

ABSTRACT

This study explores the following research problem: given that knowledge influences our behaviour, how do the belief systems of elderly Xhosa elderly people about HIV/Aids influence their behaviour? The goal of the study was to explore and describe the belief systems of Xhosa-speaking people about HIV/Aids, specifically focusing on elderly people. The goal was also to reach conclusions about how these belief systems influence their knowledge. The objectives were threefold: firstly to conduct interviews with respondents; secondly to do a literature study with the aim of doing a literature control; and, thirdly, to reach conclusions about the belief systems of elderly Xhosa-speaking people.

The research employed a qualitative paradigm and a phenomenological qualitative design. The research setting was defined as a township area that is situated in the south-eastern part of Johannesburg or Gauteng area. The researcher chose ten respondents who were all Xhosa-speaking and elderly, and the interviews were conducted individually. Non-probability or judgemental sampling, which is also known as convenience sampling, was used. The interviews were audio taped and transcribed verbatim, and field notes were also used as another method of collecting data. The data was analysed according to the eight steps of Tesch (1990) in Cresswell (1995:155).

The process of data verification was done according to Guba's Model of Trustworthiness (in Krefting, 1991:215-222). The actions taken to ensure trustworthiness included prolonged and varied engagement, triangulation, peer examination of research methodology, interviewing techniques and skills such as probing, clarifying, reframing and establishing the researcher's authority. Seven themes and eleven categories with their sub-categories were drawn from the data obtained during the interviews. The first theme was: how do people contract the HIV/Aids virus? Under this theme, there were eight categories: contraceptives, cancer, sexual intercourse, witchcraft, sexually transmitted disease, blood transmission, sores and respect for cultural norms. The second theme was prevention and treatment, which included the following categories: condoms, one

partner and trust, traditional herbs, medicine and prayer. Theme three was: how did HIV/Aids develop? Theme four was: how can people avoid getting HIV/Aids? Theme five was: who gets HIV/Aids? Theme six was: who brought HIV/Aids? Theme seven was: do you know anyone who has HIV/Aids and how do you think the person was infected?

Specific conclusions were drawn based on these findings. Firstly, it was concluded that people contract the virus in many ways, as mentioned above – such as through unsafe sexual intercourse (see paragraph 2 above). Secondly, people like immigrants and drug injectors are more susceptible to spreading the Aids virus. Thirdly, the issue of cultural dominance also increases the spreading of the virus due to the failure to practise safe sex. Fourthly, people lack knowledge about the virus. Fifthly, HIV/Aids cannot be cured by medicine, traditional means or even the church. Instead, it can be treated by using drugs, such as nevirapine, zidovudine and other medicines which can stop the virus from multiplying its cells in the person's system. However, further research is needed before we draw conclusions, especially on the issue of cultural beliefs towards the virus. The conclusions were complemented by specific recommendations.