CHAPTER 4

DATA INTERPRETATION AND LITERATURE CONTROL

4.1 INTRODUCTION

Neuman (1997) mentioned that “interpretation is the assignment of significance or coherent meaning”. This author further contends that the reporting of quantitative research usually include tables and charts. Neuman (1997) also states that in qualitative research interpretation is different as the researcher interprets data by giving it meaning, translating it or making it understandable. He therefore mentions that, “However the meaning he or she gives begins with the point of view of the people being studied, the researcher interprets the data by finding out how people being studied see the world, how they define the situation and what it means for them”. In this study the researcher will interpret data from the qualitative viewpoint as she will interpret data by giving meaning to, and making understandable, how the people under study see the world and what it means for them.

As stated previously in the other chapters, the aim of the study is to do an explorative descriptive study on elderly Xhosa-speaking people and their attitudes to HIV/AIDS. In this chapter the aim is to combine the data gathered and analysed in Chapter 3 as the first objective of this chapter, to do the literature review and to come to a conclusion. Cresswell (1994:20) contends that in qualitative research, literature should be used in a manner consistent with the methodological assumptions of the research paradigm. He emphasised that literature should be used inductively.

Wilkinson, Keith and Nell (1996) mention the following as the advantages and disadvantages of the literature review.

These authors are of the opinion that the qualitative review increases the number of publication alternatives and they state that the greatest advantage of the literature review is the potential for the review author to direct attention to salient
issues in the specific profession. Perhaps the single greatest disadvantage in a literature review is the susceptibility of reviews to take on an author’s particular interpretive bias. During the literature review the researcher attempted to extract information and she subsequently constructed the qualitative story from the informants on the basis of their ideas without consciously employing any preconceived notions, expectations or conceptual framework to guide her in this process.

In this chapter the results or findings of the interview will consequently be discussed with reference to the categories and sub-categories that emerged from the process of data analysis. These findings will be compared and contrasted with relevant literature.

4.2 DISCUSSION OF THE FINDINGS

In the methodological chapter (Chapter Two), it was mentioned that data was collected by means of personal interviews conducted according to the interview schedule used by the researcher. During the interview the following questions were asked:

- How do people get HIV/Aids?
- How can people avoid getting HIV/Aids?
- Who get Aids?
- How can HIV/Aids be treated/cured?
- How can people avoid transmitting HIV/Aids?
- Do you know anyone who is HIV/Aids-positive and how do you think the person was infected?
- Who brought HIV/Aids?

As indicated in section 3.2, the answers to these questions were transcribed verbatim and analysed according to the five steps of the researcher which she developed from Tesch (as cited in De Vos, 1998). Field notes were also used. Seven themes and fifteen categories emerged from the data (see Table 4.1).
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<tr>
<th>Themes</th>
<th>Categories</th>
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<tr>
<td>1. The respondents believe that people got infected due to heterosexual relationships</td>
<td>Contraceptives</td>
<td>condoms and needles, unsafe sex and sex with HIV/Aids people, elehashi, vuilsiek and exholasi, physical contact with HIV/Aids people, Inside, outside stomach, leg, private organ, cultural norms, values and failure to attend circumcision</td>
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<td>Respect</td>
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<td>2. The respondents believe that Aids can be treated by means of traditional healers, medical doctors and one partner and trust</td>
<td>Condoms</td>
<td>Empiza, speit, washing and dinking herbs, Medication, family and the individual</td>
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<td>3. The respondents believe that HIV/AIDS was brought by migration of foreigners to South Africa</td>
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<td>• Europeans</td>
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<td>• migration of foreigners</td>
<td>• Nigerians and Zimbabweans</td>
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| 4. Respondents believe that AIDS can be avoided by means of condom usage and using traditional medicine |
|---|---|
| • By using condoms and traditional herbs | • Empiza, speit, washing and dinking herbs |

| 5. The respondents believe that youngsters are vulnerable to infection by HIV/AIDS |
|---|---|
| • all people (younger and older), sleeping around, unsafe sex |

| 6. The respondents believe that, apart from sexual intercourse, people can also get the virus through accidents, injuries, football-playing and needle-stick injuries |
|---|---|
| • Accident, injuries |
| • Football playing |
| • Needle stick injuries |

| 7. The respondents believe that majority of people that they know who died of HIV/AIDS got infected through sexual intercourse |
|---|---|
| • Most people get AIDS through heterosexual intercourse |

It is important to remember that each of the seven themes, categories and sub-categories will be discussed separately in order to facilitate conceptual clarity.
Each of the seven themes and fifteen categories together with their specific sub-categories will be discussed with relevance to the following questions:

- What does the theme, category or sub-category entail to both the informants as well as the literature?
- Do the literature and/or related research confirm the relevance of the particular sub-category?

What follows now is a discussion of each of the themes, categories and sub-categories according to the aforementioned questions. It was very difficult for the researcher to present all the following sections in a similar manner. The section that follows will therefore begin with a theoretical description, findings from the data and lastly the literature/research that also identifies the particular theme, category and sub-category.

4.3 DISCUSSION OF THE THEMES/CATEGORIES AND SUB-CATEGORIES

4.3.1 Theme 1: The respondents believe that people get infected due to heterosexual relationships

According to literature it can be deduced from the number of themes and categories in Table 4.1 that the first theme represents how the respondents think most people get the epidemic. Cresswell and Orkin (1992) mentioned that “there are three main ways in which the Aids virus can be transmitted:

1. sexual;
2. from mother to child during pregnancy; and
3. through infected blood.”

Adler (1997) expressed a similar opinion about the way people get the Aids virus but adds a fourth aspect. According to Adler (1997) people get the virus in four ways:
• sexual intercourse – anal and vaginal
• contaminated needles – intravenous drug-users, needle-stick injuries and infections
• mother-child, in uterus and at birth
• organ/tissue donation – semen, kidneys, skin, bone marrow, corneas, heart valves and tendons.

In order to understand the above-mentioned theme it is important to discuss the categories and the sub-categories that fall under this theme. The first one of them is:

4.3.1.1 Contraception

Roux (1995) defines contraception as the process whereby fertilization is interrupted by modern contraception through the influences on the ovum, the sperm, the meeting of the sperm and the ovum and implementation of fertilized ovum in the endometrium. The two sub-categories that fall under this category that are going to be discussed are condoms and needles, which were identified by the respondents. Jay (1992:50) is a writer who lays emphasis on the fact that women who are HIV-positive may want to use contraception in preventing pregnancy while on the other hand they may also use the contraceptives against infection by the Aids virus or re-infection. Jay (1992) further said that “any method should not increase the risk of progression of the HIV disease”. What follows now will be the discussion of the sub-categories.

4.3.1.1.1 Condoms

Hyde and Delamater (1997) define a condom as a thin sheath that fits over the penis. They further stated that in this instance they were referring to a male condom. However, they also mentioned that there are female condoms. From the data, the majority of respondents are of the opinion that condoms cause Aids, while, of course, theory denies that. Hence Jay (1992) stated that “condoms have been shown to prevent the transmission of HIV".
4.3.1.2 Needles

High-dose depot progesterone administered in the form of a three-monthly injection has less effect on liver functioning and on immunity than the combined pill (Jay, 1992). Hence Iwc (1992) also mentioned that any contraceptive method should not increase the risk of transmitting HIV infection nor increase the risk of progression of the HIV disease.

From the researcher’s findings, the informants mentioned that people get HIV/AIDS by using contraceptives, while the literature disagrees with that.

HIV/AIDS and Education modules, Ombetja Yehinga or The Red Ribbon, HIV/AIDS Teacher Training Programme, http://www.edsnet.na/Resources/AIDS/RedRibbon/RRModule3.htm mentioned that “other contraceptives prevent the meeting between the egg and the sperm, such mechanisms have nothing to do with the virus and its action on the white blood cells”.

4.3.1.2 Cancer

Speechley and Rosenfield (1992) define cancer as a multistep process which starts when a cell or a number of cells radically change character. Cancer cells are called chemical carcinogen, virus, radiation, free radical etc. In Lachman’s (1997) study, which was performed on 913 cancer patients, it was found that there is a strong relationship between HIV infection and cancer. In this study the most common of all cancers were Kaposi’s sarcoma, cervical and liver cancer.

From the researcher’s findings no reference to cancer was made by the informants. What was said is that people get Aids by means of cancer but the respondents didn’t specify the kind of cancer – whether it was cervical, anal or any other form. While literature on the other hand speaks of the relationship between cancer and Aids, it does not say that cancer causes Aids.
4.3.1.3 Sexual intercourse

Male-female sexual intercourse is the insertion of the penis into the vagina (Kelly 1998). Kelly mentioned that during sexual intercourse there is comfortable intromission which requires a suitable degree of penile erection, lubrication, relaxation of the vaginal opening and co-operation between the two partners. The erection of the penis is a natural part of male sexual arousal and the vagina usually produces enough lubricant to produce easy movement of the penis in the vagina. Water-soluble silica-based lubricants such as KY-jelly or saliva are generally satisfactory in this regard also.

Adler (1997) notes that the commonest mode of transmission of the HI virus throughout the world is by sexual intercourse; whether this is anal or vaginal is unimportant. From the findings it seems that most people get the virus through penetrative unsafe sexual intercourse, which involves contact with HIV/Aids-infected people. The researcher can conclude, therefore, that she found links with theory and literature, which also emphasises sexual intercourse as the most common method of transmission.

4.3.1.4 Witchcraft

Guil (1989) defines witchcraft as the “dark continent” and each and every society/nation has its own definition of its own witchcraft. The focus of this research is the Xhosa definition of witchcraft as this cultural grouping is the researcher’s main target. According to Guil (1989) witchcraft is the power of evil which is everywhere, abetted by witches and their familiars but brought on by anger, hate, jealousy, envy, lust and greed. Guil (1989) pointed out that the Xhosa tribes visualise a witch as a fantastic hairy beast with exaggerated sexual organs. He also stated that those people accused of witchcraft within a tribe often confess, attributing that evil to quarrels with wives, children or co-workers.

The findings suggested that witchcraft as another aspect that people do get the virus. Throughout the findings respondents only mentioned that Aids can be
brought to people through witchcraft. In the form of a cauliflower sent by witches, where they put this cauliflower in the person’s private organ. From the literature point of view nothing has been mentioned under this heading.

4.3.1.5 **Other sexual transmitted diseases**

From the findings people get the virus because of infection with other sexually related diseases such as exholasi and other. (See table 3.1). It was said in the findings of the researcher that all this stated sexually transmitted diseases that were identified by respondents were compared with HIV/Aids because some of them do have similar symptoms with the ones of Aids especially those ones of exhosua, vuilsiek and exholasi but the fact is that they were not HIV. In this regard what the researcher found is different from theory as literature talks of different sexually transmitted diseases.

Several authors such as Lachman (1997), Evanthe and Schurink (1990) stated the following diseases as the ones that are associated with HIV/Aids. They are

- Kaposi’s sarcoma
- Pathogenesis associated disease
- Castleman’s disease
- Cardiac and vascular problems such as, pericardial effusion, stress and depression
- Cerebral vascular occlusive disease
- Dementia, neurology developmental issues
- Genital herpes as sexually transmitted diseases
- Gonorrhoea
- Cancers.

4.3.1.6 **Blood transmission**

Orkin (1992:26) contends that transmission through blood is a controversial issue as people who are at risk are doctors and health-care workers. Altman (1994) also
raised a similar opinion, remarking that “doctors are concerned that they may accidentally become infected while treating HIV+ patients and this could happen through what is called needle stick injury”. Adler (1997) also emphasized the fact that health-care workers can be infected through needle-stick injury and mucosal exposure to infected blood or body fluids.

Although in the researcher’s findings the aspect of blood transmission was stated by respondents, they mentioned a different opinion from what theory say. Informants said people can get it by means of physical contact with HIV/Aids patients such as during accidents and football when helping HIV-positive people. The researcher can thus say that respondents have failed to specify which people are at higher risk of getting the virus through blood transmission. In this manner the researcher’s findings do not link with theory.

4.3.1.7 Sores

Meital (1992) defines sores as pressure sores. This term is used because of the fact that all levels of pressure injuries are included, from persistent erythematic to the massive multiple sores found in the ischial sacral area of paraplegics. He therefore said that these sores have been known by various names such as black sloughs, decubitus, ulcers, and tropical ulcers and other.

Adler (1997) is of the opinion that “HIV/Aids is immunosuppressive because it infects cells of the immune system while ultimately destroying them”. In this research, respondents mentioned that Aids is sores that come out of the person’s body inside and outside the immune system. Therefore what was found by the researcher does not link with literature.

4.3.1.8 Respect

The article “The Social and Cultural Context of HIV Transmission in the Kagera Region, Tanzania” (12/3/01) is one of the sources that state that “the husband is the head of the family; his wish must not be respected only but also be obeyed”. In this aforementioned article the category “respect” links with obedience in most
family relationship according to their cultural view of things. From the researcher’s findings there was argumentation under this category because respondents were blaming the whole society as they say that youngsters are disrespecting their Xhosa culture because they no longer respect cultural norms and morals. Respondents even talked about the failure of these youngsters in attending traditional circumcision schools. Research reported in “The social and cultural context of HIV/AIDS Transmission in the Kagera Region, Tanzania” (12/3/2001), proposed that “young women enter into sexual relationships with older sexually experienced men mainly for economic reasons and therefore become more vulnerable to HIV/AIDS infection”. The article further emphasized that “economic, financial constraints have an influence on younger school girls getting the AIDS virus”. From this article the researcher can deduce that culture plays a prominent role in people getting infected with the AIDS virus under the category “respect”.

The afore-mentioned article further spoke of oppression and exploitation of women as the most important determining factor for commercial sex as well as extended sexual networking. The article “The Social and Cultural Context of HIV/AIDS Transmission in the Kagera Region, Tanzania” (12/3/01), further mentioned that “the primary motivating factor is money because of the fact that women need to earn a living to pay for education, support children and send money home in order to support the rural poor families”.

Although the researcher’s results also show the issue of love relationships between younger people and older people, especially school-girls, the aspect of exploitation and oppression was not mentioned in the findings. From what has been said in the article the researcher can therefore argue that the article seems to be gender-biased as it focuses only on women being infected by the HIV/AIDS epidemic rather than looking at the people as a whole. The researcher thus agrees with the literature because of the fact that some young people get the virus because of economic reasons such as financial need, while on the other hand she disagrees with theory because there are some women who are economically self-independent who are not selling their bodies, and yet they still sometimes contract the virus.
4.3.2 Theme 2: The respondents believe that HIV/AIDS can be treated by means of traditional healers, medical doctors and one partner and trust.

4.3.2.1 Prevention and condom usage

Jay (1992) proposed that “the continuing tendency to talk of high risk groups and to attribute blame has led many people to think that AIDS is something that happens to other people and not to them”. From the researcher’s point of view this also has an effect on people getting the virus. Jay (1992) argues that heterosexual people may convince themselves that AIDS affects only homosexuals, while those who do not use drugs may see AIDS as affecting drug-users. Therefore the researcher can argue that from the literature review that people take the view that AIDS affects only specific groups of people such as intravenous drug-users, homosexuals and others. In addition to the above, Evanthe and Schurink (1992) add that there are numerous reasons that lead women to engage in unsafe sexual relationships:

- male dominance/power over sexual intercourse
- problem of safer sex
- lack of self-esteem

The article “Condom use, power and HIV/AIDS risk: Sex workers bargain for survival” (9 May, 2001) contends that “Regarding decision-making in the micro level in the bedroom, women have been described as powerless as they are considered as being controlled by cultural norms and feel compelled to give in to male desires”. Orkin (1992) proposed a different opinion when compared he reasoned that women are people who have to be responsible in preventing the spread of AIDS within the heterosexual population.

However, Jay (1997) disagrees with the above-mentioned author and agrees with the above-mentioned article, as he said “the issue of sex is particularly ironic as it takes place within a cultural perspective which expects women to be sexually passive and where sex within the marriage remains the man’s right especially
amongst the black community”. Jay (1997) also pointed that during sexual intercourse men are culturally considered to be active and the ones that make the decisions.

From the researcher’s findings condoms have been found to diminish sexual pressure and are also believed to cause HIV/Aids because of the fact that they are made of synthetic material and have an oil/liquid fluid. This made respondents suspicious and think that perhaps the oil/liquid or the material are the things that makes the condoms cause HIV/Aids. These statements can be compared to the article “The Social and Cultural Context of HIV Transmission in the Kagera Region, Tanzania” (12/3/01) which talks about the negative connotations and attitudes to condoms. In this article it was stated that many people think that condoms are harmful to women and may cause sterility, while on the other hand they may limit conception and they can pollute the womb or cause injury or death if they slip off and remain in the vagina during sexual intercourse.

The article adds another opinion: “others think that condoms are too thin to provide protection”. The editor of the above article also raised the similar issue that was also raised by respondents which is the issue of not gaining sexual pleasure when using condoms.

Although differences can be deduced between what the literature says and the researcher’s findings, on the other hand, some perceptions and beliefs about condom use does link – for example, the issue that condoms diminish sexual pleasure. The other aspect from the researcher’s findings that links with theory is the engagement in a one-partner relationship.

Hence the Proceedings of the International Conference at Eskom (1992) noted that there are people who argue that a more liberal attitude should prevail within society so that we can talk freely about matters relating to sex. This source goes on to argue that if there were freedom in our culture in talking about matters concerning sexual intercourse perhaps preventative measures could have slowed the spread of HIV/Aids. From the statements mentioned above the researcher can argue that the role of cultural dominance plays a significant part as it has an effect
on people getting HIV/Aids by limiting discussion about matters relating to sex. On the other hand, both the literature and the researcher’s findings talk about people changing partners as one factor that gives rise to HIV-infection. They both emphasized the fact that people must have one partner in their relationships.

The article “Social and Cultural Context of HIV Transmission in the Kagera Region, Tanzania” (12/3/01) further mentioned that the fact that the act of marriage is considered active for men and passive for women means that women are powerless in matters relating to sex and reproduction. Therefore they cannot and are in fact not allowed to negotiate sex with their husband.

4.3.2.2 Prevention and treatment of the Aids virus

Schoub (1994) mentioned that “prevention of HIV transmission during sexual intercourse is, of course, the major component of the educational efforts to promote safer sexual practices”. While Kaiser (1993) emphasized the fact that condoms must be used as a preventative measure, most respondents from the researcher’s findings are against this concept.

There is as yet no cure for Aids, although some progress is being made in developing treatments to control the disease (Hyde & Delamater, 1997). Hyde and Delamater therefore spoke of different drugs that can be used in controlling and decreasing the spread of the virus such as the antiretroviral drug AZT (also called zidovudine), which has been used widely. Hyde and Delamater (1997) further said that AZT has the effect of stopping the virus from multiplying, but they mentioned that even if the virus is stopped there is a need to repair the person’s badly damaged immune system. These authors also said that DDI is another drug that is helpful as it slows the progression of the disease by preventing replication of the HI virus. These authors also mentioned the efficacy of the drug D4T and protease inhibitors in stopping the virus from making copies of itself and multiplying.
4.3.2.3 Treatment with specific reference to traditional and medical doctors

As was stated in Chapter 3 in the researcher’s findings, respondents indicated that both traditional and Western medical doctors, together with a person’s belief in God, can cure Aids. However, the literature disagrees with that. Hence Hyde and Delamater’s (1997) flat statement that “there is as yet no cure for Aids”. The Namibia Education Programme, Ombetja Yehinga or The Red Ribbon (12/3/01) raised the point that some traditional healers can cure opportunistic diseases, but not HIV/Aids itself.

4.3.2.4 The attitude of the church towards HIV/Aids

The Proceedings of the International Conference at Eskom (1992) stated that the church is free to take up Aids sufferers into a loving and caring Christian community. The respondents interviewed in the course of this study suggested that the family, the church and the Aids-infected person must put their belief in God so as to be cured. It was also mentioned by respondents that if there is an Aids patient in their midst, the congregation must gather together with the family members and pray and place their faith in God.

4.3.3 Theme 3: The respondents believe that Aids was brought by migration of foreigners to South Africa

The Proceedings of the International Conference at Eskom (1992) notes: “In South Africa the initial cases of HIV infection and Aids were among gay men who had acquired their infections overseas”. However, the majority of cases of HIV infection in South Africa are currently acquired by heterosexual contact (Proceedings of the International Conference at Eskom, 1992).

Orkin (1992) mentions the issue of the migration of black people when he notes: “In the South African context it is unsurprising that the second group to be blamed for Aids was the black people through their gross sexual licence, the collapse of the family structures and migration from other countries”.
Orkin (1992) also mentioned that intravenous drug-users are the third group to be accused, but he went on to contend that the contribution of this group to the pandemic is negligible. Orkin also mentioned that intravenous drug-users nonetheless do contribute to the spreading of HIV/AIDS. From the literature’s point of view the researchers can therefore argue that apartheid did also play a role in the infection and spreading of the Aids virus. The researcher’s respondents suggest that the migration of black people such as Zimbabweans and Nigerians has had a role to play, while whites have also been blamed for causing the spread of the virus from Europe to South Africa. The blame had also been on professional people in their medical use of needles. Therefore, the literature and what the researcher has revealed in her study seem to contradict each other. This theme seems to be confirmed by literature.

4.3.4 Theme 4: The respondents believe that Aids can be avoided by means of condom usage and traditional medicine

The literature however indicates that avoidance by means of condom usage and traditional medicine is one measure. From the researcher’s findings Aids can never be avoided because there is mistrust among partners. The other reason is that people do not take care of themselves and also sleep around with multiple partners. Jay (1992) contends that “HIV/AIDS education must move away from high-risk groups to a stance that encourages all young people to consider how they might be at risk and how this risk must be avoided”. Smith in Jay (1992) also emphasized that young people can be attracted to the risk of sexual activity and if a particular activity is forbidden by authorities it can become more enticing for younger people. Smith further emphasized that younger people must be given the opportunity by sex educators to express their concerns about the avoidance of HIV/AIDS and he also proposed that gay people must not be excluded.

4.3.4.1 Mass media campaigns

Jay (1992) proposed that much health education effort has been directed at women to persuade them that it is their responsibility to get men to use condoms.
Jay (1992) also mentioned that under the issue of protection against HIV/AIDS much attention has been focused on women in mass media campaigns, including many posters and advertisements that persuade women to take responsibility in protecting themselves and men. However, in the article “Social and Cultural Context in HIV/AIDS Transmission in the Kagera Region, Tanzania” (12/03/01) it was proposed that they have shown perception of good sex, and inversely how people associate condom usage with mistrust, lack of sexual satisfaction, resisting conception and jeopardising relationships. The article further stated that all of the above factors suggest that knowledge about condom use and safe sex is not yet widespread in certain areas. This issue has been mentioned in this study (refer to “Prevention and treatment”, section 2.2.1).

The article “Social and Cultural Context in HIV/AIDS Transmission in the Kagera Region, Tanzania” (12/03/01) mentioned another point: “Intervention programmes include reducing the behaviours that put individuals at a high risk of contracting sexually transmitted diseases and HIV/AIDS providing treatment and prevention options for sexually transmitted diseases other than HIV/AIDS and distributing condoms while educating target populations about their proper use and evaluating the effectiveness of these approaches”.

4.3.5 Theme 5: The respondents believe that only youngsters are vulnerable to infection by the HIV/AIDS virus

The Proceedings of the International Conference at Eskom (1992) stated that young, single, mobile, and poor persons or those who abuse alcohol or drugs in a way that is potentially habit-forming, and who then often turn to prostitution to earn a living, or who frequent prostitutes to seek sexual gratification are at greater risk of infection. On the other hand, the researcher’s findings reflect mainly on both younger and older people who have relationships with each other, and who therefore expose both parties to the risk of infection. In this regard what the researcher found does not link directly with the literature. Hence the issue of financial constraints as a driving force in people getting AIDS was mentioned in the researcher’s findings – mainly in the case of young school-girls who have relationships with older people. Female adolescents, because they lack access to
higher schooling, fail to develop into marketable professionals who are able to compete equally with men in the labour market (“The Social and Cultural Context of HIV/AIDS Transmission in the Kagera Region, Tanzania”, 12/3/01). Orkin (1992) also emphasized that the age group between 15 and 50 years is most affected by the HIV epidemic. The literature indicates that people of all ages are vulnerable and can get infected.

4.3.6 Theme 6: The respondents believe that, apart from sexual intercourse people can also get the virus through accidents, injuries, football-playing and needle-stick injuries

Orkin (1992) is of the opinion that health-care workers are amongst the high-risk groups as regards infections. From the researcher’s findings people are believed to be vulnerable to contracting the HI Virus while helping HIV-positive people in times of accidents or injuries, or in sharing equipment such as toothbrushes with an HIV-infected person. It is clear that literature confirms that blood transfer provides high-risk. Indeed accidents can enhance blood transfusion.

4.3.7 Theme 7: The respondents believe that the majority of people that they know who died of AIDS got infected through sexual intercourse

The Proceedings of the International Conference at Eskom (1992) mentioned that HIV/AIDS in South Africa is transmitted predominantly via heterosexual contact. The results of this research suggest the same: most respondents mentioned that people get AIDS mostly by sexual intercourse. Therefore what the researcher found under this heading seems to link with theory, although, the literature did specify that those at high risk are health care workers, and this was not mentioned by the respondents. In the researcher’s findings most respondents mentioned that people get the virus through sexual intercourse.

4.4 MYTHS

The following are the myths that the elderly believe in transferring their knowledge about HIV/AIDS:
• Contraceptives such as injections cause AIDS.
• Condom usage diminishes sexual pleasure.
• Traditional medicine and Western medicine could heal AIDS.
• AIDS are sores that come out of the person’s body.
• AIDS exist because people have lost their route as they don’t send children to a circumcision school.

4.5 SUMMARY

In summary, Chapter 3 discussed the findings of 10 personal interviews with reference to the categories and sub-categories together with the seven themes that emerged from the process of data analysis. These findings were described in a narrative format and each category and its related sub-categories were compared and contrasted with relevant literature and related research. In this regard the researcher can thus say that the second objective, which was to interpret the data and to do a literature control, was reached.

Seven themes emanated from the data and fifteen categories with their related sub-categories emerged. These primary themes, categories and their sub-categories were the following:

1. Theme 1: The respondents believe that people get infected due to heterosexual relationships.
2. Theme 2: The respondents believe that AIDS can be treated by means of traditional healers, medical doctors and one partner and trust.
3. Theme 3: The respondents believe that HIV/AIDS was brought by the migration of foreigners to South Africa.
4. Theme 4: Respondents believe that AIDS can be avoided by means of condom usage and using traditional medicine.
5. Theme 5: The respondents believe that only youngsters are vulnerable to infection by HIV/AIDS.
6. Theme 6: The respondents believe that apart from sexual intercourse people can also get the virus through accident injuries, football-playing and needle-stick injuries.

7. Theme 7: The respondents believe that the majority of people that they know who died of HIV/Aids got infected through sexual intercourse.

Although in the researcher’s findings some themes and categories seem to link with literature, in other themes differences can be detected: theory disagrees with some of the researcher’s findings, especially in terms of people getting and preventing the virus. Kaiser (1993) notes that “condoms must be used as a preventative measure and when they are used correctly they are successful in preventing the transmission of HIV/Aids”. However, in the researcher’s findings respondents mentioned that condoms cause Aids. In this regard differences between the researcher and literature can be found.

4.6 CONCLUSION

In section 4.1 mention was made of Guba’s Model of Trustworthiness (1989). This model identifies four criteria and related strategies for ensuring and establishing trustworthiness. One of the criteria is applicability, which Guba (1989) defines as “the findings that can be applied to other contexts and settings or with other groups”. Two perspectives for qualitative research were put forward.

This research study adopted the perspective proposed by Guba (1981) in Krefting (1991:216). He suggested that transferability or “fittingness” is the criterion against which the quality of applicability of qualitative research should be assessed. In his view qualitative research will thus meet this criterion if the findings fit into contexts outside the study situation that is determined by the degree of similarity and goodness of fit between the contexts.

In this regard Lincoln and Guba (1985) in Krefting (1991:216) hold that the issue of transferability is more a concern of the person who wants to transfer the findings to a different situation than that used by the initial researcher and who then presents
sufficient descriptive data to allow comparison. If this is done then the issue of transferability has been addressed.

The qualitative nature of this study as well as the particular research methodology undertaken by this study does not lend itself to broad generalisations. In light of the aforementioned, it can however be postulated that the findings of this study could potentially be of value to settings and groups outside the study situation that display a degree of similarity and goodness of fit with the original research setting. All the following conclusions and recommendations should thus be placed within the context of the aforementioned.