CHAPTER FIVE:

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction:

This chapter gives an overview of important considerations in various chapters, research findings and recommendations. Treatment and control of STDs, reduction of sexual partners, the promotions of condom use and voluntary counseling and testing for HIV are discussed and their effects highlighted.

5.2 Discussion

It can generally be acknowledged that HIV/AIDS can be prevented if people use condoms effectively and consistently with every sexual encounter (Marowa, 2000). There has been a lot of advocacy for people to reduce the number of sexual partners and to stick to one partner. It has also been established that the control and treatment of other sexually transmitted diseases, especially genital ulcer diseases, could greatly reduce the chances of transmitting HIV to other people[1] (Campbell, 1990, Latif, 1996). So far, nine centers (called New Start) countrywide have been established in Zimbabwe to provide voluntary counseling and testing to prevent the vertical transmission of the disease. Government and Non-Governmental Organizations have not been found wanting in terms of providing a variety of services to the nation to curb the spread of HIV. However inspite of these efforts, the HIV infection rates continue to escalate. This prompted the researcher to study the gender perceptual differences on the HIV/AIDS prevention

strategies. The discussion in this chapter however will focus on the five major HIV prevention strategies.

5.2.1 Treatment and Control of STDs

The lack of treatment and control of STDs, especially genital ulcer diseases have been found to facilitate the transmission of HIV infection (Campbell, 1990). As the name suggests, STDs are passed from one person to another through sexual activity, therefore, it is clear that for people to control the spread of STDs, they should abstain form sexual activities, refrain from sex when either partner is infected with an STD or use condoms with every act of intercourse. All this can only be possible when sexual partners communicate openly about the presence of an STD and get treated at the same time. As was discussed however during FGDs, communication about STDs does not exist among many sexual partners because the partners especially men are afraid since women would want to know the origins of the disease, therefore they prefer to keep quiet about it and get treated alone in privacy. During an FGD in Nyahukwe, one woman reported that they usually have sex in the dark so there is no way she could tell whether her partner had an STD.[2] In Rusape a woman reported that one could always find out at the clinic even if the husband kept quiet about it. The woman said that the only problem would come when the nurses ask for the partner to come for treatment. The control and treatment of STDs requires the full co-operation of both partners. The results from FGDs show that there are elements of trust and fidelity that partners will be trying to protect, both partners must be treated at the same time to avoid re-infection.[3]

There was a general feeling of hopelessness among the women that was expresses in the FGDs. Both rural and urban women indicated that there was not much a woman could do to protect herself. Most were scared to tell their husbands that they had an STD in case they were accused of infidelity. There is need, however, for couples to create a conducive atmosphere for communication about STDs to become possible and acceptable. Awareness programmes are also needed to enhance the knowledge of the people about the signs and transmissions of STDs.

There is need, however, to subvert the exclusive male tradition of posturing men as the only key decision-makers and to bring men together to discuss cultural and social issues related to gender justice and equality. Any policies and programmes on HIV/AIDS should aim at eliminating power imbalances in gender relations.

5.2.2 Reduction of Sexual Partners and Sticking to one Sexual Partner

In this study women generally agreed that a man does not need more than one partner, the high percentages of women according to marital status indicates this. The level of education was found to influence the women's thinking on the number of sexual partners. This however was just the women's view.

An interview with men in FGDs revealed the issues as different. They reported that it was ‘natural’ for every man to sleep around. They reported that a man who did not sleep around is believed to have been given love charms by his wife. They blamed their wives, reporting that sometimes the wives refused them sex whenever they got disappointed

about something. Some urban man complained that their wives did not hug or kiss them when they got home unlike what happens with their girlfriends. Both urban and rural men reported that when women got married they tended to relax too much and forget to impress their husbands. The men also admitted that sometimes they sought extramarital affairs when they were under the influence of alcohol. It can be observed that there is a gap between what the women viewed as the ideal situation and reality. Men have attitudes that perpetuate their intentions to have extra marital affairs. While this is so for men, Bossio (1990) asserts that some women also have more than one partner as an economic survival strategy. Guyer (1995) states that many women have no marketable skills and sometimes have no partners to support them, therefore messages to stick to one partner or reduce the number of partners do not work for them.[4] Instead they might even increase their economic resource base. Women in urban areas are known to have relatively stable unions with several men, each of whom contributes to the welfare of the women's family (Lamptey and Patts, 1990).

It can be concluded, therefore, that gender attitudes and practices that influence men and women to have many sexual relationships will put them at a high risk of HIV infection in the end. These attitudes need to be addressed if HIV strategies are to make any meaningful impact in the reduction of HIV transmission.

5.2.3 Promotion of Condom Use

The use of condoms is one of the strategies for HIV/AIDS prevention that has been heavily publicized. Many messages on condom use have come through the electronic

and print media. Protector condoms are widely available in chemists and supermarkets and other condoms are distributed free of charge. The female condom has also been introduced in the country to give women a technology they might control. Findings from this study, however, revealed that there were attitudinal factors that hindered the use of both male and female condoms. The majority of the women indicated that it was acceptable for a married woman to ask her husband to use condoms, and notably the level of education played a vital role here.

While the women recommended that it was acceptable for them to ask for condom use, there is ample evidence to suggest that their perceptions differ in practice. Sexual partners have trust and fidelity that they cannot afford to lose by suggesting condom use. Raising the issue of condoms raises painful issues of trust and infidelity that men and women would rather not confront (Arriaganda, 1990). Besides Basset and Mhloyi (2000) asserted that some men claim that they will not get full value for money paid for sex if they use condoms, furthermore, some men believe that using a condom is like having a bath while wearing a raincoat.[5]

The results from FGDs confirmed the problems faced in the use of condoms. One man from Rusape said that by suggesting condom use, a woman will be admitting her own infidelity or insinuating that her husband has been unfaithful. Some women reported that condoms were not for married women but for men to use with prostitutes when they go out. These sentiments serve to show how the condom has been stigmatized as only suitable for sex workers only. Guyer (1995) has contended that some young women have

sex with men who are much older than they are, therefore because of the age gap the young women are in an inferior position to negotiate for safe sex practices such as condom use.[6] The married women (38.8 percent) reported that they were at high risk of HIV infection compared to those not married but living with a man (13.8 percent) those not married (19.4 percent). This situation indicates that women who are not married have more leverage to negotiate for safer sex than married women. This is because bargaining is already an explicit part of their sexual encounter (Mushingeh, 1991). The professional, technical, self-employed and those not employed women reported that they were at low risk of HIV infection. The unskilled women (56 percent) reported that they were at high risk and also reported that they did something to protect themselves.

It can be viewed therefore that people's low perception about their risk to HIV infection can be a hindrance to condom use or to practice other safer sex methods. These findings also revealed that the majority of the women did not try to reduce their chances of getting AIDS. This indicates that although the condoms are easily available, they stand in the way of maintaining trust and they also create unnecessary animosity between partners. The three objectives of this study that sought to look at sexual attitudes and cultural practices have succeeded in bringing out the intended results.

5.2.4 Voluntary Counseling and Testing for HIV

The results revealed that more and more people are now aware that they can be tested for HIV as evidenced by the FGDs. The men and women indicated that it was much better to get tested and avoid paying high maternity fees for babies who will eventually die. They

also indicated that it was good for one to know of one's HIV status. "You can eat nutritious food and fruits, that way you live longer," reported a man form Rusape. However some were very much afraid of being tested. One man from Rukweza suggested that it was better not to be tested since there was no cure for AIDS, his suggestion was that it is better to die in ignorance slowly than to die quickly because of stress.[7]

5.3 Conclusion

It can be concluded that the three objectives of this study that sought to look into sexual attitudes, cultural practices and sexual practices succeeded in bringing out the gender perceptual differences and their effects on HIV/AIDS prevention. Furthermore, the stated hypotheses were found to relate to the objectives as they worked to unfold the gender perceptual differences on HIV/AIDS prevention strategies.

Among the five major prevention strategies, condom use has been found to be the most widely publicized. However, the findings form this study revealed that there was no link between perception and practice about condom use. While the women in the study reported that it was acceptable for married women to suggest condom use with their husbands, further investigation through FGDs revealed otherwise. The men in the FGDs reported that it was not proper for a woman to request condom use as this implied that she was not being faithful herself or was accusing her husband of infidelity. The women also stated that even if they suggest the use of condoms their husbands would refuse flat out. As a result, condom use is seen to require male compliance and women have no control over it. This stands to agree with the hypothesis that married women use

condoms less compared to those who are not married. It can therefore be concluded that condom use can not be viewed as an effective and appropriate HIV prevention strategy especially for married couples.

Literature in this study indicated that many women who had no income and sometimes no partners to support them, had multiple partners to support them. Therefore these gender attitudes and low socio-economic status of women seem to perpetuate multiple partner practices. Also revealed by literature was that STDs, particularly genital ulcer diseases enhanced the transmission of HIV. It was also indicated that it was important for both partners to be treated so that they do not re-infect each other. The FGD however revealed that there were barriers to communication between couples concerning STDs. The men reported that they were scared to report to their wives that they had an STD in case the wives demanded to know the origins of the disease. One the other hand, the women reported that they would not tell their husbands that they had an STD in case they were accused of infidelity. The result was that the couple sought treatment separately. The gender issues of trust therefore stand in the way of communication about effective treatment and control of STDs.

It was also apparent that there was a strong relationship between education, occupation and sexual attitudes and practices. The most educated and professional women were found to regard themselves as being at low risk of HIV infection, through practicing safe sex and hence more likely to use condoms at most sexual encounters. Education level therefore played an important role as far as negotiating for safe sex is concerned.

In conclusion, this study becomes a starting point for further studies, which this research could not go through. However, the plight of women in caring for HIV/AIDS victims as a major hindrance to development with specific reference to Makoni District has been covered.

5.4 Recommendations

The hypothesis that, gender plays an important role in the prevention of HIV/AIDS infection is a plausible one and therefore appeals to policy makers and implementers to be sensitive to gender based responses. It is important that gender approaches to explanation of social pathology is not limited to reproductive issues, but should be considered in all other fields. Sticking to one faithful partner for example should be directed at the young people who are starting relationships or to be told about abstinence until the proper time comes. Older people should reduce the number of sexual partners, stick to one faithful partner and use condoms consistently and effectively. It has been found that people's sexual attitudes influence their sexual practices more than education or work status may do. There is need however not to emphasis on changing people's attitudes but to instill more confidence in the less privileged groups and encourage those who are already privileged to collaborate rather than to exert authority. This way, communication about condom use and treatment of STDs will be enhanced, our culture however disadvantage women massively as far as decisions in the homes are concerned. It can also be recommended that more programmes for behaviour change should be

targeted at men since it has been found that their compliance for condom use is crucial and that they control reproductive decisions as well as sexual practices.

5.5 Areas of Further Research

Previously, there hardly been any work written on the plight of women in these trying times of the AIDS pandemic. Little or nothing had been covered on women as the bearers of carework and therefore depriving them of political, social and economic development. This research serves as an eye opener for further studies. Consequently not all could be covered. There are other areas of research on HIV/AIDS. Examples could be how women can be given full share of their joys and the role of men and women in the HIV/AIDS pandemic among other various areas.

Notes and References

1.Campbell, I.D., (1990) *op. cit.*p.76

2.Focus Group Discussions that were held in Nyahukwe

3.Interview with some unknown woman in Rusape Town

4.Guyer, J., (1995) *op.cit.*p.169

5.Mhloyi, M., (2000) *op.cit.*p.153

6.Guyer, J., (1995) *op.cit.*174

7.Focus Group Discussions that were held with men from Rukweza