

**THE EXPERIENCES OF WOMEN LIVING WITH HIV AND
AIDS IN MANKWENG AREA, LIMPOPO PROVINCE**

BY

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**THIS DISSERTATION IS SUBMITTED IN FULFILLMENT
OF THE REQUIREMENTS**

FOR THE DEGREE

MASTER OF ARTS IN SOCIAL WORK

IN THE

**FACULTY OF HUMANITIES
DEPARTMENT OF SOCIAL WORK**

AT THE

UNIVERSITY OF LIMPOPO

SUPERVISOR: PROF. MDM MAKOFANE

NOVEMBER 2007

DECLARATION

I, Malatji Modjadji Linda, declare that this dissertation is my original work and that all the sources used or quoted have been indicated and acknowledged by means of complete references.

Signature: _____

Date: _____

DEDICATION

I dedicate this study to everyone who is infected and affected by HIV and AIDS. Your courage, compassion, determination, and hope inspire us all.

ACKNOWLEDGEMENTS

I wish to express my sincere gratitude and appreciation to the following persons:

My promoter, Prof. MDM Makofane, for her motivation, advice, encouragement and

for believing in me. She was my mentor; a mother and supervisor who always made me feel better when things were difficult. Thank you for your valuable comments and suggestions and for being available everytime I needed you.

My editor, Prof. N Cloete, thanks for editing my work.

I would like also to thank the Human Sciences Research Council (HSRC) for making this study possible and for their financial assistance, training and moral support.

Thanks also goes to all HIV positive women who volunteered to share their unpleasant experiences with me. You are an inspiration to me.

To you dad, I always kept your message in my heart, that says, "Where there is a will there is a way, perseverance pays, it is not over until it is over. I am a winner not a loser. I am married to my dreams until death do us part. I am going to hold on until the finish, no matter what". Thanks.

I want to express my sincere gratitude to my mother Lydia, for her emotional, financial and spiritual support. You once said to me "*Mmago ngwana o swara thipa ka bogaleng*" I had to work beyond the limit of my strength because of you. I do not regret the hardships I went through, because through them I have touched lives at every point I have lived, and it was worth it. Thank you, mother.

To my late younger, sister Desiree, I salute you. Even though your life was shortened, you were an inspiration to us all and your legacy will be remembered.

Thanks also goes to my best friend, Peter Mmamrobela, for loving and believing in me. I would not be a better person without you in my life. You taught me to appreciate everything that happens in life.

A word of thanks also goes to Nomsile Mathebula, we have gone through a lot together. You once said "When God gave us friends he was very fair, but when I got you I got more than my share". Thank you for your support and for being there for me.

To my brother, Leonard, thank you for believing in me. I always felt impressed about the way my life inspires you. Stanley and Kgaugelo thanks for your continuous support.

Thanks to all who contributed to this study. May the good Lord richly bless you.

I also want to thank the Lord Almighty, for making it possible for me to complete this study and also for the knowledge, understanding and the wisdom he provided me throughout. For “He who dwells in the secret place of the most high, shall abide under the shadow of the Almighty.” It was not an easy journey, but surely this kept me going.

ABSTRACT

The impact of AIDS has an overwhelming effect on women as they are unable to fulfill their multiple roles. For many women, a diagnosis of HIV/AIDS carries a profound physical, psychological and social burden. Gender inequities, poverty and a

growing prevalence of HIV in developing countries have increased the vulnerability of women to HIV infection. Women's lack of social and economic independence and their low status in their marital households also increase their vulnerability to HIV. They are susceptible to stigma and discrimination when they are identified as being HIV-positive. Negative social responses in these situations may result in them being rejected by their families and denied access to resources.

A qualitative exploratory-descriptive study was conducted with fifty six women living with HIV/AIDS (WLWHA) in the Mankweng area and surrounding villages. Six focus groups interviews were conducted to elicit information about their experiences and perceptions on the way families, communities, health and social service professions treat them. A quantitative approach was also used to indicate the number of participants who shared similar views on a particular issue.

The striking feature about the participants' explanation of HIV and AIDS is that, they associated HIV/AIDS with *makgoma* (contaminations). The participants also reported that dealing with the consequences of the disease is a huge challenge. They also face challenges in managing their illness. Their problems are compounded by accusations from their partners, family members and the community who blame them for the infection. This creates stress for them that may be detrimental to their physical and emotional health. The participants freely expressed views on HIV/AIDS, aspects that are positive and unsupportive of people living with HIV/AIDS. They shared their physical, social, psychological, cultural and economical challenges. The findings also revealed that an overwhelming number (89%) of WLWHA are struggling with negotiating for condom use. Some of their partners are reluctant to use condoms thus, risking re-infection that is detrimental to their health. The participants' plea is for the health and social service professionals to become sensitive and compassionate towards them.

TABLE

Table 1: **Support groups**

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FIGURE

ABBREVIATIONS

AFSA: AIDS Foundation South Africa

AIDS: Acquired Immune Deficiency Syndrome

ARRM: AIDS Risk Reduction Model

ART: Anti-Retroviral Treatment

ASSA: Actuarial Society of South Africa

CDC: Centers for Disease Control and Prevention

CHBC: Community Home Based Care

DSD: Department of Social Development

FHI: Family Health International

HBM: Health Belief Model

HIV: Human Immunodeficiency Virus

IMB: Information- Motivation-Behavioral skills model

ICRW: International Center for Research on Women

ILO: International Labour Organization

NCRW: National Council for Research on Women

NIMH: National Institute of Mental Health

PLWHA: People Living With HIV/AIDS

PRP: Poverty Relief Programme

SCT: Social Cognitive Theory

STIs: Sexual transmitted infections

TRA: Theory of Reasoned Action Model

UNJPH: United Nations Joint Programme on HIV/AIDS

UNDFW: United Nations Development Fund for Women

UNPF: United Nations Population Fund

UNAIDS: United Nations Programme for HIV/AIDS

VCT: Voluntary Counseling and Testing

WLWHA: Women Living With HIV/AIDS

WHO: World Health Organization

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