UNIVERSITY OF KWAZULU-NATAL

Structural violence and the spread of HIV/ AIDS among women in Bulawayo, Zimbabwe

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DECLARATION

I Ntombizakhe Moyo declare that:

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DEDICATION

This study is dedicated to the favourite woman and man in my life, that is, my mother Mrs. H. Sitetema Moyo and my husband Mr. Nkosana Nyoni; and also to Brethren In Christ Church -Lobengula congregation.

ABSTRACT

The purpose of the study was to assess the impact of structural violence and the spread of HIV/AIDS among women and girls in Bulawayo. It is noted that the spread of HIV/ AIDS is high among women and girls in Bulawayo, similarly to the rest of the world. There have been a number of studies that were carried out seeking to find out what causes the spread among women, but it seems as if there has not been a substantial solution to the problem, as the rate of infection is still escalating. There has not been much work done in connection with the causes of the spread of HIV/AIDS among in Bulawayo.

A qualitative method of collecting data was used; these are structured individual interviews and focus group interviews. An interview guide was designed for individual interviews, who were informants in the city working directly with affected and infected women. To complement the interviews, focus groups interviews were held with two groups of people, “Touch the Hem” (HIV) support groups and a group of commercial sex workers in the city. An interview guide was also designed for the focus group interview, based on issues that needed clarity and verification from the individual interviews. Permission was granted by individuals involved and ethical considerations of conducting the study were carefully considered.

The findings of the study indicated that the spread of HIV among women is caused by high levels of concurrent sexual partners, early sex by girls with older men who are already infected with HIV, gender imbalances, commercial sex work, domestic violence, imbalances in sexual relationships, lack of health information and poverty. It was indicated by the findings of this study that some of these causes have links with structural violence.

It is recommended that both men and women should be educated on health and HIV related issues, and that exploitative and unjust, cultural, political and socioeconomic structural systems should be eradicated in order to establish positive peace.

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral drugs
CSW	Commercial sex workers
FGD 1	Focus group discuccion1
FGD 2	Focus group discussion 2
HIV	Human Immunodeficiency Virus
OI	Opportunistic infections
PSI	Population Services International
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/ AIDS
UNDP	United Nation Development Programme
UNGASS	United Nations General Assembly
UNIFEM,	United Nations Development Fund for women
USIP	United States Institute of Peace
WHO	World Health Organization

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CHAPTER I

INTRODUCTION

1.1. Introduction

This study seeks to explore the linkages between structural violence and the spread of HIV/ AIDS among women in the city of Bulawayo in Zimbabwe. Throughout the study, the term women will be used to refer to both women and girl children.

Structural violence is violence embedded in structural systems. It is not a new concept, it is a model coined by Galtung in the mid 1970s (Galtung 1996). Galtung witnessed field workers in Rhodesia under the British colonial rule who were struggling for survival due to structures set by the colonialists that had harming effects to the black field workers. In spite of the relationship the colonialists and the field workers held, which was characterized with harmony, cooperation and integration, the blacks were hindered by structures, policies and procedures set by the colonialists, which decreased their opportunities.

According to Galtung (1996, p.2), structural violence, is psychological and physical constraints that result from social structures. It can exist between humans, thus societies, it can be between sets of societies such as alliances and religions, and inside human beings where indirect, non-intended, inner-violence from personality structures. Nordstrom (1994) in Harris and Lewis (1999, p.20) advocates that “structural violence encompasses enduring and less visible forms of violence-personal, domestic and community as well as societal- that arise as a result of unequal power relations”. It should be noted that social systems may create unequal power relations, which in turn will cause harm to the less powerful and wealth distributions. Both Galtung and Nordstrom seem to imply that the extent of structural violence can range from nations, societies, groups to individuals.

In definition, structural violence is non-intended harm caused by societal structures, procedures and policies within a given system, leading to a situation where the marginalized and the powerless are exploited, oppressed, denied most opportunities of development, while the few elite benefit from the whole system. Additionally, structural violence can be defined as the absence of positive peace, which is a situation where harm is imposed to people, not by events such as war, but by existing structures and procedures.

1. 2.The historical background of the study

1.2.1. Structural violence in Bulawayo

In Bulawayo, structural systems maintain a chasm between the poor and the rich, the educated and the none-educated, women and men, the sick and the healthy; this is a reflection of the existence of structural violence in the city. The elite of the colonial era set systems and policies which largely benefited themselves, creating power imbalances and inequalities in life. These systems are followed by those in power today. Structural violence is observed at the societal level, as systems adversely affect the quality of life of the majority, marked with issues of high death rate due to preventable diseases such as cholera, malaria and HIV/AIDS, poverty, homelessness, illiteracy and life expectancy has fallen to below 40 years (The witness 2009, p.1). The populace has limited access basic commodities; there is a high rate of unemployment that is over 94% due to *deindustrialization*, which has also led to a massive exodus of trained and skilled people in search of better remuneration and working conditions (The Witness 2009, p.1).

The economic meltdown, which has been severe since the early 1990s, has made life to be unbearable for the nationals, especial women who are economically dependent on men who are also struggling economically. Madziwa (2005, p.43) says “In desperation some women are turning to prostitution to look after their families and thus exposing themselves to HIV infection and re-infection”. Moreover, the economic turmoil has led to the decline of health care standards, while the medical services are decreasing drastically. As already indicated, married men migrated and are not supporting their families, leaving their responsibilities of heading homes and families to women. Women struggle to meet the needs of the family, so much that some of them end up adopting risky behaviours

such as selling sex to earn a living. In cases of illness, women are expected to take care of the ill forsaking some crucial responsibilities such as professional and improvements; they have to run around making burial arrangements for funerals. Furthermore, in cases where there is a man at home, the woman cannot make choices concerning her personal life due to the cultural tradition that determines male domination in all aspect of social life.

Madziwa (2005, p.46) suggests that "the economic hardships are forcing many women to remain in violent relationships that often expose them to infection and re-infection to HIV". However, it is assumed that the spread of HIV among women in Bulawayo is not only limited to violent economical systems, but there are also other violent structural systems that expose them to the risk of infections; such as the cultural systems, political systems, and social systems and being unprotected by legal systems.

1.2.2. The legal law and women

The law of Zimbabwe is protective to women to a certain extent. According to section 11 of the constitution of the Republic of Zimbabwe (1999, p.8) the Bill of Rights the women like man are entitled to the fundamental rights and freedoms of the individuals. Yet, again the same constitution in Section 23 (2) allows women to be dealt with according to customary law in connection with family, marriage, divorce, inheritance and other related issues. Due to that women are violated and oppressed by their male counterparts basing on that declaration overriding the declaration on rights.

1.2.3. The cultural and social systems of Bulawayo and women

The Ndebele cultural and social structures maintain the dominance of men at the centre of power over women at the periphery. Women are seen as those whose main role is to be caregivers and child-bearing, yet these do not bring a meaningful profit to the women. The cultural and societal systems promotes a situation where most of the highly paid job positions such as managerial and leadership positions are held by men, leaving women with limited job opportunities. Most women did not get opportunities of education and training because the cultural and social systems did not permit them to do so. The women are denied worth, fulfilment, economic and social well-being as they live through exploitative and repressive societal and cultural systems, which leave them with limited

choices in life, exposing them to poverty, high death rates, substandard housing and other related issues. These conditions may also expose women HIV/AIDS infections, whereas men are given the right to dominate the life of women.

1.2.4. HIV/AIDS in Zimbabwe

Zimbabwe is one of the nations of sub Saharan Africa, which has the highest rate of HIV inflection and high AIDS death in the entire world (UNIFEM 2004). Like the rest of the sub Saharan nations, Zimbabwe has been severely affected by the epidemic (UNGASS 2008, p.4). However, unlike the rest of the Southern African nations, such as South Africa, Mozambique, Botswana and other neighboring nations, Zimbabwe is going through a decline as indicated by UNGASS (2008, p.4) and UNAIDS (2007, p.6), which reveals that HIV prevalence in Zimbabwe was estimated to be 26.5% in 2001, and in 2003 the rate declined to 23% and in 2005 to 19.4% and to 15.6% in 2007. The decline is accredited to high mortality and change in human behaviours. However, the same report reveals that the rate of infection is still high among women throughout the world rating at 77% of the infected population in sub-Saharan region.

1.3 Motivation for the study

The fundamental reason for choosing this study was to find out the factors that causes the spread of HIV among women in Bulawayo, and the impact of structural violence to the spread of HIV/ AIDS among women in Bulawayo.

The researcher sought to find out if the following assumptions about the causes of the spread of HIV are correct. Women are said to be more vulnerable to infections due to their biological make-up and social reasons. Cultural systems such as polygamy, widow inheritance, male dominance in sexual intercourse, sexual violence and other factors increase the risk of infection of women. Gender imbalances seem to create economic inequalities, making women to be economically dependent on men such that they cannot get away from their abusive husbands. For these reasons, this paper seeks to establish the actual causes of HIV/ AIDS among women in Bulawayo and assess if there are any linkages between structural violence and the causes of HIV.

1.4 The research question, the overall objective and specific aims

1.4.1. The research question

The research sought to answer the following question: What are the actual linkages between structural violence and the spread of HIV/ AIDS among women Bulawayo?

1.4.1. Overall objective

The purpose of this study was to assess the impact of structural violence on the spread of HIV/AIDS among women and girls in the city of Bulawayo, Zimbabwe.

1.4.2. Specific aims

- To explain the nature, the extent and the consequences of structural violence
- To examine the potential linkages between structural violence and the spread of HIV/AIDS
- To identify the nature and the extent of actual linkages between structural violence and the spread of HIV/AIDS among women and girls in Bulawayo, Zimbabwe

1.5 The Methodology

As the mean of addressing the specific aims of this study, data was collected from written documents and field research, which involved qualitative data collecting methods of individual interviews, complemented by focus group interviews. Qualitative data is defined by Collins et al (2000, p. 235) as the process where first hand information is sought through in-depth inquiry from the experienced, who can give detailed description in words, pictures and diagrams instead of figures. This method was chosen basing of the nature of this study, which required in-depth descriptions that gave detailed descriptions of structural violence and the spread of HIV/ AIDS based on the participants' intimate knowledge and experience on this issue from their everyday life.

1.5.1. Documentations

Documentations were used to achieve specific aims one and two. Mouton (2001, p.107) wrote about documentation, says "this methodology consist of analysing previously gathered and captured survey data". Data was collected from written materials: academic books, academic journals, academic articles, official publications, reports by government and organisations such as UN, also other written sources of information available elsewhere were incorporated in an attempt to find out on the extent, nature and consequences of structural violence and its potential linkages with the spread of

HIV/AIDS among women. The collected data was analysed to assess the problem at hand.

The method of literature examination is chosen because it provided the researcher with a context, a theoretical base and an extensive collection of data in the field of study.

1.5. 2. Interviews

This study also utilised individual structured interviews of key informants. An interview is defined by Collins, et al (2000, p.176) as a data-collection method that uses personal contact and interaction between an interviewer and an interviewee. Rubin and Rubin (1995, p.31) in Mouton (2001) adds saying, " interviews are more narrowly focused on a particular event or process and are concerned with what happened, when and why, to gain information on issues that would be raised from the focus groups interviews to be held".

Four key informants were interviewed: the director of "Touch the Hem" HIV support group, the director of "New Life centre", which is an organisation dealing with testing and post counselling of those infected and affected by HIV/ AIDS, a director of commercial sex workers' rehabilitation centre, and a community pastor. The selection of these was based on the fact that these are directly involved with the infected and affected women in their daily working experiences. Interview results were written down and analysed at the end.

1.5.3. Focus groups interview

Semi-structured interviews complemented individual interviews, as a follow up on some issues that needed clarification based on women's experiences. The question guide of the focus groups was compiled from issues that were raised during individual interviews. Two sessions of focus group interview were held with "Touch the Hem" (HIV) support group and a group of commercial sex workers, described below:

"Touch the Hem" (HIV) support group: This support group is one of the support groups in the city that exists to offer psychosocial support to those infected and affected with HIV/ AIDS.

This group is made up of about seventy members, and there are only two men. Focusing on this group was an advantage as it is composed mainly of women who have accepted their status and are likely to be victims of structural violence. Hence, these individuals were aware of events and incidences that could have led to their infections and they made relevant contributions to the study as they shared experiences. Moreover, sharing their life experiences was not a problem as they always meet to give each other support equipping each other on positive living. The group is a branch of the organisation that the researcher is linked to. Additionally, this group was chosen because it was easy to gain access to as opposed to going through protocols of government representatives to gain access to such groups. The advantage of this group was that, this group is experienced in participating in such studies, since most of the people use it due to its flexibility. For this reason, the researcher and her companion who is a fellow student at the university, who was also carrying his similar study arranged to have an interviews with this group on one of their meeting days.

Commercial sex workers: This group was made up of a group of commercial sex workers in the city who reside in a rehabilitation centre, being in the process of seeking to improve their lifestyle as they become empowered, learn self reliance and other related issues. This group was chosen because it was made up of people who are forced by structural systems to take risky behaviours knowingly so as to earn a living. A discussion with this group helped the researcher to know what motivated the women to embark on risky behaviour.

Focus groups gave the researcher a variety of opinion on issues causing the spread of HIV that helped her to identify the links with structural violence. Each session was an hour as suggested by most scholars such as Morgan (1988) and Krueger (1994).

The objectives of using these qualitative data collecting methods were to identify the causes of the spread of HIV among women, and to identify links between the suggested causes and structural violence basing on the experiences of the participants.

1.6. Dissertation structure

- Chapter two is a review of relevant literature on structural violence, peace, gender imbalances and inequalities and the spread of HIV/AIDS.
- Chapter three discusses the research methodology to be utilised to undertake the study.
- Chapter four presents the findings which will be analyzed in connection with the objective of the study.
- Chapter five is a conclusion of the study, limitation experienced during the study and recommendations.

CHAPTER II

LITERATURE REVIEW

2.1 Introduction

This chapter is based on a review of literature on structural violence and other peace concepts related to structural violence. It focuses largely on linkages between structural violence and the spread of HIV/AIDS among women.

Literature review is referred to by Mouton (2001, p.87) as scholarship review. This chapter is based on a review of the existing scholarship or available body of knowledge to see how other scholars have explored the issue at hand. Thus, scholarship review afforded the researcher the opportunity of identifying and critically review what other authors have written on: the nature, the extent and the consequences of structural violence, and the potential linkages between structural violence and the spread of HIV/AIDS, on the nature and the extent of actual linkages between structural violence and the spread of HIV/AIDS among women in Bulawayo. It provided a theoretical base and a detailed context of this work, enabling the researcher to realise what has not been covered in this field, particularly in reference to the city of Bulawayo (Hofstee 2006, p. 91).

In mapping the history of HIV/AIDS, the origins of the disease are traced back to the mid 1950s in Africa, and the first cases of infections were first noted in the early 1980s in America (Dixon 2002, p. 23). As indicated by given statistics, the disease was common among men in its primitive phase. With time, the disease began to spread rapidly among both males and females. At the moment, the diseases seems to have turned to become the disease of the females, the rate of infection gradually became very high among women throughout the world, with Sub-Saharan Africa having the highest levels of infections in both females and males.

The spread of HIV seems to be caused by various reasons. In some African countries the disease seems to be closely connected with issues of socioeconomic factors, political crisis and other related calamities. This is not the only reason, some countries are experiencing economical blossoming and political stability, such is the case with Botswana and Swaziland, yet they have high rates of infections. For these nations, the rate of infection is at 24% and 26% respectively in year 2005 to 2006, and these are way above the rate of infection in Zimbabwe, which was at 18% as of 2005- 2006, while Zimbabwe is a country experiencing severe economic decline and political instability for a decade or more. When comparing and contrasting the situations of these three nations, the question that remains is that, why is the spread of HIV more rapid in Botswana and other countries than in Zimbabwe a nation with many problems?

Such questions indicate the complexity of the problem of HIV/AIDS. In this case, the primary objective of this study is to find out if structural violence, (which is harm imposed to people by set structures, policies and procedures that result in inequality (Galtung 1996)) has an impact to high prevalence among women in Bulawayo. It should be noted that structural violence can take various forms that can result in high death rate resulting from structures leading to the impairment of people.

2.2. Definition of concepts

2.2.1. Concepts related to structural violence.

Kent (1993, p. 385) defines violence as harming others in the pursuit of one's own interests. Kent goes on to state that violence can take different forms that can be categorized under direct and indirect violence. This is also attested to by Gultung (1995, p.2), Lewis and Harris (2004). Harris (2003, p.13) elaborates that "direct violence refers to physical or verbal abuse, threat of abuse by one party to another…. Examples of direct violence are war, genocide and domestic violence".

Lewis and Harris (1999, p. 22) and Kent (1993) and Barash (2002) state that negative peace is the alternative to direct violence. When a nation or family does not experience any war or direct violence it is said to be having negative peace, thus negative peace is the term used to describe the situation of nation/individuals when there are no war/fights, yet there will be other forms of violence. For example, when a married couple does not

experience any physical fights, while there are other issues that are going on between the couple that are imposing harm to their relationship the couple is said to be experiencing negative peace. A nation will not be experiencing war, but there will be some issues such as economical hardships, political strain and other forms of catastrophes that can lead to unequal power relations and unequal distribution of wealth, high death rates, low life expectancy and other issues that affect the total well-being of individuals, the nation will be experiencing negative peace and structural violence.

2.2.1.1 The nature of structural violence

Structural violence is indirect violence, which is a situation where humans experience physical and psychological constraints. There is no actor committing the violence, but violence surfaces due to exploitive and unjust social, political and economic structures that can lead to unequal distribution of power and resources (Gultung 1996, p.3 and Harris 2003, p.13).

The term structural violence was coined by Galtung (1985, p. 145) when he observed the fieldworkers in Rhodesia under British Colonial rule and realised that there was no direct violence done to the black majority by the colonialist, but there were societal structures that had harming effects to the blacks. Concerning such structures Galtung (1996, p.2) elucidate that “these structures, procedures and policies were not intended to cause harm but nonetheless they did so”. Winter and Leighton (1999, p.1) adds to this saying that structural violence is almost always invisible, embedded in ubiquitous social structures, normalized by stable institutions and regular experience. He seems to establish that structural violence may not be visible to all unlike direct violence. People may get used to the events caused by structural violence and see life as normal. As in the case with the homeless, they may not admit that they are homeless as they stay in a shelter made of plastics in a squatter settlement, they will always refer to that place as a home.

2.2.1.2 The extent of structural violence

Structural violence can take different forms. Kent (1993, p.382) classifies different forms of structural violence as economic, political and cultural violence, while Nordstrom(1994) in Harris and Lewis (1999, p.20) state that structural violence encompasses enduring and less visible forms of violence, which can be personal, domestic and

community as well as societal- that arise as a result of unequal power relations. Additionally, Harris (2003, p.16) says structural violence is about "…structures, which maintain the dominance of one group at the centre of power over another group at the periphery", implying that the marginalised are denied their worth, fulfilment, economic and social wellbeing as they go through a phase of exploitation and oppression.

A study was carried out on understanding the effects of structural violence on the educational identities of Hispanic (Latin-American) adolescents against their white counterparts and it was indicated that structural violence existed in schools where there were Hispanic youth, and it provided different structural qualities and thus different educational experiences on the bases of gender, social class, race and ethnicity. The schools where Hispanics children were enrolled had poor academic instructions a lack of resources that resulted in poor performance in each and every aspect of the lives of the youth (Garcia-Reid 2008, p.235). It is evident that structural violence can take different forms, in a gendered inequality scenario, especially in Africa where power is shared unequally between women and men, women are marginalised. Women are denied by societal and cultural structures and procedures the right to live their lives to their fullest, as they wait to fulfil the expectations of their male counterparts.

2.2.1.3 The Consequences of structural violence

The consequences of structural violence are clearly observed at the societal level, as systematic shortfalls in the quality of life of certain groups of people, life marked with issues of exclusion, unequal distribution of wealth, homelessness, unemployment, low wages, illiteracy, limited or non-existent political representation or legal rights, poor health, experiencing a chronic lack of basic needs, death from preventable causes, low life expectancy and people are left with limited choices in life (Toh and Floresco-Tawagas 1987 and Harris 2003).

The population of Bulawayo experiences structural violence, seen in the forms of economic decline that has been experienced since the early 1990s, and the political crisis that has been going on throughout the nation of Zimbabwe since the late 1990s. However, the prevalence of political hostility has been marked by the establishment of government of national unity, which was established in the beginning of 2009.

However, women continue suffering as they experience patriarchal structural violence, which is harm imbedded in structures that promote male dominance exposing women to suffering. Patriarchal structural violence creates gender imbalances, imbalance in power and wealth distribution. It is indicated by women receiving unfair treatment from their male counterparts, which is based on unequal power, and resources sharing based on the societal definition of women and the roles defined by the society. This makes them inferior to their male counterparts (Kehler 2006, Biggs 2006 and Rabombo 2006)

Structural violence is not visible in specific events as in the case with war. People suffer harm indirectly, often through a slow and steady process, with no clearly identifiable perpetrators. Winter and Leighton (1999, p.1) says structural violence is structured inequality that produce suffering and death as often as direct violence does, though the damage is slower, more subtle, more common and more difficult to repair.

The existence of structural violence is evidenced by a high death rate due to unequal distribution of wealth and power between countries or individuals (Gilman 2000, p. 1).The impact of structural violence can be measured by subtracting an average life expectancy for the world from the highest national life expectancy, year by year dividing by the highest life expectancy to provide a rough indicator of preventable and premature death Harris and Lewis (1999, p.21). Kohler and Alcock in Gilman (2000, p.3) state that structural violence can be estimated by dividing the population by life expectancy. Eckhardt (1992) in Harris and Lewis (1999, p.21) sum up death due to structural violence between 1945 and 1990 in the developing countries as follows:

Civilian death in war	14 million
Military death in war	8 million
Civilians killed by their own government	48 million
Civilian death due to structural violence (premature death due to hunger and preventable diseases)	795 million

Eckhardt make us to realise that structural violence can result in far more deaths than war. This is also attested to by Harris and Lewis (1999, p.20) saying, death related to direct violence during war and the death from war-induced shortages such as those from

war related famine are less than death from issues such as chronic malnutrition, homelessness, poverty, preventable diseases, and social neglect by the government.

Structural violence can be “dangerous because it frequently leads to direct violence” (Winter and Leighton 1999, p.1). Similarly, Harris (2003, p.15) says, “If those suffering from structural violence try to change it or to resist, they may be met by direct violence”. A study in the United States (Blau and Golden 1986) reveals that racial inequalities in wealth are correlated with higher murder rates. In Zimbabwe, during the period of severe economic and political crisis between 2002 and 2008, the police were used by the government to suppress resentment and social unrest, which resulted in harm and death of many (USPI 2008). In a gendered scenario, structural violence can led to domestic violence, where the woman as a weaker sex experiences beatings and other forms of abuse from the man, although the opposite may be true in rare situations.

The alternative to structural violence is the establishment of positive peace. In essence positive peace involves the presence of structures which provide increasing degrees of political liberty and social justice (Harris and Lewis 1999). Positive peace is the preferred to structural violence. Harbottle in Harris and Lewis (1999) observes that positive peace can be achieved through the restoration of law and order, social and economic stability, and the guarantee of people’s human rights, rehabilitation of the structures of society and government, the re-establishment of peaceful relation.

2.2.1.4. Patriarchal-based structural violence

Structural violence exists among nations and people, as we observe this truth from Kent (1993, p.382) who articulated that “structural violence is harm imposed by some people on others indirectly, through the social system, as they pursue their own preferences”. On the other hand, Galtung (1996, p.2) writes that indirect violence comes from the social structure itself: between humans (societies), between sets of societies (alliances, religions) in the world, and inside human beings, where non-intended attitudes exists within an individual, resulting in inner violence that comes from personality structures. Gender inequality is violence caused by societal and cultural systems and procedures imposing harm to women who are viewed and described by the society as less powerful

and more nurturing and caring, while men are said to be strong, powerful and controlling (Elfenbein 2006, p.19).

Winter and Leighton (1999, p. 2) states that "women and children are often the invisible and innocent victims of societal structural violence. Global sexism systematically denies girls and women access to resources, ranging from, health care and food, to legal standing and political power, females get less than males in every country on the planet". Yet gender imbalances are not noticed because people are so accustomed to seeing men with more power, prestige and, status than that of women.

In Bulawayo, like the rest of Africa, women and girls are defined by the society based on cultural systems and traditions. Kehler (2006, p.3) suggests that "It is the gendered context of society, defining females largely as inferior, as the weaker sex, as the ones who are socialised to become good women and who should respect the male head of the household at all times that creates an environment in which women are not in the position to make informed decisions in life. Hence, women will remain more vulnerable to HIV infection". Rebombo (2006, p.15) highlights some issues of gender inequalities and injustices as follows: The incidence of all forms of violence against women is an indicator of the status of women. Sexual violence including rape is quit common.

In most communities, women are less educated and by extension less economically independent than men. Women and girls are disproportionately saddled with household work and responsibilities. In Zimbabwe, women are still discriminated against by law and /or through the biased implementation and interpretation of the law. In Zimbabwe, culture and lawlessness promotes gender violence, dehumanization of females, leaving them with less privileges of maximising their potential (Madziwa 2005, p. 64).

2.2.2. Concepts related to HIV/AIDS and gender infections

HIV stands for Human Immunodeficiency Virus. It is a virus that causes AIDS, which stands for Acquired Immune Deficiency Syndrome. HIV weakens the human immune system, killing CD4 cells, such that one's body fails to fight diseases instigating opportunistic infections (OIs), which are diseases that come along with the HIV condition of a weak immune system (Spinks 2009).

2.2.2.1. Causes of HIV

"HIV infection is affected by a number of different factors; it is primarily transmitted through sexual intercourse linking it to the relationship between women and men" (Biggs 2006, p. 11). Thus HIV spreads from one person to another through engagement in unprotected vaginal, anal or oral sex with an HIV infected person. Harvard School of Public Health (2006, p.7) observes that HIV infections from gender based violence is primarily acquired through sexual relations, which themselves are greatly influenced by socio-cultural factors, underlying which are gender power imbalances…..there is growing evidence that the relationship between gender based violence and HIV may be indirectly mediated by vulnerability and risk-taking behaviours, such as child sexual abuse, coerced sexual initiation, substance abuse, and having multiple partners (partnerships outside marriage, union or stable relationship) and engaging in transactional sex. Other factors such as sharing needles, syringes or sharp objects such as razor blades with an HIV infected person do spread the infections. A pregnant woman may infect her child during birth or during the process of breast-feeding.

Population Service International (2008. p. 5) states the following as other causes of high HIV/ AIDS prevalence in Zimbabwe: high level of concurrent sexual partnerships, low risk perception in long-term relationships, gender imbalances, cross generational relationships, dry sex, early debut, mobility, sex workers, low condom use in long-term relationships and low levels of male circumcision.

2.2.2.2. Statistics on HIV/AIDS

33 million people were estimated to be living with HIV globally as of 2007. More than 96% are in low/ middle income countries, about 1000 infected individuals are children less than 15 years of age, about 6300 are infected adults aged 15 years and older of whom almost 50% are among women; about 45% are among young people aged 15 to 24. Moreover, there are over 7400 new HIV infections a day in 2007(PSI 2008, p.2).

2.2.2.2.1. Sub- Saharan Africa statistics

The sub Saharan Africa region has the highest prevalence of HIV/ AIDS throughout the world at 22 million as of 2007 and it bears the highest death rate associated with HIV/

AIDS, which was at 1,5 million as of 2007 (PS1 2008, p. 3). Among the nations in the sub Saharan African nations, South Africa had the highest rate of infections which was at 5.5 million as of the year 2006 (UNAIDS 2007). The Canadian journal of Human Sexuality (2006, p. 117) reveals that in sub-Saharan Africa, half of all new HIV infections occur among people under the age of 25, and PSI (2008, p.4) states that in sub-Saharan Africa 60% of people living with HIV are women.

2.2.2.2.2. Zimbabwe statistics

The first case of HIV infection in Zimbabwe was identified in 1985 (Ndlovu 2007, p.10). In the 1990s, the incidence and the impact of AIDS escalated drastically. WHO (2000) statistics estimated that: by the end of 1999 around 1.4 million adults (i.e. 25% of the population aged 15-49%) were HIV-positive, along with 56 000 children. By then over 160, 000 people were estimated to have died from AIDS and there were 600, 000 orphans in the country who had lost one or two parents from AIDS. The United General Assembly (UNGASS) (2008) reveals that the current levels of infection have declined. The National HIV Estimates of 2007, reveals that HIV?AIDS among adults (15-49 years) was 15,6%, the number of the infected children and adults was estimated to be at 1, 320, 739 on which 102 566 were estimated to be in urgent need of antiretroviral therapy by the end of 2007.

However it is indicated that the country is experiencing a decline in HIV prevalence. In 2001 HIV prevalence in the nation was estimated to be 26, 5%, a decline was seen in 2003 to 23, 2%, and 19, 4% in 2005, and 15.6% in 2007. The decline in HIV prevalence is attributes to mortality and a decline in HIV incidence due to behavioural change (UNGASS 2008, p.6). However, there seem to be a high prevalence of HIV/AIDS among women throughout the country, with areas of commercial farming (26%) and mining (22%) having the highest incidents of infection nation wide (UNGASS 2008,p. 6).

The table below shows HIV/ AIDS prevalence among young people in Zimbabwe. The rates of men and women are presented separately.

Table 1 HIV/AIDS prevalence among young people in Zimbabwe.

	2001	2002	2003	2004	2005	2006	2007
Male	5%	-	-	-	4.2%	-	2.9%
Female	18%	-	-	-	11%	-	7.7%

Source UNAIDS/WHO (2008)

2.2.2.3. HIV and gender realities.

As already noted HIV/AIDS seem to be a disease of women. UNIFEM (2004, p.1) says "in 1985, roughly 0.5 million men and 0.5 million women in sub-Saharan Africa were living with HIV/AIDS". UNAIDS (2005) states that in earlier years, men had a higher rate of infection than women, but women are presently the fastest growing group of people living with HIV/AIDS. UNAIDS (2005) says, since 2002 there has been a sharp increase in women living with HIV in sub-Saharan Africa. UNAIDS (2002) estimated that 50 percent of those living with HIV /AIDS were women. In 2003, 23 million adults between the ages of 15 and 49 were living with HIV/AIDS-57% or 13.1 million of which were women out of 17 million infected women in the entire world (UNAIDS, 2005). In 2007, 61% of those living with HIV/AIDS are women (UNAIDS 2007).

2.2.2.4. HIV/ AIDS in Bulawayo.

As of 2007, the rate of infection was estimated to be at 17% for the entire population of Bulawayo (PSI 2008, p.4). As indicated before, it was impossible to get the breakdown of the rates of infection among women and men separately, but the data collected from the records of women attending antenatal clinic gives us the prevalence of HIV among women from 1991 to 1997. In 1991, 17.1% of the women were infected, in 1993, 25.8% were infected, 1995, 30% were infected and 1997 24% were infected (UNGASS 2008, p.16).

Below is a summary of the statistics of HIV prevalence among the women who attended antenatal clinic in Bulawayo.

Table 2.Pregnant women HIV surveillance prevalence in Bulawayo

Year	1991	1993	1995	1997	2006
Infected pregnant women in Bulawayo	17,8%	25,8%	30%	24%	17,3%

Adapted from UNGASS (2008, p.16)

2.2.3. Potential linkages of structural violence and the causes of HIV/AIDS

HIV/AIDS has various linkages with structural violence. Hadingham (2000,p. 120) argues that, HIV/ AIDS poses a " Pervasive and non-violent threat to the existence of individuals, as the virus significantly shortens life expectancy, undermines quality of life and limits participation in income-generating activities. The political, social and economic consequences are equally detrimental to the community…"

The UN Security council discussed HIV as an issue that threatened peace and security The former UN Secretary General Kofi Annan in Hadingham (2000, p.120) gave a statement that reveals a linkage between structural violence and HIV/AIDS saying, "The impact of AIDS in Africa was no less destructive than that of warfare itself. By overwhelming the continent's healthy and social services, by creating million of orphans, and by decimating health workers and teachers, AIDS is causing social and economic crises, which in turn threaten political stability…in already unstable societies…and conflicts provides fertile ground for further infections." HIV/AIDS has an impact on labour, investments and trade reducing national economic growth resulting in wide spread and extreme poverty leading to immorality spreading HIV/AIDS.

The combined effects of deteriorating macroeconomic conditions and the spread of HIV/ AIDS have drastically accelerated the decline of development indices such as education, life expectancy and standard of living in Zimbabwe and other developing countries. This condition in turn has further created more favourable conditions for the spread of HIV (UNDP 2002). Thus HIV can affects the economy of the country, resulting in the spread of HIV/ AIDS as the infected and affected individuals seek to earn a living through taking up risk behaviours. A survey carried in Hwange, Zimbabwe using a focus group discussion suggests that due to socioeconomic factors young girls take up risk behaviours

of having multiple sex partners, engaging in commercial sex work and having unprotected sex.

The World Bank (2007, p.10) urges that it is because of gender inequalities, that makes women to be more vulnerable to HIV infections than their male counterparts. Women lack skills or are poor in negotiating for safe sex and have poor access to the means of preventing HIV and other sexual transmitted infections. Gender imbalances deny women a chance to express their views to life. When it comes to decision-making in relationships, men are expected to dominate and women to be passive. Unequal parties are not in a position to negotiate when they have sex, they cannot negotiate on how to protect themselves from sexually transmitted infections and HIV (Women's Health News letter 2003).

Poverty is a result of structural violence, hence it is a cause and also a consequence of HIV/AIDS such that when HIV/AIDS levels rise poverty deepens. Winter and Leighton (1999, p.1) affirm that "globally, poverty is correlated with infant mortality, infectious diseases and shortened life span", implying that HIV/AIDS can spread because of poverty. Henceforth, Poulton and et al (2002, p.17) reveals that households with female heads (i.e. widows, single mothers women and divorcees) tend to have high incidences of poverty. Moreover Women's Health Newsletter (2003) states that poor households tend to be characterized with large household sizes, high dependency rations, older heads of households, small land holding and low levels of education, which can limit people's access to sexual health information, prevention technologies and treatment. Such incidences can cause the spread of HIV, as the situation forces the household heads can take up risk sexual behaviours so as to meet the needs of the family, while they have limited or no sexual health information that can alert them about HIV/ AIDS infections.

Economic and political violence promotes migration, which can kindle the spread of HIV/ AIDS. PSI (2008, p. 4) suggests that there is a link between human mobility and HIV transmission. In sub-Saharan Africa, the risk of HIV infection has been found to be higher near roads and among individuals who either have personal migration experience or have sexual partners who are migrants.

Both domestic and political violence can promote the spread of HIV/AIDS. A study in South Africa revealed that women beaten and /or dominated by their partners are about twice as likely to become infected by HIV as those who are not (Dunkle 2004). In some instances, women are raped by their husbands when they refuse to have sex with them, while girls can be raped by their relatives, friends and strangers and this contributes directly and indirectly to women's vulnerability to HIV, as they may be raped by infected men (UNDP 2002). Biggs (2006, p.10) suggests that: rape is a crime of violence that is committed through a sexual act. It is an expression of dominance and control by one person over another, which is humiliating, invasive and dehumanising. Physiologically, women are at high risk of infection during intercourse, as they have a larger mucosal surface, which can be exposed to abrasions. Women also have a high rate of sexually transmitted infections, due to the unchallenged norms of male ownership of women's bodies.

In war-ton areas such as in the Democratic Republic of Congo, a survey revealed that some of the militia who were roaming the countryside were said to be HIV-positive, spreading infections through rape to women and girls, moreover, those women and girls were not in a position to access health services and care (Human Rights Watch 2002). Additionally, in a survey conducted by the Association of Genocide Widows, out of 1 125 women survivors of rape during the Rwandan genocide, 70% of the women were HIV positive (Association of Genocide Widows).

Moreover, in a national level, structural violence can be reflected through the government's inaction, a situation where the government does not meet the people's social needs. HIV/AIDS can affect the governments' effort of meeting social needs, as the public revenues and budgets are diverted towards the epidemic's impact (UNGASS 2008 p. 5).

Lack of knowledge, prevention and adoption of risky behaviour causes the spread of HIV/AIDS among women. Most people are ignorant when it comes to the issues of HIV, they don't know on how it spreads, they don't know about the kinds of risky behaviours that can lead to the infections, and they have limited knowledge on how the infection can be prevented. A survey carried by UNIFEM (2004, p.2) reveals that many young women

did not know how HIV/AIDS is translated, or that condom use can prevent HIV transmission.

Marriage is proving to be a serious risk factor for HIV infections for women (UNIFEM 2004, p.2). Young married women are at high risk of HIV infection than their unmarried counterparts. Kehler (2006, p. 3) observes that statistics indicate that 60% to 80% of all women infected had only one sex partner in their life and 80% of all new HIV infection in women occur in marriages and / or long-term relationships. This could be so, because it is the men in their lives who make the sexual choices and when women stand against these challenges they are counteracted with violence.

For people in sub-Saharan Africa, insufficient food for their daily needs and infection with HIV are inextricably linked and are major causes of illness and death (Medscape 2009, p.1). HIV limits food production, resulting in attaining limited food supplies. Poor women who are caregivers, having dependents of both children and the elderly end up in resorting to sexual risk behaviours such as selling sex or having intergenerational sexual relationships, having inconsistent condom use during sexual activities, while some have a lack of control in sex relationships, all these putting them at risk of HIV infection. This trend has been observed from Swaziland and Botswana, which have high HIV infections.

2.2.3.1 Actual linkages of structural violence and the spread of HIV/AIDS in Bulawayo

Poverty and other results of the socioeconomic crisis have contributed to the spread of HIV /AIDS in Zimbabwe. Madziwa (2004) writes about the situation of HIV/ AIDS in Zimbabwe saying “In desperation some women are turning to prostitution to look after their families and thus exposing themselves to HIV infection and re-infection”. While UNDP (2002) observes that unequal gender relations also results in unequal access to economic resources making women economically dependent on men, which means that they are often unable to negotiate for safe sex and other issues to do with their total well-being.

Moreover, women and girls are raped and abused by spouses, relatives, guardians, which can spread HIV, and there is no much effort being made to bring the perpetrators to book.

Marital rape, although legally recognised, is not socially accepted. As a result married women continue to be exposed to HIV infection from promiscuous husbands (Madziwa 2005, p.46).

Bulawayo social institutions collapsed during the period of economic hardship, such that the health institutions lack adequate and affordable drugs and equipment for treatment (Madziwa 2004).

Migration is common in Bulawayo due to the economic decline, causing the spread of HIV (PSI 2008, p.4). In Bulawayo, due to political and economic instabilities most people migrated to the neighboring countries in search for better good jobs and better remunerations, leaving their spouses and children behind. In most instances, the husbands migrated to places like the United Kingdom and South Africa leaving their wives behind, which can promote promiscuity that can spread HIV infections.

Additionally, Biggs (2006, 5) argues that the increase on the rate of infection among women is due to social factors such as gender inequality, gender discrimination and gender roles assigned by society, which is one of the greatest barriers preventing women from protecting themselves from infection. Women play roles of care and support to the sick, high risk of infection if resources such as gloves and detergents (especial in 2008, where the economic crisis prevailed the most) were in short supply, as in the case with Bulawayo where suppliers of such resources closed down because of the on-going economic crisis (Madziwa 2005, p. 45).
There has been an increase in female headed household in Bulawayo, implying that there is greater economic reliance. As observed by Kistner in Madziwa (2005, p.46) saying, "While HIV/AIDS exacerbates especially women's economic and social insecurity, it is very same economic and social insecurity of women that increase their vulnerability to HIV infection". Hence, the economic hardships in Bulawayo are forcing many women to remain in violent a relationship that often exposes them to infection and re-infection to HIV.

2. 3. Concluding remarks

Structural violence is imbedded in social structures that harm a certain group of people or individuals who are marginalised. The structures, promote unequal distribution of power, wealth and resources, creating a situation where those in power will be having all, while those in the margin will be struggling for survival, failing to access even their basic needs. Structural violence may take different forces, such as economic violence, political violence, gender imbalances and other forms of violence that are caused by structural violence.

A lot has been written on issues like poverty, gender imbalances that spread of HIV/AIDS in different parts of the world, but little has been researched about the effects of structural violence and the spread of HIV among women in Bulawayo. The proposed topic helped the researcher to assess and expose the possible harm caused by structural violence, which cause the spreading of HIV/AIDS among women and girls in Bulawayo. Recommendations are made on how to achieve desired positive peace.

It is recommended that positive peace should be achieved so as to help women to be effective peace makers. To eradicate structural violence, positive peace should be established so as to promote peaceful societies. The structures that promote structural violence should be changed so as to do away with exploitation and injustices.

CHAPTER III

METHODOLOGY

3. Introduction

This study is investigative in nature, seeking to assess the impact of structural violence on the spread of HIV among women in the city of Bulawayo. Qualitative methods of data collection comprising of individual interviews and focus groups interviews were used. To begin with factors causing HIV infections were sought, so that links with structural violence could be indicated.

3.2 Research design

In order to meet the primary objective and the aims of this study, the researcher ventured into empirical field research, which is a research process that involves going into the field to collect data as suggested by Mouton (2001, p.98). This process helped the researcher to answer the research main question: What are the actual linkages between structural violence and the spread of HIV among women in Bulawayo?

Structured interviews were held with four selected key informants in the city, who are directly involved with the infected and the affected city women in their daily working experiences. The purpose of these interviews was to assess the actual linkages of structural violence and the spread of HIV/AIDS among women in Bulawayo. As a complement to the interviews, focus group interviews were used to accumulate relevant information for the study based on the life experiences of the women. Both interviews and focus groups are classified by Mouton (2001, p.99) as self-reporting sources of data, where facts are being collected from the experienced and the knowledgeable people.

3.3. Recruiting participants

Data was collected from samples of nineteen participants instead of the entire population, because of the scarceness of the availability of the resources such as finances, manpower and time. Convenience sampling was employed, which is suggested by Stewart and Shamdasani in Mouton (2001, 148) as a situation where the selected group consist of

representative members of the population at large. The participants were selected basing on the norms set by the researcher. Moreover, a selection of these participants was that, their experiences are similar with the majority of the women in the city, while the participants of interviews were people dealing with marginalized women.

3.3.1. Sampling

The researcher selected her sample on the basis of her own knowledge of the situation of the population in relation to the Bulawayo cases of structural violence resulting from political, economic, cultural and social systems; and the causes of HIV. The nature of this research focuses largely on the specific aims, objectives and the purpose of the study. This idea goes along with the idea suggested by Babbie (2004, p. 166) who avers that "Sometimes it is appropriate for you to select your sample on the basis of your own knowledge of the population, its elements, and the nature of your research aims: in short, based on your judgment and the purpose of the study". The researcher's judgment on the sampling was done to select the participants for carrying out the study. The arrangements with the selected individuals were made in person and telephonically.

3.3.1.1. Individual structured Interviews participants sampling

Four key informants were chosen from the various organizations within the city. Judgmental sampling was utilized to select them as opposed to random sampling. Judgmental sampling involves the researcher using her judgement to select the participants (Mouton 2001, p. 148), while random sampling is a situation where the participants are haphazardly chosen from a crowd without using any systematic criterion. The four participants were:1) the director of "Touch the Hem" HIV support group, 2) the director of "New life", a post testing counseling center, 3) a director of the organization that deals with commercial sex workers and 4) a community pastor. These participants were preferred because they were perceived by the researcher as suitable for giving the information on cultural, socioeconomic, religious and legislative laws on issues in connection with the spread of HIV/ AIDS among women in Bulawayo. The skills and knowledge they have, together with their exposure and experiences from the nature of their jobs, were judged to be essential in providing the desired outcome of the study.

The participants for individual interviews were expected to meet following norms in order to qualify for selection:

- The participants had to have a long working experience with women ,
- The participants had to be leaders of the women's group or organizations dealing with women with at least two years experience,
- The participants had to be a trained experts in health issue and with a wide range of knowledge on HIV/ AIDS,
- The participants had to be knowledgeable of the gender issues,
- The participants had to be well versed with the socioeconomic and cultural issues,
- Additionally, the pastor will present the theological perspectives of the women and their roles.

3.3.1.2. Focus groups interviews participants sampling

Judgmental sampling was also used to select the two different groups for focus group interviews. The selected groups were "Touch the Hem" (HIV) support group and a group of commercial sex workers in the city.

The members of the support group and of the commercial sex workers were chosen because they are perceived to be capable of having sufficient and accurate information needed to meet the aims and the objective of the study. It should be noted that the information from these groups was based on practical experiences and real situations of the participants within these two groups.

The participants of "Touch the Hem" HIV support group were expected to meet the following norms in order to qualify for selection:

- The participants had to be infected or be directly affected by HIV/AIDS,
- The participant had to be an active member of the support group,
- The participant had to be above 18 years,
- The participants had to have dependants.

For the commercial sex workers, the participants were expected to meet the following norms in order to qualify for selection:

- The participants had to be over 18 years old,
- The participants had to be commercial sex workers,
- The participants had to have dependents ,
- The participants had to have been performing the work of selling sex for more than two years.

3. 4. Issues of consent

Permission was sought from the leaders of the support group and the commercial sex workers through their leaders who were part of the individual interviews; and later, permission was sought from the individuals involved. The leaders were used because they are influential to the group and therefore they command respect and they stood a good chance of motivating people to join the focus group interviews. Having had interviews with the leaders of these two groups, permission was sought thereafter to have focus group interviews with the members of the groups so as to have some issues clarified that did not come out clearly during the four individuals interviews. It was through these leaders that a venue for holding the focus group interviews was sought in their usual meeting place. Permission was granted.

Before the discussions began, the participants were given an informed consent form and it was explained to them in Ndebele and they were asked to sign it if they were willing to participate in the interviews. Issues of confidentiality and of ethics in research as expected by the University of KwaZulu Natal were highly emphasized. The participants were informed that they have a right to accept or reject to be part of the interviews and they can withdraw if they wish so, with no offence held against them. It was agreed and guaranteed to all that the supplied information will be treated with confidentiality and fake names for both people and organizations were maintained. All participants signed the informed consent form before the beginning of each interview and the focus group discussions. There were no members that withdrew from participating among those who had signed the consent forms. The issue noted by the researcher was that, it was not easy to protect the individual's confidentiality during focus groups interviews since participants spoke their issues out in the present of all.

3.5. The data collection process

3.5.1 The interviews process

Measuring instruments were designed to gather data from the key informants.

An interview guide was designed specifically for achieving this study through interviews and focus groups, instead of using existing instruments that could be invalid, unreliable and outdated (Mouton 2001, p. 100). Clear, short and simple questions were designed that requested specific answers rather than general answers as suggested by Converse and

Presser (1986). The interview guide had only ten questions so as to avoid demoralization of the interviewee, which might negatively affect their participation and response of the participants as observed by Mouton (2001, p. 102) who urges that “research has shown that the length of the questionnaire or test has a direct and often negative impact on the quality of the response”. A pre-test of the interview guide was done, which led to a situation where some questions that were perceived as threatening were left out together, using vague items so as to attain positive response. Questions that seemed to be leading the participants or the researcher to draw conclusions were rephrased to suit the nature of the study, which is investigative.

The interviews were held with four key informants scheduled for different times, for twenty minutes each. The first two participants were interviewed in the same week and the other two were interviewed in the two weeks that followed. The researcher asked questions, and the participant gave responses, while the researcher wrote down the supplied information. The strength of having a face-to-face session with these participants was that firstly, the researcher was able to read additional messages from their facial expressions and the gestures of the participants. Secondly, the researcher had a chance to ask clarifying questions on unclear and issues of interest. The interview process made the researcher to identify with Collins et al (2000, p.239) who asserts that “watching and listening are a crucial part of the interview process through which the researcher gains greater understanding of the meaning attributed to a situation”.

3.5.2. Focus group interviews process

Focus group interview is also referred to as ethnographic research. According to Mouton 2001, p.148) this refers to “the studies that are usually qualitative in nature which aim to provide an in-depth description of a group of people or community”. Focus groups were conducted with participants from two distinct groups, namely “Touch the Hem” (HIV) support group and a group of commercial sex workers, who gave the researcher an opportunity to attain information that she had not been exposed to in connection with the subject. Additionally, some assumptions that the researcher had were illuminated.

Focus groups were chosen over other methods because of the following reasons: They allowed discussions between the facilitators and participants and among the participants

themselves. Mpofu et al (2003, p.43), attest to this saying "the dynamics of a group setting stimulates a more open attitude and active participation, they enable the facilitator to elicit different perceptions, opinions, probe issues and create awareness, they generate information and promote understanding of attitudes and behaviours of individuals and they facilitate consciousness of group potential and encourage a sense of group cohesion".

In this case focus group interviews were used to investigate why the rate of HIV infection is high among women in Bulawayo. The focus groups helped the researcher to understand the behaviours of women which are influenced by structures around them and their motivation, their attitudes towards HIV the causes that promotes the transmission of HIV. The researcher hopes their suggestions will contribute towards bring a positive change in the society and in establishing a culture of peace.

The interview guide for the focus group interviews had only five questions that were formulated after the individual interviews process. The first two questions were general on HIV/ AIDS these were then followed by two specific questions, which were about the causes of HIV/ AIDS among women in Bulawayo. These questions were followed by a general question as a way of concluding the interviews. The sessions held with the support group was audiotape recorded and the recordings were kept for references. The researcher took notes during both focus groups interview sessions, and after the end of the session, she wrote a detailed report with the moderator, who was also a fellow student and the other notes taker, who was also a fellow student, who was having his interviews the same day.

3.5.2.1. "Touch the Hem" (HIV) support group

"Touch the Hem" (HIV) support group is composed of about seventy members from one of the high density suburbs, who are infected and affected by HIV/ AIDS. Of these seventy members only two of them are men. These infected and affected members have accepted their status and the status of their dear ones who are infected. The group exists as a ministry of the church to the affected and infected, helping them to support and educate each other on HIV and other related issues. They also exist to help others to accept their status and to help others to adopt positive living in such a time like this.

This session with this group was having eight participants who were only women and it was one hour long. The session came after another one hour session focus group interview, which was scheduled by a fellow student so as to carry his research with the same group. These two sessions were divided by a tea break in the middle. As already noted earlier on, this group was chosen by the researcher and her fellow, because it was easy to access permission to deal with this group as opposed to other groups. The meeting was arranged with this group on their usual meeting day and it was a success.

One advantage of this particular support group was that, they accustomed to talking to researchers. Therefore, having these answering two different answers research topics was not problematic, because the research addressed different aspects of a similar nature.

3.5.2.2. Commercial sex workers

The second session of the focus group was conducted with seven women, who were commercial sex workers in the city; who are involved with a rehabilitation center that seeks to empower them with the skills they need in order to earn a living. These women were not employed; they were all single mothers and having other dependants as well. Three of these never got married, three were divorced and one was a widow.

This session took one hour. To begin with, five of the women seemed to be shy, but two of the participants were loud enough to encourage others to open up. This situation made the researcher agree with Mpofu et al (2003, p.45) who suggests that “group interactions has synerginistic effects on participants, producing better information and insights that would be obtained from the structured individual interviews”. The two women motivated one another to speak. Possibly, if we were dealing with these women as individuals, the study was not going to be that successful. The contributions by the two talkative women stimulated other women who ended up sharing their experiences openly.

The focus groups interviews were more advantageous than individual interviews in that they were less expensive and they were carried out quickly, as seven people were interviewed in one hour as opposed to dealing with an individual for that same time. Hence, a variety of opinions were obtained for one issue.

3.6. Coding and analyzing collected data

Data coding refers to a process of assigning or grouping segments of data together; while analyzing data refers to a process of using specific procedures to work through the data collected (Collins et al 2000). Having collected the data, it was coded, analyzed and interpreted.

When coding and analyzing data as already noted, names of individuals and group were used. For the individual interviews, participants were labeled from interview 1 to 4 basing on who was interviewed first. For the focus group interview, the session that was done first was referred to as focus group discussion One (FGD 1) and the second focus group discussion Two (FGD 2). Individuals from these two sessions were coded according to their sitting arrangements, starting from the left hand side of the researcher to her right hand side. The raw data was transcribed and analyzed, grouping similar themes together.

3.7. Delimitations

Interesting and relevant issues were raised by the participants. The information supplied by the participants was similar in various ways, and clear examples were given. From the focus groups, the group members told their life experiences and stimulated each other to respond to the questions. The moderator probed them till she felt they had exhausted all they could say.

3.8. Limitations

In the first focus group, the researcher had to follow Morgan in Lewis (2000,p. 3) who suggests that when conducting focus groups, the researcher should over recruit by 20%, to avoid disappointment when the participants fail to turn up. Fifteen members of the support group were invited including the only two men, but only eight of the women turned up. Two had excuses due to funerals, one had a sick person at home, while four of them did not pass any apologies. Three participants were late due to the chilly weather on that day, while two of them passed through getting medication from their respective clinics. Hence, their leader who had organized the people for the interview was absent and that seemed to have affected the response of the people, who were in a low note in the first half of the interview. There was also an issue with the second focus group, where the researcher went to set up an appointment for the support group, she was told that the

women were busy and the only time they had was that particular day. She was not fully geared for that, but she used the opportunity to carry the discussion being assisted by the director of the group. The major crisis that was experienced was that the batteries of her camera were flat and she was not able to video record the session.

3.9. Validity and reliability

The research was valid and reliable in answering the question of the study. This is indicated in the by the fact that the interview participants suggested sixteen causes of HIV and most of these were also attested to by women from both focus groups, who even went on to add other factors as well. The design was good in that the interviews supplied a lot of information needed for the study and clarified some assumptions that the researcher had as she ventured into the study. Three interview participants were consistent in their response, especial when it came to agreeing that HIV infections are high among women, while one of them kept changing positions, saying the infection was higher among men as well. This study was unreliable in that there was no gender balance among the participants of the study; it was going to be effective to have the opinion of men.

3.10. Concluding remarks

Empirical studies were done through the method of qualitative data collecting methods of individual structured interviews and focus groups interviews with nineteen participants, which were based on judgmental sampling. The purpose of this study was to assess the nature, the extent and the consequences of structural violence and the linkages with the spread of HIV/ AIDS among women, which is one of the elements that hinders women to be effective peace makers. Investigative and descriptive questionnaire was used as instruments of collecting the relevant data. In spite of the few limitations encountered, the data collection process was a success. The following chapter will present the findings of the study and to be analyzed and interpreted.

CHAPTER IV

DATA PRESENTATION, ANALYSIS AND INTERPRETETION

4.1 Introduction

The findings of this study indicate that structural violence exists in different forms in the city of Bulawayo, contributing to the spread of HIV among women. The research revealed that women are victims of structural violence as they experience harm from existing structural systems, which limit them to maximise their talents, as these structural systems puts men at the centre of power and women at the peripheries, exposing them to the risk of HIV infections.

Investigations were made to attain the crucial data needed to achieve the aims of this study, which were:

- To explain the nature, the extent and the consequences of structural violence
- To examine the potential linkages between structural violence and the spread of HIV/AIDS
- Identify the nature and extent of actual linkages between structural violence and the spread of HIV/AIDS among women in Bulawayo

Data was collected from samples of nineteen people instead of the entire population because of limitations of finances, manpower and time. The participants of this study constituted three sample groups. One was the group made up of four participants of the structured individual interviews coded as interview 1 to 4, who were key informants from the city. The other two groups were the participants for the two focus group interviews sessions coded as FGD 1 (with numbers one to eight) and FGD 2 (with numbers one to seven).

The data collected during the investigations is presented, analysed and interpreted to identify actual linkages between structural violence and the spread of HIV among women in Bulawayo.

4. 2. Challenges

To begin with, two participants of the interviews were not held within the time limit that the researcher had anticipated, and this made the researcher to experience time constraints, which affected the time for making arrangements for the focus groups. Secondly, the researcher struggled to gain the trust of the participants of the second focus group interview (FGD 2) who seemed not to trust the purpose of the research, which probably had to do with past experiences or issues of stigmatisation and this limited the extent of their involvement. Thirdly, out of nineteen participants there was only one male representative. Two men who were invited to be part of focus group one, but did not turn up and this limited the research to women.

Finally, the researcher struggled to obtain authentic figures to ascertain the fact that the spread of HIV/ AIDS is higher among women in Bulawayo than among men, as it is a general assumption basing on the national and globally statistics, presented in Chapter II. Both the governmental organizations and the non-governmental organizations dealing with HIV issues claimed that they did not have any information on that, later, the researcher was informed by an individual linked to one of the institutions that the government does not allow the institutions to release such statistics under any given circumstances. The following presentation of the HIV statistics is the basis of this study.

Presentation of HIV prevalence in Bulawayo

As of 2007, the rate of infection was estimated to be at 17% for the entire population (PSI 2008, p.4). As indicated above, it was impossible to get the breakdown of the percentage of women and men separately, but the data collected from the records of women attending antenatal clinic gives us the prevalence of HIV among women from 1991 to 1997. In 1991, 17.1% of the women were infected, in 1993, 25.8% were infected, 1995, 30% were infected and 1997 24% were infected (UNGASS 2008, p.16). Below is a summary of the statistics of HIV prevalence among the women who attended antenatal clinic in Bulawayo.

Table 3.Pregnant women HIV surveillance prevalence in Bulawayo.

Year	**1991**	**1993**	**1995**	**1997**	**2006**
Infected pregnant women in Bulawayo	17,8%	25,8%	30%	24%	17,3%

Adapted from UNGASS (2008, p.16)

Having collected the data through qualitative methods of individual interviews and focus groups interviews, the researcher agrees with Mouton (2001, p.108) who suggests that all fieldwork culminates in the analysis and interpretation of some set of data. Below is the presentation of the data which was analysed and interpreted.

4.3. The findings of the study.

4.3.1. Individual structured Interviews

This study began with making investigations through structured individual interviews to four key informants who are professionals in the city. These four individuals work with women in crisis in their daily working experiences. Interview 1 works with a HIV/ AIDS support group and she is a counsellor in a community clinic. Interview 2 works with an organisation that offers post testing and counselling services, Interview 3 is a community pastor and Interview 4 works with an organisation that reach out to the commercial sex workers. Their experiences, training and knowledge qualified them to be participants of this study. An interview guide with ten questions was used and the findings are presented below.

The following table outlines the profiles of individuals who participated in the study through the individual structured interviews.

Table 4. Profiles of the participants of the interviews

Participants	Age	Sex	Marital status	profession
Interview 1	43	Female	Widowed	Director a support group
Interview 2	36	Female	Married	Director of an organization
Interview 3	Not revealed	Male	Married	Community pastor
Interview 4	32	Female	Single	Director of an organization

Responses presented and explained

Having been asked general issues about HIV, the four key participants were then asked if they were aware of the percentages of the rate of HIV infection for both males and females in Bulawayo. These four participants did not know the actual figures, but three of them suggested that HIV infections are high among women. To verify on this fact interview 1 said: “it is clearly seen that most women are infected because there is a high

number of women attending opportunistic infections clinics". On the contrary, interview 2 said:

> It is an assumption that the rate of infections is high among women because there are few men who go for testing, but the women are forced to test as they go for antenatal clinic. If there was a way of forcing men to go for testing, it might be discovered that men are more infected than women.

In connection with this, the researcher choose to go with the idea suggested by interview 1, because illness is not comfortable, so there is none who can choose to stay home without seeking medical attention if he is really ill. Thus, men are not seen in these clinics because they are not sick or may be they die after short illnesses, prior to going to the hospitals where they can be treated and tested.

There were also other questions that were asked seeking to establish issues that spread HIV among women in the city. It was asked if the social or traditional roles ascribed to women by the society could have any impact on the spread of HIV among women. Interview 3 answered saying:

> Culturally, women are minors, thus why they are classified as children as expressed by the Ndebele language. They are second class citizens whose main role is to be care givers and bear children and nothing more.

Having said this, he went on to express that he does not go along with this idea, he believes that both men and women are made in the image of God, which makes them to be both equal and unique. His response implied that the Ndebele culture limits women to non-profitable roles that may indicate that women have no value.

The other issue indicated was that the society undermines the potential of the women by denying them chances that can make them to be great persons. This was deduced from interview 4 who responded saying:

> I am what I am because of someone who realised that there was gold in me and took action to develop it; it needs a society that will realise that there is a potential in woman, and helps them to achieve their potential so that they will be the source not the recipients at all time.

When asked to mention some issues that spread HIV/ AIDS among women, the participants implied that at times women expose themselves to HIV infections through taking risk behaviours, while at times; they are infected because of situations beyond their control. In line with this interview 3 said, “women are exposed to HIV infections because they have loose morals”. On the contrary, interview 2 said,

> In most cases women are left with no choice, they are never given a chance to negotiate for the safety of their lives they are moved by their husbands as if they are old wardrobes in someone’s home…

A total of sixteen causes of HIV among women were raised by the interview participants and these are presented in table 7 together with factors that emerged during the focus groups; and are later explained. This question was the hub of the study and it was asked to all participants.

4.3.2. Focus groups Interviews

4.3.2.1. Focus group interview One (FGD 1)

Focus groups interviews were held after the structured individual interviews. The first focus group was with a HIV support group, which had eight female participants who turned up out of fifteen participants who were invited from a group of seventy members. Among the fifteen there were only two male members of the focus group who were invited, but they did not make it. The group was made up of people infected and affected with HIV and they have accepted and came in open with their status and of those close to them. This group is chosen because, they have life experiences and knowledge on being infected or working closely with infected people, and are likely to supply information on factors that cause the spread of HIV among women.

The profile of the participants of FGD 1

To begin with, the moderator asked the women to introduce themselves, who they were, their marital status and the number of the dependents they have, if they were willing to do so. The detail of the information is presented in table 5; where three are widowed, two are married, two are single mothers and one is a divorcee.

It was indicated that 8 individuals had dependencies that ranged from their own children, their parents and other relatives numbering 48. Six of these women were the bread winners, without fruitful sources of income, proving the Women's Health Newsletter (2003) correct, which states that poor households tend to be characterized with large household size, high dependency rations, older heads of households, small land holding and low levels of education. This can limit people's access to sexual health information, prevention technologies and treatment and it hinders their development.

When asked about the type of food they consume in a day, it was indicated that a family spends less than US$2 per day, where a loaf of bread is bought for breakfast and vegetables for relish enough for one meal (according to the value given to US dollars in Zimbabwe), which will be supper implying there will not be any meal for lunch. Poulton and others (2002, p.17) speaks about situations similar to those of these participants saying "households with female heads (i.e. widows, single mothers women and divorcees) tend to have high incidences of poverty". Such is the case with female headed houses, and their state of poverty may expose them to HIV as they seek to have their needs met through offering selling sex to concurrent partners with no consistent condom usage.

Responses presented and explained

When asked on what they knew about the causes of HIV and how they knew about them. It was observed that four participants did not know the causes of the disease, until the day they went for testing and counselling, thus when they were informed about the causes of HIV. One participant went on to say,

> I always had about the adverts on HIV/AIDS from the radio, but they never made any sense. I got details about the disease the time I went for testing and counselling at the New Start centre, which was after a very long illness.

The other one went on to express that she tried to get the information on HIV after the death of her sister , but the information was not clear, she thought it was a disease like the rest of the sexual transmitted diseases that could be cured. It was indicated by all women that, they were motivated to seek information about the spread of HIV after the death of someone close to them or after their sickness. This response indicated that the current existing HIV awareness programs are not very effective.

Table 5 below, outlines the profiles of the women who participated in the study for the focus group session one (coded as FDG 1)

Table 5. Profiles of the participants of the FGD 1

Participant number	Sex	Marital status	Livelihood	Education history	HIV/ status	Depen dents
1	F	Single	Volunteer in a clinic	Secondary education	Positive	7
2	F	Widowed	Sawing	Did not complete due to financial constraints	Positive	6
3	F	Divorced	Laundry washer	Primary school	Negative	4
4	F	Married	Housewife	Did not complete due to financial constraints	Positive	6
5	F	Single	Vending	Did not complete due to teenage pregnancy	Positive	9
6	F	Married	Housewife	Did not complete due to financial constraints	Positive	6
7	F	Widowed	Cross boarder trading	Primary school	Negative	2
8	F	Widowed	Housewife	Did not complete due to teenage pregnancy	Positive	6

The group was asked if the disease was for certain types of people. It was indicated by all women that everyone can be infected, whether old or young, male or female. They mentioned that the disease can spread through sexual relations, sharing sharp objects with infected persons; a pregnant woman can infect her child during birth or during the breast feeding process. It was indicated by all these participants that prior to their personal situations of infection, they always thought that the disease was for immoral people.

The moderator then highlighted that the infection is high among women and she then asked if the women could suggest some factors that cause the spread of HIV among

women. This was the key question asked to all participants of the study. A total of twelve causes were raised by this group and these will be presented with the contribution of other groups below in table 7, under the data analysis and interpretation.

4.3.1.2. Focus group interview Two (FGD 2)

FGD 2 had seven participants, who were drawn from the eighteen women residing in a rehabilitation centre for commercial sex workers who were being empowered to engage in self-help projects. Nine of the women were present at the time of seeking consent, but the other two had other progrmams and they did not make it to the session. These participants were chosen because they are on the threshold of experiencing structural violence in their lives, which have made them to take risk behaviours of exposing their bodies to HIV through selling sex.

The following table outlines the profiles of the women who participated in the study for the Focus group session two (coded as FDG 2)

The profile of the participants

The participants were asked to introduce themselves and the information on the table below was given. Of the seven participants, three were never married, but were single mother and four were once married where three divorced and one was a widow. One participant had gone through the advanced levels of education where she said she had fair passes but she did not make it to a university due to financial issues and she did not get a job because of economic instabilities in the country. Four of the participants went through high school and they failed, while the other two did not finish school because of financial issues.

Table 6. Profiles for the participants for FGD 2

Participants	Marital status	Educational history	Dependents
1	never married	primary school	7
2	divorced	high school	4
3	Widowed	secondary school	7
4	divorced	dropped out of school	2
5	never married	secondary school	3
6	never married	secondary school	4
7	Divorced	secondary school	8

Responses presented and explained

The group was asked if they knew about how HIV spread, the participants showed no interest to answering the question, and the moderator noticed that and changed the direction of the interview. She went on to highlight the fact that HIV is spreading quickly among women and asked if the participants were willing to suggest factors causing the spread of HIV. Like two of the participants of the structured interview, one participant suggested that a very few percentage of women expose themselves to HIV infections through taking risky behaviours as they seek pleasure, but the majority are infected due to situations beyond their control. Participant 1 implied this saying:

> None of us is in this activity because of goodwill; we are forced by situations behind our control. Those who are having sex for pleasure do it in the comfort of their homes being influenced by alcohol and other drugs, but poor people like us do it in the streets for nothing else but to get cash to earn a living.

A detail of their response will be presented in table 7 below during data analysis and interpretation. A total of ten causes of HIV were raised by the participants of this group.

4. 4. Findings classified under themes and explained

The findings of the study were broken into manageable themes and relationships so as to understand the various factors that were emerged as those that cause the spread of HIV among women. It was indicated that some of these suggested factors have linkages with structural systems, such that the researcher classified the findings of the study under economic factors, migration, political factors, gender imbalances, marital factors, limited knowledge and treatment of HIV, biological nature of women, population demographic issues, cultural factors and the attitude women have towards HIV/AIDS.

Below is a table showing a summary of factors causing the spread of HIV/AIDS among women as, suggested by Interview 1 to 4, the participants of FGD 1 and FGD 2.

4.4.1. Economic factors

It was indicated that most women are not profitably employed, but they are full-time house-wives, who depend solely on their husbands for a living, such that after the death of one's husband she remains with no source of living. From both FGD 1 and FDG 2 it was indicated that when a man who is a bread winner dies, the wife is forced to engage in

prostitution in order to earn a living. The two widowed women in FGD 1 did not open up on how they earn a living, but from the FGD 2 the widowed woman said "I cannot watch my innocent children die while I have a body that I was given by God…I use this body to get cash so as to meet the needs of my children now that their father has passed on…".

Table 7. A summary of the causes of HIV/ AIDS among women in Bulawayo as suggested by all participants of the study

Causes of HIV/ AIDS	**Suggestions made by:**
Economic dependency	All participants
Cultural issues	All participants
Polygamy	All participants
Poverty	All participants
Biological nature of women	Interview 1, 2, 3, & 4
Gender imbalances	All participants
Rape	All participants
Myths associated with rape	Interview 4 & FGD 1
Concurrent sex partners	All participants
Intergenerational sex	Interview 1, 2, 3, & FGD 1
Unsafe sex methods	Interview 2 & 4
Limited access to medication	Interview 1 & FGD 1
Girls begin sex earlier	Interview 1, 2, &FGD 1
Women's attitude on HIV	Interview 3 & FGD 2
Use of traditional medicines	FGD 2
Use of drugs	FGD 2
No consistence condom use	All

It was indicated by Interview 1, 2, & 4 that due to unequal economic distribution women are economical dependent on men. A similar trend came from FGD 1, when one participant said "I would never fail to do a job when I am taught how to do it, the reason why I suffer with my children today is because I was never empowered to do certain tasks in life all training in our family was given to male children". It was revealed that women are not economic independent because of a lack of empowerment. UNDP (2002) bears testimony to this saying, "unequal gender relations also results in unequal access to economic resources, having limited access to education, training and income opportunities". Moreover, it was highlighted from all interviews and both sessions of the focus groups that economic dependence lives the women in situations where they are often unable to negotiate for safe sex and other issues to do with their total well being exposing them to HIV.

It came out during the process of the interview with FGD 1 that the society defines the role of women as that of satisfying their husbands sexually without fail. The participants of FGD 1 were asked if they had tried to negotiate for safe sex and refused to give sex if they were denied protection, the response from one woman was “Eh this is a no go area, you will be killed, chased and maybe, the following day he might propose your friend or someone so close to you or your enemy, thus, where he will spend all his money” another response was “I cannot do that because I know he will tell me that the bride price was paid for me so that I will meet all his sexual needs”. The researcher realised that the women valued their marriages, even if the living conditions were unfavourable because thus where their economical needs were met.

Another issue observed from both focus groups was that there has been an increase in female headed household in Bulawayo, implying that there is greater economic reliance. Kistner in Madziwa (2006, p.45) points to the results of this saying, “While HIV/AIDS exacerbates especially women’s economic and social insecurity, it is very same economic and social insecurity of women that increase their vulnerability to HIV infection”. Medscape (2009, p.1) adds to this saying “insufficient food for the daily needs and infection with HIV are inextricably linked and major causes of illness and death”. It was indicated that women living in poverty while having dependents of both children and the elderly, encourages these women to resort to sexual risk behaviours such as commercial sex, having inconsistent condom use during sexual activities, where they have a lack of control in sex relationship exposing them to HIV.

It emerged from FGD 2 that women resort to selling sex, not because they enjoy it, or they are ignorant of the deadly disease, but it would be an effort to meet their basic and food needs of their dependents. Madziwa (2004) asserts to this saying, “In desperation some women in Zimbabwe are turning to prostitute to look after their families and thus exposing themselves to HIV infection and re-infection”. Moreover, the research indicated that poverty puts the women at risk of HIV infections.

It was indicated that intergenerational sex spreads HIV among girls. Girls are persuaded into sex by older men for cultural and economic reasons. It came out from interview 4 and from both focus groups that some men approach young girls for sex because they

believe they are less infected and the girls give in because they are in need of funds for meetings their basic needs. Additionally, Interview 4 talked about a myth, which was also confirmed in FGD1 that HIV infected men are told by traditionally healers that if they have sex with a virgin girl they will be cured; and if a businessmen have sex with a young girl his business will excel. These myths are not true but they seem to exist because at least every week the newspaper publishes stories along these lines. It is noted that the law of Zimbabwe stands against this strongly, but the occurrences of such crimes are common.

4. 4.2. Male migration

Male migration came out from both focus groups as another factor causing the spread of HIV among women in the city. Migration is common in the city resulting from the economic hardships and hence it is a possible foundation of the spread of HIV. Of the fifteen members who participated in the two focus group interviews, six members said that their husbands migrated at some point of life. One participant in FDG 2 expressed her husband's situation saying,

> My husband went to South Africa facing forward, being able to look around to see women with HIV, who infected him and he did not bring the money he went for, but he came facing up where he could not see any women but was facing his creator for judgement because of immorality…

When saying these words, her face was filled with anger that was noted by the moderator who then changed the flow of the interviews. PSI (2008, p.4) ascertain that migration contributes largely to the spread HIV. One thing that was not doubted by two participants of FGD 1 was that their husbands were sexual active where they had migrated to and the other two women, who had said their husbands had migrated at some point in time, seemed to hide their position pertaining to the involvements of their husbands in extra marital affairs and the moderator did not show any interest in seeking to know their positions, as we it was agreed that they will participate as they wish.

4. 4. 3. Political violence

It surfaced from FGD 1, when one participant said that during the period of recent political violence of 2002 and 2008; most women in her village were raped by perpetrators of political violence. She attested to this saying, "the women from my village

were raped by the militia youth as a punishment of supporting the opposition party". Rape is among the strategies men use to wrest personal assets from women during war. The Unites States Institute of Peace (2008, p.1) affirm that during previous political violence in Zimbabwe, rape were prevalent of the women of the opposition and those married to the members of the opposition party.

4. 4. 4. Gender inequality

The study indicated that gender inequality contributes largely to the spread of HIV among women. Gender inequality is defined by Elfenbein (2006, p.19) as violence caused by societal and cultural systems and procedures imposing harm to women who are viewed and described by the society as less powerful and more nurturing and caring, while man are said to be strong, powerful and controlling.

The issue of gender imbalance is not only a Bulawayo issue, interview 3 expressed this saying "the issue of gender imbalances is globally; as if the creator created it to be that way, but gender inequality is a result of the fallen minds of mankind, because the Bible reveals that both male and female were created in the image of God, there is no need to discriminate them with the issues of gender". Gender imbalances are a result of societal and structural systems, which disadvantage the women. Sathiparsad (2005, p. 66) asserts to this saying says "gender violence is frequently explained and legitimised by the norms of a society concerning male/female roles and thereby, the attitudes that males and females take into any interaction".

Gender imbalances were illustrated from educational issues, where education is limited to the boy children. Of the eighty participants of FGD 1, one stated that she went through high school and she did not come out with positive results, while two said they dropped out due to teenage pregnancy, while three said they could not go to high school due to financial constraints , while the other two stated that in their families education was for the boy children, the girl child was expected to learn how to write her name and letters only as she wait for the man to marry her, for this reason these two went through primary education only.

Furthermore, it was indicated from FGD 2 that the boy and girl child were given equal chances in education. A member of the group went on to tell her life story saying that:

> I became pregnant while at high school and my brother made another girl pregnant while at school and it happened that all effort was done to take him brother back to school, and I was denied that chance despite the fact that I was more intelligent than him, as a result I am where I am because I had no means of survival.

In some cases both the girl and the boy will be sent to school, but when the girl fails she is not given the chance to supplement, but thus not the case with boys.

4.4.5. Marital systems

Marriage was indicated to be a factor causing the spread of HIV among women. It was revealed that married women cannot make decisions concerning their lives and sexuality. Kehler (2006, p. 3) observes that the statistics indicate that 60% to 80% of all women infected had only one sex partner in their life and 80% of all new HIV infection in women occur in marriages and / or long-term relationships. He seem to suggest that most women are infected by the men they marry for the very first time, this could be so, because man makes sexual choices and woman are denied to object. If she does so, she is often met with violence, to avoid violence a woman should persevere in her marriages even if she knows that her husband is exposing her to HIV.

In line with this, Interview 3 brought out that the "*ABC"* method of HIV prevention seems to be irrelevant and the statistic presented by Kehler seem to convey a similar message. It is indicated that the women are able to abstain, they are capable of being faithful to one partner but they cannot negotiate for condom use because of cultural systems that promote the dominance of man in marriage and the idea that he owns his wife's body.

The individual interviews revealed that the women and girls are raped and abused by spouses, relatives, guardians, without much effort being made to bring the perpetrators to book. Interview 3 went to the extent of saying "marital rape, although legally recognised, is not socially accepted as it is believed that the primary role of a woman is to satisfying her husband sexually and bear for him children".

4.4.6. Medication constraints

It was expressed from FGD 1 that had six HIV infected members and two affected members, that the access of medication such as ARVs is limited. There are restraints on accessing ARVs due to the collapse of the health sectors, which resulted from the economic and political calamities that the country has been experiencing for a decade or so. Madziwa (2004) asserts to this saying "Throughout Zimbabwe, institutions collapsed during the period of economic hardship, such that the health institutions lack adequate and affordable drugs and equipment for treatment". Interview 1 attested to this saying,

> There are only five Opportunistic Infections clinic in the city of Bulawayo. These clinics offer services for only two days in a week, which cannot meet with the rate of infections in the city. The infected have to book for services, where the sick wait for five to six month prior to getting treatment from these hospitals .In the clinic I work with, patients waiting for treatment are over six hundred. Most people die still on the waiting list, while some continue to have unprotected sex while waiting for treatment exposing other people to the infections, while they increase their viral load

A participant from FGD 1 indicated that private clinics offer instant treatment, but due to limitation of resources she could not managed to meet the financial requirements.

The issue of limitations of medication seems to be common in most African countries except in Botswana. The shortages of medication might be resulting from the nation's poor economic condition or the government's inaction.

Table 8 below shows the number of people that have been receiving ARVs against those that need them in sub Saharan Africa.

Table 8 The state of ARV distribution in sub Saharan Africa

Year	**2004**	**2005**	**2006**	**2007**
Receiving ARVs	8000	25000	67000	98000
In need of ARVs	600000	600000	590000	570000

4. 4.7. Knowledge on HIV

The research revealed that some women become infected during the process of care-giving because of lack of knowledge. The woman is expected to practice home-based caregiving to those that are infected with HIV; it could range from her husbands, parents,

in laws, children and other members of the extended family regardless of their sex. As they care for the sick from their homes, most of these women have little or no training in caring for the infected and they have no knowledge on how to protect themselves from the infections. At times they might have knowledge but they cannot use protection. It was attested to by all of the women who participated in FGD 1 that it is difficult to use protection with people who are close to them. This is especially true when a wife is looking after her husband, or when a mother is looking after her son/daughter. It was also attested to, by participants of FGD 2 that it is improper to use protective clothing to a person who is very close to you, as this may lead to a situation where the sick will feel rejected and that can stress and quicken up the person's death.

The women from FGD 1 attested that in 2008 the resources such as gloves and detergents were in short supply when the economic crisis was at its peak where suppliers of such resources closed down. Caregivers had a high chance of being infected during that time.

4.4.7. Biological nature

All participants of the individuals interviews expressed that the biological make-up of women leaves them at risk of HIV infections as the women have a large vaginal surface that expose them to the infections. Biggs (2006, p. 5) affirm to this saying, "physiologically, women are at higher risk of infection during intercourse, as they have a larger mucosal surface, which can be exposed to abrasions…"

Interview 1 and 4 said that child birth by the HIV positive women increases the risk of spreading of HIV to the unborn babies, especial with the limited supply of ARVs, increasing the percentages of people living with HIV. It was indicated by members of FGD 1 that, HIV spreads quicker among girls because they begin sex early, thus between the ages of 15 and 17 most of them will be sexual active, having multiple partners and intergenerational sex, which expose them to HIV infections. The findings of Lane at al (2004, p.321) confirm that girls begin sex earlier than boys after their research based on the ages at which adolescent females are sexually active discovered that within the age of 15 to 17 years more than 50% of 13, 570 girls were sexually active more than two thirds of them being in heterosexual relationships.

4.4.8. Population demographic

It emerged from all individual interview participants and from FGD 2 that there are more women than men in the city, such that the sex ratio does not balance: women outnumber men. Interview 2 suggested that the population demographics is due to high death rate and migration of men, while interview 1 said:

> The records from the clinic indicate that most male babies are born, but die from premature death than females and the life expectances of male is said to be seven years shorter than that of the female creating imbalances in sex partners.

It was indicated that women are forced into polygamous marriage by population demographics, which may quicken the spread of HIV. In line with this, Interview 3 said

> The Ndebele culture promotes polygamy and in some cases some man marries five wives, in the event of him being infected, he will infect all his wives. The question that remains is that if one man infects five women, how many women will ten men infect?

4. 4. 9. Cultural structures

The cultural system contributes largely to HIV infections of the women in Bulawayo. "Women are regarded by the society as minors or the second class citizens" said Interview 3. "The society defines their roles as those of caring for the family, meeting their needs and sanctifying her husband's sexually at all the times", he added. Also, it was indicated by FDG 1 participants that during the time of pregnancy, childbearing and breastfeeding, traditions say the married couple should abstain from sex, due to that a woman may be sent away from her marital home for a period of six to twelve month. During that time it is accepted for her husband to have sex partners which may expose him and all members involved to HIV infections.

The other issue that came out from the same group was that it is believed in the Ndebele culture that sex with a woman who has reached menopause is a taboo because it is harmful to both the man and the woman. For that reason, woman is not expected to be engaged in sexual activities during that time, which gives her partner a go ahead to engaging in sexual activities with other younger women and keep coming back once in a while to his wife when he feels so.

It was indicated by all interview participants and by both focus groups that the Ndebele culture encourages a man to have multiple sex partners and to be polygamous to show prestige and masculinity. The issue of multiple partners and polygamy makes the women involved to be left economically and sexually unsanctified by their husbands, as the women's needs and desires are left unconsidered.

The women in FGD 1 added that it is taught and believed by the Ndebele people that sex should not be discussed at home, due to that, even if unsanctified the women cannot speak out, which encourages the "brave women" to seeking satisfaction outside marriage, which can expose them to HIV infections as was suggested by Interview 2, that "studies show that condom use is low and inconsistence in both polygamous and extra marital". Interview 4 indicated that masculinity prevents man from using condoms and seeking sexual health advices as they assume that man should know all by nature, and they do not have to go and seek knowledge from elsewhere. Along those lines, it was suggested by one participant in FDG 2 that a man who is a womanizer is a warrior , as it is expressed by the Ndebele name used for Sexual Transmitted Infections is '*igulamakhwa'* which literary mean "the disease of the warriors".

Interview 2 and 4 suggested that cultural systems put pressure on women and girls that they should be virgins up to the time of marriage. These have made women and girls to venture into some other unsafe alternatives of sex, such oral sex, which fuels the spread of HIV/ AIDS. Interview 4 went on to suggest that there are rites and initiation circumcisions that can spread HIV among women. Cultures of some people within the city put marks on the body of women as they are marked below their eyes, while some are marked around their breasts. In most cases the same object for operation is used for many operations, and that may spread the infections from one person to another.

4.4.10. Attitude on HIV

Interview 3 attested that, the spread of HIV is high among women also because of the attitudes they have towards the disease that makes them to adopt immoral behaviours. Three women from the FDG 2 denied the existence of the disease saying it has to do with bewitchment. One of them was basing this on the fact that there are some people that she knows who have been taking up behaviours that could have exposed them to the

infections, but they are not infected. The other one gave an example of herself saying “I have been practicing selling sex without a condom for the past eleven years and I a m not infected”. While the last one attested that four of her family members are said to have died of HIV but the traditional healers revealed to them that they were bewitched by their relative, such that after the relatives death her relatives’ mysterious death have ceased. Such attitudes seem to have discouraging the people to heed to the awareness programs and teachings on HIV/ AIDS to the extent of having multiple sex partners to fulfill their sexual desires.

The other attitude expresses by the participant of FGD 1 was that of stigmatization, which is defined by WHO (2003) as “a tainting social label that changes the way to meet societal expectations they become discredited and are rejected, which isolates them from themselves and others”. She said at times the infected people are blamed, condemned as bad people such that they develop a defensive mechanism and they resolve in their hearts that they want to infect as many people as they can before their die and they will go around sleeping with many people. Similar sentiments were expressed by one participant in FGD 2 saying even if I die from AIDS, I will die with many. Hence it was observed from the other four participants of FGD 2 that most women fear infection although they have adopted the risk of selling sex.

4.5. Concluding remarks.

The study undertaken revealed that women in Bulawayo experience structural violence from a number of structural systems in their day to day living. The existing structural systems in the city create gander imbalances, a situation where women have to depend on men for a living. Structural violence is seen from such issues as expressed by Harris (2003, p.16) who says, “Structural violence is about structures, which maintain the dominance of one group at the centre of power over another group at the periphery”. In this case, the women are marginalised, who are denied their self worthy, self-fulfilment, economic and social well being as they go through a phase of exploitation and oppression.

However, it is evident that the extent of structural violence is not limited to women, but to men as well, although for this study we gave attention to women. It is observed that the

women suffer as they experience patriarchal structural violence, which is violence embedded in male structures. Patriarchal violence is seen in the forms of gender imbalances, as the women receiving unfair treatment from their male counterpart, which is encouraged by social structures and norms.

On the similarly Kehler (2006, p.3) says “It is the gendered context of society, defining females largely as inferior, as the weaker sex, as the ones who are socialised to become good women and who should respect the male head of the household at all times that creates an environment in which women are not in the position to make informed decisions in life. Hence, women will remain to be more vulnerable to HIV infection”. The society limits the potential of women and it is indicated by the findings of this study that the women are aware of the issues leading to their downfall, but they have not been able to do anything to change their situation.

CHAPTER V

CONCLUSION, LIMITATION AND RECOMMENDATIONS

5.1. Introduction

This study set out to assess the impact of structural violence on the spread of HIV/ AIDS among women in Bulawayo. The investigations were carried out using qualitative methods of data collection comprising individual interviews and focus groups interviews. Individual interviews were held with four individuals who were perceived by the researcher to be key informants. These interviews were complemented by two separate focus group interviews, which were comprised of eight and seven participants respectively. The first group was comprised of people infected and affected with HIV and the second one was made up of commercial sex workers, thus women who are vulnerable to HIV infections.

The objective of this study was to assess the impact of structural violence to the spread of HIV/AIDS among women in Bulawayo. This study was based on the assumption that the spread of HIV/ AIDS is high among women in Bulawayo as compared to men. The issue of interest was to find out the causes of HIV and assess the linkages with structural violence. The study specifically aimed:

- To explain the nature, the extent and the consequences of structural violence
- To examine the potential linkages between structural violence and the spread of HIV/AIDS
- To identify the nature and extent of actual linkages between structural violence and the spread HIV/AIDS among women and girls in Bulawayo, Zimbabwe

This chapter presents the conclusion of the findings, which were set to assess the linkages between structural violence and the spread of HIV among women in Bulawayo.

5.2. Conclusions

To begin with, the researcher sought facts that indicate that the spread of HIV is higher among women than men. It was not easy to establish this, but (UNGASS (2007), UNAIDS (2007) and PSI (2008)) indicated that HIV infections are higher among women in Bulawayo without presenting the actual figures. Investigations were made from governmental and nongovernmental organisations in Bulawayo to verify the figures; the actual figures were not attained. It was indicated by the research that the infections are high among women as it is the case nationally and globally. The reason given to support this was that the hospitals and the HIV testing and counselling centres' records revealed that the number of infected females outnumber that of males. The validity of this data is limited by the fact that HIV testing for men is optional, while it is compulsory for women attending antenatal clinics. Is should be noted that the hospital records and the record of those of the counselling centres are basing on women attending antenatal clinics and the few men who chose to go for voluntary testing and counselling.

5.2.1. The findings of the research

This study is of great importance in the field of peace studies as it indicates that structural systems impose harm to women, who are equally important in the society as are men. They are not allowed to fully enjoy such civil liberties by economic, political, legal, customary and societal systems. This deprived them of positive peace, which is defined as the absence of any kinds of harm (Kent 1995 and Harris 2003). Additionally, the study reveals that there is a need to demolish social systems that promote the existence of structural violence so as to establish peaceful societies.

In spite of all the constraints encountered during the investigations, interesting findings and observations were made, which made the researcher to make the following conclusion:

The findings of this study indicated that structural violence, which is psychological and physical constraints experienced by women caused by exploitative and unjust structures and procedures contributes to the spread of HIV among women. Exploitative and unjust structures create power and wealth imbalances between the males and the females, making women vulnerable to HIV infections. It emerged that the physical and

psychological harm experienced by women are not necessarily carried by men, but they are caused by structures that promote men but devalue the nature of women. Linkages between structural violence and the spread of HIV were identified that led the researcher to classify the causes of HIV under the following themes: economic factors, political factors, cultural factors, gender imbalances, limited knowledge and treatment of HIV, biological nature of women, issues of population demography, and the attitude women have towards HIV/AIDS.

It was indicated that women experience shortfalls in the quality of life, their lives being marked with issues of exclusion, unequal distribution of wealth, homelessness, unemployment, low wages, illiteracy, limited political representation, poor health, experiencing a chronic lack of basic needs and other related issues.
It was indicated that HIV infections are high among women in the city. Observations revealed that HIV spreads among women mainly through sexual relations. Of all factors suggested by the participants of the study only one had nothing do with sexual intercourse, thus it was indicated that some women are infected during the care giving process to the ill.

It was revealed that city women are not economically independent, and this makes them to be vulnerable to HIV as they adopt risk behaviours to earn a living. Gender imbalances leave women with no options in life, except to depend on men for a living, such that they are forced to remain in abusive relationships, hence they cannot negotiate for the safety of their lives because the systems have normalised that men have the final say in every aspects of life. Women have been forced by situations around them to have concurrent sex partners, as in a case where a woman cannot have her sexual and economic needs met and she chose to have them met by another men elsewhere, where she cannot even negotiate for safe sex.

It was indicated that because of male dominance, women and girls are raped by males close to them and or even strangers who expose them to HIV infections. It was noted that cultural norms regarding virginity and issues of wet and dry sex expose women to the spread of HIV as they end up adopting unsafe sex methods such as oral and annul sex.

Moreover, it was noted that girls begin sex earlier and they are likely to be involved in intergenerational sex and also have multiple sexual partners, which expose them to HIV. Additionally, the biological make up of women increase their chances of acquiring the disease if they have unprotected sex with infected men. It was also observed that the women have limited knowledge on the spread of HIV and they can be infected during the time of caregiving.

The research observes that most factors causing the spread of HIV among women have a link with structural violence, especial with patriarchal structural violence and economical violence. The social and structural systems deny women an opportunity to maximise their potential that makes women to be dependent to men for their survival. Winter and Leighton (1999, p. 2) asserts that women and children are often the invisible and innocent victims of societal structural violence, where global sexism systematically denies girls and women access to resources, ranging from, health care and food to legal standing and political power, females getting less than males…"

5.3. Limitations

It was not an easy study to carry out. To begin with, the researcher experienced time and financial constraints as she had to travel to and fro Zimbabwe and the University of Kwazulu Natal carrying the study. Additionally, the researcher could not attain the actual figures showing the rate of HIV infections for males and females separately. Both the government and the non-governmental institutes were not willing to divulge the actual fingers on the bases that their work ethics do not permit them to give out the information to anyone under any given situation.

Moreover, the data collection process was extremely time-consuming. Mouton (2001, p.148) attests that this is a further limitation to ethnographic research. In particular, the individual interviews, took longer than the researcher had anticipated. Also two participants of individual interviews kept changing their schedules due to other commitments in their lives and that negatively affected the progress of the focus groups. In addition, from the second focus group, the researcher struggled to gain the trust of the participants and they had to gain enthusiasm towards the end of the session. Hence, there

was only one male participant out of nineteen participants and this limited the reach to the females.

5.4. Recommendations

Harris (2003, p. 13) says that the alternative to structural violence is the establishment of positive peace. Below are the recommendations made by the researcher on ways of establishing positive peace in line with the findings of this study, so as to eradicate structural violence.

5.4.1. Recommendations to the government

In light of the above conclusions, the following recommendations are made.

Eradication of structural violence: firstly, it is recommended that the government should adopt and implement relevant social activities so as to establish positive peace. One way of doing this will be through creating development education to both girls and boys at an early age, aiming at eliminating inequalities among boys and girls, which will stimulate them to become effective peace makers. Kabeer (2005, p.13) attests to this saying "gender disparities can gradual be introduced through closing gender gap in education at all levels…"

Secondly, it is recommended that the government should avoid social neglect and play its role in providing human security to the people. It can do this by having poverty relief programs for the poor and have relevant empowerment programs for the vulnerable, so that they will not adopt behaviours that will expose them to HIV as they attempt to earn a living. Additionally, women should be offered awareness and empowerment programs that will help them to develop personal respect and pride so that they will not resort to prostitution to earn a living. Furthermore, strategies for social change should be established to do away with socioeconomic inequality and injustices, which are caused by cultural, social and economic structures.

Gender inequality: it is recommended that the government should work hard to achieve gender equality and women empowerment as it is one of the eight Millennium Development Goals (UNESCO 2002). It is noticed that the government have policies on gender equality and women empowerment, which are never implemented: it is

recommended that the government should apply these policies so as to establish positive peace. The programs to educate both men and women on issues of gender equity should be developed and implemented, as it was noted that the issue of gender imbalance contributes largely to the spread of HIV infections. Similarly, Women's Health Newsletter (2003) suggests that "a huge task should be done to do away with gender inequality because empowerment is in danger of remaining just rhetoric if there is an unequal power distribution in gender relations".

Women's rights: it is recommended that programs should be set to enhance women's legal and social rights. In line with this, it is recommended that the government should design a document that will protect the rights of women similar to that of Barcelona Bill of Rights (July 2002), which includes the right to equality, economic independence and education.

Knowledge about HIV: it is recommended that HIV awareness programs should be established by the government, which will inform everyone about the nature of the disease, how the disease spread and how it can be prevented. Also among those lines, it is recommended that health services and treatment should be made available to all. In all this, the government may work hand in hand with nongovernmental organisations for affectivity and efficiency.

5.4.2. To the Bulawayo citizens

Seeking health services and information: firstly, it is recommended that both females and males should seek knowledge on the nature and the cause of HIV, so that they will adopt HIV prevention measures. Both men and women should be encouraged to seek health information and services more often so that they will know how to value their health and the health of those around them. Both men and women should learn how to improve their relationship and communication skills.

Secondly, as it is the case with women attending antenatal clinic, it is recommended that a similar program for men should be established to encourage men to go for HIV testing. If one knows his status, he may be motivated to adopt health behaviours and prevention methods and assess available support services as suggested by WHO (2004, p.1) who

says, “Disclosure may facilitate other health behaviours that may improve the management of HIV”.

Caregiving information: it is recommended that the citizens should seek information on issues of protection during care giving, so that none will feel rejected when his/her caregiver is taking protective measure through use of gloves and other means to avoid infection. Caregivers should seek knowledge on how to care for the sick at home to reduce the cases of getting infections because of lack of knowledge.

Finally, this study recommends that further research be conducted on issues that spreads HIV among women, may be not only at a nationally level, but globally in order to seek measures that can reduce the prevalence of HIV on woman and all people globally.

5.5. Concluding remarks

This study sought to investigate the causes of HIV/ AIDS among women and girls in the city of Bulawayo. The investigations were carried through use of qualitative methods of data collection of structured interviews and focus groups interviews. Four key informants in the city were interviewed, which were complemented by two different sessions of focus groups interviews.

The findings of the study indicated that the spread of HIV among women is caused by high levels of concurrent sexual partners, early sex by girls with older men who are already infected with HIV, gender imbalances, commercial sex work, domestic violence, imbalances in sexual relationships, lack of health information and poverty. It was indicated by the findings of this study that some of these causes have links with structural violence. Consequently, it is indicated that there is a need to demolish the culture of violence and establish positive peace so as to attain a peaceful society.

It is therefore recommended that both men and women should be educated on health and HIV related issues that affect total well-being of individuals and nations. Additionally, exploitative and unjust, cultural, political and socioeconomic structural systems should be eradicated in order to establish a peaceful society.

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APPENDIX 1

University Of KwaZulu-Natal

School of Economics & Finance

M Com Research Project

Researcher: Ntombizakhe Moyo 485301

Supervisor: Sylvia Kaye 27 31 260 1417

Research Office: Ms P Ximba 031-2603587

I, Ntombizakhe Moyo, am an M.Com student in the School of Economics & Finance, at the University of KwaZulu-Natal. You are invited to participate in a research project entitled 'Structural violence and the spread of HIV/ AIDS among women in Bulawayo, Zimbabwe'.

The aim of this study is to assess the impact of structural violence to the spread of HIV/ AIDS among women in Bulawayo, Zimbabwe.

Through your participation in a focus group, I hope to understand the causes of HIV/ AIDS among women and identify if these have linkages with structural violence. The results of the focus group discussion, together with some interviews, are intended to contribute to this understanding.

Your participation in this project is voluntary. You may refuse to participate or withdraw from the project at any time with no negative consequence. There will be no monetary gain from participating in this focus group. Confidentiality and anonymity of records identifying you as a participant will be maintained by the School of Economics & Finance, UKZN. However, as this is a participation in a focus group, please be aware that I cannot assure that other focus group members will retain confidentiality.

If you have any questions or concerns about participating in this study, please contact me or my supervisor at the numbers listed above.

The focus group discussion should take you about one hour to complete. I hope you will take the time to participate in the focus group

Sincerely

Investigator's signature_____

Date_____

APPENDIX 2

This page is to be retained by participant

University Of KwaZulu-Natal

School of Economics & Finance

M Com Research Project

Researcher: Ntombizakhe Moyo 485301

Supervisor: Sylvia Kaye 27 31 260 1417

Research Office: Ms P Ximba 031-2603587

CONSENT

I_____ (full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project. I understand that I am at liberty to withdraw from the project at any time, should I so desire.

_____ _____

Signature of Participant Date

APPENDEX 3

This page is to be retained by researcher

University Of KwaZulu-Natal

School of Economics & Finance

M Com Research Project

Researcher: Ntombizakhe Moyo 485301

Supervisor: Sylvia Kaye 27 31 260 1417

Research Office: Ms P Ximba 031-2603587

I, Ntombizakhe Moyo, am an M.Com student in the School of Economics & Finance, at the University of KwaZulu-Natal. You are invited to participate in a research project entitled 'Structural violence and the spread of HIV/ AIDS among women in Bulawayo, Zimbabwe'.

The aim of this study is to assess the impact of structural violence to the spread of HIV/ AIDS among women in Bulawayo, Zimbabwe.

Through your participation in a focus group, I hope to understand the causes of HIV/ AIDS among women and identify if these have linkages with structural violence. The results of the focus group discussion, together with some interviews, are intended to contribute to this understanding.

Your participation in this project is voluntary. You may refuse to participate or withdraw from the project at any time with no negative consequence. There will be no monetary gain from participating in this focus group. Confidentiality and anonymity of records identifying you as a participant will be maintained by the School of Economics & Finance, UKZN.

If you have any questions or concerns about participating in this study, please contact me or my supervisor at the numbers listed above.

The interview should take about 20 minutes. I hope you will take the time to participate.

Sincerely

Investigator's signature_____ Date_____

APPENDIX 4

This page is to be retained by participant

University Of KwaZulu-Natal

School of Economics & Finance

M Com Research Project

Researcher: Ntombizakhe Moyo 485301

Supervisor: Sylvia Kaye 27 31 260 1417

Research Office: Ms P Ximba 031-2603587

CONSENT

I_____(full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project. I understand that I am at liberty to withdraw from the project at any time, should I so desire.

_____ _____

Signature of Participant Date

This page is to be retained by researcher

APPENDIX 5

UNIVERSITY OF KWAZULU NATAL –Interview Questionnaire

Researcher: Ntombizakhe Moyo

Research topic: Structural Violence and the spread of HIV/AIDS among women in Bulawayo, Zimbabwe

Interview guide: Individuals interviews

Name (optional) _____Sex:_____

Marital status _____

1. How does the society view women and what are their traditional roles?
2. from the society's understanding of women, are there any signs of undermining the potentials of women and how is this done?
3. From your own perspectives, why if the rate of HIV/AIDS prevalent high among women in Bulawayo?
4. What are some general factors perceived by females as linkages to the spread of HIV among women in Bulawayo?
5. What are some of the attitudes, knowledge and practices related HIV transmission?
6. What are some of the myth associated with girls, women, men and sex in our community?
7. Does law and culture play any role in protecting the sexuality of a girl child and to what an extent are these honoured?
8. From your own point of view, is there any link between gender inequalities and imbalances with the spread of HIV/ADS among women in Bulawayo?
9. Is the method of ABC method of HIV prevention effective among women, as it is encouraged and why do you say so?
10. From your own observations, what are some of the structural systems that encourage the women to implement risk behaviours?

APPENDIX 6

UNIVERSITY OF KWAZULU NATAL –Interview Questionnaire

Researcher: Ntombizakhe Moyo

Research topic: Structural Violence and the spread of HIV/AIDS among women in Bulawayo, Zimbabwe

Interview guide : Focus groups

What is HIV/ AIDS

How does HIV spread?

Who is at risk of contracting HIV/AIDS?

What causes the spread of HIV/AIDS among women and girls in Bulawayo?

What else do we know about HIV/AIDS?