considering these wider contextual issues, more scientific evidence is required to ensure that the benefits of circumcision outweigh any potential risks.

Even though there has been sufficient evidence of empirical studies conducted in Southern Africa of the protective effect of male circumcision against HIV infection, many authors warn that traditional male circumcision should be examined and promoted with sensitivity to the specific local cultural contexts (Leclerc- Madlala et al 2009:15).

- **Virginity testing**

While this method has been a part of traditional prevention measures to guard against the early onset of sexual behaviour, there has been a resurgence of interest in virginity

testing over the past decade to encourage sexual abstinence among young women. Especially popular in Zulu and Swazi communities also known as *'ukuhlolwa'*. Virginity testing today is largely conducted by elderly women who often use the same latex glove to insert their fingers into the vaginas of dozens of girls. In order to avoid the social stigma that results from being found to be a non-virgin, girls sometimes engage in unprotected anal sex as a way to retain their virginity while satisfying their boyfriends thus putting themselves at great risk of contracting HIV infection (Leclerc-Madlala et al 2009:17)

- **Fertility and virility testing**

The importance that African culture places on fertility often prompts young women to fall pregnant during their first relationship as a way to prove their fertility before getting married. Leclerc-Madlala et al (2009:17) argue that this cultural tradition encourages early unprotected sexual activity. Similarly, a major way for a man to prove his virility and potency is by making a woman pregnant.

- **Fertility obligations**

Due to social inequality between the sexes and ideas of male superiority, a wife is automatically blamed for infertility and accused of witchcraft as well as being ostracised by society even if it is the husband who is infertile. In some cases, members of the family meet to discuss the problem often without the knowledge of the couple, and encourage a close relative to befriend the wife with the intention of impregnating her and subsequently producing an offspring for the infertile couple. These fertility obligations encourage the spread of HIV infection among the people involved if one of them is HIV positive (Leclerc-Madlala et al 2009:19).

- **Post-partum sex and breastfeeding taboos**

In many African communities, postpartum sex was traditionally discouraged between the husband and wife for sometimes up to a year or until the child has been weaned from breastfeeding. Sexual activity during this period was seen as polluting the blood of

the nursing mother and thus detrimental to the health of the child. The association of sexual taboos with childhood health conditions is widespread among African societies in South Africa and continues to be a factor in men's involvements with women outside of marriage. During confinement and breastfeeding, men are often expected to seek other women to satisfy themselves sexually (Leclerc-Madlala et al 2009:19).

- **Death rites**

There are two main customs that continue to be practiced to varying degrees in South Africa. The first is the *levirate*. This refers to a situation whereby when one of the two partners in a marriage dies, a brother or sister of the dead partner inherits the remaining spouse.

In South Africa, patrilineal descent dictates that it is usually the woman who will be 'inherited' by one of her dead husband's male relatives. The second is known as the *sororate*. As noted above, in order to ensure that the relationship developed by the two families at marriage produces some offspring and does not dissolve, a widower or sometimes a husband of a barren woman marries his wife's sister. In cases where one partner in the new relationship may be infected with HIV, this increases the chance of the new partner will also become infected (Leclerc-Madlala et al 2009:19).

- **Indigenous healing practices**

In most African countries and indeed throughout the world, modern and traditional healing systems co-exist side by side. Even though the western system is dominant in terms of both official status and scientific acceptability, the traditional counterpart is more widely accessible as well as being used due to pervasive traditional health beliefs. People who live in rural areas, which generally have poor western medical services, depend mainly on the services of traditional healers. Consequently, the majority of the people, estimated to be about 80% of the South African population, consult with traditional healers for treatments of most ailments (UNAIDS 2006:60).

There are two main indigenous healing practices that are thought to contribute to the spread of HIV in South Africa. First, the use of unsterilised sharp instruments, such as knives, blades, spears, animal horns, quills and thorns, as surgical tools when treating patients is problematic. Second, and more importantly, healers sometimes have sex with their clients as a way to cure a number of ailments, including infertility and depression.

Some healers also recommend that their clients have sex with virgins as part of their treatment regime for illnesses such as STI (Sexually Transmitted Infections) and HIV. Both practices enhance the chances of acquiring HIV (Leclerc-Madlala et al 2009:20).

South Africans have a wide range of beliefs, habits, religious and healing practices, including aspects of both western and African worldviews. As in other cultures, cultural identity and continuity are maintained through traditional practices.

In the past it has been assumed that some traditional practices promote the transmission of HIV, but not many studies have been conducted to establish the linkage (Joubert-Wallies & Fourie 2008:106).

The culture of silence that surrounds sex education in most African cultures is also a contributory factor to the spread of HIV and AIDS in the Sub-Saharan Africa. In most countries in Sub-Saharan Africa, sex education e.g. promotion of condom use among the youth in primary and secondary schools is regarded as a taboo, exposing youth to sexual practices before they know much about the consequences and how to protect themselves. In Zimbabwe in particular, the Ministry of Education, Sports and Culture Policy prohibits sex education that seeks to promote the use of condoms as a preventive measure to HIV infection within the primary and secondary education system (Brophy 2010:60).

The researcher strongly believes that conducting appropriate research in developing societies has been brought home by the AIDS pandemic. Earlier interventions failed miserably, because they were based on research done in developed countries and

thus did not take into account the socio-cultural context of people in developing countries.

## **2.4 THE ROLE OF GENDER IN THE SPREAD OF HIV**

Globally, HIV is the major cause of mortality among women between 15-49 years, with HIV-related deaths 30% higher in African women than African men. Worldwide, women continue to have less knowledge about prevention and more misconceptions about routes of HIV transmission than men (UNAIDS 2012:33).

Research findings by Jewkes, Dunkle and Nduna on: Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: has shown links between HIV and AIDS, gender inequity, and gender-based violence in South Africa lie in the patriarchal nature of society and promotion of masculinity ideals such as control of women, male strength and toughness which translate into risky sexual behaviors, predatory sexual practices, and acts of violence against women (Jewkes, Dunkle, Nduna & Shai 2010:46).

This study shows that in rural South Africa, women who experienced intimate partner violence and had high gender inequity in relationships had increased incidence of HIV infection. Risk of incident HIV infection was not associated with rape by a non-partner.

It is clear that the findings of the study by these authors argue that women continue to have less knowledge about prevention of HIV transmission as compared to their male counterparts. Comparing HIV prevalence in men and women between 15-24 years to other HIV related indicators shows that higher female prevalence is not consistent with a significantly higher rate of knowledge of HIV prevention methods, nor a higher rate of having multiple partners (females have significantly lower rate of multiple partners). It is consistent with lower rates of condom use at last sex, which suggests women may not have equal power to negotiate safe sex even if they have the same knowledge about prevention as men (Jewkes et al 2010:46). Table 2.1 supports the above mentioned information.

**Table 2.1: Comparison of HIV prevalence, knowledge and risk behaviour in young South Africans**

	<b>Prevalence*</b>	<b>Knowledge of HIV prevention</b>	<b>More than 1 sexual partner in last 12 months*</b>	<b>Condom use at last sex*</b>
Female 15-24	14.0%	43.5%	6.0%	73.0%
Male 15-24	4.0%	40.6%	30.8%	87.0%

\*Differences are significant

(South African National Prevalence, Incidence, Behaviour and Communication Survey 2008)

Looking at findings on studies focused on structural factors show that low relationship power equity and experiencing more than one episode of intimate partner violence (IPV) increases the risk of HIV infection for young women. Norms around masculinity in South Africa contribute to men’s risky sexual behaviors and violence against women, reducing women’s control on their sexual practices. Policies to promote gender-equality exist but both enforcement and resources for implementing gender equality measures and programs is limited.

While certain biological characteristics place women at greater risk than men for acquiring HIV, women’s vulnerabilities to HIV are also driven by gender inequality. Gender refers to social constructs that delineate what is considered masculine and feminine. Harmful gender norms and practices along with unequal economic, social, and legal status of women relative to men can affect women’s risks differently by posing barriers for access to HIV prevention and treatment services, preventing negotiation of safer sex and impacting women’s burden of care and household economy. In particular, violence against women, which is rooted in gender inequality, is shown to be both a cause and a consequence of HIV, with younger women aged 15-24 at the highest level of vulnerability (UNAIDS 2012:40).

Gatta and Thupayagale-Tshweneagae (2012:26) affirm that the vulnerability of females is also due to the socio-economic status of women, which in most cases is dependent on men and inadequate decision-making of women which is influenced by the



cultural roles of women in society. Therefore, identifying factors related to these differences and implementing appropriate interventions to curb the spread of HIV among female farm workers.

According to the feminisation of poverty theory, women's power inequalities render them especially vulnerable to HIV infection (UNAIDS 2007:170). In a patriarchal culture men are seen as dominant both in the family as well as in society at large.

The farming community in which the participants in the study live operates along such patriarchal lines, with the men making the important decisions for their families. In addition, men are seen as more intelligent and superior to women.

Gender inequality is a critical factor in the spread of HIV in Africa, in how people are cared for when they are sick, in what happens when they die and who inherits what. Research reflecting global AIDS epidemic trends reveal that men have more opportunity to contract and transmit HIV compared to women due to cultural practices which gives men more power to determine the circumstances of sexual intercourse (Kwenda 2011:28).

In the context of gender inequality, male attitudes and behaviours are currently the crux of the HIV and AIDS problem, whether men are heterosexuals, homosexuals or drug injectors. Essentially, widespread stereotypes of masculinity, and what it means to be a 'real man' encourage male dominance over women, risk-taking and promiscuous sex. In many African cultures, ideals of manhood include strength, courage and dominance and, critically, accept men as having an uncontrollable sex drive that lets them off the hook of responsibility (Kwenda 2011:29).

According to Cele (2010:35), male dominance in South Africa aggravates negative attitudes towards the use of male condoms since it reinforces traditional beliefs regarding masculinity. Some of these attitudes place a lot of currency on unprotected, flesh-to-flesh sex with numerous partners. He further indicates that the importance of fertility in most African communities may prevent the practice of safer sex, as some women may feel pressed to fall pregnant before marriage in order to prove their

fertility. Under such circumstances, women usually do not use condoms or abstain from sex and thus expose themselves to the risk of HIV infection.

Furthermore, the African traditional patriarchal societies have long endorsed multiple partnerships for men in the form of polygamy and other sexual freedoms within prescribed limits. World Health Organization (WHO) surveyed men and women in 18 countries around the world and found that, in all, men acknowledged a higher number of sexual partners than women (Kwenda 2011:29).

The patriarchal social arrangements discussed above ultimately serve to coalesce power and privilege into the hands of men while simultaneously curtailing the autonomy of women. The gender dynamics that result from this system put women in South Africa at greater risk of HIV infection than their male counterparts. These inequalities have serious implications for choices that women are able to make in their lives, and provide a supportive backdrop for gender based violence.

Joubert-Wallies and Fourie (2008:108) found that within the Lowveld area of South Africa, where the Shangaan people reside, the scale of the HIV and AIDS epidemic is 'frightening'. Secrecy and denial heightens suspicion and the attribution of blame for HIV and AIDS is expressed differently between genders.

Women blame men and envious nurses for spreading HIV, while men raise "conspiracy theories, blaming translocal agents such as Dr. Wouter Basson, Americans, soldiers, and governments for the pandemic" (Joubert-Wallies & Fourie 2008:108).

According to Brophy (2010:39), women farm workers are extremely vulnerable, as they are discriminated against, in terms of access to employment, receive lower wages and are completely dependent on the men for housing and access to employment. Trade unions reported that housing and permanent employment for single women on farms is seldom ever a possibility. This extreme dependency increases their vulnerability as they are reluctant to utilise the legal system because of the very real risk of losing their work and home.

Gender equality is a fundamental human right, and a necessary condition for the achievement of internationally agreed on development objectives. According to the findings of a study conducted by Klaas et al (2014:442), exploitation of women and gender inequality irrespective of qualifications and experience that the women have is a norm in the farms.

The majority of participants expressed that women end up in a relationship with a manager or supervisor because they want to work less, have more money and secure their employment. Some females feel victimised and forced to be in such relationships. It was evident that even the minute females in management positions did not support female employees.

Monnakgotla (2012:20) suggests that the power dynamic between men and women also occurs in their sexual relations and is an example of how the spread of HIV may be enabled. The discourse of power influences whether or not people practise safe sex. Men are perceived as powerful and, thus, have the right to decide what happens in a relationship. Accordingly, they are able to put both themselves and their partners at risk by having multiple sexual partners and by their refusal to use condoms.

Several factors work together to produce this perceived male power, as does the willingness on the part of the women to accept male decisions and behaviour. In the farming community targeted in this study, as in many others, women are more likely to be unemployed, to be less educated, and to have fewer and worse paid employment opportunities (UNAIDS 2013:78).

They are, therefore, often dependent on men and, thus, they are forced to tolerate their behaviour, whatever that behaviour may be or whatever the consequences of that behaviour are. Particular notions about masculinity also support the discourse of male power. The ideas that a man is not able to help having multiple sexual partners because of his uncontrollable drive for sex, or that a man must prove his 'manhood' by fathering several children and, therefore, has the right to object to the use of condoms are but two of the ideas surrounding masculinity. In general, women are

seen as the objects of men's sexual urges and women tend to view sexual behaviour in terms of men's sexual needs and urges. Ensuring man's pleasure is experienced as an expression of commitment and love on the part of a woman (Monnakgotla 2012:20).

However, the structural gender inequalities and culturally condoned male sexual behaviours and sexual practices are harmful to both men and women, with the HIV and AIDS epidemic offering strong possibilities both in respect of transforming gender relations and in supporting greater democratic participation on the part of women. Nevertheless, attempts to alter power relations are likely to be resisted by those in positions of dominance if such attempts threaten their position of relative privilege and access to resources. According to UNAIDS (2007), cited in Monnakgotla (2012:20), men do not give up their male privileges and certainly not in situations of poverty and disempowerment.

There is a growing concern about the effect of gender-based violence and relationship power imbalances on safer sex negotiations by women and girls. For instance, older male partners, especially those who have more financial resources may have greater sexual decision-making power in relationships with young girls.

Research information indicates that there is less condom use in relationships where young girls have older partners compared with male partners of the same age. Condom use negotiations have been found particularly difficult with women who experience intimate partner violence. Such violence often occurs as part of the pattern of coercive control due to power disparities in these relationships (Seloilwe & Thupayagale-Tshweneagae 2015:42)

However, the structural gender inequalities and culturally condoned male sexual behaviours and sexual practices are harmful to both men and women, with the HIV and AIDS epidemic offering strong possibilities both in respect of transforming gender relations and in supporting greater democratic participation on the part of women. Nevertheless, attempts to alter power relations are likely to be resisted by those in positions of dominance if such attempts threaten their position of relative privilege

and access to resources. According to UNAIDS (2007), men do not give up their male privileges and certainly not in situations of poverty and disempowerment.

## **2.5 CHALLENGES FACED BY SOUTH AFRICAN FARM WORKERS**

Globally rural groups, particularly women, ethnic minorities, casual workers and their children, as reported by the 2001 International Fund for Agricultural Development (IFAD), are burdened by low consumption, ill health, lack of education and access to assets and resources and a history of exploitation and injustice (Brophy 2010:20).

Farm workers in South Africa are disempowered in a variety of ways. Their history of slavery, the legacy of ongoing disadvantaged socio economic conditions compounds the vulnerability of farms workers to HIV. Rural and hard-to-reach-areas are highlighted as key priority areas under the South African National Strategic Plan [NSP] owing to increased HIV prevalence in rural areas (SANAC 2011:35).

One of South Africa's biggest challenges is to provide accessible health services to hard-to-reach and poor rural communities that are vulnerable to ill-health and risky survival tactics. The NSP acknowledges the importance of strengthening community health systems and expanding services by working within a network of organisations to deliver a comprehensive response to HIV (SANAC 2011:38, 52).

Farm workers are vulnerable to HIV and AIDS just as migrant workers in the mines and in the construction industry are. Despite the development of HIV and AIDS programmes in South Africa, there is still an increase in the HIV prevalence rates among farm workers. The epidemic has, thus, created a clear need to prevent HIV infection among young farm workers. The loss of young farm workers as a result of HIV will cause a decline in the GDP of the country. Farm workers usually live in compound accommodation, tents or shacks which are unhygienic and overcrowded and which lack privacy (UNAIDS 2007:58). These factors all increase the farm workers' vulnerability to HIV and AIDS as they may become involved in transactional sexual activity in order to find alternative dwelling places.

Farm workers' low wages and distances from services hampers their ability to utilise assistance that authorities could provide. They also are restricted in accessing services because of long working hours, not easily getting time off and lacking the financial resources for transport to services. These factors all compound the victims in to utilise the health care and legal or social support systems (Brophy 2010:41).

Klaas et al (2014:446) adds that South African farm workers are the most vulnerable members of the South African workforce, earning the lowest wages with women earning even less than men. Webb and Bain (2011:31-33) affirms that inadequate wages for agricultural workers also increases their vulnerability to HIV and AIDS, as workers may be tempted to exchange sex for money.

Socially marginalised groups such as rural communities have been identified as having an increased HIV infection risk in comparison with that of urban communities. This is thought to be the result of socio-economic factors such as poverty, social isolation, poor housing, limited access to adequate education and weak health care services (SANAC 2011:14-37). Unemployment and low income not only play a role in social exclusion but also further marginalise rural societies.

Barriers to health care identified were a long distance to the clinic, long working hours and unavailability of condoms. Cessation of health care delivery and the increased workload for the health care workers were raised by all the participants (Klaas et al 2014:446).

The exact rate of HIV infections among South African farm workers is unknown because of this group's high mobility and their short stays on the farms where they work (FAO 2009:14). Farm workers are rarely able to access health services and, in addition, HIV and AIDS information campaigns which are specifically targeted at them are infrequent (FAO 2009:14).

In an ANC Agricultural Policy document dated 1994 (ANC 1994:27), the agricultural sector, acknowledges that agricultural policies of the apartheid government led to a significant reduction in employment in the sector and states that it 'will' do a host of

things to address the needs of South Africa's 1.2 million farm workers. These include the provision of secure housing, services and access to land, power and resources, the protection of their rights, the promotion of improved labour practices by farmers and the development of their skills and knowledge (Brophy 2010:23).

Post-apartheid studies by Atkinson (2009), Erasmus (2007), Woolman and Bishop (2007), Tregurtha (2005), Bekker (2003) and London (1999), into the current conditions experienced by farm workers in South Africa report that they remain exploited and subject to poor work and living conditions and lack access or the power to use resources that may be available to them (Brophy 2010:23).

Farm workers are the most under-serviced workers in South Africa. According to the findings of this study, poor access to health care and health related information is partly due to their remote location of work. The high incidence of poverty makes the farm worker even more vulnerable to the impact of HIV and AIDS (Klaas et al 2014:446).

Farm workers in Limpopo Province also expressed that lack of recreational facilities on farms was problematic and a causative factor in increasing HIV and AIDS, sexual violence and substance abuse (Klaas et al 2014:446).

The facts and current situation for farm workers in this country appears, from the literature and experts in the field, to be rather dismal. They were formerly oppressed, and abused by a racist, patronising and paternalistic system, that held them back through institutionalised alcoholism and lack of access to education and other services, yet now in a new dispensation of equality and freedom, their enslavement through low wages, the threat of eviction and substitution for cheaper seasonal workers and the continued lack of access to services allows the agricultural industry and its minority stakeholders to 'enjoy' their free global trading (Brophy 2010:60).

The findings of a study by Klaas et al (2014:442), stressed that there are strong bio-directional linkages between HIV and AIDS and poverty in resource- poor settings. The issue of poverty was expressed by participants who remarked that its effects are carried over from generation to generation. The majority of participants verbalised that they

were underpaid and linked low wages to transactional sex, which increased the risk for contracting HIV. Participants stated that they end up having multiple partners in order to “increase their income”.

Brophy (2010:60) maintains that countries in Sub-Saharan Africa should study their social and cultural settings and the way in which these impact on the spread of HIV and AIDS. Farmers could also play a role in curbing the spread of HIV by empowering farm workers not only with the correct knowledge about HIV and AIDS but also by helping them to think critically about the cultural and gender issues that may render certain people vulnerable to HIV and AIDS.

This would, in turn, suggest that the farmers themselves should be equipped with the correct knowledge about the disease and also with the skills necessary to counsel farm workers and to address these issues with them.

## **2.6 CONCLUSION**

This Chapter provided a review of literature. It highlighted the role of culture and gender in the spread of HIV and AIDS among farm workers. Other sections discussed the review of the historical context of HIV and AIDS in South Africa. The chapter documented and addressed literature reviewed from the works of various scholars and researchers. It focused on key role. Of culture in the spread of HIV and AIDS, Understanding the role of culture generally would serve as a guide to how the spread of HIV and AIDS can influence its spread.

The literature review reveals that culture is dynamic and needs to accommodate changes that are introduced by eruption of new diseases, science and technology to some extent. This dynamism in culture means that people have to be flexible and avoid rigidity and learn to adapt and adjust which researchers acknowledge it is difficult with something that has been so rooted in people’s minds for over generations.

Both new and grey literatures were used to help the researcher situate the study. In order to focus on specific aspects of the study, the chapter was divided in to sub-



sections as follows: introduction to study, the history of HIV in South Africa, the role of culture in the spread of HIV, the role of gender in the spread of HIV, challenges faced by South African farm workers. Each sub-section presented is evidence based. Finally, the chapter ended with conclusion of its content. The next chapter will present research methodology for the study.

## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

As discussed in the previous chapter, other studies have shown that there is a need for continued studies in the area of HIV and AIDS, this is moreso that after three decades HIV and AIDS spread has not been adequately prevented or even eradicated. The previous chapter also showed that culture and gender roles are very much intertwined and difficult to separate. The purpose of this study was to investigate the role of culture and gender in the spread of HIV and AIDS among farm workers in South Africa; with the view of developing culture and gender sensitive HIV and AIDS prevention strategies.

This chapter presents detailed account of the approach taken in the present study, its background and theoretical position in relation to the qualitative approach used to elucidate the role of culture and gender in the spread of HIV and AIDS.

This chapter outlines the research method that was used in the study. The first section provides a brief contextual background to the study site. The second section discusses the research design. The study population and sampling techniques are discussed in section three. Section four discusses data gathering techniques used. Section five discusses the ethical considerations that were adhered to in the study. A summary is provided in section seven.

#### **3.2 THE CONTEXT OF THE STUDY**

The Limpopo province is 123 600 km<sup>2</sup> in extent, and is bordered by Zimbabwe to the north, Mozambique to the east, Botswana to the west and the South African provinces of Gauteng, Mpumalanga and the North West in the south. It is the fifth largest of the nine South African provinces in area and the fourth largest in population, with approximately 5.8 million people at the time of the 2016 census. Limpopo is

experiencing a gradual out-migration of people especially from rural areas. Almost 34% of its population were children aged 0-14 years, 60% were people aged 15-64 years, and about 6% of the population were elderly people. Sepedi is the language spoken by most persons in Limpopo, followed by Xitsonga and Tshivenda. However, in the Vhembe district where this study was conducted, Tshivenda was the dominant language followed by Xitsonga. The majority of the people reported that they were born in the province (91%). Only 3% were born outside South Africa (Statistic South Africa 2016; Census 2011:19).

According to Statistics South, 57% of the provincial population was living in poverty. Limpopo Province is one of the poorest, rural provinces of the nine provinces in South Africa (Mavhandu-Mudzusi, Netshandama & Davhana-Maselesele 2007:255; Statistics South Africa 2014).

The province is divided into five district municipalities, namely Capricorn, Mopani, Greater Sekhukhune, Vhembe and Waterberg. Among the five district municipalities, Vhembe had the highest population, followed by Capricorn. Vhembe District Municipality (VDM) is located in the North of Limpopo Province. The District has four local municipalities namely; Makhado, Thulamela, Musina and Mutale.

Vhembe District Municipality, where the study was conducted, has a population of approximately 1.2 million according to South Africa Local Government (2009-2011). The District Municipality is plagued by high rate of unemployment and poverty.

### **3.2.1 The economic situation of Limpopo**

According to VDM (2011:7), Limpopo's economy remains in a fragile state with an unsustainably high external debt and massive deindustrialisation and in formalisation. The district settlement pattern is largely rural, with women in the majority as well as people under 20 years of age. The low population density makes it extremely difficult and costly to improve levels of service delivery. There is an economic slowdown which is a result of challenges like an influx of foreign nationals and undocumented

immigrants since the Province is next to the Botswana and Zimbabwe border, HIV and AIDS, land claims.

### **3.2.1.1 Agriculture**

Agriculture has been identified as one of the pillars of economic development in Limpopo Province. This makes sense as agriculture is an important sector of the South African economy, especially for its impact on job creation, rural development, food security and foreign exchange. Limpopo province is predominantly rural. This presents unique challenges to service delivery, together with the fact that Limpopo is a water scarce province which is not spared the effects of climate change (Limpopo Department of Agriculture Annual Report 2014:10).

With a total area of 125 754 square kilometers and population density of 43 persons/square kilometre, the Limpopo Province is the fifth largest of the country's nine provinces, taking up to 10% of the South African land area. Agriculture in the Province is dominated by citrus and tropical fruit, such as bananas, litchis, pine apples, mangoes and paw paws, as well as a variety of nuts grown in Tzaneen and Makhado areas (Limpopo Department of Agriculture Annual Report 2014:29).

The Province is the leading producer of tomatoes through ZZ2 farm in Polokwane, with an estimated annual production of 160 000 tons, oranges (1 256 664 tons), avocado (49845.64 tons) and mangoes (32055.24 tons) and the second biggest producer of banana, macadamia and litchis after Mpumalanga with a production figure of 20% countrywide (10759.77 and 1379, 52 tons respectively). It should be noted that more than 45% of more than R2- billion annual turnover of the Johannesburg Fresh Produce Market comes from Limpopo (Limpopo Department of Agriculture Annual Report 2014:29).

It is well known, that Limpopo Province is a rural province and subsistence farming is common practice. A remarkable growth in subsistence farming was realised whilst households producing household consumption have remained constant. It means more and more households are producing for the market to supplement the income. It is an

indication that introducing more communities to farming would improve the communities' livelihoods and employment would be created at the same time which would yield a positive contribution to GDP. The implementation of the rural supporting programme together with the provision of education and training would alleviate poverty and help households to be less dependent on social grants (Limpopo Department of Agriculture Annual Report 2014:30).

### ***3.2.1.2 Land reforms***

It is well known that the political history of South Africa has given rise to inequalities in the ownership of land. South Africa was a site of prolonged struggle between native peoples, and European colonists throughout the eighteen and nineteenth centuries, which saw the defeat of the African chieftaincies and the loss of the majority of the territory to white settlers in the twentieth century, under the policies of segregation and apartheid. The separation of people along racial lines was accompanied by massive forced removal of African, Indian and Coloured people resulting in widespread dispossession of land and other properties and the severe restriction of social, economic and political rights (Matukane 2011:10).

This resulted one of the most unequal societies in the world with a relatively small white minority enjoying high standards of living while the great majority of the black population was consigned to a life of extreme exploitation and poverty (Matukane 2011:10).

With regard to the land market, government policy from the late 19th century onwards restricted black people from accessing land and the main aim of this strategy was to provide a supply of cheap labour especially for the expanding mining sector as well as the much despised and poorly remunerated white commercial farming sector. Rural black South Africans were prevented from making farming the main component of their livelihoods for over 100 years. This is supported by Vermeulen (2009) who states that black farm workers were exploited by minimal wages and some had to make a living in over populated and poverty stricken areas without the state subsidies and protectionist policies that the white farmers enjoyed (Matukane 2011:10).

The primary purpose of land reform in South Africa was to redistribute agricultural and other land in order to address the racially skewed pattern of land holding and promote development. Land restitution, land redistribution and tenure reform are still seen as tools to alleviate poverty (Matukane 2011:10-12).

Land reform in Limpopo has faced challenges similar to those experienced in the rest of the country. The programme was slow to get started in the years after 1994. The claim for Levubu Restitution project was lodged during the 1990s like many other claims. A report released by the Commission on Restitution of Land Right (2006:5) states that between the period of 2005 and 2008 seven communities under the jurisdiction of Makhado Municipality (Vhembe District) received back their land constituting about 7,314 hectares with 1,121 households. According to Regional Land Claim Commission (RLCC) report (2008:40), Levubu Restitution Project remains one of the complex claims they had to process and facilitate due to the magnitude and number of communities involved in this claim from different tribes contributed to the challenges that resulted in the slow pace of settlement. The communities involved are: Ravele, Tshakhuma, Tshivhazwaulu, Masakona, Tshitwani, Ratombo, and Shigalo.

The total amount approved for the claim was totalling to R73 230 million and the main products produced include subtropical fruits (banana, macadamia, avocado, citrus, litchi and mango (Sekgobela 2016:71-73).

### ***3.2.1.3 Mining and tourism***

The mining and manufacturing industries play a major role in the economy. According to VDM (2011:4), there is also potential for development in mining and tourism, especially eco-tourism. Mapungubwe, an important archaeological and international heritage site, is located in the Vhembe-Dongola National Park. Both Mapungubwe and Thulamela are traditional heritage sites and examples of early settlement and culture in South Africa. Tourism opportunities in the district also lie in reserves such as Madimbo-Mashakatini, which can attract a large number of tourists.

It is of paramount importance that the government and private sector co-operate in developing these sites. The Mining Sector contributed 61% of Mutale's GDP, In Musina local municipality Mining contributed the most by 38%. The mining sector is regarded as one of the three pillars of the Limpopo Province, hence its strategic importance to the development of the economy of the district. The mineral occurrences and zones within the district include:

Copper, tshipise, coal fields and minerals like iron, diamonds, graphite, marble, talc deposits, gemstone deposits and clay dominant minerals used in brick making.

The products in the mining sector (besides the many mineral deposits) range from projects in quarries, stone crushers, brick making, salt production and sand deposits. The mining sector has been reported as one of the main contributors to the district's GDP over the years, ranking no.3 to Community services and Finance in 2004. Also it has been regarded as one of those sectors contributing a sizeable portion to employment levels in some municipalities, especially Musina and Mutale. However, it would be economically fair to suppose the majority of the job opportunities obtained in this sector is for those regarded as unskilled labour, resulting in low income earned by the communities themselves from this sector.

Though opportunities exist the mining sector is faced with some obstacles hindering its full development. The challenges that affect mining development in the district are lack of capital to maximise production potential, use of unstandardised extraction techniques resulting in depletion of resources, lack of skilled workforce, high transport costs and lack of access to market (VDM 2011:31-33).

#### ***3.2.1.4 Health facilities***

There are insufficient health facilities within the district, as well as a shortage of medical practitioners; and rural people usually travel long distances to access health services. Furthermore, the services at hospitals, clinics and health centres are deteriorating, and there is a need to balance free health service and available resources. There are six District/ Community hospitals: Donald Fraser, Elim, Malamulele, Siloam, LTT and Hayani. Tshilidzini is the only referral (regional) hospital in the district. There are 112

permanent clinics including 04 Gateways clinics. There is total of 115 permanent clinics and 41 mobile clinics in the district. The Lack of basic amenities like shade and water at clinics visiting points, lack of roads and communication in some of the clinics are the major challenges in the district in the provision of health and social development services (Vhembe District IDP Review 2011:22).

Taking into consideration challenges posed by HIV and AIDS, cholera, malaria and other prevalent diseases, it is necessary to intensify health and hygiene programmes and services. HIV Prevalence in the district is at 14,7%. Prevention of Mother to child transmission (PMTCT) and voluntary counselling and testing (VCT) are available at all health facilities. There are 73 accredited ARV sites and 51 were on pipe line for accreditation and 02 are private (VDM 2011:48).

Research indicates that Limpopo's HIV prevalence rate increased in 2008 (UNDP 2010:7), and according to the 2011 sentinel HIV and Syphilis survey, HIV prevalence had again increased compared with the 2010 survey results. These statistics point to the necessity of increasing HIV preventative measures in Limpopo where this study took place.

Emergency facilities such as ambulances should be more accessible. In most instances even public transport to and from health facilities is a serious problem (Department of Cooperative Governance and Traditional Affairs 2011:5).

### **3.3 RESEARCH METHODOLOGY**

This is the exposition of the research methodology as a science. It incorporates the method the researcher has identified as a vehicle to do the research. In this exposition, the methodology and the rationale for choosing the methodology will be discussed.

Research methodology implies the complete plan for the study starting from conceptualising the research problem to the final strategies for data collection (Burns & Grove 2011:320). In addition, research methodology includes the research design and method; where the research design describes the overall research approach that is to



be used, and the research method spells out the means by which the approach is to be realised.

The study was conducted in two phases, namely:

**Phase 1:** Exploring and describing the role of culture and gender in the spread of HIV and AIDS among farm workers.

**Phase 2:** Developing and validating guidelines on culture and gender in the spread of HIV and AIDS among farm workers.

### **3.3.1 Research design**

A research design is a blueprint for conducting a study, including methods for maximising control over factors that might interfere with the trustworthiness, validity and reliability of the study, and the end result of a series of decisions made by the researcher on how to implement the study (Burns & Grove 2011:319). In addition, Polit and Beck (2012:49) point out that an appropriate research design should provide trustworthy, valid and reliable answers to the research questions while at the same time avoiding or minimising bias.

Qualitative, exploratory and descriptive approaches were used in order to explore and describe the role of culture and gender in the spread of HIV and AIDS among farm workers in Tshitwani and Barota farms in Vhembe District, Limpopo Province, South Africa.

Qualitative research is described as naturalistic, holistic and inductive rather than being deductive. It studies real world situations as they unfold naturally. It is non-manipulative, unobtrusive and non-controlling. It is open to whatever emerges during the study and avoids predetermined constraints on outcomes. Qualitative research may be necessary in situations where it is unclear what exactly is being looked for in a study, hence the researcher needs to determine what data is important and what is not. While a quantitative researcher generally knows exactly what s/he is looking for before the

research begins; in qualitative research the focus of the study may become more apparent as time progresses (Burns & Grove 2011:319).

Employing a qualitative method allowed the researcher to obtain a more realistic and hands-on feel of the world that cannot be experienced in the numerical data and statistical analysis used in quantitative research. The richness of the data was preserved by using quotations.

The main disadvantage of qualitative approaches is that their findings cannot be extended to wider populations with the same degree of certainty that quantitative analyses can. This is because the findings of the research are not tested to discover whether they are statistically significant or due to chance (Burns & Grove 2011:319). In this study the researcher used both explorative and descriptive designs.

### ***3.3.1.1 Descriptive***

In research, a description is the precise measurement and reporting of the characteristics of some population or phenomenon under study. And the major purpose of many social scientific studies is to describe situations and events. This means that the researcher observes and then describes what was observed (Babbie 2007:89, 115).

### ***3.3.1.2 Explorative***

Exploration is the attempt to develop an initial, rough understanding of some phenomenon. Much of the social research is conducted to explore a problem, that is, to start to familiarise a researcher with that topic. This approach typically occurs when a researcher examines a new interest or when the subject of study itself is relatively new. Exploratory studies are most typically done for three purposes (Babbie 2007:88, 115), namely to:

- Satisfy the researcher' curiosity and desire for better understanding.
- Test the feasibility of undertaking a more extensive study.
- Develop the methods to be employed in any subsequent study.

In undertaking this study, the researcher's intention was to try satisfy his own curiosity for better understanding the topic under study, to test his ability to undertake a more extensive study at a higher level (a doctoral level) and contribute to the body of knowledge as well as to open doors for subsequent studies in this very same field. But more specifically to explore and describe the role played by culture and gender in the spread of HIV and AIDS.

### **3.3.2 Research method**

According to Burns and Grove (2011:321), a research method refers to the techniques used to structure a study and to gather and analyse information in a systematic fashion. Research methods also refers to the practices and techniques used to collect, process and analyse the data, the sample size and methods of sampling and, and the choice of measurement instrument (Bowling 2009:143). These are also the various procedures, schemes and algorithms used in research. All the methods used by a researcher during a research study are termed as research methods (Rajasekar, Philominathan & Chimathambi 2013:5).

This section describes the methods that were used to conduct the study. These included the study setting and period, the population of the study, the sampling and sampling techniques, inclusion and exclusion criteria, data collection process and analysis, ethical considerations pertaining to the study and rigour and trustworthiness of the study.

In this section, the research methods that were used to conduct the study were described. These included the study setting and period, population, sample size and sampling method, data collection and analysis and ethical consideration of the study.

### **3.3.3 Research setting**

The setting is the location in which the study is conducted (Polit & Beck 2012:40). The study was conducted in Limpopo Province in Makhado municipality, Vhembe district. The Tshitwani and Barota farms in Vhembe District in Limpopo Province were studied. Levubu is a rural area situated in the north eastern part of the Limpopo Province. It is about 365 km north east of Pretoria. Its sub-tropical conditions are conducive for the sub-tropical crops such as bananas, avocados, mangoes, macadamia nuts, guavas and litchis. The climatic conditions and soils leave many commercial farmers to regard Levubu as the “finest farmland in the world”, with one claiming that” if you fail to farm successfully in Levubu, you will not succeed anywhere in the world” (Manenzhe 2007:6).

The Levubu farms comprises of the Tshivhazwaulu, Ravele, Masakona, Tshakhuma and Hamutsha communities. These scattered communities’ health care needs are serviced by the Tshakhuma and Levubu clinics based at Tshakhuma village as well as Hamutsha clinic based at Tshitwani farming community (Netangaheni 2008:60). The distance between these health care centres ranges between 5 and 40 km between these communities. The local hospitals are Tshilidzini, Donald Fraser and Elim hospital. The farming community has limited access to health care services which is why their health care needs are serviced by the mobile clinic.

The choice of this research location was informed primarily by high levels of HIV prevalence and poverty in this area. The HIV prevalence in Vhembe farms is twice the UNAIDS national prevalence percentage of 18,1% in South Africa. The situation described above made this site of research well suited to investigate.

The intention of this study is to better the lives of the farm workers by providing farm owners and policy makers with guidelines which will curb the spread of HIV among farm workers. Figure 3.1 below shows the map of where the study was conducted.



**Figure 3.1: Map of Vhembe District Municipality**  
(google.com)

### 3.3.4 Population

According to Polit and Beck (2012:51) and Burns and Groove (2011:290), a population is all the individuals with the common defining characteristics. The target population in this study was made up of farm workers and supervisors above the age of 18 in the Tshitwani and Barota. According to Statistic South Africa (2011:20), the population of Limpopo is 5 404 868 and has the largest number of females (53.3%). No farm managers or owners participated in the study. The researcher interviewed the Professional nurse working at Levubu clinic as well as a HR manager from Tshakhuma farm.

### **3.3.5 Sample size and sampling**

#### ***3.3.5.1 Sample***

A sample is the subset of the population (Polit & Beck 2012:51). In this study, the farm owners, managers and workers were identified as a sample from which the researcher drew a sample. The sample size was determined by data saturation. Purposive and convenience sampling were used to choose the study sample.

#### ***3.3.5.2 Types of sampling techniques***

Sampling is the process of selecting suitable cases to represent an entire population so that inferences about the population can be made (Polit & Beck 2012:275).

There are two categories of sampling designs, namely: probability sampling and non-probability sampling. Probability sampling involves random selection of elements. In probability sampling, researchers can specify the probability that an element of the population will be included in the sample. On the other hand, in non-probability sampling, elements are selected by non-random methods. There is no way to estimate the probability that each element has been included in a non-probability sample and every element usually does not have a chance for inclusion (Polit & Beck 2012:275).

For the purpose of this study, a non-probability sampling techniques were used.

#### ***3.3.5.3 Non-probability sampling***

The choice of non-probability sampling was decided on by the fact that, unlike probability sampling, non-probability sampling does not involve the process of random selection, that is, in the case of non-probability sampling, the probability of selection of each sampling unit is not known. It implies that non-probability samples cannot depend upon the rationale of the probability theory and hence we cannot estimate population parameters from sample statistics (Singh 2007:107).

Non-probability sampling methods can be classified into two broad types, namely the accidental and purposive. Most sampling methods are purposive in nature because

researchers usually approach the sampling problem with a specific plan in mind (Singh 2007:107).

There are many types of non-probability sampling: accidental or convenience sampling, purposive sampling, quota sampling, expert sampling, snowball/chain sampling, heterogeneity sampling and maximum variation sampling. But for the purpose of the current study, the researcher has opted for purposive sampling and snowballing/chain sampling. The researcher has found these two types of sampling to be appropriate and relevant to the study. The choice of these two types of sampling techniques was motivated by the difficulty in recruiting the research participants and the sensitivity of the study topic, the researcher has made use of the research participants to recruit their peers (other participants).

#### ***3.3.5.4 Purposive sampling***

Purposive sampling or judgemental sampling uses researchers' knowledge about the population to select sample members. Researchers might decide purposively to select people who are judged to be typical of the population or particularly knowledgeable about the issues under study (Polit & Beck 2012:279). Purposive sampling can be very useful for situations which you need to reach a target sample quickly and where a random process of selection or proportionality is not the primary concern. It is a deliberate non-random method of sampling, which aims to sample a group of people, or settings, with a particular characteristic, usually in qualitative research designs (Bowling 2009:108, 187-188). Purposive or judgemental sampling is based on the belief that the researcher's knowledge about the population can be used to hand-pick sample members, based on personal judgement about which ones will be most informative (Polit & Beck 2012:52; Burns & Grove 2011:325). The researcher hand-picked any participant who met the inclusion criteria and was willing to participate.

#### ***3.3.5.5 Convenience sampling***

In convenience sampling, the sample is selected from the participants who are easily accessible and are "in the vicinity" during data collection. The advantage of convenience

sampling is that it saves time and effort (De Vos et al 2011:392). The researcher interviewed the participants who were on duty on the day of data collection and were willing to participate.

The inclusion criteria males and females above the age of 18. The reason for choosing this age group is because it is the most vulnerable age group to contract HIV according to South African HIV and AIDS statistics and according to the Constitution of South Africa (Act 108 of 1996, Section 12(20)), they have rights to sign for themselves not to be subjected to medical or scientific experiments without their informed consent (Constitution of South Africa 1996:1249).

The participants for this study were selected in accordance with the following criteria:

- Male and females older than 18 years irrespective of their HIV status.
- The nationality, marital status and educational background did not preclude participation.
- Farm owners should be owning the farm for at least a year.
- Farm managers should be at least managing the farm for a year.
- Farm workers should be employed for at least six months.

During the sampling stage it was felt undue pressure may be exerted on a farm worker if the researcher were present when the farm worker was asked to take part in the research and so an HR manager asked potential participants if they would be willing to participate. Two farm workers refused to be interviewed while two others agreed, but refused to be audio-taped. The researcher regarded the fact that some workers refused to take part in the study in a positive light as this allayed the fear that the workers who gave their consent had done so because they felt under an obligation to do so. The saturation of data occurred after interviewing 16 participants. The researcher interviewed 6 extra participants after saturation of data.



### **3.3.5.6 Sample size**

Considering the fact that, this is a qualitative study and semi-structured interview was used to collect data, the sample size could not be determined at the beginning of the study. The semi-structured interviews were conducted until data saturation had been reached. Data saturation is the point in data collection when no new or relevant information emerges with respect to the newly constructed. For this study saturation was reached at the 16<sup>th</sup> participant but the researcher continued until the 22<sup>nd</sup> participant.

### **3.3.6 Data collection**

Data collection refers to the process where the researcher gathers information from the selected participants in order to answer the research question (Burns & Grove 2011:361). In this study, a descriptive and explorative approach using a qualitative methodology was adopted. In depth, one on one semi-structured interviews were used to explore and describe the role of culture and gender in the spread of HIV and AIDS among farm workers.

Data collection for this study was conducted from July 2016 until December 2016 in the Tshitwani and Barota farms. The researcher conducted an information session a week prior to the actual data collection process. The process was not without challenges. The initial plan was to collect data in Tshakhuma and Tshitwani farms as permission was already granted by the farm managers concerned. However, a week prior to data collection, the researcher went to the field to make sure that the participants were ready for data collection the following week. Another intention was to pilot and sort out the informed consent. The researcher could not collect data at Tshakhuma farm as the HR manager who was contacted stated that the farm has not been operating for four months as it collapsed and most of the farm workers were jobless including the HR manager herself. She stated that some of the farm workers were “taken over” by Barota farm which is affiliated with the University of Venda (Univen). The HR manager assisted the researcher to liaise with the Barota farm manager to collect data.

The HR manager for Tshakhuma stated that the Tshakhuma farm was not in a position to pay the farm workers' salaries for four months already and in January 2016, Univen employed 60 employees from Tshakhuma and 45 employees were taken over by Barota farm. The rest of the Tshakhuma employees remained jobless.

Data was collected through individual interviews supported by the tape recorder and filed notes. The researcher also used naturalistic observation as a data collection method. Data was collected until saturation was reached and no new information was obtained. There was no predetermination of the number of participants. Polit and Beck (2012:52) describe data saturation as a stage where claims are made that no new information will develop from continued sampling. They further agree that researchers use the argument to stop data collection.

Approximately four months after the initial interviews, a second round of interviews was conducted. These follow up interviews were conducted in December 2016. The researcher was, therefore, fortunate to be able to re-interview those participants who had been interviewed in the first round of interviews and who were prepared to be re-interviewed.

The intention of doing follow up interviews was to verify some of the information and check if there was no additional information that the participants wanted to add.

Interviews were organised in three phases, namely: preparatory, interview and post interview phase.

### **3.3.6.1      *Preparatory phase***

During the preparatory phase, which was a week prior the actual data collection, the researcher together liaised with the farm managers of Tshitwani and Barota farm. The researcher, together with the research assistant who once conducted the research in the Levubu farms and also originally from Limpopo, visited the participants' working environment. The research assistant was of the opposite gender as the researcher and since Tshivenda was his first language, made things much easier. After building rapport

with the participants, the researcher explained the research process and reassured them that anonymity, confidentiality and respect will be maintained throughout the process. The researcher made appointments and recorded the contact details of the participants and provided her contact details should a need of rescheduling the appointments arise. The researcher asked permission to use the tape recorder.

### **3.3.6.2 Interview phase**

The interview phase is when the actual data collection process commences. The interviews were conducted in the participant's working environment. In-depth individual interviews were conducted with the participants who volunteered and gave their written consent. All interviews were initiated from a broad central question: "***What is the role of culture and gender in the spread of HIV among farm workers?***" All other questions emanated from this central question. The interviews were flexible and took the direction indicated by the participants. The researcher ensured that focus on the topic was maintained in an unthreatening manner.

The interviews were conducted in the participant's preferred languages which included Tshivenda, Xitsonga, Sesotho, IsiZulu and English to ensure that the participants understood the research question and were free to express themselves in the language of their choice. The researcher was assisted by an experienced research assistant who was fluent in Tshivenda and Xitsonga.

The researcher tried by all means to maintain privacy during the interviews but there were a lot of distractions. Some of the interviews were conducted in the office, under the tree and even in the field where the farm workers were working. As difficult as it was to control the noise levels, but the researcher got a chance of observing the participants in their natural setting. Challenges faced included interruptions by the co-workers, supervisor or farm manager. There was a lot of noise caused by the tractors and other machinery.

The interviews were audiotaped and later transcribed verbatim. The researcher used field notes for observations that could not be captured. The researcher gave the

individual participants the assurance that they may withdraw at any time without any intimidation or penalties and that support from the counsellor will be available after the interview, should they need to talk to someone. Various communication skills like probing, paraphrasing and reflecting were used by the researcher and the research assistant during the interviews.

The interview method helped the researcher to obtain first-hand information about the constructions of events, activities, feelings, motivations, claims and concerns.

### ***3.3.6.3 Post-interview phase***

During this phase the researcher thanked the participants for their cooperation, contribution and willingness to participate in the study. The researcher personally conducted the interviews with the assistance of a trained research assistant who was fluent in Tshivenda and Xitsonga to avoid missing some words and observing the non-verbal cues during the interview.

### ***3.3.6.4 Tape recording***

Tape recording refers to a method of data collection used by researchers during interviews to record interviews on tape or video (De Vos et al 2011:359). The interviews were recorded once permission was granted by the participants. Tape recording was used because it allows much fuller record than notes taken during an interview, and it ensures that the researcher concentrates on the interview itself as well as observing nonverbal responses. The tape recorder was tested before use. Anonymity was ensured by not recording the names of the participants during the interviews.

### ***3.3.6.5 Field notes***

Field notes are a written account of the things that a researcher hears, sees experiences and thinks in the course of collecting the data or reflecting on the data obtained during the study (De Vos et al 2011:359; Polit & Beck 2012:89).

After the interview, the researcher highlighted as much of the conversation as possible and included themes that are striking as well as non-verbal responses. Field notes were taken by the researcher or the research assistant depending on whether the researcher understands the language that the participant preferred using during the individual interview. Field notes based on observational, personal as well as methodological reflections were collected.

#### ***3.3.6.6 Pilot study***

A pilot study, which was not included in the final study, was conducted with two participants from Barota and Tshitwani farms. Pilot study is a smaller version of a proposed study conducted to develop and refine the methodology such as the data collection process to be used in the larger study (Polit & Beck 2012:49).

The aim of the pilot study was to test the complexity of the research questions and correct them before the actual data collection process. During the pilot study, the concept of culture was not fully understood and the participants appeared tense when talking about HIV and AIDS.

#### ***3.3.6.7 Reflexivity***

The researcher approached the study with the idea that the participants have the answers that need not be influenced in one way or another. A critical reflexive analysis of self-assisted the researcher to allow the participants to be in control of relating their areas of experience. In opening, the researcher revealed her identity and as the person who needed knowledge about cultural and gender in relation to HIV and AIDS. The researcher continuously 'bracketed' her assumptions, values and actions in the hope that they may not jeopardise the research. Careful asking of the questions that may unintentionally expose the unspoken assumptions about culture and gender that would influence the participants' responses. The conversation between the researcher and each participant was never the same, as sometimes there was a unique socially shared moment of laughter. This assured the researcher that the participants had found a comfort zone in the conversation. The participants had a relaxed environment, as they

were men and women and the researcher was a woman asking them about culture and gender related things. The researcher created a responsive relationship throughout the interview in the sense that the researcher and the participants were responding to each other's questions and answers, whilst at the same time maintaining eye contact and open facial expressions. Where necessary, the researcher maintained silence without exposing any negative facial emotions. This helped the participant in recollecting self, thinking and openly expressing himself.

### ***3.3.6.8 Naturalistic observation***

Naturalistic observation is a tactic whereby the researcher takes notes by observing the activities of the participants in the natural environment (Creswell 2009:129-181). In this study, the researcher used naturalistic observation as part of the in-depth unstructured individual interview in data gathering. According to Kawulich (2005:56), qualitative observation includes selecting key informants, establishing rapport, deciding what and when to observe, the ethics of, keeping naturalistic notes, and writing up one's own findings.

#### ***3.3.6.8.1 Naturalistic observation processes***

Naturalistic observation is divided into three processes: descriptive, focused and selective.

##### ***Descriptive observation***

The researcher observed any behaviour that the participants may display either overtly or covertly. The behaviour included the communication with the researcher. The researcher observed the communication in relation to the interview. The researcher used this process where observations made were too sensitive to be followed in the interview. In this situation the researcher simply observed the behaviour without following up any unclear observations, with questions.

### *Focused observation*

The researcher observed the participant's behaviour whilst interviewing. The observations the researcher made were supported by the interviews conducted; the researcher regarded this process as relevant for the study. The researcher was able to follow any unclear observed behaviour with a clarifying question.

### *Selective observation*

The researcher focused on the different activities that the participants engaged in. Though the process focused on different activities, it did not involve interviews, as a result the researcher did not prefer it as a suitable process for the study.

Regarding these three processes, as discussed above, the researcher used both the focused and selective observation processes. The researcher chose to use the selective and focused observation in the interviews, and the participants' insights guided the researcher on what to observe. For this study, the handwritten notes taken during the observation process were converted into computer notes.

During the focused observation, and for ethical consideration, the researcher chose overt participant observation from the four categories of naturalistic observations.

For the purpose of clarity, the researcher described the four categories of naturalistic observation.

#### *3.3.6.8.2 Categories of naturalistic observation*

##### *Overt Participant Observation (OPO)*

Wells cited in Salkind (2010:887) describes overt participant observation as the technique whereby the participants are fully aware that they are being observed. The disadvantage of the overt observation is that participants may adapt their behaviour in order to influence the observer. The advantage is that the participants partake with full

informed consent. However, this technique is prone to behaviour adaptation, in order to influence the observer; the researcher preferred and used it as a credible technique for naturalistic observation.

#### *Covert Participant Observation (CPO)*

In this technique the participants are not made aware that they are being studied, Wells cited in Salkind (2010:887). As a result, the participants remain oblivious to the presence of the researcher. The researcher assumed the role of the participants and the participants may believe that the researcher is their peer. The researcher mingles unobtrusively with the participants and collects the data needed. The disadvantage is that the participants may later learn of their involuntary participation in the research, which is unethical. Even though the researcher mingles with the participants, the true identity is diverted as the researcher assumes a different identity. Wells cited in Salkind (2010:887), warns about the consequences of involving the participants in the research without informed consent. Though the nature of how the information would be collected, as be oblivious and unobtrusive, this technique was not relevant for this study.

#### *Overt Nonparticipant Observation (ONO)*

Here the researcher need not explain her actions or the purpose of the study to the participants, as the researcher does not mingle with the participants. The participants remain as natural as possible as they may not be aware that they are being observed. The disadvantage of this technique is that the researcher does not have the opportunity to ask the participants any questions when there is a need to do so. The advantage was that the researcher was able to take notes freely without fear of influencing the participants' behaviour. Though the information collected would be oblivious and unobtrusive, this technique was not relevant for this study.



### *Covert Nonparticipant Observation (CNO)*

Unlike the three methods explained above, covert nonparticipant observation is more secretive. The researcher observes the participants without revealing self to them. The data is being collected secretly. No data collection tools are being used to avoid detection. The researcher observes and later records the observed data. Alternatively, the researcher uses covert videotape to gather data undetected. According to Wells cited in Salkind (2010:887), the use of this technique is highly controversial as it has a high potential of legal repercussions. Though the information collected would be oblivious and unobtrusive, this technique was not relevant for this study.

For this study, the researcher used the overt participant observation as the credible technique for naturalistic observation.

For the observation to be considered naturalistic, three criteria need to be observed: the phenomena must be natural; the environment must be natural and the behaviour must be natural.

#### *3.3.6.8.3 Criteria in naturalistic observation*

##### *Natural phenomenon*

For this study, the researcher regarded the participants and their experiences of cultural issues as a natural phenomenon. The participants are regarded as natural phenomena as they are not fabricated creatures. Their experiences are natural events that unfolded naturally in their lives.

##### *Natural environment*

The environment where the interviews and observations took place was their workplaces or places that were not artificially created, specifically for the interviews. Some of the interviews were conducted under trees. Although the workplace can be

seen as a fabricated habitat, the researcher regarded them as natural for the reason that they were not artificially manipulated for the interview.

#### *Natural behaviour*

The researcher described natural behaviour in this context, as the behaviour that has not been adapted to suit the environment. The participants were allowed to be at ease as much as possible. Their behaviour was not influenced by a list of rules that directed their sitting, talking or any other action that the participant wanted to take.

#### **3.3.7 Data analysis**

Data analysis is a technique used to reduce, organise and give meaning to data (Burns & Grove 2011:94; Polit & Beck 2012:52). The researcher analysed the data in phase 1 by using Tesch's analysis method. The taped interviews were transcribed verbatim on the day of the interview or the following day after data collection.

The researcher translated the interviews conducted in IsiZulu and Sesotho into English and the research assistant translated the Tshivenda and Xitsonga interviews into English. After translation, the interviews were transcribed as close as possible to verbatim. Thereafter she read the transcripts while listening to the tape to ensure that all the information was captured in the transcripts. The researcher picked one most interesting and brief interview and jotted down any ideas that come to mind. After completion of several participants' responses, a list of all similar topics that merged was made. The topics identified were then abbreviated into codes, then the most descriptive wording for similar topics was identified and categories were formed.

The researcher re-read the transcripts to commence with the analysis but she picked up that some transcripts lacked a comprehensive description. The researcher liaised with the relevant participants to arrange follow up interviews.

Categories, sub-categories and themes were identified through clustering of descriptive phrases from transcriptions. A final decision on the abbreviation of each category was

made and assembling the data belonging to each category was made. Finally, preliminary analysis was done by the researcher. In order to avoid bias, the transcriptions together with field notes were sent to an independent coder for validation (Liamputtong 2011:278; De Vos et al 2011:410-412).

### ***3.3.7.1 Understanding the whole***

The researcher familiarised herself with the data by reading the whole text of the interviews and by listening to the tape recorder for several times. The researcher bracketed her preconceptions about the phenomenon to remain open minded to the descriptions made by the participants.

### **3.3.8 Steps for managing qualitative data**

Research data has always been fundamental to many areas of research. There is an increasing demand to manage it properly during collection and post collection. In this study the researcher became responsible for maintaining the integrity of the Data Management database, which contains both the digital and field notes.

The researcher managed data for this study according to Bazeley (2015:63) six steps to managing Qualitative Databases:

#### **Step 1:** Keeping and backing copies of important information

The researcher backed up the data for the purpose of tracking the data in case of data loss. The backed up data was updated as the data analysis proceeds.

#### **Step 2:** Arranging field notes in a chronological, genre, cast-of-characters, event or activity, topical

The researcher arranged the field notes in the chronological manner.

### **Step 3: Creating a system for labelling and storing interviews**

The researcher combined the related themes and created a file for each category. This was done by using a unique name for each file such date of data collection. This assisted for confidentiality purposes and the researcher to retrieve the data quickly.

### **Step 4: Providing for the safe storage of all materials**

The researcher being aware that data has always been fundamental to many areas of research, she tried her level best to keep it safe in her computer. This was because of the significant benefits in the short-term to current researchers as well as long-term benefits to future research.

### **Step 5: Checking for missing data**

Missing data arises from total nonresponse, and non-coverage of the selected participants. The researcher was constantly checking for any missing data for the purpose of curbing the serious biases in the findings. The researcher collected all the data from the participants selected for the sample. From the purposefully selected sample, no participant refused to contribute to the interviews. The trust and the rapport that the researcher established with the participants helped in encouraging the participants not to leave the interviews while still in progress.

### **Step 6: Developing a process for reading and reviewing text**

The researcher read the text notes several times for the purpose of understanding and picking up the meanings in them.

## **3.4 MEASURES TO ENSURE TRUSTWORTHINESS**

Trustworthiness refers to how well can a researcher convince his/her audience that the findings are accurate and worth taking into account (Lincoln & Guba 1985:290).

Guba's model of trustworthiness was utilised in order to ensure validity and reliability within the study. The strategies of credibility, confirmability, dependability and transferability were implemented (Lincoln & Guba 1985:290; Polit & Beck 2012:745). The researcher was assisted by the research assistant who is fluent in Tshivenda and Xitsonga which are the local languages and the interviews were conducted in the participants' natural setting to minimise threats to external validity.

The strategies to ensure trustworthiness are discussed below.

### **3.4.1 Credibility**

Credibility refers to the correctness and truthfulness of the data and information supplied by the participants. The researcher established credibility of the data and information by recording and note-taking which were done simultaneously. Notes taken were extensive and reflective of the content of the discussions as well as the non-verbal behaviours that were displayed during the discussions by the participants; and finally by compiling and reading the final written reports of the interviews in order to confirm and verify whether the reports are a true account and a true reflection of what the participants said and meant. A qualitative study is credible when it presents such accurate descriptions or interpretation of human experience that people who also share that experience would immediately recognise the descriptions thereafter. The credibility of the findings will be ensured through prolonged engagement, triangulation, and member checking and peer examination.

#### ***3.4.1.1 Prolonged engagement***

Prolonged engagement means that the researcher has to be entrenched in the field of study and has to have prolonged interaction with the participants (Burns & Grove 2011:589).

The researcher ensured prolonged engagement by doing follow up visits after the initial data collection process. Interviews will be conducted in the participants' working

environment while at the same time observing their day- to- day activities in their natural setting thus enabling the participants to be familiar with the researcher.

#### ***3.4.1.2 Triangulation***

Triangulation of data as described by Burns and Grove (2011:590) refer to utilisation of multiple sources to draw conclusions with regard to what constitute the truth. Various data collection methods like interviews, observations, field notes and a tape recorder were used to ensure triangulation.

#### ***3.4.1.3 Member checking***

Guba and Lincoln consider member checks as the single most important provision that can be made to ascertain a study's credibility (Shenton 2004:68). Member checking was ensured by playing summaries of taped interviews to the participants for checking their responses after each interview to ensure there is no additional information that the participant would like to add (Burns & Grove 2011:591). The researcher wrote exhaustive description during data analysis and do follow up meetings with participants to verify data.

#### ***3.4.1.4 Peer examination***

Peer examination was used to check the truth value of the data by involving a coder who assisted the researcher in analysing and interpreting the data collected (Burns & Grove 2011:600).

### **3.4.2 Confirmability**

Confirmability refers to objectivity, accuracy, relevance or meaning of data (Polit & Beck 2012:585; Burns & Grove 2011:585). It was ensured by triangulation and using bracketing to avoid contamination of data. Richness of the data preserved by using quotations.

### **3.4.3 Dependability**

Dependability refers to the need for the researcher to account for ever-changing context within which research occurs (Burns & Grove 2011:585; De Vos et al 2011:420). If another researcher conducts a similar study after some time from the same participants of the farming community s/he should find similar results. Dependability was ensured by taking field notes and observing non-verbal cues throughout the interview. A coder who assisted the researcher in analysing and interpreting the data collected.

### **3.4.4 Transferability**

Transferability refers to the degree to which the results and findings of a study can be applied to similar contexts or settings. According to Polit and Beck (2012:585) and De Vos et al (2011:420) transferability refers to generalisability of the data. To ensure transferability, the researcher provided detailed descriptions of the research process. In addition, the researcher established the transferability of this study by using purposive and convenience sampling where the researcher selected participants who would provide rich and relevant information pertaining to the study. Since all the participants interviewed met the inclusion criteria, there was a high possibility that they would provide similar responses. Transferability was further ensured by using various data collection methods like interviews, field notes and tape recording.

## **3.5 ETHICAL CONSIDERATIONS**

In any discipline that involves research with human beings or animals, researchers must address a range of ethical issues. Ethics are a set of guidelines drawn up to protect the rights of the research subjects. Three basic ethical principles to guide researchers are: principle of respect for human dignity, principle of beneficence and principle of justice (Polit & Beck 2012:167).

### **3.5.1 Principle of respect for human dignity**

The principle of respect for human dignity includes the right to self-determination and the right to full disclosure (Lo Biondo-Wood & Haber 2010:251).

#### ***3.5.1.1 The right to self-determination***

Humans should be treated as autonomous agents, capable of controlling their own activities. The principle of self-determination means that participants have the right to decide voluntarily whether to participate in a study, without risking any penalty or prejudicial treatment.

It also means that people have a right to ask questions, to refuse to give information or to withdraw from the study (Burns & Grove 2011:110).

In this study, the researcher informed participants that they have a right to decide voluntarily whether or not to participate in a study; they have a right to withdraw at any time and to refuse to give information especially in a sensitive issue like HIV and AIDS. It is of this particular reason why the farm manager, supervisors and some of the farm workers who did not want to take part in the study were not compelled to do so.

#### ***3.5.1.2 The right to full disclosure***

The principle of respect for human dignity encompasses people's right to make informed voluntarily decisions about study participation, which requires full disclosure. Full disclosure means that the researcher has fully described the nature of the study; the person's right to refuse participation, the researcher's responsibilities, and likely the risks and benefits (Lo Biondo-Wood & Haber 2010:253).

In this study, an information session was conducted prior to the actual data collection and the researcher gave the participants her contact details for in case they have any queries.



### **3.5.1.3 Informed consent**

When equipped with sufficient information, potential participants should be requested to provide signed consent for participation. Johnson et al (2012:107) define informed consent as “agreeing to participate in a study after being informed of its purpose, procedure, risks, benefit, alternative procedures and limits of confidentiality”. According to Streubert-Speziale and Carpenter (2007:63), informed consent is also grounded on the ethical principle of autonomy in that “it encompasses the notion of being a self governing person with decision-making capacity”.

The consent form contained aspects presented in the definition of informed consent described above, and those that are relevant to the study including: knowledge of the questions that will be asked in the interview; participation being voluntary; and the participant’s capability to withdraw from the study at any time during the study.

It might be difficult to convince participants that withdrawal will not have adverse effects on their health care, but this should nevertheless be done. To avoid participants feeling that refusal to join the study or withdrawal from the study may jeopardise their chances for future treatment and care, a clause was included in this study to point out that this would not be the case.

Participants who volunteered to participate in the study provided written informed consent. Consent forms were translated into local languages, for those participants unable to read in English. Study information and consent forms were read out to those unable to read. It was stressed and reiterated to all participants that their decision to participate in the study was categorically voluntary.

Informed consent means that the respondents have adequate information regarding the research, are able to comprehend the information and have power to free choice, enabling them to consent to or decline participation voluntarily (Lo Biondo-Wood & Haber 2010:254; Burns & Groove 2011:122).

After signing the informed consent, (Annexure D) the researcher ensured privacy and anonymity. One aspect of the inclusion criteria in this study was an age above 18 years to ensure that the participants were of the legal age to sign the informed consent.

#### ***3.5.1.4 Principle of beneficence***

The principle of beneficence involves an effort to secure the well-being of persons. Researchers should make effort to protect participants from discomfort and harm which can either be physical, emotional, spiritual, social, or economical (Burns & Grove 2011:118). The principle of beneficence covers the right to freedom from harm and discomfort and the right to protection from exploitation.

#### ***3.5.1.5 The right to freedom from harm and discomfort***

Researchers have an obligation to avoid, prevent, or minimise harm (non-maleficence) in studies with humans. Participants must not be subjected to unnecessary risks for harm and discomfort, and their participation in research must be essential to achieve aims that are vital to science and the society. In research, harm and discomfort can either be physical, social, emotional and financial (Burns & Grove 2011:118).

In this study the researcher minimised psychological harm and discomfort, the researcher ensured the availability of social, psychological even medical intervention post interview should a need arise.

#### ***3.5.1.6 The right to protection from exploitation***

Involvement in a research study should not place participants at a disadvantage or expose them to situations to which they have not been prepared (Burns & Grove 2011:118). The researcher reassured respondents that the information that they reveal will not be used against them in any way.

### ***3.5.1.7 Principle of justice***

Participants have a right to fair selection and treatment, and their right to privacy. This will be ensured by treating them with courtesy and with respect at all times (Burns & Grove 2011:118). The principle of justice includes the right to fair treatment and the right to privacy.

### ***3.5.1.8 Right to fair treatment***

Participants should be selected fairly based on research requirements not because they are vulnerable (Burns & Groove 2007:118). Participants' right of declining to participate or withdraw from a study were respected and there were no penalties. In this study, the researcher demonstrated sensitivity and respect for the norms, beliefs, and lifestyles from different backgrounds and cultures.

### ***3.5.1.9 Right to privacy and anonymity***

Virtually all research with humans involves intruding into personal lives. The researcher ensured that privacy is maintained throughout the study (Streubert-Speziale & Carpenter 2007:63; Burns & Grove 2011:114).

The participants were not asked to give their names during the usage of the tape recorder. Contact details of the researcher, supervisor and co-supervisor were given to each participant. The data from the participants was placed under lock and key at the centre where the researcher works.

### ***3.5.1.10 Voluntary participation***

People should enjoy the choice of whether or not to participate in a study. Any form of coercion should be avoided. Where payment or other incentives are offered, there should be strict procedures ensuring that participation is by individuals who qualify according to the study protocol. In all cases, participation should be voluntary. If

participation is confined to a particular group of people this may reduce generalisability of findings.

Voluntary participation is linked to disclosure of adequate factual information to potential participants on details of the study, including the risks and benefits. It is expected that people are able to make informed decisions regarding their participation when sufficient information has been provided to them.

To ensure autonomy in this study, a written statement explaining the purpose of the study and procedure for data collection was developed (Annexure E). . This was done to ensure consistency in information provided to all potential participants. They were informed of the purpose of the study and its implications. Participants were given a choice to either participate in the study or to decline.

#### ***3.5.1.11 Confidentiality (non-maleficence)***

This requirement of respecting peoples' privacy applies to all practice, and is critical in conducting ethical research. It is the basis of appropriate interaction with human beings. According to Johnson et al (2012:116), "confidentiality is not revealing the identity of the participant to anyone other than the researcher and his or her staff." Data collected should be shared only with other researchers and should be kept without anonymous where identification is not required for further follow up research. The use of codes in this study and not participant's names ensured confidentiality.

Confidentiality and the protection from invasion of privacy were prioritised throughout the study. The interview sessions were carried out in secluded settings to ensure privacy and confidentiality. Emphasis was placed on information being shared between interviewee and interviewer in privacy and confidence.

#### **3.5.2 Permission to conduct the study**

Authors of research design and methods (Parahoo 2006:111; Bless et al 2006:141; Streubert-Speziale & Carpenter 2007:62) suggest that there are important ethical issues

which researchers should be concerned with during all stages of a research process. Researchers are morally obliged to observe certain ethics, in order to generally safeguard patients' rights. In nursing science and practice, the principles of "always doing good" (beneficence) and "doing no harm" (non maleficence) to patients is the foundation of effective health service provision. Other fundamental principles, such as confidentiality (protection of information), autonomy (freedom and choice) and justice (fair treatment and equality), are of essential in preserving peoples' dignity and respect (Bless et al 2006:142 &143). These principles apply to both qualitative and quantitative studies. In both methods, there is bound to be anxiety, distress and a feeling of exploitation from the interviewee (Parahoo 2006:113).

Research Ethics Committees were set up to assess the ethical implications of studies which can otherwise be unknowingly detrimental to the lives of research participants. The code of ethics and its guidelines are concerned with the protection of human rights violations in research involving human subjects. (Parahoo 2006:112; Griffiths 2009:42; Streubert-Speziale & Carpenter 2007:61). For this study, the University of South Africa (UNISA) Research Ethics Committee reviewed the study proposal and granted clearance for the research (Annexure A). Permission was also sought and granted by the Tshakhuma farms (Annexure B) and Tshitwani farms (Annexure C) prior to data collection.

### **3.6 CONCLUSION**

This chapter provided a description of the study design and methods used to achieve the study purpose and respond to the research questions put forward. Qualitative data was generated through semi-structured interviews

Purposive and convenience sampling of participants was applied in order to target a sample, with specific characteristics required for achieving the study objectives, and to ensure reliability of findings.

The chapter further discussed the data collection process; the critical ethical issues observed in data collection and its analysis. A discussion also centred on how the study will guarantee trustworthiness considering the challenges of study design.

The chapter elaborated on the research methodology used in this study. It also emphasised in ethical conduct of the study so that scientifically sound findings could be achieved. The next chapter would present research results and discussion for the study.

## **CHAPTER 4**

### **PRESENTATION AND DISCUSSION OF THE RESULTS**

#### **4.1 INTRODUCTION**

The findings deduced from the transcription, translation, coding and analysis of the data as well as the researcher's observational and personal notes regarding the role of culture and gender in the spread of HIV and AIDS among farm workers are discussed in this chapter. This chapter is organised in sections; the first section introduces and provides a profile of the research site as well as a demographic background on each participant. To protect the identities of the research participants, the researcher used the participant numbers and each number was assigned to each participant according to the sequence of the interviews. The second section presents the key findings and narrative summaries, based on the purpose and objectives of the study.

#### **4.2 A PROFILE OF THE RESEARCH SITE AND DEMOGRAPHIC BACKGROUND OF PARTICIPANTS**

The research setting is rural, and the proximity of the available health care facilities is disproportionate to the physical distance and location of the farm workers' residences and workplace. The farm workforce included several undocumented immigrants from neighbouring African countries who have left their families behind, thus creating grounds for pervasive spousal infidelity. Virtually, all of the farm workers have had little exposure to formal education, and many have worked on the farms from an early age. This was evidenced during the data collection as the majority of the participants were uncertain of the date and month, some couldn't sign the informed consent but were requested to give a verbal consent and to make a cross (X) instead of signing the informed consent.

Of the 22 participants interviewed, very few seemed to understand when the researcher read the research questions in English. It was for this reason that the researcher was assisted by a research assistant who was fluent with the local language.

The participants were described according to their demographic (age, gender, employment status, job title, duration of employment and employment status) characteristics. Table 4.1 provides a summary of these characteristics.

**Table 4.1: Demographic characteristics of the participants**

Participant Number	Gender	Age	Job title	Employment status	Duration employed
1	Female	36 years	Farm worker	Permanent	7 years
2	Male	26 years	Farm worker	Part- time	2 years
3	Male	48 years	Supervisor	Permanent	10 years
4	Female	53 years	Farm worker	Permanent	11 years
5	Female	44 years	Farm worker	Permanent	6 years
6	Female	39 years	Farm worker	Permanent	7 years
7	Male	32 years	Farm worker	Permanent	6 years
8	Female	48 years	Farm worker	Permanent	10 years
9	Female	51 years	Farm worker	Permanent	10 years
10	Male	40 years	Farm worker	Permanent	7 years
11	Male	49 years	Supervisor	Permanent	6 years
12	Male	49 years	Farm worker	Part- time	6 years
13	Female	47 years	Farm worker	Permanent	7 years
14	Female	51 years	Farm worker	Permanent	12 years
15	Female	42 years	Supervisor	Permanent	9 years
16	Female	59 years	Farm worker	Permanent	26 years
17	Female	51 years	Farm worker	Permanent	12 years
18	Female	48 years	Farm worker	Permanent	10 years
19	Female	49 years	Farm worker	Permanent	11 years
20	Male	32 years	Farm worker	Part- time	3 years
21	Female	31 years	Ex HR manager	Unemployed	10 years
22	Female	36 years	R/n	Permanent	7 years

The profile of the 22 participants included in this study comprised of 6 males and 16 females. This information affirms the results of the literature that the majority of the farm workers are females. Previous studies have linked the employment among women to economic freedom and independent decision-making power (United Nations



2013:35). However, in this study it appears that the majority of women were disempowered and depending on the males to make final decisions in the workplace as well as in relationships.

Three participants were supervisors of which one was a female and two were males. The job title of the farm workers reflects that despite the fact that the majority of the farm workers were females, but very few were in the management position. This information is confirmed by the participants at a later stage and it is consistent with the findings of a study conducted by Klaas et al (2013:54) that gender division is one of the most significant inequalities which cuts across all social and income groups.

The age of the participants ranged between 26 and 59 years. It is clear that mature and experienced farm workers were employed in this farms. This information was inconsistent with the literature which states that most farm workers are below an age of 18 years. However, since the study was limited to the two farms in Levubu, the results cannot be generalised to other settings in Limpopo or any other context for that matter.

Participant 7 and 11 were mechanics, participant 21 was an ex HR manager for Tshakhuma farm and participant 22 was a health care professional from Tshakhuma Clinic. Despite the fact that the majority of the participants were uneducated but the findings of this study reflect otherwise.

Participant 21 was interviewed last because she was a previous HR manager for Tshakhuma farm. This participant was employed for 10 years and she raised valuable information which led to liquidation of the Tshakhuma farm. She stated that the collapse of most farms in Levubu including Tshakhuma was due to: nepotism, corruption and lack of knowledge of the new farm owners. It was revealed that since the land restitution started, the majority of the new owners did not have any knowledge of agriculture and showed no interest whatsoever in the daily management and running of the farms.

This information is supported by the statements below:

“There is nepotism involved. The new farm owners were mostly teachers who resigned and became beneficiaries when the land was returned to the rightful people. They showed no interest whatsoever in the day to day running of farms. They in return hired some of the white previous owners and they (whites) were made managers. These white managers were corrupt because they were stealing from the new owners who did not even notice since they had no interest in the running of the farms, there were no audits done. I remember once there was a forklift bought for R 25 000 but it was never delivered, and no one noticed. We started having problems with our salaries were cut and we were told we would get a full amount the following month. Things worsened, we did not get bonuses and eventually we were not paid for four months and we were told there is no money. The union members could not assist us because I believe they were bribed. We eventually decided to stop working and start looking for new jobs. Some of the Tshakhuma employees were employed by Univen (University of Venda) to work at Barota farm.”

These statements were also supported by participant 16 who has been employed for 26 years.

“The collapse of Tshakhuma affected us badly. The new owners were not interested; they just got the fat salaries for nothing! There was no stock taking or audits done.”

*“I ya mbaisa nga maanda. Vhathu vha a vha dibi tshito”* - This people knew nothing!”

Farm owners are known to employ mostly seasonal workers but this was not reflected in the duration of employment of the Barota and Tshitwani farm workers because only two participants were part time and the rest were permanent and employed for duration between 2 and 26 years. The significance of the duration of employment reflects that farm workers in the study sites were not seasonal workers.

#### **4.3 DATA MANAGEMENT AND ANALYSIS**

The researcher used Social Construction and Liberal Feminism as a framework to explore the role of culture and gender in the spread of HIV among farm workers. The

study participants raised many concepts in relation to their perceptions on the role of culture and gender in the spread of HIV among farm workers. These concepts were grouped into themes, categories and sub-categories which are illustrated in table 4.2 below and discussed in detail afterwards. This process was guided by Tesch's data analysis method.

A theme represents a level of patterned response or meaning from the data that is related to the research questions at hand. It occurs numerous times across the data set eventually providing an across the data set eventually providing an accurate understanding of the big picture. A category on the other hand is a general class of ideas or concepts which are closely linked in meaning. Categories which have similar meaning can be grouped together into a theme. Seven themes were identified in this study and each theme is discussed in detail below.

#### 4.4 DISCUSSION OF THE THEMES, CATEGORIES AND SUB-CATEGORIES

**Table 4.2: Themes, categories and sub-categories**

Theme	Category	Sub-category
1 Behavioural factors linked to the spread of HIV	1.1 Risky behavior	1.1.1 Multiple partners and inconsistent condom usage 1.1.2 Alcohol and substance abuse
2 Beliefs and practices in relation to HIV and AIDS	2.1 Prevention practises	2.1.1 Ancestral beliefs 2.1.2 Religious beliefs 2.1.3 Cultural beliefs 2.1.3.1 Polygamy 2.1.3.2 Traditional male circumcision 2.1.3.3 Virginity testing 2.1.3.4 Premarital counselling
3 Emotional factors linked to HIV and AIDS	3.1 Unpleasant emotions	3.3.1 Fear and concern 3.3.2 Anger 3.3.3 Powerlessness and lack of decision-making
4 Socio-economic factors linked to HIV	4.1 Economic vulnerability	4.4.1 Poverty and low income 4.4.2 Low literacy levels
5 Stigma and social isolation leading to the spread of HIV	5.1 Psychosocial factors	5.1.1 Non-disclosure
6 Human resource factors linked to the spread of HIV in farms	6.1 Liquidation of farms	6.1.1 Unemployment 6.1.2 Less income
7 Gender inequality increasing the spread of HIV	7.1 HIV vulnerability	7.1.1 Disempowerment of women 7.1.2 Gender inequality

#### **4.4.1 Behavioral factors linked to the spread of HIV**

Data analysis revealed behavioural factors linked to the spread of HIV as a first theme that emerged. A category under this theme was risky behaviour which was further sub-categorised into: multiple partners and inconsistent condom usage and alcohol and substance abuse.

The majority of participants highlighted that risky behaviour which fuels the spread of HIV among farm workers is common.

##### ***4.4.1.1 Multiple partners and inconsistent use of condoms***

Multiple partners and inconsistent use of condoms was highlighted by the majority of the participants. The following narrative statements bear evidence:

“It is common to have several girlfriends here”. It’s like a competition here, one woman dates 6-7 men and men do exactly the same thing.” Participant 2&3.

“Women que up, one person will have five boyfriends and one man will have double the number.” (*Abafazi baya nge line, umuntu oyi 1 uthandana namadoda ayi 5, indoda eyodwa yona ithandana nabawu 10*) - Participant 14.

“The Venda man does not eat one tree” (*Munna wa muVenda ha li muri muthihi*).  
*Munna wa muvenda ndi thanga i tou navha*) Participant 1.

“People here can fight for women. You can find three men dating one woman.”- Participant 1

“Women want money.” (*Vhafumakadzi vha funa masheleni*)

HIV is spreading because it’s competition, everyone wants to date the same person.” Participant 2

Multiple sexual partnering creates a favourable environment for unsafe sexual practices to flourish. Having multiple partners has become a badge of manliness. Boys and men recognise the importance of this behaviour as a sign of masculinity and therefore feel a considerable pressure to have multiple partners and be seen that they have multiple partners.

According to Lindegger and Quayle (2009:44), societal expectations of men and boys also have an impact on male vulnerability to HIV and AIDS. Social norms about masculinity often assume that men are knowledgeable and experienced when it comes to sexual issues. This can have the negative effect of preventing men from seeking sexual health information or admitting their lack of knowledge about HIV risk reduction. Such norms cause myths about HIV and AIDS to persist (such as the myth that one can be “cured” by having sex with a virgin).

Masculinity norms can also pressure men to have multiple sexual partners, which contradicts HIV and AIDS prevention messages about fidelity, delaying onset of sexual activity in young people, or reducing the number of sexual partners.

Among the more worrisome forms of multiple partnering are intergenerational relationships where large age disparities between partners are combined with gender power differentials to make young women’s involvement with older men especially risky. Since the older men would likely have been sexually active for many years and therefore more likely to be infected by sexually transmitted infections (STIs) including HIV, the younger women risk being infected by these older partners (Leclerk-Madlala et al 2009:17).

Participant 3’s response is in line with the Social Construction theory tenets that the cultural environment defines sexual practices and people are influenced by their culture, surroundings and social context. Gender roles which include sexual relationships are socially created and determine how men and women behave towards one another. This participant was influenced through the HIV prevention programmes to oppose socially accepted norms about being a man. He had reconstructed his reality and norms and no longer believed it was important to have multiple partners to prove his manhood.

The above information was illustrated by the statement below:

“Ladies flock towards supervisors so that they can do less work. If I did not understand myself, I could take all of them. Most of them (females) are not married, they are looking for money”. It used to be culture that females will flock towards supervisors, it’s still happening, but it’s better than before. I can choose whoever I want if I was interested.” Participant 3

Inconsistent condom usage and not using them at all was expressed by the majority of the participants. Despite that most of the participants mentioned that they were aware that they can contract HIV through risky behavior but it was evident that very few participants actually used the condoms. It was highlighted that even though some of the participants would like to use condoms but the challenge is that the condoms are not always available and there were no female condoms (femidoms).

Participant1 indicated that the condoms are available for both men and women but the challenge was that they were not always available. She further stated that the last time the mobile clinic brought them was in April 2015 (data collected in Sept 2016).

The following narratives bear evidence:

“People don’t want to use them (condoms), they are not interested. People who use condoms are those who understand and can read. Put them there, nobody will take them.” Participant 3

“Women use condoms, but men don’t” Participant 4

“Women tease men, and a man falls into a trap. Men want to prove themselves and they don’t want to condomise.”- (*Vhafumakadzi vha thoma mafhungo, munna wa wela*) Participant 11.

“The condoms are available but not for females. Males refuse to condomise, they want flesh to flesh.” Participant 15

“Men don’t want to condomise.” (*Vhone vhari a vha li tshiliwa tsho puteliwaho*) – Participant 1

“Men say they don’t want to eat a wrapped lollipop, a lollipop is wrapped because it contains sugar and sugar causes illness.” (*Amadoda athi awafuni ukudla istock sweet esingavulwanga, istock sweet siyavalwa ngoba sino shukela and ushukela uyagulisana*) Participant 14

“Unsafe sex can contribute to the spread of HIV.” (*Vhudzekani vhu songo tsireledzaho*).

Other beliefs concerning condoms include a decrease of sexual pleasure when condoms are used. Men request ‘flesh to flesh’ sex when asked to use condoms, and the women stated they would try to ‘show’ that they love the man. A study in South Africa revealed that 85% of men and women with multiple partners, or who had partners who were unfaithful, reported their belief that condoms could prevent AIDS, yet over 60% stated they had never used condoms. When asked why they did not use condoms, the response was that they ‘were not handy’.

Nyatsvimbo (2011:1) argues that condom use is not expected in a marital bed in most African countries. He also argues that condom resistance among African cultures is a challenge. Therefore, lack of or inconsistent use of condoms is a pattern replicated across African marriages and can be attributed to a number of socio-cultural factors which include the idea that couples perceive themselves to be at low risk or no risk at all because they are in stable unions, diverse cultural beliefs, norms and values. Cultural stigma and taboos around condom use increase men’s and women’s vulnerability to HIV. Mugurungi (2013:32) argues that besides being regarded as taboo, most husbands will not agree to use a condom.

Contributing factors leading to increased levels of HIV prevalence include concurrent or overlapping sexual partners, sex without the protection of condoms, high rates of partner exchange and sexual mixing of partners within a community. These behaviours are largely the result of socially acceptable male behaviour. HIV strategies are

inherently flawed and limit interventions that focus on men's behaviour marginalising men as potential targets for intervention strategies.

Although HIV discourse usually perceives men as the primary contributors to HIV owing to their sexually risky and promiscuous behaviour, most HIV interventions focus on women because of their greater vulnerability and biological susceptibility to transmission (UNAIDS 2011:55).

#### ***4.4.1.2 Alcohol and substance abuse***

Alcohol consumption reduces a person's ability to make informed choices concerning safer sex and protection from HIV infection. Participant 11 highlighted that farm workers do not have recreational facilities and they end up keeping themselves busy by drinking alcohol after hours.

Alcohol and substance abuse frequently leads to conflict between workers, assaults and violence against women. The study in Limpopo concurs in its finding that drug and alcohol abuse plays a significant role in the high incidence of gender and sexual violence. Alcohol and substance use has been associated with non-adherence to ARVs in HIV-positive patients who are taking ARVs (Magada 2014:27).

When alcohol or any other illicit drug is consumed in excessive amounts, it has been found to inhibit a person's ability to engage in safer sex practices such as using condoms correctly and consistently. Thus, a person under the influence of alcohol or drugs is highly unlikely to be able to protect him or herself from being infected by HIV when having sexual intercourse with an infected person. With both alcohol and drug use on the increase in South Africa, the HIV infections linked to this route are also bound to increase. In particular, the use of hard drugs such as cocaine, mandrax, dagga, nyaope and woonga among the youth appear to be growing rapidly (Magada 2014:27; Leclerk-Madlala et al 2009:19).

The above statement was supported by participant 8 who stated that most people decide to stop taking ARVs once they are healthy and fit.



#### 4.4.2 Beliefs and practices in relation to HIV and AIDS

Beliefs and practises in relation to HIV and AIDS emerged as the second theme. A category namely preventative practise was identified. Ancestral, religious and cultural belief practises emerged as sub-categories.

Participant 1 highlighted that:

“The Vendas do have things that they believe in. We have a belief that HIV and AIDS can be cured by the traditional healers and medical doctors.” – (*Vhavenda huna zwine vha tenda khazwo. Rine ri tenda uri vhulwadze ha HIV and AIDS vhu nga fhodzwa nga madokotela kana nga vho maine*). Participant 1.

People who live in rural areas, which generally have poor western medical services, depend mainly on the services of traditional healers. There are two main indigenous healing practices that are thought to contribute to the spread of HIV in South Africa. First, the use of unsterilised sharp instruments, such as knives, blades, spears, animal horns, quills and thorns, as surgical tools when treating patients is problematic. Second, and more importantly, healers sometimes have sex with their clients as a way to cure a number of ailments, including infertility and depression. Some healers also recommend that their clients have sex with virgins as part of their treatment regime for illnesses such as STI and HIV infection. Both practices enhance the chance of acquiring HIV (Leclerk-Madlala 2009:21).

- **Religion**

Religious influence is believed to have to play either a positive role or negative role in terms of handling of HIV and AIDS. Members of the community may stop taking treatment with the belief that the disease will be cured by the Almighty God. This seems to be a contradictory issue because God can heal any conditions but that is based on the faith of the individual.

- **Ancestral influence**

There seems to be a belief that the HIV and AIDS can be cured by traditional healers using ancestral spirits. These beliefs can lead the HIV and AIDS sufferers to stop taking treatment. Cultural influence in the spread of HIV and AIDS: The use of cultural influence may have a negative influence in the spread of HIV. The following narrative statements support the idea:

“The Venda man does not eat one tree.” (*Munna wa muVenda ha li muri muthihi. Munna wa muvenda ndi thanga i tou navha*) Participant 1

Cultural and religious taboos have inhibited open discussion about an epidemic that spreads primarily through sexual contact. Some faith groups in Africa believe that AIDS is a divine punishment for those who have been sexually promiscuous. These factors explain, in part, the reluctance of many adults to openly admit to carrying the disease. Religious beliefs often provide guidance for behavior and explanations for the human condition. Religious beliefs and communities are often sources of strength for cultural groups coping with the demands of the majority culture. Religion can provide a sense of community and a basis for cohesion and moral strength within a cultural group (Brophy 2010:40).

Sub-categories which emerged under cultural beliefs and practises include: Polygamy, traditional male circumcision and virginity testing.

#### **4.4.2.1 Polygamy**

Participant 11 highlighted that polygamous relationships are part of their culture and culture is carried over from generation to generation.

“Culture guides us, nowadays there is no guidance. Our kids are using drugs and have a lot of girlfriends. Where was this HIV in the olden days? Our grandparents had many wives and they never had HIV”.

In Africa, polygamy is a social practice used to ensure the continued status and survival of widows and orphans within an established family structure. In urban settings and other areas where traditional polygamy is no longer the norm, men tend to have many sexual partners and employ the services of sex workers.

Research findings revealed that men who have 3 or more wives were at a high risk of engaging in extramarital sex, reinforcing the belief that men are biologically programmed to need sexual intercourse with many women. Also putting young African girls at risk of contracting HIV is the false belief that men can rid themselves of HIV and AIDS by engaging in intercourse with a virgin (Inungu & Karl 2006:8).

Polygamy has contributed significantly on the inequality of women. Polygamy was legally and culturally accepted and this weakened the position of women and the inequality between genders. Men are still allowed to legally marry more than one woman whilst it's illegal to marry more than one man by women. Research shows that there is increased vulnerability in polygamous relationships. There is a common belief amongst married people seems to prevail that the use of condoms is not for married people and that married women have little or no choice on condom use (Nyatsvimbo 2011:1).

#### ***4.4.2.2 Traditional male circumcision***

The importance of traditional male circumcision was raised by participant 2, 7 and 11. These participants emphasised the importance of being circumcised as part of culture which should be carried over from generation to generation. However, participant 11 stated that the challenge with traditional circumcision is that its value has decreased because those performing it are not properly trained thus they are doing it for personal gain. The traditional and medical male circumcision may play a positive role in the prevention of the spread of HIV.

There is involvement of the Limpopo Department of Health during traditional male circumcision with regard to aseptic technique while circumcising the males.

This is supported by the following narrative statements:

“There is a possibility that diseases cannot be transmitted from one person to another if the circumcision is performed in a safe way. The use of one clean razor per patient seems to be another way of protecting the spread of HIV virus.”

“This seems to be the right step taken by the Limpopo Department of Health and traditional leaders.” (*Malwadze, hu na konadzeo ya uri a si pfukele arali mula wo itiwa nga ndila yo tsireledzeaho. U shumisa ha tshiredza tshithihi kha vhatu vho daho mulani zwi sumbedza i inwe ndila ya u thivhela u pfukela ha malwadze*).

Circumcision has long been practised in various forms among various ethnic groups. Youth who have reached puberty among the Xhosa, Ndebele, Pedi, South Sotho and Venda partake in initiations, which include circumcision. For the most part, these are conducted by traditional surgeons in deep rural areas under highly unhygienic conditions using the same unsterilised instruments on several of the initiates. In some cases, the newly circumcised young men are encouraged to engage in sex soon after initiation with a woman whom they do not intend to marry. Evidence indicates that medical circumcision when performed on males between the ages of 15 and 49 reduces the risk of HIV transmission up to 60 per cent (UNICEF 2011:21). Traditional circumcision is less effective because of infection rates and when performed after sexual debut (SANAC 2011:19 44).

#### **4.4.2.3 Virginitv testing**

Participant 16 elaborated on how arranged marriages and cultural practises like “*domba*” safeguarded the virginitv of the young girls and thus curbed the spread of HIV. Menstruation was a sign of being a grown up, so girls will go for *domba*, during that traditional dance, arranged marriages would be finalised. Once finalised, the girls will be taken to the river for virginitv testing.

While this method has been a part of traditional prevention measures to guard against the early onset of sexual behaviour, there has been a resurgence of interest in virginitv

testing over the past decade to encourage sexual abstinence among young women. Especially popular in Zulu and Swazi communities, virginity testing today is largely conducted by elderly women who often use the same latex glove to insert their fingers into the vaginas of dozens of girls. In order to avoid the social stigma that results from being found to be a non-virgin, girls sometimes engage in unprotected anal sex as a way to retain their virginity while satisfying their boyfriends thus putting themselves at great risk of HIV infection (Leclerc-Madlala et al 2009:20).

Social norms about female sexuality make it very difficult for women and girls around the world to protect themselves from HIV infection. Women and girls are often encouraged to remain uninformed about sexual matters and/or remain sexually passive. Traditional norms of virginity for unmarried girls impede young women's freedom to seek important sexual health information, including knowledge about HIV risk. Women often have limited access to sexual health information and services because of a misguided fear that it will encourage sexual activity. In addition, in order to preserve their virginity, many young women engage in alternative sexual behaviours, such as anal sex, which can increase their risk of acquiring HIV (Leclerc-Madlala et al 2009:20).

#### **4.4.3 Emotional factors linked to HIV and AIDS**

Emotions linked to HIV and AIDS was identified as the third theme. Unpleasant emotions like fear and concern, anger, powerlessness and lack of decision-making ability were evident from the narrative statements below:

“HIV is like flu, if you behave, you won't be infected. But what makes me angry is that the people from Agri-AIDS came here and treated us like kids. Most people take the farm workers for granted because they tell themselves we don't know our rights and we are not educated. Those people never explained why they want to test us. I then refused to be tested. They need to work on their attitude before coming here again.” Participant 3

“It doesn't help, even if you want to use condoms, men refuse. As a female, you don't have a say. You can't force a man to wear a condom if he does not want to.

They say they don't want to eat a wrapped lollipop. So what can I do? (*Vhone vhari a vha li tshiliwa tsho puteliwayo. Zwino nne ndi funa u ita mini?*) Participant 1

"The government must increase the salaries of the farm workers." (*Muvhuso a wu engeze masheleni a vhathu vha maburasini*). Participant 8

"We blame the government, they do not care about farm workers" (*Ri sola muvhuso, a vha na ndaba na rine*). Participant 1

"There is no money in the farms. Women want to date foremans and supervisors because they will give them money. Women say if you need money, you must go to men, men love us but love is like fire, you die in the name of love." (*Emapulazini akuna mali. Abafazi bafuna amaforomani nama manager ngoba akunamali. Abafazi bathi imali itholakala emadodeni. Amadoda ayasithanda, kodwa uthando lufana nomlilo, luyashisa. Kuyafiwa othandweni*). Participant 14

Powerlessness and anger was also expressed by participant 22 who is a health care worker at the Levubu clinic. She highlighted that farm workers were neglected and her colleagues were not interested in assisting patients who are on ARVs.

"Most of my colleagues are not interested. When Agri-AIDS started in 2011, they tested and initiated a lot of patients especially those in the farms. When funding stopped in 2013, most of the patients defaulted on ARVs. Some of the patients came to our clinic but it was evident some of them did not take any bloods for 3 years. It was also difficult to track down the patients who were initiated by Agri-AIDS because the contact details on the files were incomplete. I feel like we regressed and there hasn't been progress in terms of issuing and sustaining patients on ARVs."

Brophy defines powerlessness as "the inability to control self and others, to alter problem situations, or reduce environmental distress." Disempowered people as those who "lack the capacity to have mastery over themselves, others, or nature" this description seems very much like the understanding of powerlessness (Brophy 2010:43).

The farm workers are disempowered in a variety of ways. Their history of slavery and ongoing disadvantaged socio-economic conditions increases their vulnerability to contracting HIV.

It is evident from the interviews that the stigma and discrimination against patients who are infected by health care workers is still common.

This explains why most people decide not to seek medical care.

#### **4.4.4 Socio-economic factors linked to HIV and AIDS**

Socio-economic factors linked to HIV and AIDS emerged as the fourth theme during data analysis. Socio-economic vulnerability was identified as a category under this theme and poverty and low income as well as illiteracy were the sub-categories.

##### ***4.4.4.1 Poverty and low income***

Poverty and low income was raised by most participants during data collection. The following statements bear evidence:

“Money is too little to cover the expenses. The company is not having enough money to pay the workers the salaries and this has led to reduced working times from 9 to 7 hours. The working conditions seem to be a challenge. Most women are single, so they end up having relationships with supervisors and managers to have more money.” Participant 3

“The government must increase the salaries of the farm workers.” Participant 14

Local farm workers are poor and worse off than many other groups. Again poverty, especially within a context of oppression and exploitation could lead to violence. Women farm workers are extremely vulnerable, as they are discriminated against, in terms of access to employment, receive lower wages and are completely dependent on the men for housing and access to employment (Brophy 2010:39).

The ability to use condoms and negotiate safe sex is deeply embedded in power relations that cannot be separated from financial independence. Even when individuals know about HIV and how it is transmitted it is possible that they may not practice what they know because of poverty and food insecurity. Furthermore, evidence suggests that the poor and less educated are more likely not to use condoms compared to non-poor people. Possible explanations advanced include economic dependence on partners. A study in Cape Town also found that young men in households with 10% higher poverty rates were less likely to report condom use at last sex. Education and a high economic status is said to be associated with increased condom use and reduction in multiple partners (Shisana, Zungu & Pezi 2009:98).

The expectations for sexual passivity in women, along with the priority given to male sexual pleasure, also makes it difficult for women to be an equal partner in deciding the terms of sexual activity, including negotiating safer sex practices. The power imbalance between men and women also translates into economic dependency for women. In most societies, men have greater control and access to productive resources. Women may feel pressured to stay in risky or abusive relationships with men because of the economic consequences of leaving. Limited income-earning opportunities are a common challenge for girls and women around the world. Women may be forced to exchange sexual favours for money or gifts in order to meet their basic needs, support their families, pay for school, or even to enhance their social power (Shisana, Zungu & Pezi 2009:98).

#### ***4.4.4.2 Illiteracy***

Participant 3 and 10 were quite vocal about the high levels of illiteracy among farm workers. They linked the illiteracy levels to the spread of HIV among farm workers. The following narrative statements support the above information.

“HIV spreads rapidly in the farms because people are illiterate. The information on HIV is available in a form of posters which are in English. So how are farm workers expected to read this posters? Condoms are used by people who can read because they understand the importance of using them. Put them there



(condoms), nobody will take them. Some people still don't believe that HIV exists because they ask "where was HIV all along?"

The relationship between HIV and AIDS is complex and dynamic. Some have argued that the relationship may be bi-directional, that is, downstream and upstream. In the upstream direction, poverty is seen as having a catalytic role in increasing vulnerability to HIV infection by, for example, increasing the likelihood to engage in risky sexual behaviour as a means of economic survival. Early sexual debut particularly in households that have experienced an income loss either through illness, death or job loss is common. Such poverty-related stressors have been said to increase sexual risks (i.e. in the form of multiple sexual partners and/or transactional sex) among the poor in order to secure the financial and human resources they lack.

Poverty can also make it difficult for people affected to concern themselves with long-term risks. They may believe that their lives will be short because of poverty, thus they have nothing to lose by risking infection in the quest for survival. Research has however shown that in the context of poverty, individuals are likely to engage in risky sexual behaviours as an attempt to remedy their situation. For instance, poor individuals are likely to make a decision around the constant assurance of human resources such as food, shelter etc. and not necessarily around HIV and AIDS prevention. This illustrates that poverty exposes individuals to situations that make them vulnerable to HIV infection (Shisana et al 2009:90).

#### **4.4.5 Stigma and social isolation leading to the spread of HIV**

Stigma and social isolation leading to the spread of HIV was identified as the fifth theme under which non-disclosure emerged as a sub-category.

Shame, silence, secrecy and stigma are cultural conditions that cause or perpetuate the spread of HIV. These are also manifestations of the challenges faced by people living with HIV. If one lives in shame, it creates another dimension. Since HIV is associated with sex, a taboo topic in African culture, silence and secrecy become coping strategies. Shame and stigma often accompany people living with HIV. An

awareness of this cultural context enables one to understand why it has been difficult to promote openness about the pandemic in conservative communities.

Participant 1 emphasised that there is no way that she will disclose her status to her partner if she is infected. She also stated that she can spread HIV intentionally without even thinking twice. She further stated that the reason for non-disclosure is due to discrimination and rejection by the family and the community.

“It is better to keep quiet so that we can all be infected if I am ill. If I am infected, who infected me? Because you love me, I will make sure that you are also infected.” (*Ngani vhone vha a nipfuna, na nne ndi to ita uri vha wane vhuladzwe*).

Participant 1

“People won’t disclose because they are ashamed and fear that they will be segregated.” Participant 3

“Since someone infected them, they too have to infect others, and not die alone.”

Participant 4&6.

Most of the participants also expressed the view that infected individuals are responsible for their infection. This view does not differ by ethnicity and sex of the respondents. There is a common view that infected individuals are sexually promiscuous.

Rates of denial are still high in South Africa and continue to present an enormous challenge to tackling the epidemic. A cultural manifestation of denial, AIDS-related stigmas and discrimination varies from culture to culture. Even so, in many traditional African cultures, illness is attributed to spirits and supernatural forces and these beliefs may be associated with stigmatising afflicted persons. As elsewhere, HIV and AIDS is widely perceived to be an outcome of sexual excess and low moral character.

At the time when those infected really need social support the most, people living with HIV and AIDS who reveal their status are often subjugated to victimisation and

discrimination. This happens everywhere starting from their own homes, within the communities they live in, as well as at work.

Gender roles of women and, in particular, the need to maintain connections in relationships at the cost of one's own health are key issues for all women living with chronic diseases, especially those who are seropositive. Women living with HIV will continue to be sexually active with men. Silencing their voice during times of sexual intimacy in order to maintain connection with their partner, rather than taking care of themselves with direct requests, will not protect them against further strains of HIV and other STDs and they will infect others. Depression in HIV- infected African American women has been collectively contributed to racism, discrimination, and fear of disclosure. Racism is considered a part of African American women's every day survival and has contributed to them being treated discriminatorily, experiencing greater disadvantages, and being placed at the bottom of the racial, gender, and class social orders (Latrona & De Marco 2015:145-146).

The Sonke Gender Justice Network (Peacock 2013:1), through their *Brothers for Life* programme, promotes gender equality targeting a reduction in gender based violence in men over the age of 30. The programme also addresses the risks of multiple sexual partners and promotes healthy behaviour and HIV testing. Disclosure of HIV status specifically among young men should lead to a reduction in stigma and further encourage HIV testing of couples. HIV testing among couples could further alleviate HIV discrimination and provide an important opportunity for couples

#### **4.4.6 Human resource factors linked to the spread of HIV**

Human resource factors linked to the spread of HIV emerged as the seventh theme. Liquidation of farms was identified as a category and unemployment as a sub-category under this theme.

Participant 21 who used to be an HR manager expressed anger as to how the farms were liquidated leading to unemployment. She highlighted that nepotism and lack of

knowledge of the new beneficiaries led to liquidation of farms. Participant 22 who is a health care worker affirmed the above statement.

#### **4.4.7 Gender inequality increasing the spread of HIV**

Gender inequality increasing the spread of HIV emerged as the sixth theme during data analysis. HIV vulnerability was identified as a category under this theme and disempowerment of women and gender inequality was a sub-category.

Most participants highlighted that gender inequality was still common in the farming community. It was evident that there are more females than males working in the farms and yet the majority of the supervisors were males still. It was also evident that supervisors and managers use their position to exploit the women.

The following statements bear evidence:

“There are two female supervisors and six male supervisors.” Participant 3

“There is no 50/50 here and it won’t work in the farm. Will women be able to lift up crates and climb trees? We need to be realistic.” Participant 11

We must stop forcing matters. Women come second, men are the head of the household.” (*Mufumakadzi uda nga murau, munna ngi thoho ya mudi*). Participant 12

“Men use their position.” (*Vhanna vha shumisa tshimo tshabo*). Participant 12

“It used to happen before when we used to get our salaries in envelopes. The managers will give more money to their girlfriends. It is better now because our salaries are deposited in our bank accounts.” Participant 14

Women are generally not socialised to initiate sexual activity. This task is normally considered to be part of a man’s role. Men perceive themselves to be naturally superior to women and often consider it a cultural right to have multiple partners. Such behaviour

is generally equated with notions of normative masculinity. Finally, women are commonly implicated for bringing HIV into a relationship while their male counterparts are culturally absolved of blame for the disease (Leclerk-Madlala 2009:17).

As much as HIV positive women may want to practice safer sex in order to avoid re-infection, the reality is that they may not be in a position to do so. One woman reported that as much as they were having counselling and information about the necessity to practice safer sex, her husband forced her into having unprotected sex because of the fact that she was his wife and that he had paid *lobola* for her.

The gendering of boys to reinforce their masculinity, and cultural practices which condition women to be submissive, increase the risk of HIV infection. Men's disproportionate power over women plays a critical role in the spread of HIV by subordinating women and rendering them powerless in negotiating safer sex practices. The Africa Institute of South Africa (AISA) examined male dominance at the University of Zimbabwe. Male students lured inexperienced female students to their rooms for the sole purpose of having sex. Their sexual behaviour was to assert their masculinity and control to regulate female behaviour. Although ideas and attitudes about sexual behaviour may be changing, male sexual aggression continues to be mirrored in broader society (AISA 2011:89-91).

According to Patel, Baxi, Shringarpure, Bakshi, Modi, Cooner and Mehta (2012:132), although HIV disclosure offer benefits, there are several barriers for HIV positive individuals to disclosing which include being blamed for having HIV, fear of stigma and discrimination as well as potential disruption of relationships.

#### **4.4.8 Discussion of field notes**

Field notes are a written account of the things that a researcher hears, sees, experiences and thinks in the course of collecting the data or reflecting on the data obtained during the study (De Vos et al 2011:359; Polit & Beck 2012:89). After the interview the researcher highlighted as much of the conversation as possible and she

included themes that are striking as well as non-verbal responses. Field notes based on observational, personal as well as methodological reflections were collected.

**Table 4.3: Summary of the observational and theoretical field notes taken during the interviews**

Observational notes	Theoretical notes
1 Most participants were reserved initially but after a few day of data collection and the researcher taking part in the daily activities at the farm, participants started opening up and showing interest in telling their stories	1 This might be an indication of a language barrier initially. The researcher had to change her dress code from wearing pants to dresses. She also attempted to converse in the local language and this led to a significant improvement in terms of acceptance
2 The majority of participants looked uncomfortable when asked about issues pertaining to HIV and AIDS	2 This might be an indication that HIV issues as still seen as taboo and no one wants to talk freely about it
3 The majority of the participants were not aware of the date and month when signing the consent form	3 This might indicate low literacy levels or simply not being concerned about anything other than the day in and out of work or simply limited means of communication in the farms
4 The majority voiced out feelings of powerlessness, hopelessness and concern	4 There were a lot of emotions involved especially about poverty and less income. The majority of females were displayed powerlessness in term of negotiating safer sex practises
5 Poor living conditions	5 The majority of the participants were living in compound still and they were small and they used pit toilets still
6 Differences between farms owned by whites and blacks	6 There were significant differences in the crops, security systems, roads leading to the different farms owned by whites and blacks. Some of the farms owned by the blacks looked neglected. These might affirm the statements of the participants who mentioned that most of the black owners did not have knowledge in farming and they did not care about the day to day running of farms
7 Various non- verbal cues during interviews	7 The sighing, pausing and unwillingness to participate might indicate emotional pain or avoiding issues pertaining to HIV and AIDS

The images below affirm the above mentioned observations by the researcher.



**Figure 4.1: Tin toilets**  
(Photographed with management permission)



**Figure 4.2: Banana plantation**  
(Photographed with permission)





**Figure 4.3: Farm signage**  
(Photographed with permission of farm manager)

## **4.5 CONCLUSION**

This chapter presented a description of the study findings and provided a comparative summary of the study findings in relation to other studies conducted on the role of culture and gender in the spread of HIV and AIDS. The next chapter will present guidelines and also provide recommendations for future research in the same topic.

## **CHAPTER 5**

### **GUIDELINES FOR CULTURE AND GENDER SENSITIVE HIV AND AIDS PREVENTION STRATEGIES AMONG FARM WORKERS**

#### **5.1 INTRODUCTION**

This chapter discusses the development of guidelines on culture and gender sensitive HIV prevention strategies among farm workers. The study intends to develop guidelines to support and empower farm workers especially female farm workers. Recommendations as well as conclusion of the chapter were also presented.

#### **5.2 GUIDELINES FORMULATION ON GENDER AND CULTURE SENSITIVE HIV PREVENTION STRATEGIES**

This section of the chapter revealed different sub-sections of main issues addressed under these guidelines. The guidelines focused on thematic areas based on scope of the study to address more inclusive issues on culture and gender sensitive HIV prevention strategies among farm workers.

##### **5.2.1 Guideline on culture and gender**

The intention of this guideline is to focus on the role of cultural beliefs and gender roles in the spread of HIV among farm workers. The study findings showed that ancestral, religious, cultural beliefs and practises of the participants have an impact on the spread of HIV. The majority of religious and cultural teachings are declaring men superiority in every aspect of partnership. Both cultural beliefs and practises are designed in favour of men's advantages.

Thus rationale for the implementation of this guideline is to identify cultural and gender related challenges and taking appropriate actions to gear these challenges. Further

identifying the problems would lead to solution through concrete action by concerned stakeholders.

Women's vulnerability is often caused by culture, which charges that, it is a man's prerogative to run his household as he wishes, with no allegiance to any rules, especially those dictated by a woman.

Thus the following action points should be taken into action:

- Oppressive and only men favouring cultural beliefs and practises should be amended to address the needs of women.
- Religious teachings should respect women's rights and treat men and women the same way.
- Educating the farm workers to disregard cultural influences that exacerbate vulnerability to HIV infection.
- The community should be taught to have respect and a positive attitude on women's roles in day to day practices in the society.
- The society should be educated to allocate jobs fairly according to qualifications and experience and avoid discriminating women because of their gender
- Job roles should be equally distributed regardless of gender.

Policy-makers should design policies and strategies to deal with gender issues without discrimination owing to religious and cultural beliefs and practices.

Health programmes especially HIV programmes should practise justice for all and treat all patients equally irrespective of their age, culture and gender

### **5.2.2 Guidelines on sexual behaviour**

This guideline aimed to curb risky behaviour linked to the spread of HIV among farm workers. Risky behaviours could lead to harmful consequences for both individuals and the community level at large. This study reported that participants had high

frequencies of sexual intercourse sexual intercourse with multiple partners without condomising.

The rationale for the implementation of this guideline was to propose positive action points to be executed to bring acceptable sexual practices among women through appropriate implementation by the relevant bodies. This would encourage and support stakeholders to right solutions and direct their action on it.

In view of the guideline, the following issues are suggested for action:

- HIV prevention programmes should be targeted on tackling risky behaviour.
- These prevention programmes should be designed in such a way that they at the level of the farm workers and they should be culture and gender sensitive.
- Farm workers should be aware of negative consequences of risky behaviour and sexual practices.
- Farm workers should know consequences of multiple sexual relationships and inconsistent/ lack of condom usage.
- Those in culturally induced polygamous relationships have to be encouraged to use condoms whenever they have sex with one of their spouses/partners.

### **5.2.3 Guideline on socio-economic factors linked to the spread of HIV**

This sub-section focused on guidelines development based on common socio-economic factors linked to the spread of HIV. Therefore, giving recommendations to be implemented could have added advantage on dealing with the setback.

#### ***5.2.3.1 Guideline on education***

The rationale for the implementation of this guideline is to create chance for farm workers to access and reach higher educational levels.

As a result the researcher would like to recommend the following action points:

- Equal education access for both male and female should be created.
- Farm workers should understand the role of education and use all efforts to improve their educational achievements.
- Education institutions should address special needs for farm workers.
- Education and training programmes should be provided, with a major focus on the hazards of excessive alcohol and illegal drugs intake, and its detrimental effects on the practice of unsafe sex.
- Initiatives aimed at continuing to raise awareness of HIV and AIDS in the farms and facilitate prevention and treatment campaigns.

### ***5.2.3.2 Guideline on employment***

This guideline aims to address issues related to employment of female farm workers. Current employment pattern is somewhat biased in favour of men as evidenced by the research findings of this study that despite the fact that most employees were female but very few were in the management position. The ultimate end result of this dependence could reduce or prevent women from independent decision-making. So this poses unequal access for employment between men and women due to their gender. This inequality leads to maintenance of higher status quo for men and sustain women's dependence in decision-making on their counterparts.

Accordingly the following suggestions to farm owners are for the implementation:

- Women should improve their status through education to become competent enough to be in managerial positions.
- Farm owners should recognise experience and qualifications of females and reshuffle the whole system accordingly.
- Women should be given affirmative action in employment process due to their historical disadvantage and current level of lower achievements when compared to men.

### **5.2.3.3 Guideline on income**

The guideline aimed at participants' income status. The majority of participants were largely dependent on their partners' income if married. However, the findings of this study reflect that the majority of female farm workers are single and due to the fact that literature proves that farm workers are the least paid workers, females end up in multiple relationships with supervisors and managers. It is clear from this point that once women are economically vulnerable and dependent on their partners, then majority of decision-making in household level is dependent on to their male counterpart. This complicates independent decision-making ability of women. The female farm workers are engaging in unprotected sex because they have no say in negotiating condom usage thus increasing their vulnerability to contracting HIV.

The rationale for the implementation of this guideline is to propose points which can contribute in increasing better salaries for farm workers. For this reason the guideline viewed as advice for policy makers and farm owners to be noted and concentrated on.

The following action points should be taken into action:

- Women should improve their educational status to a higher level so that they can access better salary jobs.
- Farm owners should create additional opportunity for farm workers (especially women) to enhance their access for better income.
- The government to offer better salaries for the farm workers.

## **5.3 CONCLUSION**

The chapter elaborated on the developed guidelines presented under this chapter and finally concluded with list of recommendations to be accounted by concerned bodies. Then next chapter will present conclusions, recommendations and limitations for the study.

## **CHAPTER 6**

### **CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS**

#### **6.1 INTRODUCTION**

In chapter 5, the researcher provided a discussion of the guidelines developed on culture and gender sensitive HIV prevention strategies. As explained in chapter 1, the purpose of this study was to explore and describe the role of culture and gender in the spread of HIV among farm workers. In order to answer the above research question, the researcher used concepts as discussed in the literature review in Chapter 2, employed qualitative methods as described in Chapter 3 and analysed the data in chapter 4. The aim of this chapter is to provide a discussion of the general conclusions and recommendations of the study, with specific emphasis on the limitations of the study, suggestions for further research as well as recommendations for policies and practice.

#### **6.2 PURPOSE AND OBJECTIVES OF THE STUDY**

The purpose of this study was to explore and describe the role of culture and gender in the spread of HIV among farm workers in South Africa with the view of developing culture and gender-sensitive guidelines for female farm workers in order to reduce the spread of HIV and AIDS.

The objectives of this study were to:

- Describe the role of culture and gender in the spread of HIV and AIDS.
- To explore and determine to what extent does cultural factors and gender roles contribute in the spread of HIV and AIDS in the farming community.
- To develop culture and gender sensitive strategies for the reduction of HIV and AIDS among female farm workers.



### **6.3 RESEARCH DESIGN AND METHODS**

A qualitative research design was adopted in this research. A sample of twenty two participants was interviewed and chosen through a purposive and convenience sampling technique.

Data was collected through semi-structured individual interviews, however, the researcher also allowed information to flow naturally based on the information provided by the study participants. The data analysis process involved searching through data to identify recurring patterns using Tesch's data analysis method. Themes and categories then emerged from the data with similar meanings.

In general, the researcher adhered to ethical principles throughout the study so that possible reliability and validity of the findings could be amplified.

### **6.4 THEORETICAL FRAMEWORK**

The Social Construction and Liberal Feminism Theory guided construction of the participants' realities by exploring their beliefs, attitudes and behaviour and informed data analysis. These theories were used as they are micro-theories and focused on the individuals and their everyday interactions with society within their reality.

### **6.5 CONCLUSIONS OF THE STUDY**

Under this section, conclusions were drawn based on findings of the study. The following conclusions and recommendations are based on the findings from the interviews and will be presented according to the themes discussed in previous chapter 4.

### **6.5.1 Behavioural factors linked to the spread of HIV**

There was a general feeling amongst the participants that risky behaviour like having multiple partners and inconsistent or lack of condom usage increases the HIV vulnerability of the farm workers. Alcohol and substance abuse impairs one's decision-making ability and reduces the compliance of those who are on ARVs.

### **6.5.2 Beliefs and practices in relation to HIV and AIDS**

Ancestral, religious as well as cultural practises were believed to either a positive or negative role in terms of handling of HIV and AIDS. Members of the community may stop taking treatment with the belief that the disease will be cured by the Almighty God or cultural beliefs and practises which may have both preventative and harmful effects which can either curb or perpetuate the spread of HIV among farm workers.

### **6.5.3 Emotional factors linked to HIV and AIDS**

There was a variety of unpleasant emotions linked to the HIV. Anger and powerlessness experienced mostly by female farm workers as a result of lack of the decision-making power in matters pertaining to the protecting themselves from contracting HIV was evident.

### **6.5.4 Socio-economic factors linked to HIV**

Economic vulnerability was expressed by the majority of the farm workers as they felt that their basic income was insufficient to cover their basic needs thus leading to poverty and increasing their vulnerability to engaging to risky sexual practises. Low literacy levels among farm workers was perceived as a challenge as highlighted that they have insufficient knowledge on HIV prevention strategies.

### **6.5.5 Stigma and social isolation leading to the spread of HIV**

The psychological implications of the stigma and social isolation of those infected with HIV was perceived as the main cause of non-disclosure. It was evident that some of the participants were willing to spread HIV intentionally and not disclose their status due to the stigma attached to HIV.

### **6.5.6 Human resource factors linked to the spread of HIV in farms**

The liquidation of farms was seen as a result of lack of knowledge of the new farm owners who showed little interest in the day to day running of the farms which led to the collapse of most farms thus leading to unemployment and poverty.

### **6.5.7 Gender based inequality increasing the spread of HIV**

Gender inequality and disempowerment of women expressed as one of the factors increasing the HIV vulnerability of the female farm workers as they find themselves in a compromised situation of being discriminated against by their male counterparts, their families and their employers both in their homes as well as in the working environment.

## **6.6 RECOMMENDATIONS**

From the findings of the study the following recommendations are made:

### **6.6.1 Farm workers**

Behavioural factors are still significant as the major factor in the spread of HIV and AIDS among farm workers. Gender roles of subservience and the cultural rites of the study participants encouraged the behaviours mostly demonstrated by the participants in the spread of HIV and AIDS. Health education based on culture and gender roles needs to be emphasised to this community.

### **6.6.2 Farm owners**

Farm owners should be encouraged that they should provide enough housing to allow farm workers to live with their families. This arrangement will bridge the distance factor from home to work as spouses and partners will be together.

### **6.6.3 Health care providers**

Many studies have acknowledged lack of respect and discrimination by health care providers for people living with HIV and those with AIDS. The health care providers have been known to stigmatise and discriminate those who might be living with HIV and those with AIDS (Famoroti, Fernandes & Chima 2013:5; Pulerwitz, Michaelis, Ellis, Weiss, Brown & Mahendra 2010:89). These discrimination and stigmatization needs to be addressed urgently and the health care workers to treat all people with respect and dignity even when educating them about HIV and AIDS.

### **6.6.4 Institutional policies**

Institutional support should be tailored to embrace all people in different working environments. Issues of HIV testing should be done in accordance with the Department of health protocols.

### **6.6.5 Future research**

Culture and gender roles in the spread of HIV and AIDS have long been studied in the context of HIV and AIDS. Evaluation of all strategies made to should be done to assess how they could be effective. The Limpopo province where this study was conducted adheres to its cultural practices and hence a need for a study that will include the architects of some of these cultural rites like traditional leaders and healers.

Since the current study used a qualitative design, further research to consider a quantitative design or a mixed methodology to also get an insight into the quantitative extent of the findings of this study and others similar to it.

## **6.7 LIMITATIONS**

There were several limitations for the study and would be discussed individually.

### **6.7.1 Qualitative approach**

The qualitative nature of the study limited the possibility of generalising the research results as applicable to all other farm workers in South Africa or even other countries. This study could only be relevant, but not limited to the Tshitwani and Barota farms, Vhembe district, Limpopo.

### **6.7.2 Sample**

The sample of the study comprised of only twenty-two participants aged between 26-59 years old who met the inclusion criteria. This small size limits generalisation and external validity of the findings. This in turn limits the scope of the research as it is difficult to assess the impact the research has on real world. However, the researcher is of the opinion that the study would have yield more insight if more than two provinces' in South Africa were involved.

### **6.7.3 Translation**

The interviews were conducted in indigenous languages which included Tshivenda, Xitsonga and IsiZulu and translations of the interviews was time consuming. During the translation of transcripts from one language to the other could have led to loss of meaning. Indigenous languages are rich and expressions are not always fully captured in the English language even though the researcher used a qualitative expert who is also an expert in two of the indigenous language used and the English language.

#### **6.7.4 Generalisation of the findings**

Limitations include issues of external and internal validity, time constraints, human error and value driven results. As indicated above, the small sample size limits generalisation and external validity of the findings. This in turn, limits the scope of the research as it is difficult to assess the impact the research has on the real world situations. The lack of external validity is the inability to generalise the findings of this study to other groups or populations, or individuals due to the fact that these findings represent only the views, expressions, feelings and lived experiences of the study's participants. It also takes time to gather qualitative data. Interviews took hours to produce results. In line with one of the distinctive features of qualitative research which is that, this approach allows one to identify issues from the perspective of one's study participants and understand the meanings and interpretations that they give to behaviour, events or objects (Hennink et al 2011:9), the findings of this study are therefore limited in application to the participants studied only.

#### **6.7.5 Personal limitations**

Although strong measures were taken to avoid clouding the data collection and analysis, the researcher acknowledges that some aspects of human error could have interacted with the research process. The researcher acknowledges that all these limitations are important aspects to consider for future research. Finally, with this study, the researcher hopes to have contributed to the body of in the scientific community.

#### **6.7.8 Strengths of the study**

The data collection method and the types of sampling techniques utilised in the study constitute an important strength of the study. The methods utilised yielded rich data regarding the research theme and served as a guideline for the development of culture and gender sensitive HIV and AIDS prevention strategies. The fact that the study took place in a familiar environment encouraged ease of communication between the researcher and the participants and this is an acknowledged strength of qualitative research.

## **6.8 CONCLUSION**

This study has produced significant data relating to both HIV and AIDS and the general conditions of farm workers. The active involvement of all stakeholders is required in preventing HIV and AIDS as well as addressing its socio-economic impact. Finally, the findings of this research study highlight the need to conduct more research into this particular topic.

## REFERENCES

- Ajrouch, KJ. 2015. Toward a vigorous incorporation of culture in the study of human development. *Research in Human Development* 12 (3):202-208.
- Anglewickz, P & Clark, S. 2013. The effect of marriage and HIV risks on condom use and acceptability in rural Malawi. *Social Science and Medicine* 97(1):29-40.
- Babbie, E. 2007. *The practice of social research*. 11<sup>th</sup> edition. Thomson Wadsworth.
- Bowling, A. 2009. *Research methods in health: investigating health and health services*. 3<sup>rd</sup> edition. London: Open University Press.
- Bless, C & Higson-Smith, C. 1995. *Fundamentals of social research methods: An African perspective*. Cape Town: Juta.
- Brophy, FC. 2010. The Perceptions and experience of male farm workers of the effects of a transpersonal social work intervention in addressing domestic violence. Unpublished Draft. Paarl: University of Stellenbosch.
- Burns, N & Grove, SK. 2011. *Understanding nursing research, building evidence based practice*. 5<sup>th</sup> edition. Philadelphia: Elsevier Saunders.
- Cele, MS. 2010. Perceptions of the role of church programmes in addressing HIV and AIDS: A study in the Durban Inn area. Unpublished Draft: University of South Africa.
- De Vos, AS, Strydom H, Fouché, CB & Delpont, CLS. 2011. *Research at grass roots: for the social sciences and human service professions*. 4<sup>th</sup> edition. Creda Communications. Cape Town.
- Famoroti, T, Fernandes, L & Chima, S. 2013. Stigmatization of people living with HIV/AIDS by healthcare workers at a tertiary hospital in KwaZulu-Natal, South Africa: a cross-sectional descriptive study. *BMC Medical Ethics* 14:1-10.



Flores, L. 2014. *What is social construction?* University of California Oakes College: USA. From: <http://oakes.ucsc.edu/academics/Core%20Course/oakes-core-awards-2012/laura-flores.html> (accessed on 06/02/2016).

Gatta, AA & Thupayagale-Tshweneagae, G. 2012. Knowledge of, and attitudes towards, Voluntary HIV Counselling and Testing services amongst adolescent high school students in Addis Ababa, Ethiopia. *Curationis* 35(1):26.

Geyer, N. 2011. *South African HIV Clinicians Society Nursing Magazine*. 3(1):99-103.

Inungu, J. & Karl, S. 2006. Understanding the Scourge of HIV/AIDS in Sub-Saharan Africa. *Journal of the International AIDS Society*. 8 (30): 1-8

Johnson, B & Christensen, L. 2012. *Educational research: quantitative, qualitative and mixed approaches*. 4<sup>th</sup> edition. California: Sage.

Joint United Nations Programme on HIV/AIDS (UNAIDS). 2009. *Gender dimensions of HIV and AIDS in Kenya*. *Health Rights Advocacy Forum*. Switzerland: Geneva.

Joint United Nations Programme on HIV/AIDS (UNAIDS). 2012. *Global report: UNAIDS report on the global AIDS epidemic*. Geneva, Switzerland: UNAIDS.

Joint United Nations Programme on HIV/AIDS (UNAIDS). 2014. *Fact Sheet*. New York: Geneva.

Joubert-Wallis, M & Fourie, E. 2008. Culture and the spread of HIV. Unpublished Draft. Paarl: University of South Africa.

Jewkes, R., Morell, R.E. & Christofides, N. 2009. Empowering teenagers to prevent pregnancy: lessons from South Africa. *Journal of Culture, Health and Sexuality*, 11(7), 675-88.

Klaas, NE, Peu, MD & Netangaheni, TR. 2014. The Perceptions of the farming community on HIV and AIDS in the Limpopo Province. *Asian Journal of Agriculture and Rural Development* 4(8):437-448.

Krefting, L. 1991. Rigor in qualitative research: the assessment of trustworthiness. *American Journal of Occupational Therapy* 45(3):214-222.

Kwenda, N. 2011. The role of the International Organization for Migration (IOM) in the prevention of HIV-infections among mobile and vulnerable populations (MVPs) and potential emigrants in Beitbridge. Unpublished Draft. University of South Africa, Pretoria.

Leclerc-Madlala, S, Simbayi, LC & Cloete, A. 2009. *The sociocultural aspects of HIV and AIDS in South Africa*.

Liamputtong, P. 2011. Qualitative research methods. 3<sup>rd</sup> edition. South Melbourne: Oxford University Press.

Lincoln, Y & Guba, E. 1985. *Naturalistic inquiry*. London: Sage.

LoBiondo-Wood, G & Haber, J. 2010. *Nursing research: method and critical appraisal for evidence-based practice*. 7<sup>th</sup> edition. New York University. College of Nursing. New York: Mosby.

Magada, MA. 2014. Understanding the gender disparity in HIV infection across countries in sub-Saharan Africa: evidence from the DHS, Department of Sociology City University, London.

Maharaj, P, Neemab, S, Clelandc, J, Buszac, J & Shahd, I. 2012. Condom use within marriage: An assessment of changes in South Africa and Uganda. *AIDS Care* 24(4):444-450.

Mahadev, R. 2006. Indian female perceptions of HIV and AIDS in their community. MED thesis. University of Kwazulu, Durban.

Makua, TP. 2015. Factors influencing the health of men in polygynous relationship. *African Journal for Physical, Health Education, Recreation and Dance (AJPHERD)* (Supplement 1):12-21.

Matukane, TE. 2011. Sustainability of land restitution project with reference to Shigalo land restitution project in Makhado Municipality, Limpopo Province. Master in Development and Management Sciences. Unpublished Draft: University of Limpopo: Limpopo.

McCullagh, MC, Sanon, M & Foley, JG. 2015. Cultural health practises of migrant seasonal farm workers. *Journal of Cultural Diversity* 22(2):64-67.

Mkhize, N. 2004. Psychology: An African perspective. In D. Hook (Ed.), *Critical psychology*. Cape Town: UCT Press: 53-83.

Monnakgotla, NM. 2012. Evaluation of the implementation of an HIV/AIDS workplace policy for farm workers: a case study of Country Mushrooms. Unpublished Draft: University of South Africa: Pretoria.

Mavhandu-Mudzusi, AM, Netshandama, VO & Davhana-Maselesele, M. 2007. Nurses' experiences of delivering voluntary counseling and testing services for people with HIV/AIDS in the Vhembe District, Limpopo Province, South Africa. *Nursing and Health Sciences* 9:254-262.

Mushwana, SS. 2011. Investigating the impact and challenges of implementing the National Counselling Testing Campaign in the Ga-Motupa Community in Limpopo. Unpublished Draft: University of Stellenbosch.

Nzewi, O. 2009. Exploring gender issues and men's vulnerability to HIV/AIDS in sub-Saharan Africa. Johannesburg: Centre for Policy Studies.

Parahoo, K. 2006. *Nursing research: principles, process and issues*. 2<sup>nd</sup> edition. New York: Palgrave Macmillan.

Peacock, D. 2013. *South Africa's sonke gender justice network. Educating men for gender equality. Agenda: Empowering women for gender equality*. From: [www.genderjustice.org.za](http://www.genderjustice.org.za) (accessed on 23/03/2016).

Polit, FDL. & Beck, CT. 2012. *Nursing research: generating and assessing evidence for nursing practice*. 10<sup>th</sup> edition. Philadelphia: Lippincott Williams & Wilkins.

Pulerwitz, J, Michaelis, A, Ellis, H, Weiss, E, Brown, L & Mahendra, V. 2010. Reducing HIV-related stigma: Lessons learned from Horizons research and programs. *Public Health Report* 125:81-272.

Rajasekar, S, Philominathan, P & Chinnathambi, V. 2013. *Research methodology*. From: <https://arxiv.org/pdf/physics/0601009> (accessed on 21/04/2016).

Seloiwe, E & Thupayagale-Tshweneagae, G. 2015. The intersection of HIV and AIDS risk behaviours and gender-based violence among youths in Botswana. *African Journal for Physical, Health Education, Recreation and Dance* (Supplement 1):41-49.

Sekgobela, C.B. 2008. *Pregnancy- Related Challenges encountered by student nurses at the South African Military Health Service Nursing College. Unpublished Master's thesis, University of South Africa, Gauteng, South Africa.*

Shehadeh, N., McCoy, HV., Rubens, M., Batra, A., Renfrew & Winter Risky sexual behaviours: The Impact of Ethnic Identity on Changes in High Risk Behaviours in Sexually Active Migrant Workers, *Journal of Immigrant Minority Health*. 14 (1): 100-106.

Shisana, O, Rehle, T, Simbayi, LC., Zuma, K., Jooste, S., Pillay-van-Wyk, V., Mbelle, N., Van Zyl, J., Parker, W., Zungu, NP., Pezi, S. & the SABSSM III Implementation Team. 2009. *South African national HIV prevalence, incidence, behaviour and communication survey 2008: A turning tide among teenagers* Cape Town: HSRC Press

Simelela, N & Venter, WDF. 2014. A brief history of South Africa's response to AIDS. *South African Medical Journal* 104(3):249-251.

Singh, K. 2007. *Qualitative social research methods*. London: Sage.

Simons-Morton, B, McLeroy, KR & Wendel, ML. 2012. *Behavior theory in health promotion practice and research*. USA: Malloy, Inc.

Sonke Gender Justice. HIV/AIDS, Gender Equality, Human Rights. 2009. *Report on the impact of Sonke Gender Justice Network's "One Man Can" campaign in the Limpopo, Eastern Cape and KwaZulu-Natal Provinces, South Africa*.

South African National AIDS Council (SANAC). Department of Health. 2011. *National Strategic Plan on HIV, STIs and TB (NSP): 2012–2016*. Pretoria.

Statistics South Africa. 2015. From: "Statistics by place" (accessed on 27/09/2015).

Streubert-Speziale, JH & Carpenter, RD. 2007. 4<sup>th</sup> edition. *Qualitative research in nursing: advancing the humanistic imperative*. Philadelphia: Lippincott Williams & Wilkins.

Tong, R. 2009. *Feminist thought: a more comprehensive introduction*. USA: University of North Carolina, Charlotte, Westview Press.

United Nations General Assembly Special Session on HIV and AIDS (UNGASS). 2010. *Country Progress Report*. National AIDS Control Council, Kenya.

Vhembe District Municipality (VDM). 2011. Department of Cooperative Governance and Traditional Affairs: Republic of South Africa.

Zvomuya, A. 2005. AIDS prevention for farmers. *Farmers weekly: Ubisi Mail*.



## **ANNEXURES**

# ANNEXURE A: UNISA ETHICAL CLEARANCE CERTIFICATE



**UNIVERSITY OF SOUTH AFRICA  
Health Studies Higher Degrees Committee  
College of Human Sciences  
ETHICAL CLEARANCE CERTIFICATE**

**REC-012714-039**

**HSHDC/443/2015**

Date: 25 November 2015 Student No: 5767-031-5  
Project Title: The role of culture and gender in the spread of HIV and Aids among farmworkers in South Africa.  
Researcher: Ntombifikiile Elizabeth Klaas  
Degree: D Litt et Phil Code: DPCHS04  
Supervisor: Prof GB Thupayagale-Tshweneagae  
Qualification: D Tech  
Joint Supervisor: Dr TP Makua

**DECISION OF COMMITTEE**

Approved

Conditionally Approved

**Prof L Roets  
CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE**

**Prof MM Moleki  
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES**

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES



## ANNEXURE B: APPROVAL LETTER FROM TSHAKHUMA FARMS



Tshakhuma Community Farms (Pty) Ltd  
Reg no 2005/021344/07  
Portion 6 Levubu 15 LT  
PO Box 256  
Levubu  
0929

TO: FIKILE KLAAS

FROM: TSHAKHUMA COMMUNITY FARMS

DATE: 04 MARCH 2016

RE- APPROVAL LETTER TO CONDUCT A RESEARCH

We Tshakhuma Community Farms will like to let you know that we have decided to grant you permission to conduct the research in our farm.

We believe that this is a valuable charitable endeavor that will teach our workers regarding HIV and Aids. Thanks again for the proposal and we looking forward to work with you.

Hope you find this in order

Sincerely

HR/PAYROLL CLERK(TCF)  
NEFURI DAPHNEY:

Directors: Mr M.W. Madzivhandila; Mr N.W. Madzivhandila; Mr R. Mulangaphuma; Mr N.A. Madzivhandila;  
Mr A.A. Madzivhandila; Mr S.P. Mulangaphuma; Mr M.N. Davhula; Mr C.E. Erasmus

## ANNEXURE C: APPROVAL LETTER FROM TSHITWANI FARMS



TO : FIKILE KLAAS  
FROM : TSHITWANI FRESH FRUITS  
DATE : 09 SEPTEMBER 2016


RE – APPROVAL LETTER TO CONDUCT A RESEARCH

We Tshitwani Fresh Fruits will like to let you know that we have decided to grant you permission to conduct the research in our farm.

We believe that this is a valuable charitable endeavour that will teach our workers regarding HIV and Aids. Thanks again for the proposal and we looking forward to work with you.

Hope you find this in order

Sincerely

General Manager : 

Tshitwani Fresh Fruits (Pty) Ltd  
P.O. Box 526  
Levubu  
0979  
Reg No: 2017/019045/07  
Vat No: 4960220563

**ANNEXURE D: INFORMED CONSENT**

**INFORMED CONSENT**

I hereby confirm that the researcher has informed me about the nature, conduct, benefits and risks of the study. I have also received, read and understood the written information (participant information leaflet and informed consent) regarding the study.

I am aware that the results of the study, including personal details regarding my age, marital status, nationality, cultural group, employment status and duration, monthly income, educational level and HIV status will be anonymously processed into a research report.

I am aware that my participation in this study is entirely voluntary and I may refuse or at any stage, withdraw my consent and participation in the study without any reason. I had sufficient opportunity to ask questions and of my own free will declare myself prepared to participate in the study.

Participant’s name \_\_\_\_\_ (Please print)

Participant’s signature \_\_\_\_\_ Date \_\_\_\_\_

Researcher’s name \_\_\_\_\_ (Please print)

Researcher’s signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ (researcher) herewith confirm that the above participant has been informed fully about the nature, conduct and risks of the above study.

Witness’s name \_\_\_\_\_ (Please print)

Witness’s signature \_\_\_\_\_ Date \_\_\_\_\_

**VERBAL PATIENT INFORMED CONSENT (applicable when participants cannot read or write)**

I, the undersigned, \_\_\_\_\_ (researcher) have read and have fully explained to the participant named \_\_\_\_\_, the information leaflet, which has indicated the nature and purpose of the study in which I have asked the participant to participate in this study. I have explained both the possible risks and benefits of the study. The participant indicated that s/he understands that s/he will be free to withdraw from the study at any time for any reason and without jeopardising his/her employment status.

I hereby certify that the participant has agreed to participate in this study.

Participant's name \_\_\_\_\_ (Please print)

Researcher's name \_\_\_\_\_ (Please print)

Researcher's signature \_\_\_\_\_ Date \_\_\_\_\_

Please note: The implication of being interviewed and recorded during the interview is that informed consent has been obtained from you. Thus, any information derived from your interview may be used for publication by the investigator. As all data is anonymous, you must understand that you will not be able to recall your consent, as information will not be traceable.

## **ANNEXURE E: PARTICIPANT INFORMATION LEAFLET**

### **PARTICIPANT INFORMATION LEAFLET**

**Title of the study: THE ROLE OF CULTURE AND GENDER IN THE SPREAD OF HIV AND AIDS AMONG FARM WORKERS IN SOUTH AFRICA**

**Researcher's name: Ntombifikile Klaas**

**Student number: 57670315**

**Supervisor: Professor G. Tshweneagae**

**Co-supervisor: Dr T.P. Makua**

### **INTRODUCTION**

You are invited to take part in this research study. This information leaflet is to help you decide if you would like to participate. Before you agree to take part in the study, you should fully understand what is involved. If you have any questions which are not fully explained in this leaflet, do not hesitate to ask the researcher. Your participation is appreciated and important.

### **WHAT IS THE PURPOSE OF THE STUDY**

The study aims at exploring and describing the role of culture and gender in the spread of HIV and AIDS among farm workers in South Africa; with the view of developing culture and gender sensitive HIV and AIDS prevention strategies.

### **WHAT WILL BE EXPECTED OF YOU DURING THE STUDY?**

If you decide to take part, you will be requested to participate in an unstructured interview that will be conducted by the researcher and a trained research assistant. You will be allowed to stipulate the most suitable place to meet with the researcher. All participants will be individually interviewed by the researcher and the research assistant

and the central question will be: What is the role of culture and gender in the spread of HIV and AIDS among farm workers?

You will be expected to talk while the tape recorder is recording the conversation between you and the researcher. All the information that will be recorded will be used only for the purpose of the study. An interview will take between 25-40 minutes and data will be collected until saturation (no new information arises). After the initial interview, there might be follow up interviews.

### **HAS THE STUDY RECEIVED ETHICAL APPROVAL**

The study protocol was submitted to the Ethics Committee of University of South Africa and the Research Faculty Committee and ethical approval has been granted.

### **WHAT ARE MY RIGHTS AS A PARTICIPANT IN THIS STUDY**

Your participation in this study is entirely voluntary and you can refuse to participate or stop at any time without any reason.

### **MAY ANY OF THESE STUDY PROCEDURES RESULT IN DISCOMFORT AND RISKS?**

Since the study is related to experiences, you may experience mild discomfort but it does not involve any foreseeable physical discomfort. However, you are requested to report any uneasy feelings so that they can be handled as soon as possible and you will be referred for psychological counselling if needed. The study will not include any experiments.

### **CONFIDENTIALITY**

All information obtained during the course of this study is strictly confidential. Your identity will not be revealed when the study is reported in scientific journals. All the data

that has been collected will be stored in a secure place and will not be shared with any other person without your permission.

### **SOURCE OF ADDITIONAL INFORMATION**

Should you have any questions during the study, please do not hesitate to contact the researcher.

**Researcher: N Klaas 076 024 0383**

**Supervisor: Prof G Tshweneagae: 079 054 3665**

**Co-Supervisor: Dr T Makua 012 429 6754**

# ANNEXURE F: NOTICE OF INTENT TO SUBMIT A DISSERTATION OR THESIS FOR EXAMINATION

## NOTICE OF INTENT TO SUBMIT A DISSERTATION OR THESIS FOR EXAMINATION

**SURNAME AND INITIALS:** KLAAS N.E.

**STUDENT NUMBER:** 57670315

**DEGREE:** Doctor of Literature and Philosophy in Health Studies

**FINAL TITLE OF THE DISSERTATION / THESIS UNDER WHICH IT WILL BE SUBMITTED:** The role of culture and gender in the spread of HIV and Aids among farm workers in South Africa

I HEREBY GIVE NOTICE THAT I INTEND TO SUBMIT MY DISSERTATION /THESIS FOR EXAMINATION WITH A VIEW TO THE GRADUATION CEREMONY TO BE HELD DURING  
(please mark with X)

APRIL / MAY 2017	or	SEPTEMBER 2017
X		

**SIGNATURE:** 

**DATE:** 01 November 2016



## ANNEXURE G: INTERVIEW GUIDE

The study aims at exploring and describing the role of culture and gender in the spread of HIV and AIDS among farm workers in South Africa

The questions below are to guide the interview and the researcher will probe when necessary for additional information.

---

### Field research:

The researcher opened the interview in such a way that the participant feels relaxed and at ease.

*Researcher: We have discussed the reason for this research and I thank you for participating in this study. If there is anything more you'd like to know about the study please ask me whatever you wish to know."*

*I'm going to tell you a little about myself and then I'd like to hear a little about you.*

*"I'm ....."*

Participant:

Research question:

The following research sub-questions were used as a sub-guide:

1. What is your understanding of culture?
2. What is the role of culture in the spread of HIV and AIDS among farm workers in your community and in South Africa?
3. What is your understanding of gender?
4. What is the role of culture in the spread of HIV and AIDS among farm workers in your community and in South Africa?
5. What are the challenges experienced by some of you who are affected or infected by HIV in this community?
6. What strategies are in place to support those affected and infected by HIV and AIDS