THE EMPOWERMENT OF WOMEN THROUGH INTEGRATING HIV/AIDS ISSUES AND LITERACY AT COMMUNITY LEVEL

by

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DEDICATION

To my husband, for his faith in me, for his understanding and love, despite all the odds.

My sister, Thoko, thank you for always having been there to care for the kids. You stood by me when I was long on study and short on time. Your unfailing support brought me to where I am today.
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At completion of this study, I would like to thank the following people:

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- To all the participants. Thank you for participating in this research directly and indirectly. Your contribution meant a lot.

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- Lastly to Mrs Malefo Nomalizo who inspired me to take an interest in issues of gender through her Awareness Campaigns in D2.

GOD BLESS
ABSTRACT

The aim of this research was to establish the women’s perceptions, opinions and feelings on the practise of safe sex and HIV/AIDS to see if there is correlation between sexual behaviour and the level of education. The ultimate aim was to determine, and to raise awareness of, the need for empowerment of women through integrating HIV/AIDS issues and literacy at the community level. In this study it appeared that gender inequality is among other factors fuelling the rapid spread of HIV/AIDS. Statistics have proven that women are both amongst those infected and have the highest rate of illiteracy. Thus it is important to instil skills, knowledge, values and attitudes (SKVAs) and thus enhance women’s lives.

The question that guided the research reported in this study is: How can women be empowered with skills, knowledge, values and attitudes to combat the spread of HIV/AIDS, to better their own lives and to become active change agents in their community? Investigations of this study prompted the researcher to review literature related to empowerment of women. The theoretical foundation discussed the elements related to the research question. Theoretical elements discussed are: empowerment, literacy and HIV/AIDS issues. This literature survey served the purpose of checking the validity of my claim, and returned a “valid” verdict. In the light of the above, a qualitative research methodology was adopted, using personal interviews for data collection. Eight participants were selected by purposive sampling to represent the widest possible range of perspectives, experiences and needs, and the interviews were designed to arrive at a deeper understanding of those experiences and needs. The data gathered were then analysed and findings written up.

The findings of this research indicated that women had knowledge about HIV/AIDS and perceived seriousness of the diseases. They were, to an extent misinformed, about the use of condoms and were scared of the repercussions. As such they were exposed to exploitation due to subordination and were eventually vulnerable to contract illnesses. In addition, the factor of gender inequality denies opportunities of empowerment to women, who often encounter direct opposition to their attempts at
self-improvement, thereby staying in their “destitute” positions forever. Women interviewed for this study suffered stress and frustration with irresponsible partners. Their multiple roles, as well as household chores, hinder their active participation in any programmes.

It is my contention that, to be liberated, women need to be empowered and all forms of discrimination and gender inequality, that block their pursuit of areas of interest, need to be totally eliminated. The women’s responses in the interview contain important suggestions on the needs for empowerment programmes through integrating HIV/AIDS issues and literacy at community level. The study concludes with the recommendations for the need for empowerment programmes.
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CHAPTER 1
ORIENTATION OF THE STUDY

4.1 1.1 INTRODUCTION

“Wathint’ abafazi, wathint’ imbokodo.” Translated, this quotation means, “you strike a woman, you strike a rock,” a saying often used by African Renaissance women. Against this image of women in the universe seen as strong as a rock, the new government realised that the rights of women have been ignored, violated and betrayed. In their speeches, politicians acknowledge that women are the backbone of the nation. Although women have the power to influence, they are also those that are either infected by the epidemic of HIV/AIDS or endure tremendous abuse, be it sexual, physical or emotional, or possibly they suffer both of these plights.

Why women? It is recognised and acknowledged by politicians, community-based organisations (CBOs) and nongovernmental organisations (NGOs) that women’s rights have been neglected. They remained illiterate, staying at home and being denied the right of deciding what is best for them. The system ensured that men left their homes for the mines, there being tempted into situations of adultery. Such practices left women prone to illnesses such as HIV/AIDS, to name but one. This system eventually leads to the breaking up of families; women were kept permanently at home, while men advanced in their careers. Career opportunities were closed to women.

Women, those who held the knife by its blade to both their children and husbands, are not given the benefits that go with job-related issues. They are believed unable to operate certain machines and tools because another of their roles is looking after children at home. Women must be taught: they must be exposed to knowledge and skills that will eliminate the perpetuation of the stereotypes that confine women to domestic duties, that believe them incapable of holding high positions in their jobs. They need empowerment because they are the ones that are constantly abused by both their husbands and their communities; they become pregnant and have to raise the children. They are directly affected by pregnancy more than men and can
contract diseases such as cervical cancer. There is a wrong perception that women are less capable, and this wrong perception excludes them from the mainstream where men make decisions, which will affect them directly, either positively or negatively.

This chapter serves as the introduction to the mini-dissertation, and provides a general overview of its structure, including the statement of the research problem and the research question. Having stated the aims of the study, the research question is analysed and the motivation for the investigation discussed. This is followed by a description of the research sample and an overview of the methodology. The issues of validity and reliability, as well as the ethical considerations, are then dealt with, after which clarification of the concepts addressed in the study is offered. Finally, an outline of the plan of the mini-dissertation is presented.

1.2 STATEMENT OF THE PROBLEM AND RESEARCH QUESTION

In this research report it is argued that radical intervention programmes need to be designed to empower women to deal with issues of the HIV/AIDS pandemic by, for instance, integrating literacy and empowerment programmes with HIV/AIDS issues at a community level. Knowledgeable people need to manage this integration, for illiterate women may be unable to access the relevant information on HIV/AIDS: information that might allow them to prevent or to deal with the issue, and an information that will empower them to deal decisively with gender inequality. It is, in my view, imperative to find ways of integrating women’s responses to HIV/AIDS and the literacy level of women per se.

The title of this mini-dissertation, “The empowerment of women through integrating HIV/AIDS issues and literacy at community level”, derives from the saying “wathiints’ abafazi, wathiints’ imbokodo”. Both the title and the saying may be viewed as political, but in my view such an intervention or programme meets the need of women at the deepest level: it can be advocated and promoted. Contemporary theories, unlike those of the past, concentrate on the empowerment of individuals previously neglected in terms of the acquisition of knowledge, skills, values and attitudes (KSVAs). Women, in particular, are victims.

John F Kennedy’s statement, “we choose to do this not because it is easy, but
because it is hard” (1962), aptly describes the situation we face: empowering women is a mammoth task, taking into cognisance the literacy levels of most women, especially black women. The correlation between education and sexual behaviour is well documented, through studies done in Zimbabwe (SAFAIDS, 2002:19). HIV/AIDS community facilitators often find that through the gender empowerment process, women become aware of their own needs and their right to be literate. Most HIV/AIDS facilitators, however, lack the tools to build a literacy component into their work.

The problem that prompted this research, therefore, is the need to establish the relevance of using literacy programmes as a platform in empowerment of women. This study focuses on the impact of gender discrimination in empowerment programmes; and the fact that women are mostly illiterate and thus less empowered to participate actively in structures and become change agents. It seeks to offer women opportunities to engage at social, domestic, community, political and economic level, and to discover solutions to the problem. This report seeks to reflect, through research and discussion, that literacy empowerment and HIV/AIDS impact on one another; it seeks to improve the ability of women to collaborate and to find solutions for themselves; and it does not imply that men are excluded from the empowerment process, but rather takes them along as women’s counterparts.

The question that motivated the research reported in this mini-dissertation is: How can women be empowered with knowledge, skills and attitudes to combat the spread of HIV/AIDS, to better their own lives and to become active change agents in their community?

1.3 AIMS OF THE STUDY

In the execution of this research, the aims of the study will be:

- to get responses and recommendations from women on how to deal with sexuality and the rapid spread of HIV/AIDS;
- to illustrate that there is a correlation between education and sexual behaviour;
- to raise awareness on the need for empowerment programmes;
to determine whether gender inequality affects women’s lives;

- to argue for the integration of HIV/AIDS education and literacy programmes at community level;

- to make certain recommendations regarding the empowerment of women from a literacy perspective; and

- to stimulate further research by other researchers.

1.4 ANALYSIS OF THE RESEARCH PROBLEM

Global statistics reveal that half of all adults living with HIV/AIDS are women; and the United Nations (UN) indicates that HIV/AIDS affects adolescent girls who are socially, culturally, biologically and economically more vulnerable, and who shoulder the burden of caring for the sick and dying (Christofides, 2000:2).

There is an urgent need to start addressing issues of high rates of unemployment, poverty, rape, physical and emotional abuse, and HIV/AIDS. These factors lead to deaths, the dramatic growth in the number of HIV/AIDS orphans, and prostitution by a significant number of women in the township of my study (Bekkersdal). The fact that there is a high rate of pregnancy among women, both young and old; and frequent deaths due to HIV/AIDS, may reflect that people are not taking precautions and still practise unsafe sex. This social environment fuels the rapid spread of the HIV/AIDS infection and has led me to investigate the effects of the HIV/AIDS epidemic; and to impart this knowledge to women who, in turn, will be able to explain the dangers of ignorance about HIV/AIDS and sexuality to their counterparts, to their children and to the whole community.

Heyzer (2003:30) believes that “one of the most powerful HIV vaccines available today is women’s empowerment. By bringing knowledge and information to the global community, we are able to empower women.”

1.5 MOTIVATION OF THE STUDY

In Bekkersdal, many people are dying of HIV/AIDS-related illnesses and the majority of those dying are women. Although there are no official statistics at present, the
situation is apparent when family members relate the evidence to the community. In this township, there is a need for empowerment, especially for women. Most women in this area are unemployed and gravitate to the local mine hostels to find boyfriends who will give them financial support. They eventually move in with their partners, living as man and wife. Adult basic education and training (ABET) empowerment and literacy programmes will have the potential to enhance gender equality and to equip women with SKVAs. Such programmes will also raise an awareness of the right of women to assert themselves in both domestic and social settings, which have previously proved hostile to equal participation (Dube: 2001:9).

What motivated me to conduct this study, is the rate at which women, in particular, die due to HIV/AIDS-related illnesses; and the extent to which women are abused, both physically or emotionally. The fact that they are unemployed leads them to rely on men for survival.

I teach in the community and in the course of my work, I interact with learners and parents of this township. Many girl children are left to care for their HIV-ill mothers and in turn become mothers themselves at an early age, which exposes them to contracting the disease: people here don’t learn from others’ experience, they contract the disease because of unprotected sex led by frustrations. Mostly parents are illiterate, or have little education, and such parents are victims of gender prejudice.

Bekkersdal is a very small township with a very large population; and few schools and clinics. The place and its people are particularly disadvantaged. Although it is situated next to several gold mines, namely Kloof, South Deep and Libanon, and ought to be one of the richest townships, there is a high level of unemployment – a factor that may lead or contribute to poverty, sexual promiscuity, and ultimately HIV/AIDS infection. Bekkersdal’s population comprises of township people, mine workers and people from former homelands.

1.6 A DESCRIPTION OF THE RESEARCH SAMPLE

The research sample comprises eight women from the community of Bekkersdal. A purposive sampling method, whereby the respondents represent a mixture in terms of level of literacy, some having formal education until Std 5 (Grade 7) and others no
education at all, will be used to select the participants. In this way I will be able to record different perceptions and attitudes towards empowerment needs and gender issues: it is considered a good representative sample of the research population for this enquiry. These are the ordinary women of the Bekkersdal, from the poorest part of the community where there is a high rate of unemployment.

1.7 THE RESEARCH METHODOLOGY

This study adopts a qualitative research position and comprises three different methods.

1.7.1 The literature review

The literature review is undertaken to provide a theoretical framework regarding empowerment through the integration of HIV/AIDS issues and literacy at a community level. The questions that the researcher uses in the interview process, and the method of sampling, are derived from relevant research (Strauss & Corbin, 1990:41, 52).

1.7.2 Covert observation

Covert observation means that the researcher studies or observes a particular situation or type of situation. As an active member of the community, teaching in Bekkersdal, I believe that my observation data is valid as I constantly take note of the situation and daily activities. I regard myself as part of the community because I spend most of my time rendering my services to the community, visiting them in their homes and observing their living conditions. As a result, I know a significant number of people there through the learners I teach. I am also familiar with the NGOs and CBOs that operate in the area.

1.7.3 Interviews

Interviews are a data-collecting technique in which one or more questions are put to the participant with the expectation of an answer. I will interview 8 women between the ages of 18 and 40, from various educational backgrounds. This will provide me with a thorough understanding of the feelings, opinions, and perceptions of the respondents.
1.8 VALIDITY, RELIABILITY AND TRUSTWORTHINESS

Trustworthiness is the feature of the study that ensures that the research project is valid and reliable, and therefore yields results that accurately reflect the situation of the research population (Ely, Vinz, Anzyl & Downing, 1997:156). Validity uses strategies such as triangulation, and reliability ensures, amongst others, an audit trail to account for the results (Merriam, 1998:201-209).

1.9 CONCEPT CLARIFICATION

Significant concept clarification will be done in Chapter 2. The terminology below serves as a guideline to the meanings given to acronyms and words, which recur in this study.

**AIDS**, or Acquired Immune Deficiency Syndrome, is a combination of diseases caused by HIV, which affects the immune system. It describes the situation when a person becomes so ill that their body can no longer fight off other infection.

**CBO** is an acronym for community-based organisation.

The people living in one place, district or country considered as a whole group are known as a **community**. The term may also be applied to people of the same religion, race, occupation, etc.

**HIV**, or Human Immune Deficiency Virus, is a fierce virus that attacks the immune system, which eventually begins to weaken, and is ultimately destroyed.

**NGO** is an acronym for non-governmental organisation.

The institutionalised male dominance over women and children in the family and the extension of the subordination to women in society in general is known as **patriarchy** (Pollock, 1998:23).

**SKVA’s** is an acronym for the term skills, knowledge, values and attitudes.

A **virus** is a tiny organism, which can cause disease in humans, animals or plants. It is smaller than a bacterium that can also cause disease in living things; HIV is just one type of virus.
1.10 OVERVIEW OF THE STUDY

This study is divided into chapters that each addresses a specific topic. Chapter 1 provides an orientation for the study and the background to the research is discussed. In chapter 2, the literature study into the issues surrounding empowerment, literacy, gender and HIV/AIDS is described. This review of literature is guided by the research question

The design of the research, as well as a detailed account of the data collection methods, is provided in chapter 3. Samples of the raw data that was collected are provided in this chapter. The next chapter, four, presents the findings of the research and discusses those findings. In addition, there is an explanation of conceptualisation of categories in the findings.

Finally, chapter 5 lists the conclusions of the research, as well as my recommendations concerning the implications arising from the inquiry and suggestions for further research.

1.11 SUMMARY

This chapter introduced the research, together with an outline of the arrangement of the mini-dissertation. Firstly, the research problem and the research question were set out and these were followed by a statement of the aims of the study. The research question was then examined and the motivation for the investigation considered. Next the selection of the research sample was explained and an overview of the methodology was provided. Ethical considerations and the twin concerns of validity and reliability were elaborated on, and then the concepts dealt with in the study were clarified. The literature review is presented in chapter 2.
CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

In my view, empowerment programmes aim at equipping women with the necessary SKVAs regarding sexual behaviour, in this instance, since the research is HIV/AIDS-related. These programmes should provide necessary information and clarify for the participants what is relevant. Such elements are necessary to make informed choices and decisions regarding sexual matters. Empowerment can be seen from many contexts in life. The context might be self empowerment, social or political empowerment, and the goals of empowerment range from changing behaviour, acquiring skills, knowledge, and attitudes, to socialising people for the betterment of their lives (Dimpe, 2001:14).

This chapter will focus on the views and statements of various authors and researchers. I will compare and analyse their perspectives, basing my argument on their findings. Next the concept of “empowerment” will be explained and discussed, together with the opportunities it presents, specifically, to women. Then I will discuss issues of literacy as a constraint in HIV/AIDS namely gender inequality, leadership and continuity, vulnerability to exploitation, capacity building and scale up, and finally documentation and sharing of experiences.

2.2 DEFINITION OF CONCEPTS

There are many underlying threats regarding lack of knowledge, information and ignorance in our communities. Traditional health-based approaches have been, and continue to be inadequate, ignoring the social, cultural, economic and human rights dimensions. A focus on sexual and reproductive rights for women is an important corrective measure. Yet a broader human rights framework is needed to address the range of inequalities that drive HIV/AIDS – including poverty, economic implications. By bringing knowledge and information to the global community we shall be able to empower women. I believe that if women have information and are empowered, they will correct their sexual behaviour attitudes, they will have power and make informed
decisions over sex matters, contraceptive and can liberate economically and otherwise. The literature review has been structured to define the concepts integral to the research conducted in this study.

2.2.1 What is empowerment?

It is important to discuss the concept of empowerment. This is because it is legitimate to seek to know whether the fulfilment of the need for empowerment of women through integrating HIV/AIDS issues and literacy skills, would address the needs of Bekkersdal women in the research field. Defining empowerment will clarify the fact that it is a women’s need. Further, we have seen that Dimpe (2001:14) makes a case for the fact that empowerment influences a broad range of life contexts.

Carl (1995:11) explains that empowerment programmes provide people with the opportunity to do critical reading, and enable women to gain a deeper and richer understanding of themselves and the world they live in. Hörsten (1996:42) further outlines that empowerment provides individuals with an opportunity to write and to read workplace material, and this leads to the individual acquiring a feeling of competence and confidence. Letsoalo (1999:20) indicates that empowerment programmes are necessary to contest the present social order and to emancipate women through democratic social classroom practices, which place them in the centre of the process and accord them the respect and attention they deserve.

In my opinion, Vogt’s definition of the term empowerment, “the verb to empower which means to enable, to allow or to permit and can be conceived as both self-initiated and initiated by others” (1990 cited in Dimpe, 2001:14) best illustrates the concept that we are addressing. I believe that my research initiates the need in women for empowerment programmes to afford them the necessary tools to eradicate the perpetuation of abuse and the rapid spread of the dreaded disease. Heyzer (2003:30) believes that “one of the most powerful HIV vaccines available today is women’s empowerment” and speaks of empowerment as promoting understanding, knowledge sharing and information in the global community.

Further, Dimpe (2001:14) states that as a social change agent, empowering is an act of building, developing, and increasing power through co-operation, sharing and
working together. It is an interactive process based on a synergistic assumption about power; that is, the process of empowerment enlarges the power in the situation, as opposed to merely redistributing it (Vogt, 1990, as quoted in Dimpe, 2001:14). This perspective is supported by Vella’s notion of dialogic learning, which means that the dialogue empowers (Vella, 2000).

Belenky, Clinchy, Goldberger and Tarule (1986:54) say that empowerment programmes enable women to make choices in terms of fertility, contraceptives, sex behaviour, etc. Empowered women will have self-definition, self-assertion and can become their own authorities. They will transform from passivity to action; from self-as-static to self-as-becoming; from silence to a protesting inner voice and the ability to redress wrongs in their environment; from silence or conformity to external definitions of truth into subjectivism Letsoalo (1999: 4).

These definitions of empowerment illumine the fact that empowerment programmes should lead women to be change agents, to contribute positively and to provide solutions to actual or potential problems in their environment. In my view empowerment affords women the opportunity to move from a place of ignorance to a position where relevant knowledge awakens in them sensitivity to their own potential and a consciousness of their rights. Vogt (in Hausmann, 1998:6) views empowerment as a process that has its foundations in the changing social, economic and political structures of society. Inherent in this definition is the belief that empowered women will actively contribute to the economy of the country.

Dimpe (2001:15) quotes Stromquist (1988) as saying that empowerment is a learning strategy that should go beyond participation in the recognised political system or consciousness-raising. Empowerment should include cognitive, psychological, political and economic components. In my view when you empower women, you conscientise them, you alert them, you raise their awareness and consciousness, finally thereby waking them up to eradicate gender inequalities.

This position finds support in Taylor’s (1993:69) statement that conscientisation requires that the individual changes his or her attitude. Through conscientisation, women will be able to close the gender gaps and inequality they have lived with for so long because of the perception that these are cultural and natural, Letsoalo

Hausmann cites Bookman (1998:57) as saying that empowerment marks the process aimed at consolidating, maintaining or changing the nature and distribution of power in a particular cultural context. Lazo (1993 in Hausmann, 1998:57) defines further, explaining that empowerment describes the process of gaining resources and means, of placing them at someone’s disposal and granting them, or facilitating, access to and control of such resources and means. An individual has the ability to gain power on her own initiative.

Hausmann (1998:55) describes how empowerment can break the boundaries between the public and private domain: it comes out of the personal into the social sphere. It can be transformative when a permanent redistribution of social power to the powerless group is connected. It is similar to development. Hausmann goes on to say that empowerment is education and is not only an individual effort but depends to a high degree on active collection.

I agree with these definitions of empowerment. In my view, empowerment is about enriching and enhancing women’s ability to be able to make critical decisions. It also looks at conscientising; “waking-up” of women in order for them to get actively involved in social, domestic and political matters; contributing positively to the economy of the country. Through empowerment, women are conscientised to eliminate and totally eradicate all forms of abuse and discrimination.

2.2.2 What are the effects of empowerment?

According to Hausmann (1998:59) there are various effects of empowerment on women. Firstly, it enables them to achieve equal opportunity and status within society. Then it may create opportunities of choice; women may gain power. Empowerment can also lead to an improvement of the socio-economic status of women, and finally it has the potential to increase self-confidence. Letsoalo (1999:22) categorises the effects of empowerment under several headings. One result is the provision of welfare facilities to women. Another guarantees equality of access to resources such as education, land and credit. Yet another is the action of women to close the gaps of gender inequality. In an about-turn, women are taking
action alongside men, and the balance of power between them is more equitable. Letsoalo offers the following framework that summarises her position:

![WOMEN'S EMPOWERMENT FRAMEWORK]

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<th>2&lt;sup&gt;ND&lt;/sup&gt; LEVEL WELFARE</th>
<th>3&lt;sup&gt;RD&lt;/sup&gt; LEVEL CONSCIENTIZATION</th>
<th>4&lt;sup&gt;TH&lt;/sup&gt; LEVEL PARTICIPATION</th>
<th>THE ULTIMATE AND LAST LEVEL CONTROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of welfare facilities to women</td>
<td>Equality of access to resources such as education, land and credit</td>
<td>Women take action to close gaps of gender inequality</td>
<td>Women are taking actions alongside men</td>
<td>Ultimate level of equality and empowerment. Balance of power between men and women is equal</td>
</tr>
</tbody>
</table>

*Figure 2.1: Women’s empowerment framework (Letsoalo, 1999:22)*

The effects of empowerment, according to SAFAIDS (2002:20) are also many. In the first place, women become confident and assume power. They also participate actively in discussions and ask questions about accuracy, information or validity of decisions. Then they are no longer vulnerable to exploitation, but are rather exposed to capacity building processes and are no longer marginalised. Lastly, in the view of SAFAIDS, women can document, disseminate and share experiences.

In my opinion, empowerment can eradicate all forms of abuse of women as they acquire assertiveness skills. It can advantage women whose lives have always been confined to running a household and caring for children, allowing them to become active participants in the affairs of the community; it may lead to women being able to vocalise their needs; and, having acquired new skills, knowledge, values and attitudes, empowerment may lead to women realising their full potential.

### 2.2.3 What is literacy?

Literacy is defined by the Directorate – ABET as allowing individuals and groups to become generally functional in their own societies, also as a part of economic strategy to promote higher productivity and to contribute to development. Hörsten
Gudschnisk (1976) defines literacy as follows: "That person is literate who in a language he speaks can read with understanding anything he would have understood if it had been spoken to him, and can write, so that it can be read, anything he can say". In this definition we can understand the years in elementary school to provide a type of literacy that is marginal (Hörsten, 1996:7) since at this level of literacy, many people who have gone to school can read with basic comprehension, but without the insight that would give reading a real impact on their lives.

According to Stromquist (1992:54) as cited by Hörsten (1996:2), research has shown that in every country illiteracy rates are higher amongst women than amongst men, and that in developed countries such as Africa, between 60% and 80% of all illiterates are women. These statistics firmly link gender to issues of adult education as well as to the need for empowerment programmes.

Scribner (1984:12) found that literacy programmes enlarge and enhance a person’s essential self. I suggest that women’s lives can be changed, their self esteem positively affected and the quality of their lives enriched in ways that are important and acceptable.

Hörsten (1996:7) quotes Copperman (1978:23) who defines higher literacy as the ability to apply academic skills to life. This will enable individuals to be agents of change in economic, political and domestic issues. It also helps the individual to make sense of her world by refining her decision-making abilities (cause and effect) and enabling her to fully realise her potential.

Kazemek (1985:334) stated that individuals use literacy to gain a deeper and more adequate understanding of themselves and the world. The only way that illiterate women can be rooted out is through adult basic education; among others, Dimpe (2001:8) lists the types of literacy as continuing, social, popular and out-of-school-education. Literacy education should address the need for basic literacy and numeracy in the non-literate. She continues that this will enable them to contribute positively to the socio-economic and political setting.

Hörsten (1996:7) explains that literacy carries with it the symbolic power of education, and often poses a threat to the power relations of the family. Men, thus, often resist it
Hannon (1995:1) believes that literacy is essential for reaching political, economic and health goals: it is the ability to derive and convey meaning; it is the key to the rest of the curriculum. Literacy is often associated with economic progress and radical political goals to demand democratic rights and power.

Carmack (1992:183 in Hörsten, 1996:38) concurs, suggesting three factors that block a woman’s access to literacy: traditional role stereotyping; gender-specific problems such as pregnancy and child-care; and institutional barriers such as male-oriented literacy programmes. According to Stromquist (1992:58 in Hörsten, 1996:48) there have been relatively few studies measuring the impact of literacy on women as opposed to level of schooling. Most studies are based on impact of years of schooling. Nonetheless, it could be inferred that literacy also offers at least the same benefits. These are an increased awareness of their legal rights and how to gain access to these; any knowledge that enables them to negotiate more effectively with men; increased self-confidence; and higher social status.

In a survey of workplace literacy programmes, some sources suggest that such courses fill a variety of need and are not, therefore, specific to a particular setting. They also point out that participants become equipped with the language to meet the demands of their jobs and lives. Another advantage of such programmes is that the topics are familiar, coming as they do from the participant’s prior knowledge and experience. In addition, it can be expected that there will be transference of the skills and strategies learned to the materials of the workplace. Literacy programmes enable adults to read meaningful and relevant words; and finally, they have the potential to empower adults, offering them feelings of independence and control over problems and issues in their workplace.

Farzana (1998) writes that the following are possible outcomes of literacy programmes: women may acquire knowledge, gain information, developing skills, improve performance ability, develop attitude, and learn to live in a compromising situation with ability to use all possible resources and get better jobs. Lind (1989:83) indicates that female participation in literacy programmes may have the following effects. Firstly, men are forced to help in the home while women attend literacy classes and participate in new activities. Next, the mastery of new skills provides opportunities for generating income. Women may also form support groups,
lastly, there is a great eagerness on the part of women to participate in social and political organisations and activities.

Junge (1985:607) providing feedback on the effects on women’s lives of a literacy project carried out in Ethiopia, reports the following. Notably, none of the women changed occupation after achieving literacy; some of them carried on with post-literacy classes, and nine reading rooms were established in the town. All the women claimed to read newspapers, pamphlets, posters and so forth regularly after acquiring literacy, while the participants claimed greater respect from both their families and society. As a result, their self-esteem was enhanced, and cleanliness became important. A wider vision of the woman’s role in society developed; and feedback from the English Literacy Project (ELP) on women attaining literacy is that the greatest progress among women has been their growing confidence and the fact that they no longer blame themselves for being ignorant nor feel ashamed, but take pride in both the skills they already have and those they have newly acquired (Voices Rising, 1990, in Hörsten, 1996:25).

Findings from a questionnaire sent out by international YWCA (Young Women’s Christian Association) to all neo-literate members, confirm the liberating effects of literacy. Newly literate women report a greater respect from the community and in the home and boosted self-confidence. They speak of a greater political awareness and a better understanding of their rights. As well as a newly found ability to help children with homework, they have greater access to leadership roles in women’s groups (Lind, 1989:53).

In my view, literacy and empowerment can be coupled, both enabling and affording women the necessary SKVA’s to capacitate, conscientise and sensitise them to break the roots of abuse and inequality. Literate, empowered women will be confident to critically engage in discussions and debates of social and political issues.

SAFAIDS (2002:19) raises several links between literacy and its restraining role in the fight against HIV/AIDS.
2.2.3.1 Lower literacy rates for females

Gender equality, education and literacy rates are much lower for women/girls than for boys/men, a position confirmed by Stromquist (1992:54 cited in Hörsten, 1996:8). This disparity renders women much less able to gain the information and skills they need to protect themselves against HIV/AIDS.

Women are also less empowered to fight against harmful traditional practices such as wife inheritance or dry sex, which increase their vulnerability to infection. Less educated women may engage in commercial or informal sex work as a livelihood strategy.

2.2.3.2 Absence of women in leadership

Literate members tend to be the ones that take up leadership positions. Their illiterate state results in their being unable to take a position in the fight against HIV/AIDS, and their lack of literacy affects confidence and power relations.

2.2.3.3 Vulnerability to exploitation

Illiterate persons may have to rely on the literate outsiders, leaving women manipulated and unable to protect themselves against HIV/AIDS.

2.2.3.4 Inability to document experiences

A lack of literacy means that women are unable to document, disseminate and share good practices in the fight against HIV/AIDS.

2.2.4 What is gender?

In my opinion gender inequality is one of the main factors contributing to the rapid spread of the HIV/AIDS. With this in mind, it is apparent that there is a need for empowerment of women. Further, substantial progress in the development of their countries will only be achieved with the contribution of both sexes, with women playing a vital role alongside men. If women do not share fully in the development process, the broad objectives will not be attained (OECD 1983, in Malefo, 1995:1).

Gender refers to all differences between men and women other than the basic
physiological ones. It refers to specific social and cultural patterns of behaviour, as well as to the social characteristics of being a man or a woman in particular historical and social circumstances. It refers to a person’s self-concept, that is, one’s own sense of being a woman or female. The causes of gender differences and inequality are the source of much controversy (Myrdal & Klein, 1968:50).

Heward and Bunwaree (1999:189) analyse gender as widely used in “gender and development” and identify differences between men and women in productive work and access to resources. They see men and women as separate categories involved in discrete relations. Malefo (1995:3) explains that gender expresses social values: it describes the learned attitudes and customs about people’s position and function in a given society, which that society allocates to each according to their biological sex; it influences relationships both in society and within the household.

These definitions clearly indicate that women may be treated differently from men and that the distinctions made by society can be to the advantage of each. Naturally from this explanation gender awards individuals (men and women) different positions and roles in society because of their gender, and they will also have different needs in order they fulfil their respective roles.

Dube (2001:16) says the division of roles between men and women forms the basis of oppression, explaining that gender inequality and patriarchy contribute a great deal to the multiple roles of women. This division also plays a part in the maintenance and legitimisation of gender inequality. As we have already seen, Horsten (1997:38) attributes to literacy the symbolic power of education that often poses a threat to the power relations in the family with the result that men resist it. Dube (2001:14) states that gender division of roles is encouraged from early childhood in African families.

Christofides (2003:1) writes that gender relations and power differences between men and women seem to be central in the spread of HIV/AIDS. She makes several further statements in this regard. She claims that the low social status of women makes it difficult for them to control their sex life and this very powerlessness increases their risk of contracting HIV/AIDS. She also alleges that poverty can make women vulnerable to exploitation as it leads to their engagement in transactional sex where the use of condoms may be difficult. Another example of the powerlessness
of women is that they cannot demand faithfulness from their partners. Finally, she points out that the biological reality that women’s sex organs are internal makes for easy transmission of HIV/AIDS from men to women.

According to Belenky et al (1986:57), society teaches women to put their trust in men as defenders, suppliers of the economic necessities, interpreters of the public will and the liaison with the larger community. Women have continued to rely on their husbands for economic survival and accept them as the sole decision makers. The authority and power given to African men is inculcated at a tender age, where boys are generally given preference over girls through the division of labour which, according to Dube (2001:14), forms the basis of women’s oppression.

UNESCO (2002:19) points outs that addressing gender inequality is integral to addressing the HIV/AIDS epidemic. In their view, programmes and interventions must target two audiences: women and girls. In this way they may acquire the social, economic and negotiation skills that will empower them to minimise their risk of HIV infection. The report further reveals that the vulnerability of the poor to HIV infection is accentuated for women. Because they are women, they are treated as economically subordinate.

Buseh and Glass (2002:173) indicate the following as contributing to the gender inequality that escalates the spread of HIV/AIDS. They link the low literacy status of women with their lack of accurate knowledge on HIV/AIDS; and add to these the factor of low socio-economic status. They also believe that women are not assertive and do not have negotiation skills with their men. Lastly, they suggest that the reality of multiple sexual partners for economic security is also a factor in the spread of the disease that may be attributed to gender inequality.

According to Lind (1989 in Hörsten, 1996:38), between 70% and 90% of adults enrolled for literacy classes are female, but the dropout rate is high and attendance low. There are many reasons for this situation, not least the multiple traditional roles women play: heavy domestic burdens, pregnancy and childbirth, child care, isolation, lack of child care support from the community, lack of self-confidence due to low social status, and negative attitudes of men towards education for women.
2.2.5 HIV/AIDS issues

Clear definitions of HIV and AIDS are offered in Chapter 1. HIV/AIDS is the term applied to the illness syndrome, from its onset as HIV to its logical conclusion, AIDS. The disease and its spread raise various issues, many of which are related to individual vulnerability to the HIV infection and which impose significant burdens on the capacity of individuals and systems to cope with the adverse impacts of the pandemic.

Christofides (2003:1) indicates that a recent study suggests that the HIV epidemic will peak worldwide in 2006. It is also thought that the growing number of HIV/AIDS cases will have a negative impact on the economy. According to her, more women are infected than men. UNESCO’s 2002 report agrees, saying that the epidemic is revealing its feminine face. In many parts of the world, women, cruelly disadvantaged by social, cultural and economic factors, now suffer the double burden of HIV/AIDS – they experience it in their persons and they carry the responsibility of responding to its demands on their households.

Winter (2003:5) believes that HIV/AIDS is not only driven by gender inequality – it actually entrenches gender inequality, putting women and children at further risk. As greater numbers of women live with HIV/AIDS, both as individuals and in their social role as mothers and carers, they are disproportionately affected by HIV/AIDS. Hörsten (1997:37) quotes Whyte Preston (1994) as saying that gender dynamics play a significant role in contributing to the rapid spread of HIV/AIDS because women fear discussing sexual matters and insisting on contraception or safe sex.

In the area of my study, a substantial number of people die from HIV-related illnesses. Although, as indicated in Chapter 1, there is no official report on the precise statistics, the community knows about it, either from the victims themselves, or their families and relatives. As an educator there, it has become evident that more children are absenting themselves to take care of the HIV-positive mothers. This eventually leads to their heading families, young as they are, because their mothers have passed on.

My view is that when you teach/empower women on HIV/AIDS issues, they will find it necessary to impart the information to the young ones as they care and nurture them.
Women are said to spend more time with their kids than their male partners. Communication of sexual matters may be found an easy task in this situation, and in my opinion such communication will assist in the eradication of perpetuation of the rapid spread of HIV/AIDS.

Christophides (2000:3) suggests the following factors as instrumental in fuelling the spread of HIV/AIDS in South Africa. In the first place, many men have jobs away from their families and engage in sexual relationships in the places where they work. On return home, they may transmit diseases, including the HIV virus, to their wives. She attributes the reluctance of husbands to use condoms when having sex with their wives to the reluctance to admit that they have been unfaithful.

Christofides (2000:4) says that women do not have power to insist on condoms. This was confirmed by one respondent who, when asked about the use of condoms, indicated that she is afraid to use it or even suggest its use as her husband would hit her and probably suspect that she is sexually involved somewhere else. In many cases, according to Christofides, the woman suggests a condom because she knows for a fact that her husband is unfaithful. Women should negotiate strategies of condom use.

Another factor put forward by Christofides (2000:4) is that some men deliberately spread the disease. And then she highlights the roles of gender relations and power differences in the situation. The low social status of women, as determined by the society, is another factor in the rampant spread of the disease, and poverty also makes women vulnerable to exploitation. We have already discussed the biological factors the result in AIDS being easily transmitted to women, and the practice of “dry sex” in which women make their vaginas drier with all sorts of dangerous substances, and thus increase the likelihood of scratches or tears in the vagina during intercourse adds to the problem. Another reason offered by Christofides as instrumental in the spread of the HIV virus is that women are mostly unemployed, and end up engaging in transactional sex. Without income, girls/women cannot afford public transport and are tempted to resort to what they call “Minister of Transport” (Le Monde Diplomatique, 2003:33).

Other researchers propose that entrenched cultural traditions are major factors in
advancing the spread of AIDS in the rural areas of Africa (Buseh et al, 2002:77). These practices include that of multiple sexual partners for economic survival and the practice of polygamous marriages.

Kelly (2000, quoted by Mannah, 2002:160) suggests that the low status of women in Africa fuels the spread of the HIV/AIDS. In South Africa presently 56% of those currently HIV-positive, are women. Furthermore, of the 36% of young people (aged between 15 and 24) in South Africa who are HIV-positive, over two thirds are female. It is therefore important to understand the socio-cultural factors contributing to the spread of HIV/AIDS. From day to day, women out are to grapple with the complexities that surround the disease.

2.3 SUMMARY

In the light of the above theoretical overview, the main conceptual elements of the inquiry have been explored, with a view to laying the foundation for this inquiry. I came to the conclusion that it is important to keep in mind that women, as adults, have needs. The statements from researchers link the definitions of empowerment, HIV issues and literacy to gender inequality, though none is a prerequisite of another. In essence, empowerment is a form of education, which can occur formally, non-formally and informally. It seeks to emancipate and provide life long learning taking into account the social and other needs of women. Empowerment seeks to equip women with the necessary SKVA’s, critical thinking, etc.

It is important, however, that empowerment and literacy should be planned and structured, and holistic and comprehensive in order not to leave gaps in the lives of women. In essence, empowerment and literacy have an educational value and can thus, in my view, link either to adult learning or adult basic education. All the above concepts look at enabling, enhancing and making people into responsible and active citizens. Having explored the theoretical foundations of empowerment, literacy and gender inequality, through relevant literature, the following chapter of this research will focus on the research design and procedure, which will generate data on enabling women to deal with issues of HIV/AIDS.
CHAPTER 3

RESEARCH PROCEDURE AND DESIGN OF THE STUDY

3.1 INTRODUCTION

This chapter will present the design and data of the research. The research plan, sampling procedures, data collection, data analysis and the final research configurations are included. All the above-mentioned methods of data inquiry seek to present evidence to support the main claim, that there is a need for empowerment programmes for women in Bekkersdal to deal with HIV/AIDS issues and literacy at community level.

A description of information gathered by interviewing women of the Bekkersdal community is described in this chapter. Once the words or responses of the participants were captured on a tape recorder, the data was analysed. A qualitative research design was followed, using in-depth interviews, covert observations, and a literature review as research methods.

3.2 THE SETTING OF THE INQUIRY

The research was conducted in a very small, but densely populated, township called Bekkersdal. There are many gold mines in the area, with a high proportion of migrant workers from places such as Mozambique, Lesotho and Transkei. It is cheaper for the mines to hire migrant labour than a local workforce, with the result that the majority of people living in Bekkersdal are unemployed. The township has many sections where the shacks are built of corrugated iron and the living conditions are chronically overcrowded.

The township has a high proportion of HIV/AIDS-related deaths, unemployment, a high rate of pregnancy, and child-headed families. Most women in this area die young, leaving children as the head of the family and the sole provider of income and childcare. Most women in this township are unemployed and have children to support: they eventually go to the mines to find men who will provide a source of income – women engage in commercial sex to make sure that their children get food
and clothing. This practice exposes them to the risk of contracting HIV/AIDS.

### 3.3 THE RESEARCH PLAN

The research design deemed appropriate for this research is that of a case study (Merriam, 1998:198). This is so because this investigation is descriptive and explanatory in nature. In my study I made use of qualitative research methodology. Strauss (1990 in Mathebula, 2000:24) states that qualitative research is any kind of research that produces findings not arrived at by means of quantification. It is concerned with understanding the social phenomenon from the participant’s perspective. Qualitative research collects data by interacting with participants. The justification for this type of research was to uncover the different feelings, perceptions about HIV/AIDS, and to ascertain the literacy levels of women in this township that is torn by unemployment and the effects of HIV/AIDS.

I felt that because I spend most of my day’s time in Bekkersdal, teaching the children of these affected and infected women, I have an obligation to contribute and add value in the lives of these women and children. I realised that people in this area are aware of the impact of HIV/AIDS, but that little is done to improve the lives of the women in this township. It is a fact that women are dying, leaving children alone, in some instances, or with grandmothers to care for them on their small pensions; such children often eventually leave school because of their suffering. In this area women are taken for granted by their partners: they openly cheat on them, and physically and emotionally abuse them where violence is the order of the day. Men, because they are the ones that are employed, decide when to buy food and pay for services, and sometimes they never do it at all. That is why I see a need for empowerment of women through integrating HIV/AIDS and literacy at community level, with the intention of liberating women from the bondage of abuse and enabling them to root out poverty.

I did a purposive selection of a sample of women who I thought would respond positively and surely will understand what this research is all about. As these women are all mothers of children I teach, I did not encounter much difficulty. I did the interviews after teaching hours, normally between 15:00 and 18:00, driving to the homes of the respondents. I made appointments with these women through their
children and it was certain I would find them. The sampling procedure was purposive (Me Mam, 1998 and Flick, 1998 in Dimpe 2001:20), because the focus area is the women and their environment. Gall (1996:227) call this kind of sampling "convenient": the researcher selects a sample that suits the purpose of the study. The sample can be convenient for a variety of reasons, for instance that the sample is located near where the researcher works (Letsoalo, 1992:32).

The sample comprised eight women considered representative of the population of this inquiry. I used in-depth one-on-one interviews aimed at uncovering their perceptions, experiences, and opinions about HIV/AIDS and gender. I also made use of observation as means of collecting empirical data. I made field notes of my observations and present them as the reality that I observed. Most of the women I visited and interviewed were clearly found unprepared: they were untidy, and the children playing around were dirty. Most of them were crying for food, which was not available at the time, and the women would scream at their children – reflecting stress.

I first tried to make these women feel at ease, for they appeared “not comfortable”. This is possibly because they have “respect” for their children’s educators. They were humbled by my presence. I greeted them in a language, such as IsiXhosa, that was used on the home front saying “kunjani” and I introduced myself to the respondents and explained to them the purpose of the interview. Why was I doing the research? What would I do with the information gathered? I explained that all their responses would be treated with confidentiality. Although most of their homes were small and the children were there, there was no disturbance during the interview as the big sisters, brothers or aunts assisted temporarily.

The questions of the inquiry were asked and initially my observation was that the women were shy – they would grin showing a sense of discomfort – as sexual matters are not usually discussed with outside parties. I listened to them attentively; most of their responses were sad and they would cry as they related them to me and that saddened me. I would occasionally have red eyes too and provide a tissue to wipe their tears. As much as it saddened me, I gave support, and suggested and provided counselling, though I am not qualified in that field. All ended well and they would (outside this research) ask me about the behaviour of their learners at school.
It was important for me to make participants feel free; otherwise they might respond to my questions too superficially. I was dressed informally so as not to give an executive appearance.

During the interview sessions, I would ask follow-up questions, although I didn’t take too long as it seemed that some of them feared to respond in the presence of their spouses, the time of the interview was between 15:00 and 18:00 which is probably the time at which husbands or partners return from work. I prepared 8 questions and I was sure to get their responses for all the questions. I asked the questions in English and explained in African languages where the need arose, though their responses are only written in English in this paper. In order to deepen the response to a question and to increase data, probes were used (Maykut & Morehouse, 1994 in Dube, 2001:22). Probes were mainly used when answers were not clear and when I needed more information about the participants’ feelings and reactions and experiences.

Bell (1993 in Hörsten, 1996:47) stated that the most suitable methods of data analysis are coding, categorising and clustering of data. The data analysis process of this research was based on verbal discussions and, to a lesser extent, the visual content of the methods of research. The verbal content of this research relied solely on the interviews and the field notes of observations conducted. These interviews presented the observed data related to the need for empowerment programmes, HIV/AIDS and gender inequalities.

I organised the data and then started the analysis process. The categories of data emanating from this inquiry included: gender inequality, little knowledge of HIV/AIDS issues, the need to be literate and educated, poverty, economic dependency, multiple partners and other concerns. All these indicated that there is a need for empowerment of women through integrating HIV/AIDS issues and literacy for the women of Bekkersdal.

3.4 DATA COLLECTION

Three methods of data collection were used in this inquiry. The literature review in chapter 2 has set out the information derived from the literature review. The data collected from the interviews and covert observation is detailed below.
3.4.1 Interviews

For the purpose of this study I used interviews as a means of collecting data. An interview, according to Merriam (1991 in Dube 2001:21), means “talking to people”. She goes further, saying that the interview is not characterised by idle conversation, but that there is intent on the part of the researcher to discover what is on the participant’s mind.

An interview schedule, with the following questions, was used:

1. What do you think about practising safe sex?
2. Have you ever heard anything about HIV/AIDS?
3. What do you think about unstable relationships?
4. Have you attended a programme/workshop about HIV/AIDS?
5. Did it influence your decision on practise of safe sex?
6. Are you presently employed?
7. What is your highest standard passed?
8. Do you think that women gather to talk about their experiences?

During the interviews I stuck to three factors that aided in monitoring the respondents to co-operate, namely:

- the respondents needed to know that their interaction with the interviewer will be present and satisfying
- the respondents needed to see the study as being worthwhile
- barriers to the interview in the respondents’ minds needed to be overcome, (Nachmias & Nachmias, 1987:242)

In all the interviews, the respondents were asked if they were comfortable with the use of a tape recorder. According to Patton (1990:348) a tape recorder is “indispensable equipment when doing qualitative interviews, because accuracy is
increased since the interviewer is more attentive to the interviewee.” Although all the respondents allowed me to use a tape recorder, it also wasted time. After recording the interviewing, the respondents requested me to rewind the tape so that they could listen to themselves. It was a learning experience for those who had never listened to their own voices. I used English to conduct the interview (as indicated previously), although the respondents were encouraged to use mother tongue, as they would respond with a thorough understanding of questions when using their own language. The interview sessions lasted or took 8 days, as each day from 15:00 to 18:00 was for one woman. All the participants in this research are named P1, P2, P3, etc.

In the next section, the responses of the Bekkersdal respondents to the eight questions of the survey are detailed.

### 3.4.1.1 Responses to question 1

**Question 1: “What do you think about practising safe sex?”**

**P1** I think it is a very necessary thing to do because of STD’s that can get into a person. Though I do not use condoms, my partner does not feel comfortable about it. He says it is for people who sleep around. To think that in the Transkei he has a wife and I hear he has a girlfriend in the nearby shebeen.

**P2** Ee ... ee ... practising safe sex is for those that have disease because they sleep around, they have many sexual partners. Me? I trust my husband and he also believes in me. I believe condoms are for protection but I understand they give thrush.

**P3** Ag! I do not use condoms. I know my husband is sleeping around with other women, but it has not come to me to use a condom. I also have a “makhwapheni” a concubine but we also do not use a condom. Why? Because he is cheating and I am anyway cheating because of him (he did it first), so “i AIDS izadibanela emnyago” we will all bring HIV/AIDS along home! Though I fear I would die and leave my children with no mother but anyway ndiphandela abantwana ukudla nempahla.

**P4** Ja, ja! Safe sex is good, so that you don’t get pregnant when you do not want to. It is also done to prevent us from diseases like HIV/AIDS. I do not use
condoms.

P5 I think it is correct to use condoms to prevent illnesses outside. But in my house it is not our agreement that we should use it. My husband will kill me instantly if I could suggest that to him. To me I have learnt that condoms protect your life.

P6 Kahle, kahle, we really want to use it especially thina abantu abadala (we adults). Sometimes you feel like advising your partner to use a condom but you become scared that he will think that you have another affair. He also might become angry and leave you for another woman and who is going to take care of you and the children?

P7 I don’t like these condoms because I think they have problems and bring all these diseases. I wouldn’t allow my husband to use it when sleeping with me. Some people are using them. But why most of them are still dying of HIV? And things are even worse than when we grew up.

P8 We don’t use it but it is right for the children, which are still growing up. My husband doesn’t want to use it.

The above responses are similar in that they all agree with the issue of practising safe sex; that condom use can be effective to curb illnesses but because their husbands don’t like it, they humour them and this leads to subordination, which increases the risk of contracting HIV/AIDS. Others are misinformed about condoms, saying it brings disease; this is sheer lack of knowledge. The fact that some know that their husbands are unfaithful but continue with unprotected sex, is a suicide in itself, there is a sense of ignorance.

3.4.1.2 Responses to question 2

Question 2: “Have you ever heard anything about HIV/AIDS?”

P1 Yes, I heard about it from the TV and radio … I have never seen anyone who is HIV positive, I wish I could. I hear people are dying of this disease, is it true? When I think of AIDS, there is an intense fear for the disease. There is even reduction in my feelings for sex.
P2 I did hear about it on radio and people talk about it. In their discussions I hear some believe it exists and some do not believe. I hear it kills people, it is said and women are dying and leaving their children with no one to care for them.

P3 Ja, mama. I have heard about it on the TV and radio. I have also seen somebody who it was said had AIDS. Oh! She was so weak and sick, it was terrible. I wish they could find the medicine for “Hayi! Esisifo singusathana, no, this disease is the devil’s work”.

P4 (Eya, mme). Yes mam. I did hear about HIV/AIDS, my children tell me about what they were told about it at school and I also heard about it on the TV and radio. They say “ayilapheki” … it is not curable. “Inene abantu bayafa”. Truly people are dying.

P5 I heard about it on the radio. I have never attended any of the workshops done at the clinic or community hall. I am tired to hear about this disease. It really makes me sick.

P6 I only hear about HIV/AIDS on radio. It makes my heart sore, hearing what it does to people. I always ask myself why don’t they find a cure for this disease?

P7 At the clinic they tell us about it, but I am still unsure whether it exists or not, I definitely feel that they should bring a person who has HIV/AIDS, who is ill, then I will believe that it exists.

P8 I hear about it all the time, on radio, TV, everywhere. It scares me because people become so thin and die.

The greater number of respondents heard about HIV/AIDS from the media, never heard of it on a one to one basis. They do believe to an extent, the seriousness of the disease has dawned on them. They want a cure because the disease sickens them (just hearing about it). They lack proper knowledge on the issue.

3.4.1.3 Responses to question 3

Question 3: “What do you think about unstable relationships?”
P1  Yo! Yo! They are very dangerous because now “ngoku umhlaba ujikile” the world has changed, we can get sexual disease, HIV/AIDS. Is it not that they say it is transferred through sex … but most of us women do not choose to be unstable … it is caused by these unfaithful partners. I also look after my ten year old who is very sick.

P2  In my case, I think it is not a good thing. A person when he has chosen you as a love partner, he must love you and stay faithful to you. It is important that we must please one another, husband must love you, care for you and wife should cook and clean the house.

P3  Such relationships wena mistress mam, I think they are bad but as women we are forced by unstable and unfaithful partners. Who comes home when he chooses to, so I have my concubine who wipes my tears and gives me money to buy food.

P4  It is brought by the lack of communication, sometimes they don’t share ideas. Unstability can lead to violence within the family and children can suffer emotional abuse, not get food, etc.

P5  I think we should live together with our partners. I feel if you don’t stay with your partner, that is not love. The person doesn’t even show seriousness. He can find another wife and sleep with her and come to you again, sleep with you without caring. I hate men. I was married and my man did nasty things – didn’t care for his family, drink a lot. He wanted to kill me because I discovered that it was his payday. He then left me for another woman.

P6  It is wrong for partners to stay apart, we have to stay together and work on our marriage. I am married. I don’t undermine the people in unstable relationships because at times a man wants to pay lobola but cannot afford.

P7  If your partner stays away from you like you are staying at home, he works at the mines and comes only when he is off duty. I don’t think that person loves you. You end up asking yourself questions like “Who is he staying with?” I am customary married, but my husband left me with the children and went to Free State.
I don’t respect people who just stay without any form of agreement from their elders. I think two people should be blessed by God.

The participants responded painfully about unfaithfulness and the issue of multiple sex partners. They rely on men for survival; they are destitute and accept their situation. That eventually brings stress and frustration. To me this was the most emotional part of the interview.

3.4.1.4 Responses to question 4

Question 4: “Have you attended a workshop on HIV/AIDS?”

P1 Yes, though it was not here at Bekkersdal. It was in Transkei when I visited my parents. I did not attend a follow up, andazi noba ikhe yakhona na?. I do not even know if there was any!

P2 Yes, I did attend a workshop, it lasted for 2 hours I think … though there was no follow up workshop.

P3 Hayi, andifuni ukuxoka. No, I haven’t attended one, I don’t want to lie.

P4 Yes, but there was no follow up workshop.

P5 Yes, I heard from the women who stay with me in the same yard. She volunteered to be a caregiver, wash sick people and feed them.

P6 Yes, where my child is schooling.

P7 Yes, at the school near where I am staying. I was surprised that they teach our children these things.

P8 No, I am lazy to go out because there are people watching me and tell my husband when he comes back that I was roaming around the location.

They did hear about HIV/AIDS, but not through official means. The information has come to them, though not in a structured form and there was no follow up. In essence the data did not reach them properly. Some feared that their husbands would be told that they were roaming in the street. This calls for a need for structured programmes.
3.4.1.5 Responses to question 5

Question 5: “Did it influence your decision on practising safe sex?”

P1 Yes, because when I see there is a problem, maybe we have a sexually transmitted disease, we can go to the doctor and use condom in the meantime. I hear my partner has a wife in Transkei.

P2 I am informed but there is nothing that has changed. I still don’t use condoms. Yo! Yo! Ufana ndibethwe ngentonga. Do you want my husband to fight with me!

P3 I did not attend awareness campaign. As it is, I am where I was. I do not use condoms inside or outside marriage.

P4 Yes, occasionally (just now and then). I do use a condom when the need arises.

P5 It taught me to use the condom and protect myself. But I feel I don’t need a man in my life anymore. I have seen a lot and my husband has done terrible things that really made me to hate male people.

P6 I have learnt nothing from the programmes or radio talk shows. Even if I could have learnt a thing, I cannot decide for myself. My husband wouldn’t allow me to use a condom.

P7 No, nothing. I still say I don’t believe that there is HIV/AIDS.

P8 Yes, it has made me think of my safety. But there is nothing I could do because in our culture our husbands are allowed to take as many wives they want.

The participants responded by saying their behavioural attitude changed immediately after the workshop but later they continued not using condoms. Husband refuse the use of condoms, they (women) simply do not have any way on the sexual matters that make them vulnerable to contracting HIV/AIDS.

3.4.1.6 Responses to question 6
The participants were now nearing the end, and they respond to question 6: “Are you presently employed?”

P1 No, I am not working. Though it is a stress. I have to depend on my husband for even a panty. It is frustrating because even my children, they do not get things as I wished.

P2 No, I am not employed. I have never worked because I was raising my eight children at the time. My husband used to support and buy food for us, but now he drinks a lot and never buys food or pay rent. I really struggle a lot. He beats me when he comes home drunk and he is a “lion” in the homefront. My children are scared of him.

P3 No, I do not work. What type of work do you think I can do? I am not educated, so I struggle to get a job, fortunately my partner gives me money to care for my two children and the other money I get from my “boyfriends”.

P4 Yes, though it’s a temporary job and my husband is not working but he takes my money, drinks it and gives it to his girlfriends. He smokes cigarettes and he really wastes money on unimportant issues. As a result, I have got stress, he never cleans the house, though he is always home, he has a car but I must put petrol and sometimes never comes to fetch me at work.

P5 No, I am not working. I look after the children. I only sell steelwool, popcorns and sweets to be able to buy bread and paraffin for my children.

P6 No, my husband doesn’t want me to work. He does everything for me and the children. Though I feel comfortable, but it is boring.

P7 Yes, I help at the school, we feed the school children and at least I am able to take care of my kids.

P8 I was working and my husband fought that I should quit my job and now he doesn’t care whether we have food, soap or paraffin. I am helped by my neighbours.

The participants are not employed; they rely on their husbands for economic survival.
They cannot find work due to lack of education. This can lead to stress as the women should remain to do household chores: cook, clean, do washing, struggle to assist the children with the homework. Some indicate that they suffer abusive language, physical abuse, etc.

3.4.1.7 Responses to question 7

This is the penultimate question put to the participants: “What is your highest standard passed?”

P1 I passed Standard Eight and could not go further because I became pregnant. I eventually got married and subsequently got a second child. My husband used to beat me a lot! Jonga ndinezivubeko! Look, I got marks here! I divorced him and now staying with this new partner. I realise it is late to study because I am old and have kids to care for: cook, do uniform, clean the house.

P2 I left in Standard Six, because I fell pregnant, after that I had to look after my child because my parents were angry that I got pregnant at an early age. After I did small jobs, which turned useless and I eventually left. Imagine going to school now, a mother of eight. Hayi! Bo!

P3 I was in Standard Five when I began not to have interest of school. I left with a man who did everything for me and I was well cared for: food, clothes, furniture, but one day I caught him cheating. When I asked him, he started beating me and I ran. That is when I met this present partner but I do not have a trust in men, that is why I jol around.

P4 I left in standard 4 but I then went to study until standard 6. It was not easy being a wife and a mother at the same time. I had to cook, clean the house. It was too much, so I quit.

P5 I passed standard 3 and my husband robbed and came with me to Bekkersdal, by then he was already working. He promised me that he will take me back to school but he didn’t. I am still angry on that because I would have completed my matric and be a better person … but I can write a little bit.

P6 I left school at Std 5 and was pregnant. My husband then left me in Zimbabwe
to come and work in the mines and after 4 years he married me. I even do not remember how to read and write.

P7 I couldn’t finish of my Std 5 because I ran away from home following my husband. I regret the day I did that, because now I cannot even help my children with their schoolwork.

P8 I didn’t school at all. I had to help my grandfather to look after his cattle. Then I ran away from home and met this guy who promised to take care of me. I don’t even have an I.D.

They lack education, that is why they cannot find jobs. They lack time to study further and rely on their partners for income. Women stated that they do all the household chores.

3.4.1.8 Responses to question 8

The last question as indicated earlier on is: “Do you think women should frequently meet to talk about their life experiences?”

P1 Hayi, bo! Do you think I can go and talk about my family issues with other women? My husband can be furious with me once he hears that. I believe I can talk to his parents to assist me with my problems.

P2 Yes, I think it would assist us on helping one another. Maybe they can tell you where can you find a job or console you when you are hurt or beaten by your husband.

P3 I would if it were people I do not know, but I do not like talking my family issues to other people – they gossip a lot and make jokes about your experiences. As women we rejoice to other’s pain and sufferings especially as neighbours, so if I do not know you, I can disclose everything – maybe you will come of assistance.

P4 I believe it is important that we should talk about our experiences, otherwise we will die of stress and depression. In such gatherings we can discuss, smile and laugh over issues and eventually assist one another through counselling.
Oh! It will really help, maybe it will also help me to forget what happened to me. All women have problems with their husbands, we have to bond together and fight this abuse and win these men.

I don’t know what to say, but I think it is not right to tell people how you live. Others will be jealous, others will laugh at you. I don’t think it is right.

If I have to talk to my friends, it is okay but not to each and everyone. I once spoke to the nurse at the clinic and she called her other friends to come and listen. They were all questioning me. I really felt very small.

Never! I won’t talk about my life to anyone. You are lucky, Miss, I talked to you. It is bad to disrespect your husband, talking things on his absence.

The participants do not trust their female counterparts. Though a majority see fit for women to work together collectively, to deal with issues that affect them collectively, they believe they can eradicate problems and relieve their stresses, which may lead to depression and frustration. In such meetings, women would have the opportunity to gain a new perspective on their lives, in the process gaining new information and knowledge from their women counterparts.

3.5 SUMMARY

Although to a lesser extent diverse opinions were expressed, many areas of consensus were apparent. This chapter highlights that HIV/AIDS is considered a serious health problem in this area of Bekkersdal. Official availability of the testing for the disease and reporting of HIV/AIDS probably exists, but is apparently not a part of the common knowledge of the people in the township. Of all 8 women, participants had seen or heard of condoms, but few had actually used them. Participants have a fair understanding of the causes of HIV/AIDS infection, but they lack education, have multiple roles, and suffer violence and abuse. The women interviewed revealed individual, gender, social, cultural, economic and societal factors related to HIV/AIDS transmission and prevention. The findings will be discussed in detail in the chapter to follow.
CHAPTER 4

FINDINGS AND DISCUSSIONS OF FINDINGS

4.1 INTRODUCTION

The aim of this study was to gain an understanding of the need for empowerment of women through integrating HIV/AIDS issues with literacy and empowerment programmes at community level. The questions framed in the interviews assisted me in arriving at a deeper understanding of women’s needs, experiences, suffering and concerns. This chapter will address the findings of the study. While I analysed data, I constructed categories and sub-categories that are reflected in paragraph 4.2. In this section I will discuss each major category as well as its sub-categories. I will use excerpts from the interviews, which I translated into English. I will also refer to literature relevant to the study. To conclude, a summary of findings will be included.

4.2 FINDINGS

The findings of this study are listed below by category. Each of the three categories is informed by the sub-categories listed.

4.2.1 Knowledge of HIV/AIDS and its perceived seriousness

In this category, four sub-categories became apparent:

- Misinformation on the use of condoms
- Vulnerability
- Subordination and low status of women
- Fear of death

The participants experience knowledge though it is minimal, which speaks for the need for awareness campaigns and follow up programmes. Moreover participants are misinformed about the use of condoms saying it brings diseases. They admitted a reluctance to use condoms because they feared their husbands, which reflects the
woman’s low status in society; and on the home front, an inability to take decisions and a perception that they are subordinate to their husbands. They fear HIV/AIDS, saying it kills, and leaves their children without anybody to care for them.

4.2.2 The system of gender inequality has a definite impact on the lives of Bekkersdal women in HIV/AIDS issues, empowerment needs and literacy

This finding is informed by three sub-categories:

- Multiple sex partners (unfaithfulness)
- Irresponsible husbands
- Frustration and stress

The participants are aware of the unfair gender roles impressed upon them, though they feel trapped in a situation that they accept as a natural thing, which is not supposed to be challenged. They realise that with the lack of education, they have slim chances to get jobs. If they were afforded chances relating to their family roles, they would go and improve their status. They alluded to the fact that some of their husbands are irresponsible as they are unfaithful and do not bring money for food. They buy drink or give it to their girlfriends. (They misuse money by buying liquor and caring for their girlfriends). They feel stressed and eventually are frustrated, as they cannot do anything. They are vulnerable to exploitation.

4.2.3 Multiple roles as a hindrance to active participation

This category is supported by four sub-categories:

- Domestic duties
- Economic dependency due to lack of education and unemployment
- Physical and sexual abuse
- Need for empowerment programme

The participants realise that they have multiple roles: mother, caregiver, cleaner and
wife. They are expected to cook, clean, care for the sick and take good care of their husbands. They fear that if they do not do this, their husbands will either fight them or leave them for other women. Most of the participants are not working; they depend solely on their husbands for support and some engage in transactional sex as a means of survival. They do want to work but their husbands refuse and some are afraid because they lack proper SKVA's. They realise that they should meet with other females provided there’s somebody to clean the house and care for the children while they are attending such programmes.

4.3 DISCUSSION OF FINDINGS

The findings of this study are discussed below by main category.

4.3.1 Knowledge of HIV/AIDS and its perceived seriousness

The women who were interviewed, mentioned and claimed to have heard about HIV/AIDS, practising of safe sex and the use of condoms. They mentioned the fear of dying, leaving their children alone as orphans. They also explained that they do not use condoms because they fear their husbands. This clearly indicates the low status and subordination of women and their vulnerability to contract HIV/AIDS and other sexual diseases. They cannot choose to use a condom to control their fertility. As one participant said: “Ja, ja, safe sex is good, so that you don’t get pregnant when you do not want to. It is also used to prevent us from diseases like HIV/AIDS. My husband becomes very angry when I suggest it.” Another participant said “Kahle kahle, we really want to use it especially thina abantu abadala (we adults). Sometimes you feel like advising your partner to use a condom but you become scared that he will think that you have another affair. He also might be angry and leave you for another woman and who is going to take care of you and your children?”

These findings are in line with the view of Measor and Sikes (1992:58) that in all the societies that have already been studied, males have more power and authority, and specifically have more power over females … men and women are not just different but are in a power relationship.

The participants indicate that their husbands do not want to negotiate any use of
condoms. Dube (2001:14) also refers to the fact that authority and power are given to African men: the man is seen as the head of the family, controlling and representing it. African men are associated with positions of power, and regard themselves as “poo ya lapa” (the bull of the family). Malale (1996:48) mentions that this fact is extended into the domestic life at home. Dube (2001:14) believes that men are seen as decision makers, authority figures and the boss of the family. He states that HIV/AIDS and gender-based violence are results of the lack of control girls have over their bodies. Behets and Fitzgerald (2003:68) have established that physical and sexual violence against women is unfortunately common in developing countries. Thus in studies with women of reproductive age, a substantial proportion will be suffering physical and sexual abuse. Many of these women can exert little or no control over their lives and sexual matters because of their socio-economic situation and entrenched gender power imbalances.

Christofides (2000:1) adds that men often have jobs away from their families and may engage in sexual relations in towns where they work. Husbands may be reluctant to use condoms with their wives. She further states that women do not have power to insist on the use of condoms and that persistent inequality between men and women make women more vulnerable to HIV: the low status of women makes it difficult for them to control their sexual matters.

Stromquist (1992 as quoted by Hörsten, 1996:39) found that feminist researchers have shown, in difficult studies, such deep seated causes for subordination as sexual division of labour and men’s control over women’s sexuality. The Institute of Black Research (in Dube 2001:13) states that the subordination of women occurs, in the first instance, in the family. It is the family over which the patriarch exercises his authority, and through the agency of the family the process of socialisation is affected and subservience inculcated. This responses of most participants confirmed this information. It was said that when women suggest the use of condoms, the men veto the suggestion and the wives must abide by the husband’s decision. Further, it was clear that women are often exposed to physical and sexual violence. Because of the patriarchal system, the women are regarded as their husband’s property and they are oppressed, Dube (2001:11). This is supported by Kalbfleisch & Cody (1995 in Dube 2001:12) when they write about “women as property”. It is evident that gender-based
violence is the ultimate confirmation of the unequal power relations between men and women.

Stromquist (1990 in Hörsten, 1996:8) explains that docile attitudes are expected of the women, who have little say in the family. The women in my study indicated that men have the last word. They enforce something without discussing it with their women. My view is that they are undermining the intelligence of the wives and don’t see them as potential decision makers. The lack of communication in such situations can lead to lack of respect, and no absolute happiness. Men have little respect for their wives and partners, demeaning them as they look at them as tools and objects that should be spoken for.

The participants interviewed also indicated the fear of being left by their husbands if they mention the use of condoms, in a situation where they will not have access to food. UNESCO mentions that the vulnerability of the poor to HIV infection is accentuated for women and girls, precisely because they are women and they are treated as if economically subordinate (2003:19). Because they are afraid that their husbands will leave them, women are submissive and have no say in discussing sexual matters in their marriages.

Christofides (2000:2) mentions that poverty can also make women vulnerable to exploitation as they engage in transactional sex where sex is exchanged for food and clothing. As one participant outlined: "Ag, I also have a concubine but we also do not use condoms. Aids will meet at door. My husband is cheating and so am I. I am looking for money for food and clothing for my children. Though I am scared I might die leaving my children with no one to care for them". The participants wished that there could be a cure for this disease to avoid the spread.

The participants indicated that they do know about HIV/AIDS and practising of safe sex. They see it as a serious disease that can kill them or their partners leaving their children as orphans, who in turn are left to care for the sick and the younger children.

4.3.2 The system of gender inequality has a definite impact on the lives of women

Wallman (1996:238) writes that gender awareness programmes acknowledge
women as people whose intelligence must be respected, and who should be enabled and encouraged to empower themselves. It is through such means that we can liberate women (of this study) in particular. The sub-categories illustrate that these women suffer gender prejudices and inequality.

One participant said: “my partner says he can’t use a condom because it is for people who sleep around, to think that he has a wife in the Transkei”. Another participant, when asked why she has a partner other than her husband, said “because he is also cheating” and so they both will bring along AIDS to their home. Thus multiple sex partners contribute to increasing the possibility of contracting HIV/AIDS.

Christofides (2000:1) mentions the men who apparently stay with women of my study although they have wives in the homelands when she explains that men have jobs away from the families and may engage in sexual relations in the cities. This increases the risk of getting HIV and, in turn, transmitting it to their wives and girlfriends. On the other hand, Buseh et al (2001:178) explain that while women do not have multiple husbands, they do have multiple sex partners as a means to economic security. The greater the number of sex partners of a woman, the greater the potential for economic support. This factor can add to the rapid spread of HIV/AIDS and there should be an explorative study to prevent HIV/AIDS on this factor.

Similarly, men have multiple partners. Hörsten (1996:37) makes it clear that men are admired for having many girlfriends, and fathering many children, for fertility is generally high valued. The system of gender inequality positions men and husbands as irresponsible. One participant reflected on the fact that her partner sometimes misuses money, never comes home on paydays, and buys liquor or spends the money on his girlfriends, which leads to instability in the home front. This instability in the relationships and the multiple roles of women, lack of education, employment and communication lead to stress and frustration. Letsoalo (1999:15) refers to the fact that the unemployed woman experiences frustration, confusion and bitterness for knowing or assuming that the society expects her to be at home and to remain unemployed for life. Winter (2003:22) points out that the issue of HIV, gender and poverty is complex.
4.3.3 Multiple roles as a hindrance to active participation

The participants clearly described the burden of caring for the sick, cleaning the house, doing washing and caring for their children. Lemmer (1992, in Dube, 2001:31) also mentions the difficulty experienced by adult women (learners) when they have to do these chores. According for Hörsten, women face serious constraints on their personal time and space due to society’s expectations (1996:39). They bear the multiple burden of domestic work, child-rearing and outside work. These participants are not employed and have achieved low levels of education. Hörsten (1996:38) suggests that what holds women back from attaining literacy, especially in rural areas, are traditional attitudes about a woman’s role in society. As a result, these women depend on their partners for financial support. According to Malefo (1995:67) women’s roles are those of being reproductive and productive.

The participants in this study experience sexual and physical abuse as already detailed. Behets and Sikes (2003:68) refers to the fact that women can exert little control over their lives because their socio-economic situation and gender power imbalances. The participants expressed the need for literacy and empowerment programmes to talk about their experiences and how to improve their present status.

4.4 SUMMARY

The findings of this research reveal that women possess some knowledge about HIV/AIDS and that they perceive it as a serious disease. In addition, there is gender inequality that impacts negatively on their lives and exposes them to vulnerability and exploitation. They appear to depend on their husbands, but they see a need for empowerment to change their situations. Some women have attained levels of education up to Standard 6, which nowadays is very low. They indicated that they can’t make decisions about sexual matters and one respondent engages in transactional sex for the sole means of obtaining food. I also realise that society in general contributes to the oppression of women. Finally, the cultural background is apparently a factor which forces women to submit to their husbands. Chapter five discusses the conclusions and recommendations of this study.
CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In dealing with empowerment, it must be realised that literacy, HIV/AIDS, gender inequality, empowerment and lack of education are related and intertwined. HIV/AIDS is a gender-related epidemic that affects women adversely. It is a fact that women are not active participants in decision-making that affects them directly. They have a need and a right to be literate and empowered especially on HIV/AIDS and issues of gender. Such literacy and empowerment programmes should conscientise, sensitise and change women from being objects to being subjects; they would enable women to speak up against abuse from men, humiliation and derogatory behaviour. It is vital that women are empowered to be employable and multi-skilled, and enabled to play a role as participants in social transformation. There is the need for a type of education that, according to Daniels (1998 quoted by Letsoalo, 1999:18), is empowerment education: it targets change in oppressive elements of society through the collective actions of the population in learning situations.

The literature review served the purpose of defining the concepts underlying the title, namely literacy, gender and HIV/AIDS. During the interviews covert observation was done, which enables me as a researcher to arrive at a conclusion on the aims outlined in Chapter 1. From the responses of the participants during the interviews, it has been confirmed that there is a need for the empowerment of women through integrating HIV/AIDS issues and literacy and empowerment at community level.

5.2 CONCLUSIONS BASED ON INTERVIEWS

Several conclusions were made, based on the one-on-one interviews: firstly, it is concluded that women possess knowledge about HIV/AIDS issues and the practice of safe sex. The problem is that the women are misinformed about the use of condoms and do not have a voice to take control over their sex lives. There is confirmation of gender-based dynamics, and it is apparent that the spread of HIV/AIDS is affected by gender inequality.
They have heard about HIV/AIDS, but seldom through attendance at formal or structured sessions. Although some participants attended workshops, they did not show any interest in such programmes. Some of the participants changed their behaviour after workshops for a short time; some did not change at all.

The participants of this research are to a great extent, lacking in both education and employment. This ensures that they spend the rest of their lives at home taking care of their children, cooking and cleaning: their multiple role situation. This enforces women to rely on their men for economic support. The study also showed that women are stressed and frustrated. Certain of the participants were interested in meeting as women to support and learn from one another.

5.3 RECOMMENDATIONS BASED ON THE CONCLUSIONS

The first suggestion, which would help women to communicate with their husbands about the use of condoms, is that they should attend workshops on how to assert themselves and take decisions in their favour. Such empowerment programmes should empower women to challenge their traditional subordinate roles and the consequent oppression in both the private and the public sphere.

Another recommendation is that these literacy and empowerment programmes should be extended to include awareness programmes that afford the women SKVAs regarding gender, empowerment, education and literacy. Through such courses they can learn how to communicate and acquire knowledge of reading, speaking and writing. Their capacity can be built up to give them the confidence to take up leadership positions.

It became apparent in the course of the interviews that women are unable to deal with stress and frustration. It is therefore recommended that community facilitators be appointed to assist women to deal with mental and physical stress in workshop settings. These workshops should emphasise the development of a healthy lifestyle that promotes coping techniques, which eliminate stress. Furthermore, counselling facilities would assist them to cope with their many responsibilities.

Another suggestion arising from this study is that subsidised child minding facilities be established. In this way the women of my study, who do not work, could
participate actively in the proposed interventions while their children are well cared for.

Patriarchal issues and gender inequality lead to a place where women do much of the work and suffer gender prejudice. It is recommended that awareness campaigns targeting men would encourage them to lessen the burden of the multiple roles of women; men can be sensitised to help with domestic chores.

Such empowerment programmes should also include a needs-making analysis, so that women can gain an insight into their own needs and can tailor the content of the courses to those needs. Women should be encouraged to share their experiences through networking and women’s forums; they should be able to understand and to question their subordinate position, and empowered to challenge gender bias. Such an approach would ensure ownership by the participants.

There is a need for a “behavioural change” programme that would train women to take responsibility for themselves in matters of sex. This will help women to understand the underlying principles of how and why they should interact with their husbands. Such a programme should have follow-up sessions, bearing in mind that development is a process, not a one-day session.

5.4 STRENGTHS AND WEAKNESSES OF THIS STUDY

5.4.1 Strengths

This study is very important because it deals with issues of HIV/AIDS, the number one killer disease, and it aims at literacy and empowerment programmes instilling the correct values. It looks for opportunities to afford women SKVA’s that will eventually even contribute to the economic growth of their community. Further, it focuses on educating women, as they are the ones that spend much time with the children, seeking to bring them to a new understanding of behavioural attitudes. At the same time that it addresses the practice safe sex, it seeks to normalise gender equality.

5.4.2 Weaknesses

The main weakness of the study is that the sample I chose was limited and I could not generalise the responses as a true reflection of the entire society of women. This
is a sensitive topic, as matters of sex are not openly discussed in a black culture, especially when the respondents are older than I am. I could not dig deep in the respondents’ responses because as I indicated in Chapter 1, the women were a little uneasy in talking about personal matters.

5.5 POSSIBILITIES FOR FURTHER RESEARCH

I would really encourage that the same study should be undertaken among women, but that the interviewer should be a contemporary of the respondents, and the study should be scaled up to include a much larger number of participants.

5.6 SUMMARY

Different data elicited by the researcher’s data tools, showed that there is a need for empowerment of women through integrating HIV/AIDS issues and literacy at community level.

Literature on literacy, gender and HIV/AIDS has revealed that there is a need for empowerment of women through integrating HIV/AIDS and literacy programmes. Through literature, it has been noted that the literacy statistics are lower for women than for men; this is not acceptable. Illiteracy leads to subordination, vulnerability and exploitation.

These women were practically forced not to complete their studies because they became pregnant and their men promised them the best of life. They probably thought they would be able to continue their studies later on after giving birth. The promises made by their husbands were meaningless and their support non-existent. Such a situation leads to women suffering gender inequality, including abuse of many sorts.

There are HIV/AIDS awareness campaigns but some women never attended them, and those who attended only did so once, and that should not be the case. Any appraisal system should have follow-ups. These empowerment programmes should be focused on the needs of women, taking into consideration gender hierarchies. It has been clear from the data collected and analysed, as well as from literature, that illiteracy and gender inequality are amongst other major factors fuelling the rapid spread of HIV/AIDS. This situation will not change if women continue to be exposed
to physical and sexual abuse. Where women are merely looked upon as the property of men, and because they depend on men for economic support, empowerment will never happen. This is particularly the case where women are not allowed to build up their own skills, which in turn, will allow them to develop their own potential.

The findings of the interviews were that women have the knowledge and perceive the seriousness of HIV/AIDS issues, but that coupled with this knowledge they are misinformed about the use of condoms and are subordinate to men. The system of gender inequality leaves the women stressed and frustrated; they also mention a sense of irresponsibility on the part of their husbands who have multiple partners. The women are burdened by household chores, baby-sitting, etc., and their low level of education makes employment difficult to obtain. Surely this by any means calls for the empowerment of women through integrating HIV/AIDS and literacy.

It therefore becomes critical that women in township settings be given opportunities to attend workshops on HIV/AIDS issues, programmes toward self-assertion and self-definition, the chance to further their studies, awareness programmes on gender prejudice and access to resources and means to develop economically.

Once these needs and opportunities have been duly investigated and assessed, women will, through these programmes, be able to internalise ownership through taking responsibility for the fulfilment of their own needs. This will ultimately lead to socio-economic sustainability, through a process of skills development and skills transfer. It will form the base of total capacity building by focussing on women in the community structures. The integration of social issues (literacy) with health issues (HIV/AIDS), following holistic principles will lead to real employment because of the social upliftment that will happen as a result of these development processes.
LIST OF REFERENCES


