

CHAPTER FOUR:

DISCUSSION OF FINDINGS

4.1 Introduction

This chapter presents data on the demographic and socio-economic characteristics of the study sample. In addition, cross tabulations between these demographic and socio-economic variables and the independent variables will be presented.

4.2 Sexual Attitudes and HIV/AIDS Prevention Strategies

As presented in Table 2 below, the majority of the women were concentrated in the (15-39 year age group). This is the most sexually active category of the sample, which is also the peak of reproductive health. They can also be viewed as people who are mostly exposed to HIV infection. The majority of men were in the (25-44 year age category) and a few in the (45-49 year age group).

Table 2: Perceptions on whether a married woman can ask her husband to use condoms by age.

Responses	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Acceptable	52.5	49.1	55.1	57.4	52.0	66.7	75.0
No Opinion	6.5	7.4	6.6	6.4	7.9	0.00	0.00
Unacceptable	41.0	43.5	38.3	36.2	40.1	33.3	25.0
Total	100	100	100	100	100	100	100

The data in Table 3 shows that the majority of the women were married and the rest were not married, widowed, divorced or separated. Men are slightly more educated than

women, most women held primary education. However, the proportion of those who have completed secondary school is fairly similar between men and women. The results show that men are more likely to be professionals and technical compared to women in the same categories. Women are increasingly getting involved in different economic projects to either support themselves or supplement their spouses' incomes.

Table 3: Perceptions on whether a married woman can ask her husband to use condoms by marital status and education level

Responses	Married	Living with a man	Not married
Acceptable	54.9	49.5	64.0
No Opinion	13.0	7.2	6.2
Unacceptable	32.1	43.3	29.8
Total	100	100	100
Responses	Primary	Secondary	Higher
Acceptable	54.6	56.4	54.3
No Opinion	15.4	6.1	10.9
Unacceptable	30.0	37.5	34.8
Total	100	100	100

The results indicate that less young women reported that it was acceptable for a married woman to ask her husband to use condoms compared to older age groups, (66.7 percent) (40-44 year age group) and (75 percent) (45-49 year age group) reporting the same. It can be argued that these results agree with those of marital status category in the same table, (64 percent) of women not married who comprised of some who are widowed, divorced or separated, reported that it was acceptable for a woman to ask her partner to use condoms. The latter category is comprised of women who are assumed to be in their 40s. There was a significant proportion of women who indicated no opinion. This might suggest that they find it unacceptable to suggest condom use or might not just want to

give their views on the subject. Generally, the majority of the women who reported that it was unacceptable to ask a partner to use condoms varied between (30 and 40 percent) of the group. The oldest age group (45-49 years) had the lowest number of women also viewing it unacceptable.

As noted elsewhere, Mushinge (1991) asserts that women who are not married are more empowered to discuss protection than those who are married. It is, however, disturbing to note that women in transitional relationships, that is those who are living with a man, are less empowered to discuss issues of protection (see Table 3). While (64 percent) of women who are not married, reported that it was acceptable for married women to suggest condom use, only (54.9 percent) of married women reported that it was acceptable for a married woman to ask her husband to use condoms. However, social factors such as economic dependency, cultural and religious norms add to the problem of condom negotiation by women. The denial of information on reproductive health and/or sexual education is due to many reasons, due to lack of time to participate in such activities, sometimes even to attend a health clinic. Condom negotiation, as earlier stated, one woman during a discussion could result in the disruption of the family and even domestic violence. It is worse in case of a married woman and girls, who look forward to secure relationships, with their prospective future marriage partners, as they fear a break-up if they try to negotiate condom use. Young women also have relationships with older men because these youngsters feel more secure with this relationship because of rewards and comforts rather than a young male who is not economically stable, in addition to the older men preference to young women, whom they believe as less demanding and not

infected. In both cases condom use is very difficult to negotiate, added one woman in Rusape¹

It is interesting to note though, that there is a general trend of similarities in the reporting of women according to their educational level. The majority of women with primary education (54.6 percent), secondary education (56.4 percent) and higher education (54.3 percent) all reported that it was acceptable for a woman to suggest condom use. Figures for those who reported that it was not acceptable were almost similar, with (30 percent) of women with primary level, (37.5 percent) with secondary level and (34.8 percent) with higher level of education. It is also noted that (10.9 percent) of women with higher education, had no opinion compared with (6.1 percent) of those with secondary education. It is likely that those who have no opinion find it unacceptable and do not want to expose their subordinate self-perception.

The same scenario of reporting prevailed in the occupation categories as indicated in Table 4 below. Over (50 percent) of women in all the occupations reported that it was acceptable, with the professionals (29.2 percent) as well as the unemployed (33.7 percent) finding it unacceptable. However, it is noted with concern, that the self-employed women reported that it was not possible for a woman to suggest condom use.

Table 4: Perceptions on whether a married woman can ask her husband to use condoms by occupation

Responses	Professional	Technical	Unskilled	Self employed	Unemployed
Acceptable	59.0	52.7	56.1	52.2	61.0
No opinion	11.8	14.7	18.7	6.9	5.3
Unacceptable	29.2	32.6	25.2	40.9	33.7
Total	100	100	100	100	100

4.3 Multiple Partners

Promiscuity for men is generally acceptable. Thus women were asked if it was necessary for a man to have more than one partner. Perceptions of the women varied according to their age. The majority of the women reported that it was unacceptable for man to have more than one partner. As indicated in Table 5 below, (32.9 percent) of married women accepted that a man needs more than one partner compared to (28.7 percent) of those women who are cohabiting. Women who are not married (40.5 percent) accepted that a man needs more than one partner.

Table 5: Men's preference on multiple partners, by marital status and education level.

Responses	Married	Living with a man	Not married
Agree	32.9	28.7	40.5
No opinion	14.9	5.7	4.3
Disagree	51.2	65.6	55.2
Total	100	100	100
Responses	Primary education	Secondary education	Higher education
Agree	38.4	27.0	14.6
No opinion	15.4	9.8	4.2
Disagree	45.2	62.2	81.2
Total	100	100	100

It is expected that married women should disagree that a man needs more than one partner since they would be protecting their own marriages. Those living with a man (65.6 percent) reported that a man did not need more than one partner. This is understandable since their relationships are not stable and they are afraid of being displaced by other women. Those not married (55.2 percent) also disagreed that a man should have more than one partner. The perceptions about whether a man needs more than one partner differed much by education status. The lower the level of education, the

higher number of women who thought a man needs more than one partner. Similarly, the higher the level of education the higher the number of women who disagreed that a man needs more than one partner. It can be concluded that education has a significant relationship with the way participants expressed their views concerning this issue.

There was relatively no difference, however, between women of different occupations on their perceptions on whether a man needs more than one partner as shown in Table 6 below. Professional and self-employed women disagreed that a man needed multiple partners, implying that they are more assertive in their relationships and therefore more confident.²

Table 6: Men's preference on multiple partners by occupation.

Responses	Professional	Technical	Unskilled	Self employed	Unemployed
Agree	28.0	34.6	34.7	33.0	36.7
No opinion	8.3	24.7	20.1	6.8	10.7
Disagree	63.7	40.7	45.2	60.2	52.6
Total	100	100	100	100	100

4.4 Satisfaction of Partners

The views of the women on whether a man can be satisfied by only one woman were sought and results are presented in Table 7. The majority of women in all age categories agreed that a man should be satisfied with one woman. This is an ideal situation, which the women hope for but is far from reality.

Table 7: Views on men's satisfaction by one partner by age

Responses	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Agree	61.3	63.2	67.5	61.3	60.5	66.7	83.3
No opinion	16.9	15.8	9.5	14.7	15.3	11.1	0.00
Disagree	21.8	21.0	23.0	24.0	24.2	22.2	16.7
Total	100	100	100	100	100	100	100

There were a significant percentage however of those who had no opinion in the age categories. This indicates that there were some women who were not quite sure about their perceptions or did not want to disclose their opinions.

Table 8 reiterates that the perceptions of the women on the same topic were greatly influenced by their level of education. Women with primary education (49.9 percent) compared to (69.1 percent) of women with secondary education and (72.3 percent) with higher education felt that a man should be satisfied with one partner. As a result, (36.2 percent) of women with primary education had no opinion compared to (10.3 percent) and (8.5 percent) with secondary and higher education respectively. The percentage of women who disagreed that a man is satisfied with one partner however was relatively similar in all education categories. This serves to show that women who are more educated are more confident about themselves in their relationship with men.

Table 8: Views on men's satisfaction by one partner by education level and marital status

Responses	Primary education	Secondary education	Higher education
Agree	49.9	69.1	72.3
No opinion	36.2	10.3	8.5
Disagree	13.9	20.6	19.1
Total	100	100	100
Responses	Married	Living with a man	Not married
Agree	57.1	63.8	65.2
No opinion	30.1	7.2	6.9
Disagree	12.8	29.0	27.9
Total	100	100	100

It can be considered that (57.1 percent) of married women were speaking from experience when they reported that a man is not satisfied by one partner, compared to other groups. Women who are not married but living with a man (63.8 percent) and those who are not married (65.2 percent) seem to be happy that they have partners and they jumped at the opportunity to say that a man is satisfied with one partner, thereby referring to themselves. Mathematically, it is clear that the remaining percentages of those disagreeing that a man needs more than one partner are low in all categories, since the majority had reported that one partner satisfies a man

Table 9: Views on men's satisfaction by one partner by occupation

Responses	Professional	Technical	Unskilled	Self employed	Unemployed
Agree	61.7	51.6	44.7	69.2	57.8
No opinion	23.4	32.9	5.1	7.3	10.7
Disagree	14.9	15.5	50.2	23.5	31.5
Total	100	100	100	100	100

By reporting that one partner satisfies a man, the women are actually saying that a man should stick to them, this as shown in Table 9 above. This is what (61.7 percent) of the professionals, (51.6 percent) of technical women, (69.2 percent) of the self-employed, (45

percent) of the unskilled and (57.8 percent) of the unemployed that thought so implies. However, (50.2 percent) of unskilled women seem to disagree with women in other occupations reporting that one woman only cannot satisfy a man. This might mean that they are being open-minded about the whole issue, because by believing that one partner satisfies a man does not necessarily mean that it will ultimately happen that way.

4.5 Sexual Practices and HIV/AIDS Prevention Strategies

People's sexual practices are greatly influenced by their attitudes towards sex. For instance, whether or not to use condoms, to refrain from sex when one of the partners has an STD, and so forth. In Table 10, the women's perceptions of their risk to HIV infection are presented. It can be observed that the perceptions of the respondents of their risk to HIV infection were not significantly influenced by their age. The percentages of women who indicated that they were at high risk or had no chance if infection was almost even in all the age groups. However, (55.6 percent) of the (40-44 age group) reported that their chance was medium with (50 percent) of the (45-49 age group) indicating that their chance of getting infected was low. These results could be demonstrating less sexual activity in those age groups as some of them could be divorced, separated or widowed. The general trend of low percentages of infection among the age groups is a disturbing situation since it might mean that the women are quite sure about the extent of their exposure to HIV.

Table 10: Perceptions of respondents to risk of getting HIV infection by age.

Responses	15-19	20-24	25-29	30-34	35-39	40-44	45-49
High	25.2	20.5	23.4	27.7	30.9	0.00	25.0
Medium	14.8	15.2	21.4	19.2	19.7	55.6	0.00
Low	29.7	36.9	34.4	25.8	24.8	22.2	50.0
No chance	31.3	27.4	20.8	27.3	24.6	22.2	25.0
Total	100	100	100	100	100	100	100

It is interesting to note that the reporting according to educational level of the women had a certain pattern (Table 11). (45.9 percent) of the women with primary level of education compared to (21 percent) of women with secondary, and only (12.5 percent) of women with higher education indicated that their risk to infection was high. As illustrated in Table 11 only (22.9 percent) of professional women as compared to (44 percent) of technical and (56 percent) of unskilled women reported that their risk was high. This might indicate that the highly educated women, with professional jobs, view themselves to be at low risk of infection. Consequently, the lower the level of education, the lower the number of women who reported that they had no chance of infection. Similarly, the higher the level of education, the higher the number of women who reported that their chances of infection were either low or there was no chance. It can be concluded that the most educated women take themselves to be at low risk of getting HIV infection.

Table 11: Perceptions of respondents to risk of getting HIV infection by marital status and educational level.

Responses	Married	Living with a man	Not married
High	38.8	13.8	19.4
Medium	20.8	15.2	20.7
Low	21.0	48.1	31.7
No chance	19.4	22.9	28.2
Total	100	100	100
Responses	Primary education	Secondary education	Higher
High	45.9	21.0	12.5
Medium	22.0	20.0	20.8
Low	17.2	32.8	35.4
No chance	14.9	26.2	31.3
Total	100	100	100

Table 11 above shows that (38.8 percent) of the married women reported that they were at high risk of getting HIV infection. This could mean that they are implying that they will get the infection from their husbands. As Campbell (1990) asserts, HIV is predominantly through heterosexual intercourse. Muhwava (1997) and Mann (1992) report that marriage is a proxy for sexual intercourse.³ The married women showed that they had the correct perceptions about their risk to HIV infection.

It can be observed with great interest that (32.1 percent) of professional women and (27.4 percent) of the self-employed reported that they were at lower risk of HIV infection (Table 12). The technical women (44 percent), unskilled (56 percent) and the unemployed (28.9 percent) reported that they were vulnerable to the infection. The results show that there is an almost even distribution of perceptions, reflecting that the women were uncertain of their chances of being infected. The unskilled group of women is the only group that reported a decreasing pattern in their responses from high risk of

infection to no chance of being infected. This might indicate a decisive attitude where people perceive that they are at risk and have no doubts about their risk to HIV infection.

Table 12: Perceptions of respondents to risk of getting HIV infection by occupation.

Responses	Professional	Technical	Unskilled	Self employed	Unemployed
High	22.9	44.0	56.0	21.9	28.9
Medium	16.6	18.0	20.4	21.7	22.2
Low	32.1	21.3	17.8	27.4	28.9
No chance	28.4	16.7	5.8	29.0	20.0
Total	100	100	100	100	100

4.6 Behaviour change to reduce HIV infection

Table 13: Proportion reporting having changed behaviour to reduce HIV infection by age.

Responses	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Yes	23.2	17.8	22.3	28.0	18.4	25.0	0.00
No	76.8	82.2	77.7	72.0	81.6	75.0	100
Total	100	100	100	100	100	100	100

As can be observed by the results in Table 13 above, very few women in the (15-40 age groups) reported that they did something to try to reduce their chances of getting infected with HIV. Not even a single woman in the (45-49 age group) reported that they did something to reduce the risk of infection (100 percent). It can therefore be concluded that the reason behind this is that these women could be widowed or divorced or simply menopausal woman refraining from sexual activity.

Table 14 shows that those not married (40.6 percent) reported that they did something to avoid contracting AIDS. It is possible to suggest that the married women could have

abstained from sex if they were suspicious of their partners or suggested condom use. Those women who are not married and not in unions can afford to say that they did something in view of the fact that they are more empowered to do so. Some of these women are either widowed, divorced or have never been married and, therefore, can manage to abstain from sex without soliciting for compliance from anyone. Married women (44.9 percent) revealed that they did something to reduce their chances of getting infected by HIV.⁴

Table 14: Proportion reporting having changed behaviour to reduce HIV infection by marital status and educational level

Responses	Married	Living with a man	Not married
Yes	44.9	12.2	40.6
No	55.1	87.8	59.4
Total	100	100	100
Responses	Primary education	Secondary education	Higher
Yes	50.4	23.8	37.0
No	49.6	76.2	63.0
Total	100	100	100

Some women who are not married but living with a man (12.2 percent) in Table 14 above indicated that they did something to avoid getting AIDS. Their situation is such that they have to be seen to be faithful to their partners by refusing to use condoms for instance, so that they keep their relationships intact. The married women (55.1 percent) who reported that they did nothing to avoid AIDS did what can be expected of women in their positions. It has already been alluded to in previous discussions that married women have less bargaining power to negotiate for safer sex than those who are not married (Mushinge, 1991). Those who are only living with a man have an obvious reason for not doing anything to avoid AIDS since condom use might chase away their partners. Among

those not married, there are some who are young and single. Some of them have sexual relations with men who are older than they are (Wilson *et al*, 1989). As a result, they have less bargaining power to practise safer sex because of the age difference between them.

Table 15: Proportion reporting having changed behaviour to reduce HIV infection by occupation

Responses	Professional	Technical	Unskilled	Self-employed	Unemployed
Yes	38.3	28.4	67.8	19.4	26.7
No	61.7	71.6	32.2	80.6	73.3
Total	100	100	100	100	100

Few women in the occupation categories reported that they did something to reduce their chances of getting AIDS except the unskilled women (67.8 percent) who reported otherwise (Table 15 above). It is, however, noted with great concern that the majority of women in all occupations except the unskilled (32.2 percent) reported that they did nothing to lower their chances. In Table 15 above, the unskilled women (67.8 percent) felt that they are at high risk of getting AIDS and therefore it can be concluded that for that reason they are indicating that they are doing something to protect themselves. The sexual transmission of HIV infection and other STDs is best prevented by the use of condoms and perhaps, the use of water-based spermicides. A longer-term strategy is to reduce the number of sexual partners and to choose less risky partners, although this is difficult. Promoting non-penetrative sex is also helpful, particularly among the young. Abstinence is a safe option, but it should be advocated only in a realistic context.⁵ (Jackson, 1992). Cultural values around sex that devalue women's sexuality and promote unequal gender relationships are a serious barrier to promoting safer sex behaviour.

Focus group discussions and counselling may, however, help to promote change in a positive direction. Stigmatising particular groups should be done away with since it is actual sexual behaviour that causes risk. Changing sexual behaviour and playing safe can make even prostitution much safer.

4.7 Condom usage

Table 16: Respondents who have ever used condoms by age.

Responses	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Yes	29.5	38.2	39.4	44.0	26.9	22.2	0.00
No	70.5	61.8	60.6	56.0	73.1	77.8	100
Total	100	100	100	100	100	100	100

Table 16 above shows that there were high percentages of those who reported that they had ever used condoms, concentrated between the (20 -34 year category). The young women (15-19 years) and the older women (45-49 years) were the least to report ever using condoms. For the first group, this could be attributed to their youthful age and lack of experience that hinders successful negotiation for condom use. While for the latter, low socio-economic status could be the predominant factor. However, the majority of women in all age groups reported non-use of condoms. Engaging in unprotected, casual sex has enormous risks of HIV infection.⁶

Table 17: Respondents who have ever used condoms by marital status and educational level.

Responses	Married	Living with a man	Not married
Yes	34.7	36.9	62.9
No	65.3	63.1	37.1
Total	100	100	100
Responses	Primary education	Secondary education	Higher
Yes	33.4	65.4	68.7
No	66.6	34.6	31.3
Total	100	100	100

Table 17 above presents the findings from the respondents when they were asked whether they have ever used condoms with their partners. The married women (34.7 percent) and those living with a man (36.9 percent) indicated that they had used condoms before. This is in comparison to (62.9 percent) of women who are not married. Mushingeh (1991) argues that, women who are not married have more leverage to negotiate for safer sex which includes the use of condoms. For those who reported that they had never used condoms, many were among the married women and those living with a man compared to those who were unmarried.

Observations from Tables 16 and 17 lead us, therefore, to conclude that many societies resist promoting easy access to contraceptives, particularly for young people, because they view it as encouraging promiscuity. Schoolgirls however become pregnant, women have illegal abortions, and unwanted babies are sometimes abandoned all indications that people are already having unprotected sex. Condom availability and use, rather than promoting new sexual activity, would make existing sexual practice much safer.

As Jacksons puts it, "It is important to distinguish between sexual norms...and sexual practices. Throughout human history and wherever studied, sexual norms have been standards that people on average failed to live up to. Thus there is always the appearance of a 'breakdown' of sexual norms when, in fact, what we may be seeing is only an age-old divergence between rules and practices."⁷ (Jackson, 1992).

Some churches, notably the Catholic Church, reject condom use as an answer to AIDS, calling this a morally bankrupt solution to the much more fundamental problem of immoral, degenerate social mores (Wermter, 1991). They recommend chastity and monogamy, a return to traditional and Christian teaching. Chastity and monogamy, however, will certainly reduce HIV transmission. Significantly, sexual patterns do not develop in a vacuum but as a result of complex socio-economic and cultural determinants. To ignore these determinants and focus solely on personal responsibility and culpability is to "blame the victim" for circumstances beyond individual control.

The structural determinants of sexual patterns take a long time to change, for example, behaviours resulting from patterns of migrant labour. The short-term solution must be to make existing patterns of sexual behaviour as safe as possible, by advocating condom use or non-penetrative sex. The longer-term solution is to change patterns of sexual partnership through more fundamental socio-economic changes. To ignore the short-term solution, derogatively referred to as a "quick fix," is in effect to condemn large numbers of people to an early death from AIDS. The earlier prevention measures are instituted, the greater the impacts on slowing down the epidemic. Long-term measures will have much less impact than immediate ones. If reminding people of traditional mores and Christian teaching will help to curb the spread of HIV, then it is useful to do this. Such teaching

however may also allow people to dismiss health education on AIDS prevention as moralizing and nothing more. They may see it as an attempt to reinforce church and traditional moral teaching, which they may personally have rejected. In this case the health message may be lost. Convincing women of the seriousness of AIDS may be easier than convincing men. Women already take the major role in avoiding unwanted pregnancies, and they are generally more alert to health issues because of their caring role in the family. Men may not listen to women's fears about HIV and AIDS in a realistic, supportive way, and may continue to put personal pleasure first. In the long run, both men and women will have to be convinced of the importance of safe sexual behaviour to avoid HIV.

Table 18: Respondents who have ever used condoms by occupation

Responses	Professional	Technical	Unskilled	Self employed	Unemployed
Yes	39.2	27.0	41.2	37.0	41.2
No	60.8	73.0	58.8	63.0	58.8
Total	100	100	100	100	100

According to the results from Table 18 above, one's occupation did not influence more women to use condoms with their partners. Among the unskilled and unemployed women, (41.2 percent) acknowledged ever using condoms. Otherwise, all other occupation categories reported low prevalence of condom use. The majority of women, however, in all occupation sectors indicated that they had never used condoms with their partners. It is apparent that because of the subordinate position of women in society, they are unable to convince their partners to use condoms. Again education levels attained had an impact on whether or not women had ever used condoms. The numbers of those who

said they had ever used condoms were different to those who had used them, across all education categories. This indicates that education plays a vital role on whether woman can manage to negotiate for safer sex.

4.8 The Cultural Practices and HIV/AIDS Prevention.

Postpartum abstinence is a cultural practice that is observed after birth of a child. The purpose of this practice is to allow the mother to recuperate after birth (Mararike, 1999). As indicated in Table 19 below, the majority of the women reported that it was the man who influenced when to resume sex after birth. The knowledge of this practice increases or is well practiced, as the couple gets older. In the (40-49 year age group), all the women (100 percent) indicated that it was the man who decided. The results in this table stand to show men's power in decision-making in reproductive and sexual matters. It also shows that if the men have control over sexual matters, it implies that they have control over sexual behaviour, including HIV protection.⁸

Table 19: Partner with most influence to resume sex after birth by age.

Responses	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Men	77.8	76.4	82.1	78.4	82.6	100.0	100.0
Women	5.1	5.3	4.6	5.5	5.9	0.00	0.00
Equal	7.7	12.8	11.7	12.2	8.7	0.00	0.00
Don't know	9.4	5.5	1.4	3.9	2.8	0.00	0.00
Total	100	100	100	100	100	100	100

There was almost equal reporting among married women (Table 20). Those women who are not married, but living with a man (86.3 percent) indicated that the man had the most influence in resuming sex after birth. It is expected that there should be less reporting by

unmarried women (79 percent) as they are just offering opinions and are not speaking from experience. This is because there are some among them those who have not yet had children and have no experience in child bearing and postpartum abstinence. Therefore, the remaining percentage came from women who had no strong opinions about who had the most influence in resuming sex after the birth of a child. The importance of education on such issues as when to resume sex after birth is also noted here. The number of women who reported that it was the man who made the decision decreased as education level increased.

Table 20: Partner with most influence to resume sex after birth by marital status and educational level.

Responses	Married	Living with a man	Not married
Men	85.1	86.3	79.0
Women	4.1	4.9	3.7
Equal	8.6	4.9	11.0
Don't know	2.2	3.9	6.3
Total	100	100	100
Responses	Primary education	Secondary education	Higher
Men	90.8	77.3	63.6
Women	3.4	5.3	2.3
Equal	4.7	12.0	27.3
Don't know	1.0	5.2	6.8
Total	100	100	100

In Table 20 above primary education, (90.8 percent), secondary, (77.3 percent) and higher education, (63.6 percent) reported that it was the man who had the most influence. The percentage of those who reported equal opportunities increased as the level of education increased. As indicated in the above table, primary level had (4.7 percent), secondary (12.0 percent) and higher (27.3 percent) indicating equal opportunities. Those who reported that they did not know in Table 20 are not aware of any significant pattern

in decision making and ironically, their numbers increase as their education level increased. The hypothesis of this study that states that the low economic status of women impacts negatively on their power to negotiate for safer sex practices has been highlighted. Low levels of education reinforce the cultural beliefs that do not promote communication between partners, but higher levels of education enhance understanding and better communication between partners. Individual women need to understand they are not in isolation, they have problems common to other women. They need to support each other to find ways of persuading, or confronting, their men to change the norms of acceptable behaviour within marriage. Women's clubs and other organizations that bring women together could play a useful role in opening up this type of discussion.

According to Muhwava (1997), women married to men who have different partners face particular difficulties. As indicated by the authority that men have, a woman is not supposed to question her husband's authority, to refuse sex when her husband desires it, nor to use contraception unless he approves it, and she is not supposed to question him about his sexual affairs.⁹ A woman married to a man with HIV who does not use a condom runs a high risk of becoming infected over time. Yet the law does not stipulate that he must inform her of his infection or that he must abstain from sex with her. The doctor who advises him to use a condom is not in the bedroom to insist on its use. The wife who is strong enough to refuse unprotected sex with her husband because she is afraid of infection may risk violence, rape or divorce. Some women whose husbands travel a great deal solve the problem by always putting condoms in their husbands' suitcases when they are travelling. Mhloyi (2000) asserts that many women, even if they

are highly educated and economically independent, find sexual negotiation taboo. They may be afraid of an angry, even violent response, or breaking up the relationship. As one woman commented, “It is so uncultured to talk openly about sex with your husband that he would think there was something wrong with you if you raise the subject. ‘Where did you get this looseness from?’”¹⁰

Conversely, it seems to be common for men to view their wives as the mother of their children, and girlfriends to be the main source of sexual pleasure and variety. If their aunts exhorted girls, as some suggest is the norm, not to show sexual pleasure to their husbands for fear of being thought a prostitute, this would also contribute to unsatisfying sexual relationship within marriage and the likelihood of infidelity. Rampant poverty is also fuelling the AIDS pandemic. One slippery assumption, unfortunately perceived as fact, is that each individual has control over his behavior. Multiple sexual partners are an indubitable way of fuelling HIV/AIDS spread. UNAIDS report an HIV prevalence of 86 percent in sex workers in major towns of Zimbabwe. The sex workers know they are going to die but that is their employment in a country that boasts of unemployment and inflation rates beyond (60 percent). A nation that boast of poverty to the people and people to poverty. The sex workers are already poverty-drenched despite their sex wages. Do we expect them to self-retrench themselves for worse poverty? They do not even hide their reasoning: better die of AIDS years from now than of starvation tomorrow.

For men whose work frequently takes them away from home the need for alternative relationships is greatly increased. "Ethnographic analysis (also) offered insights into why

long-distance truckers hire women who sell them sex. Drivers spoke movingly of the loneliness and monotony of their work, of the strain it imposes on marriage and family life, of long, dark evenings on highways, of Spartan, drab hostels and of the ‘anti-community’ environments, of depots, road-stops or hostels dominated by males.¹¹ One spoke wearily of only hearing male adult voices,” (Wilson *et al*, 1991). The options open to married women who are afraid of their husbands having other relationships, and infecting them, include one or a combination of these:

- trying to talk to their husbands about their fears or identifying appropriate relatives to talk to them;
- insisting on condom use for themselves or encouraging their husbands to use condoms with their girlfriends and sex workers;
- trying to educate their husbands about AIDS, either directly or indirectly (such as by bringing AIDS material home and asking husbands to talk to sons or their wives about it);
- trying to make the sexual relationship within the marriage as fulfilling as possible to reduce the husband’s need for other relationships;
- refusing sex, at least when the husband has genital sores or other signs of STD;and
- leaving or ending the relationship.

For different women in differing circumstances some, or all, of these options may seem utterly impossible. Individual women need to understand they are not in isolation; they have problems common to other women. They need to support each other to find ways of persuading, or confronting, their men to change the norms of acceptable behaviour within marriage. Women's clubs and other organizations that bring women together could play a useful role in opening up this type of discussion. The knowledge that they may pass HIV to their future babies may give women courage to protect themselves. By promoting condom use, or no longer accepting their husbands having other partners, they are protecting the future generation as well as themselves. In some respects fundamental cultural attitudes to sex is a particular problem. The value on a woman having a dry vagina and not enjoying sex may create a potential physical risk through friction. So, too, may the emphasis on a relatively violent first sexual encounter in any new relationship. One woman in Rusape (personal communication) gave the basis for this insight into this:

I had sex with a man recently who expressed afterwards how surprised he was that I enjoyed it and I was wet. He said he thought it's because I naturally like sex and he'd have sex with me too many times to stop me going with other men. There is a dignified way a woman is supposed to respond to a man in bed, or you look bitchy. You look loose.¹²

Women easily find themselves in a no-win situation within marriage: if they try too hard to please their husbands sexually, and enjoy sex themselves, they may be considered unfit wives, if they do not please their husbands enough, the men are likely to seek girlfriends or prostitutes. In either case the demands on many men travel, or to be apart from their wives for work, make monogamy difficult. As one soldier commented: "I'm apart from my wife for six months at a time. What am I supposed to do?" Likewise, wives may

accept it as inevitable and normal for their husbands to seek sex elsewhere, and some feel the need for this themselves. These cultural values are difficult to change, partly because sex is a taboo area to talk about. A possible starting point might be through group discussions among women or among men about sexual beliefs, attitudes and practices.

These groups would provide an opportunity to share ideas and information between the sexes through feedback from the groups, for example, it may not be true that many men prefer their partner's vagina to be tight, dry and hot. Some men find dry sex painful and are disappointed that their partner is not at all sexually aroused when they genuinely wish to give, as well as obtain pleasure. Men may be as trapped in these cultural expectations as women are. Husbands might enjoy a varied sex life with their wives, if the wives are sanctioned to participate fully in sex without being considered "loose." Many men have never thought seriously about women's sexual pleasure, they could greatly enrich their own sex lives by being better informed about different sexual techniques and activities that arouse women. The advantages in this for women and for the family integrity are obvious.

Counsellors, including those in the church, could also play an important role in promoting varied full sexual relationships in marriage, with both partners gaining and giving pleasure. Yet the churches, while extolling monogamy, rarely do this. An exception is Pastor Machamire, of the Seventh Day Adventist Church, whose counseling does emphasise enhancing male and female sexual pleasure within marriage (Machamire, 1991).

4.9 Control and Prevention of STDs, the Gender Issues

The control of sexually transmitted infections has been identified as an important measure to control the spread of HIV/AIDS. STDs particularly open sores on the genitals provide easy access for HIV/AIDS (Mararike, 1999). During focus group discussions, the issue of STDs was addressed. The rural and urban men said, “ couples are not open with each other because they fear the reactions of the other partner.” It was revealed that men are afraid that their wives would demand to know how one got the disease.¹⁴ “At least it is easy for the men to say he has an STD but not easy for the women. This is because everybody knows that the men go out with many women,” argued one man from Rukweza.

Some statements that came from the discussions showed that the audience had some misconceptions about STDs. For example, one rural man from Nyabadza said, “ There is no way a disease can show in the woman alone and not in the man. If this happens, it means the woman has been unfaithful and she got the disease from outside.” One urban man in Rusape Town had this to say about how he selects his sexual partners, “You can easily tell whether a woman has AIDS or not. If a woman looks fit, strong and smart then you can take her to be AIDS free. In many cases, if I see that I really like the woman, I will not use condoms on her.” The focus group discussions gave the urban and rural woman a chance to express their views about the transmission and treatment of STDs. As one rural woman reported, “There is nothing that a woman can do to protect herself from getting an STD from her husband. You just sit and watch these things happening and hope that they will come to an end one day,” she added. The women in both rural and

urban areas reported that they feared to tell their husbands that they had an STD because the men would accuse the women of bringing the disease from outside.”So keeping quiet is the best solution,” one woman said. However one woman thought that there was a solution to these problems. She said, “ The truth will come out at the clinic when you go to complain about some pains. The nurses will ask you to bring your partner but the men will always refuse and say that they get treated at their workplace clinic.”

In a rural FGD, one mature woman had a word of warning to the other women. She said, “ a woman must not be seen to be unfaithful. She must just stay at home and remain faithful.”¹⁵ She was quick however to say that some married women these days wear very short skirts which leaves little to imagination and in her own opinion it means that these woman are having extramarital affairs since they will be advertising themselves. The short skirts are a means of appetizing some men. Many women practise what is now referred to as occasional sex work. This is very difficult to dig up because most of the women are married and some of them formally employed. They temporarily resort to sex work to raise money in times of hardships, that is, when a close relative is ill, when school fees are due or during such other occasions. What can be concluded from this discussion is that, the couples do not talk openly and in harmony about STDs. This does not promote effective control of STDs. At the same time, the couples are bound to re-infect each other as one might get treated while the other does not. One woman pointed out that they some times are the ones who promote prostitution because they refuse to make love with their husbands when they want it most. Some women lacks personal hygiene once they are married they tend to relax too much. On one of the FGD with boys

they said that they sometimes use condoms but if a lady demanded that a condom be used then she is too familiar to love making and therefore she is a prostitute, worse if she produces one.

Vertical transmission is one of the ways that HIV can be passed from one person to another. This can happen during pregnancy and after birth, through breast-feeding. Men and women in the FGDs had different views about whether or not people should be tested for HIV before they have children. During an FGD with men from Rusape Urban, one man said, “ I do not think that there is any need for testing. Some people who are HIV positive are having children who are HIV negative, but if you have many children dying after birth then you can go for AIDS test.”

Some men however thought it was a waste of time and money to pay for maternity fees for babies who will die after all. Some men thought it was a good thing to be tested and know about one's HIV status so that one can live positively once tested positive. As another man indicated, “ If you test positive you can eat fruits and stop drinking beer. You will live longer.” However, another man thought it was pointless to be tested because if he is found to be positive what would be his next step knowing that there is no cure for the virus. “It's better to die a happy man without knowing my status than to die of stress,” he added. Some women however expressed concern at the issue of raising money for the test. They reported that there is a problem of where to get the money for the test. This shows that people are not aware of the fact that the fees for testing are heavily subsidized and they can pay as little as Z\$50.00.

A heterosexual epidemic is sustained and spread by multiple sexual partners necessarily both men and women so that I pass the infection to my wife, she passes it on to her man friend who passes it on. The fact that AIDS cases are increasing exponentially is evidence of how rampant shared partners are in fact ubiquitous! That is where occasional prostitution is. Mistresses and unofficial wives are common knowledge. They are usually a preserve of the affluent men who afford renting an apartment or home and material sustenance for the women. Are these women after the man who affords them one or two days a week or economic survival? Cases of abuse and their omnipresence are again well-known: school girls by sugar daddies, trainee teachers by their lecturers and headmasters, secretaries by their bosses, those seeking employment by the potential employers and so forth. Are we going to pass moral judgment or face starvation realities? Explanations are difficult if economic factors are taken as the main effect, independent of other variables. Instead, income together with education and occupation shape one's life determining the physical environment and the associated exposure to pathogens, social environment with socialization and psychological development and health behaviours. Whichever way, poverty shoves us into AIDS and death. If money has so much role, who is really deciding that we die?

Notes and References

- 1.Focus Group Discussions, that were held, in Rusape Town
- 2.Focus Group Discussions held with professional and self-employed women at a Workshop organised by FACT, Rusape Branch
- 3.Muhwava, W., (1997) *The Demography of Zimbabwe: Some Research Findings*, Earthware Publishing Services, U.Z. Harare
- 4.Focus Group Discussions, that were held with married women, in Nyahukwe
- 5.Jackson, H., (1992) *AIDS, Action Now*, Jongwe, Harare
- 6.Interviews with men and women on condom usage at Nyazura Mission
- 7.Jackson, H., (1992) *op. cit.*p.127
- 8.Focus Group Discussions held with women on who influences sex after birth at Denzva Resettlement Scheme
- 9.Muhwava, W., (1997) *op.cit.*p.58
- 10.Mhloyi, M., (2000) *Improving HIV Prevention and care for Women*, A paper presented at the Women's Day 2000, Harare, Zimbabwe
- 11.Wilson, D.R., *et.al*, (1991) *Behavioural Research to Develop Intervention Strategies among Prostitutes and Clients in Urban and Rural Zimbabwe*, presentation to the VII International Conference on AIDS, Florence
- 12.Interview with some woman in Rusape Town (she would not say her name)
- 13.Machamire, P., (1991) Address to an Open Meeting of the AIDS Counselling Trust, 27 February, Harare, Zimbabwe
- 14.Discussions held with rural and urban men (on separate days)
- 15.Focus Group Discussions that were held at Rukweza Business Centre.