CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

Chapter 1 of this study consists of the overview of the study, while Chapter 2 discusses the qualitative research process that the study employed in exploring the stated problem and all the phases that were followed. Chapter 3 contains the results of the interviews with ten respondents, which were analysed, and in Chapter 4 the research findings are interpreted and the findings contrasted and compared with the literature. It is also important to remind the reader that the aim of this study was to undertake explorative descriptive research into the belief systems about HIV/AIDS among elderly Xhosa-speaking people. In this chapter, the aim is three-fold and includes:

- A short summary of the main points of the aforementioned chapters.
- Secondly, the conclusions that will be made on the basis of the research findings will be outlined.
- And lastly, the conclusions will be complemented with recommendations for the use of the research findings.

The researcher organized the discussion of this chapter into the following framework:

- The research methodology.
- The findings regarding the belief systems among elderly Xhosa-speaking people about HIV/AIDS.
- General conclusions and recommendations.
5.2 SUMMARY

This study was adapted from De Vos (1998, Chapter 4: 9-11), which conceptualizes the qualitative research process. The above-mentioned authors divided the research process into six phases, namely, choosing the research problem, choosing the qualitative approach and selecting the qualitative research design, the data collection method, the data analysis, the data verification and report writing.

The research problem that was outlined as the foundation of the entire research process was stated as follows: “Knowledge is a good determinant of behaviour in the belief systems of the Xhosa-speaking people about HIV/AIDS”.

The researcher adopted the qualitative paradigm, as the study was concerned with understanding the belief systems among elderly Xhosa-speaking people about HIV/AIDS. Phenomenology was chosen because this design endeavours to understand the meaning that people give to their everyday lives by exploring the detailed descriptions of their experiences. The belief systems about HIV/AIDS that were described in this study were the particular experiences that were explored.

The data collection method that was undertaken by this study took the form of the personal interview, audio-taping, field notes and transcripts. The results were analysed and transcribed verbatim and Guba’s Model of Trustworthiness (in De Vos, 1998) was used in verifying the study.

5.2.1 A summary of the study and conclusions

The summary and conclusion include the following questions, which were identified as the main themes of the study:

1. How do people get HIV/AIDS?
2. How can people avoid getting AIDS?
3. Who gets HIV/AIDS?
4. How can AIDS be treated or cured?
5. How can people prevent it?
6. Who brought Aids?
7. Do you know anyone who has HIV/AIDS and how do you think the person was infected?

In summarising the study, the researcher can say that people get HIV/AIDS in various ways, including:

- Sexual intercourse: vaginal or anal.
- Through infected blood.
- Mother-to-child transmission, such as in the uterus and at birth.
- Contaminated needles such as intravenous drug-users, needle-stick injuries and injections.
- Organ tissue donation.

All of the above-mentioned ways in which people can get the AIDS virus were affirmed by authors such as Orkin (1992), Jay (1992) and others.

People can avoid AIDS by having one partner and by knowing their partner’s history before they engage in sexual intercourse. However, they have to practise safe sex by using condoms as they are safe. Hyde and Delamater (1997) emphasize that the best form of protection is the use of a condom in a sexual encounter.

When looking at the ways that people can contract the virus, authors such as Orkin (1992), and the Proceedings of the International Conference at Eskom (1997) state that “Health-care workers and doctors can get the virus through needle-stick injuries”. Fourthly, anyone can get the virus, whether old or young. The article “The Social and Cultural Context of HIV Transmission in the Kagera Region, Tanzania” (12/3/01), raises the issue of school-girls who have relationships with older, sexually experienced men. Lastly, most of the people who were mentioned as examples of respondents got the virus through sexual intercourse that is penetrative. Adler (1997) proposes that “The most common of all the methods is sexual intercourse, which is penetrative in heterosexual
relationships”. Turning to the issue of prevention and treatment, people can attend treatment programs at clinics, hospitals and other HIV/AIDS home-based care but there is no one who can cure AIDS. The elderly Xhosa-speaking people interviewed believe that HIV/AIDS is brought by immigrants from outside countries and the use of condoms, which, of course, is not true.

5.3 CONCLUSION

- In concluding the whole report the researcher would like to say that, contrary to her respondents’ views, AIDS is not sores that comes outside or inside of a person’s body but is the impairment of the body of a person due to the HIV virus and other opportunistic diseases that attack the ill person during the AIDS phase. The AIDS pandemic cannot be treated by either traditional doctors or medical doctors. There are only specific antiretroviral drugs that can stop the progress of the virus; these include AZT and zidovudine. Condoms are also helpful in preventing the spreading of the HIV/AIDS virus. The researcher would like to conclude by also saying that the Xhosa-speaking people (as represented by those interviewed) must abandon their perceptions and beliefs regarding the AIDS illness; instead they must attend educational programs so as to get reliable knowledge about HIV/AIDS.

- Xhosa-speaking elderly believe that traditional herbs like empiza can treat HIV/AIDS.

- Xhosa-speaking elderly do not understand how their cultural belief influence their knowledge regarding HIV/AIDS.

- Xhosa-speaking elderly are of the opinion that youngsters who refuse to obtain their manhood by refusing to attend circumcision schools increase the spreading of HIV/AIDS.
• Xhosa-speaking elderly believe that people should prevent themselves by means of using traditional herbs such as speit, empiza, before sexual intercourse in order to avoid contracting the virus.

• The Xhosa-speaking elderly believe that condom usage causes HIV/AIDS.

• The Xhosa-speaking elderly believe that women are pressurized by their husband who refuse to wear condom during sexual intercourse and this uplift HIV/AIDS as some men do have extramarital affairs.

• Xhosa-speaking elderly believe that traditional doctors and medical doctors should work together as a team to cure HIV/AIDS.

• Xhosa-speaking elderly believe that people get AIDS because youngsters disobey societal rules, norms and values.

• The Xhosa-speaking people believe that AIDS is the same disease such as xhosia and exholasing during their times.

• The Xhosa-speaking elderly believe that sangomas who heal people by using “bones” taking the bones could cure HIV/AIDS.

5.4 RECOMMENDATIONS

5.4.1 Educational Intervention Programmes

The researcher would like to recommend the use of educational intervention programmes. These are clearly needed, as some people believe that condoms cause AIDS – a belief that arises purely because they lack knowledge about using them. These programmes should emphasize social norms and skills needed for healthy human relationships, effective communication and decision-making that offer protection from HIV/AIDS. This limits the power of women on matters relating to sex. The men in certain cultures do have other extramarital affairs outside the
family system. They sleep around without using condoms and then come back and infect their wives because they entertain the myth that condoms cause Aids. The other important thing that plays a crucial role in people getting Aids is the issue of cultural dominance. The researcher thus recommends that people must be free to talk about sex in their homes, even if some cultures disagree with this. Both men and women can talk about it, and men should give their wives an opportunity to discuss sex, because in some African cultures women are still denied this opportunity because they are considered passive in sexual intercourse. Women have to learn to insist on the use of condoms and the practice of safe sex while men have to learn that using such means is not emasculating but a sign of protection and respect for their lives and that of their wives. Adolescents must also abandon their negative attitudes about safer sex and contraceptive use and must instead look for accurate information about the use of condoms – or abstain from sex.

5.4.2 Guidelines for Xhosa-speaking people

Concluded from my research study I found that women are oppressed in matters relating to sexual intercourse. The following guidelines should be inserted into the Xhosa-speaking people.

- Social workers should receive training in teaching women to have their rights in matters relating to sex.

- Health education effort is needed on condom usage and safe sex widely.

- People need to understand the dynamics of the cultural issues represented in their relationships as this affects their beliefs and knowledge about HIV/Aids.

- Social workers should do educational intervention programmes and be more open in teaching children matters relating to sex education which should focus on specific age groups.
• Social workers should do a cultural diversity training which must focus on HIV/AIDS prevention and treatment.

• The Xhosa-speaking people must learn to understand how their cultural processes influence their lifestyle in matters relating to their beliefs and perceptions regarding HIV/AIDS.

• People need to understand the dynamics of the cultural issues represented in their relationships as this affects their beliefs and knowledge about HIV/AIDS.

• People need to be more open to their children in matters relating to sex education, which should focus on specific age groups.

5.5 CONCLUSION

AIDS is a worldwide scourge: all of us are vulnerable to lesser or greater degrees as the virus does not discriminate. It invades and attacks wherever we allow it to do so. It is not a homosexual, heterosexual, young or old thing. Let us stand together in fighting this by practising safe sex (using condoms). Women must be given the opportunity to have a say in matters relating to sex and they have to teach their husbands about the use of condoms.

It should be conveyed to adolescents that abstinence is valuable: they should be encouraged to abstain or delay sexual activity, as this will decrease their vulnerability to contracting the virus.