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Title:

Exploring the vulnerability of black women to HIV and AIDS in Zimbabwe: A case of Masvingo urban area.

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Abstract

The problem question that this study seeks to address is the perpetual defencelessness of women to HIV and AIDS. The study was greatly influenced by personal concern on the circumstances of predominantly black women in the 21st century as they continue to lag behind in many aspects of life. They continue to be the custodian of poverty and it is so perturbing that on top of being marginalised again they constitute lamentable statistics of HIV and AIDS infection. Hence, in the quest to understand the life dynamics which influence black women vulnerability qualitative research methodology was implemented so as to examine the subject matter. Purposive sampling technique was applied to select participants from various support groups in Rujeko and Mucheke High density suburbs as well as practitioners from pre-HIV test and post-HIV test counselling centres within Masvingo urban area. Findings unanimously pinpoint the economic hardships and series of dry seasons that the nation has been experiencing.

Tilted public terrain forced women in Masvingo urban area and girls as young as 10 years of age survive by selling sex for subsistence. Lack of industrial activity, poor infrastructure, sky rocketing living standards, low educational attainment and high level of unemployment are indicators of poverty and prime determinants of high HIV prevalence among most black women. It is because of above mentioned life circumstances that women encounter which makes them more prone to HIV infection as they end up indulging in transactional sex in order to provide food on the table. Moreover, HIV and AIDS prevalence has soared among women due to the fact that the patriarchal system is still instrumental in the mainstream resulting in women being sidelined. The vicious system does not only condone women domination but it fuels women exploitation signified by exclusive male hegemony in the public sphere.

Interestingly, Masvingo urban area is the second city from Beitbridge border post but despite of its proximity to the port of entry it is still underdeveloped since most of manufacturing industries are concentrated in Harare.

Notably, the government response to women vulnerability has been substantial in the free provision of antiretroviral treatment (ART) but this has done little to transform the livelihood of People Living with HIV and AIDS (PLWHA). However, there have emerged some NGOs which try to cushion the burden especially for those suffering to the disease by helping them form support groups as well as equipping them with life skills. Ironically, men who are regarded as perfect transmitters of the scourge due to their biological make up continue to be onlookers in prevention campaigns.

The study recommends that men have to spearhead the acceptance of voluntary counselling and HIV testing as well as becoming instrumental in prevention campaigns. Also there is need for laws which instil follow-ups and accountability particularly service delivery to People Living with HIV and AIDS. Ignoring the circumstances of black women in the mainstream outweighs the possible achievement of an HIV free generation.

Declaration

I, George Chikono, authenticate that the work enveloped in this dissertation is entirely an artefact of my own original work with the exemption of some citations which have been accredited to their sources. I declare that this dissertation thesis has not been formerly submitted and will not be presented at any other institution of higher learning or any other grade award.

Signature:

Date:/...../.....

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Dedication

This research project is dedicated to my parents Mr. Reuben and Mrs Josphine Chikono for taking good care of me since I was young and gave me this life I have today and I say you are the best parents ever may the Living God Almighty continue to bless you with joy, peace and love. To my siblings Morelearn, Bohan, Dambudzo I just want to express my heartfelt appreciation for your support and encouragement. To my friends Rich Mashayanyika, Vimbai Mashingaidze ,Taona Owen Charashika, and Tafadzwa Mukavhi I say, thank you for standing by me even when it was not fashionable to do so but you were always there to cheer me up telling that a bend is not the end of the road. I have set a standard for you and I expect more from you and remember perseverance and sheer guts pays off.

Acronyms

HIV -Human Immunodeficiency Virus.

AIDS – Acquired Immunodeficiency Syndrome

ART- Antiretroviral treatment

ZNPP- Zimbabwe Network for People living with HIV and AIDS

BHASO- Batanai HIV and AIDS Service Organisation

VCT- Voluntary Counselling and Testing

WHO- World Health Organisation

MDGs- Millennium Development Goals

NGOs- Non-Governmental Organisation

1. Chapter One

1.1 Introduction to the study

The HIV and AIDS epidemic continues to be one disease that has painted a gloomy picture in the face of many nations. Due to social mobility the scourge has sprawled at an accelerated rate that individual effort cannot even bring the disease under control. Notwithstanding the fact that HIV and AIDS is said to have started in the western societies it is sad to note that the scourge has caused grievous pain to the Sub-Saharan Africa populace. Notably, black women are at the fore of HIV and AIDS infection owing to enumerable factors which predispose them to indulge and end up contracting the scourge. Dhemba (2012) postulated that poverty, unemployment and the plague of HIV and AIDS exemplifies the socio-economic status quo of some Southern African countries including Zimbabwe.

Observably, the battle for women to gain their relevance in society is far from achieving the desired goals. Moreover, encompassed with the controversial imbalanced representation of gender, women's voice is hardly recognised. This uneven ground which is characterised by massive male hegemony has spelled a tantalising experience for black women particularly as they now have to endure the rage of patriarchy as well as shouldering the burden of HIV and AIDS. The disease prevalence soared resentfully on the part of women across the globe. Resultantly, the scourge has turned the whole world into a village for it knows no boundaries; hence this call for a well-co-ordinated, spirited effort and decrease from a divided effort for that can only make the task gigantic.

This study narrowed its area of concern to Masvingo urban area. Masvingo urban area has scores of people succumbing to the ravages of HIV and AIDS with women commanding a huge number of infections than men. Amid the quest to achieve zero new infection this elicit the need for a scientific inquiry to see to it and find out what could be the cause of black women susceptibility to HIV and AIDS as such getting a clear picture on why prevalence is high among women.

1.2 Background to the study

In recent years, HIV and AIDS pandemic has consistently been the most agonising and perennial social vice that has caused untold suffering to many people globally. The pandemic remains the world's greatest health challenge. However, the most worrisome fact is that the epidemic has been made more feminine. As such, the contingencies of this global health menace are so unbearable necessitating that both men and women carry the burden of the scourge. Thus, there is need to motivate a debate that will bridge and surmount the feminization of the disease.

Susser, (2009) coined that in Sub-Saharan Africa, HIV was found in ratio of one man to one woman in the early 1980s. Sadly, by the year 2000 more women than men were infected in the same region and a number of deaths were recorded particularly men whose age range was between 25 and 45. The situation began to sprawl as the statistics indicated that, twice as many young girls as young boys, ages 15-24 across Southern Africa were living with HIV. Paradoxically, the scourge after the year 2000 began to pronounce a tilted prevalence rate with the women being the most infected. According to Dunkle, Jewkes, Brown, Gray, McIntyre, and Harlow, (2004) in 2002 statistics revealed that there were more than 42 million

people suffering of HIV and AIDS, of which 70% were found in Sub-Saharan Africa. A gruesome ratio indicated that more than half of HIV-positive populace are female, as such African women represent the group most severely affected by HIV and AIDS globally. As such, for a responsive and effective prevention and control of the epidemic deepening our understanding of women's HIV risk is fundamental. Tu'rmen, (2003) asked a question on "why are women becoming more vulnerable to HIV infection than men? Incredibly giving the distinction between sex and gender where 'sex' describes a biological distinction between men and women, whereas 'gender' is a social construct that differentiates the power, roles, responsibilities, and obligations of women from that of men in society."

Perhaps vulnerability of black women to HIV and AIDS can be traced in the misconception of sex as a factor that determines the roles, power and potential of an individual. Gender roles are informed by the 'sex' of the person and women are trapped in this ugly circle of beliefs and stereotypes (Susser 2009). Boys and girls before they are indoctrinated to view each other based on their sex they co-exist without prejudices or discrimination. However, this sense of mutuality is then snatched away from them as they progress through the development ladder and it is the male child who is given a laudable attention with the girl child being accustomed to shame and regret.

Wodi, (2005) outlined that the male inclination nature of African societies influences women's sexual behaviour in the region. As such there is profound HIV and AIDS infection amongst women in Sub-Saharan Africa. Perhaps this cynical practice is the root cause of the much imbalanced social milieu. The purported cultural practices have made men to be adamant towards behaviour change in their sexuality. As

such, women are at the fore of vulnerability to HIV and AIDS. Dunkle, et al (2004) stressed that in the Sub Saharan Africa women are victims of gender based violence which cannot be separated from the cultural and social contexts of the region. Furthermore, due to high levels of inequality women are stripped off their capacity to negotiate safe sex is crippled. In this light those women who have been exposed to partner violence are at high risk of HIV infection. Statistically, women bear a top-heavy burden of the infected as they constitute more than half of the infected population in the Sub-Saharan Africa region (Wodi, 2005).

According to UNAIDS (2008) cited by Arisunta (2010), Zimbabwe embraces a population close to two million people estimated to be living with HIV and AIDS by the end of 2003. As such, making Zimbabwe the third largest HIV and AIDS affected nation in sub-Saharan Africa. "The HIV and AIDS prevalence rate in Zimbabwe is among the highest in the world, although recent evidence suggests that prevalence may be starting to decline. However, women account for more than half (58%) of adults estimated to be living with HIV and AIDS in Zimbabwe," Arisunta (2010). WHO (2001) elaborated that the imbalanced sex ratio in HIV prevalence is influenced biological make up, thus women are more prone to infection than men during unprotected sexual encounter. Moreover, the rampant practice by older men having who have sexual relations with younger women may also contribute to such a higher infection rate among young women. Kuan-Hui Lin and Chang-Yi Chang, (2013) elucidated that vulnerability is conventionally viewed as risk factors threatening livelihoods. In these context women in Zimbabwe make up a laudable percentage to sexual exploitation in the sense that older men are taking advantages of young girls. HERAF, (2009) brought to surface the interface between lack of power and women's

vulnerability. The fact sheet alluded that women are not empowered to be involved in decision making of sexual aspects that affect their lives. This is a contributory factor to poverty due to, the large number of the months that require to be fed in hard economic times and increased exposure to sexual abuse like rape and defilement including sexual harassment in marriages, sex work and work place, which increase their vulnerability to getting infected with HIV.

Susser, (2009) alluded that the erroneous social context has immensely influenced the political and economic spheres, as a result women continue to come second to men. It is this cultural blindness that has befallen on men which put efforts to prevent the disease in reverse gear. Manuh, (1998) echoed about perpetual blockage that black women continue to face in their quest for recognition in societal matters. Despite their industrious efforts it still agonises to note that women contributions has not yet translated into meaningfully improved access to means or life changing decision. Regardless of the enthusiasm that women exhibit in the economic, cultural and communal lives of their societies through their relations and informal networks it is still not being transformed into new models of involvement and governance. Gender has framed a gruesome terrain for women particularly in African countries where their contribution to the mainstream is still regarded as null and often ridiculed. This study pin points a slack in implementation of laid strategies and programs which aim to improve black women participation in society. Empirically there is a wide array of policies and legal framework in Zimbabwe which cling to the observation and valuation of women's contribution in the public mainstream but there is a wide divided between women and men.

Black women vulnerability to HIV and AIDS has its underpinning in the patriarchal ideologies which stifles women's potential and subdues their strength and power to

cave their way to stardom. Perhaps it is this myopic stance that has resulted in such a high HIV and AIDS prevalence among black women. Albeit women's plight has drew attention globally but it lacks substantive support for effective recognition and valuation of their input in the mainstream.

The present study seeks to advance an understanding of the gender irregularities and interaction patterns paying attention to distinct social mores which exist particularly in Zimbabwe.

1.3 Problem statement

Despite the fact that HIV and AIDS poses a global, regional and national challenge, statistics indicate that more women than men, more girls than boys are infected by HIV and AIDS (Kang'ethe, 2013a). Genders discrepancies in socio-economic sector are attributed to patriarchal philosophy around sexual applies are among the most vital, but often ignored details for the feminization of this disease (Chong and Kvasny, 2007).

The deprivation that women suffer in public circles has its origins from ancient societal modalities which ascribe power to men and a low status for women (Rizter, 2008). However, this has resulted in the relegation of women to mere tools of sexual gratification, as well as becoming the sole provider of upkeep to the sickening family members. Succinctly, vulnerability of black women can be seen in form of sexual violence, low economic status and huge imbalance in public spheres. In this light, various initiatives have been established to promote gender parity. However, this research will probably provide a face lift to the viciousness of male hegemony and old fashioned habitual thinking which exacerbates black women's vulnerability to HIV

and AIDS. It is now more than three decade the whole world still trapped in the jaws of HIV and AIDS. In gender terms it is with no doubt that men are regarded as perfect transmitter of the scourge (Kang'ethe, 2013b). Surprisingly, the situation on the ground tends to be twisted as women constitute a huge portion of HIV and AIDS prevalence.

1.4 Aim

The aim of the study is to explore the vulnerability of black women to HIV and AIDS in Zimbabwe, case of Masvingo urban area.

1.5 Objectives of the study

The study is guided by the following objectives:

- To examine why black women are prone to HIV and AIDS in Zimbabwe.
- To investigate the type of support that black women get from their communities, social service practitioners, NGOs and civil organisations.
- To explore the strategies the government NGOs, Civil society Organizations use/can use to mitigate the vulnerability of black Zimbabwean women to HIV and AIDS.

1.6 Research questions

1. What makes black women prone to HIV and AIDS?
2. What support do women receive from their communities, social service practitioners, NGOs and civil society organizations?
3. What strategies does the government, NGOs and stakeholders use/can use to mitigate black Zimbabwean women's vulnerability to HIV and AIDS?

1.7 Significance of the study

The study is of significant practical relevance as it seeks to bring to the fore the interface between gender blindness and HIV and AIDS, the global health challenge that has caused a huge suffering on many nations including Zimbabwe. Also it is a lobbying tool based on the contention that men have the overall responsibility of protecting their counter parts from HIV and AIDS.

Although studies have been conducted on the impact of HIV and AIDS on people, this study will add value to the HIV and AIDS body of knowledge as it explores the burgeoning feminization of HIV and AIDS which has left women beleaguered by the burden of HIV and AIDS. The present study will provide a motivation for expansion efforts and a lens through which to evaluate government plans, budgets, and poverty reduction strategies: do such efforts prioritise activities which will help meet the millennium development goal number 3 which is on Promote gender equality and empower women (UNAIDS 2012). Furthermore, it validates beyond any doubt the need for urgent action by showing how far progress lags behind expectations. The study is invaluable to Social Work Practice because it help social workers to understand and challenge values and norms which oppress women and girls and thereby stifling their social functioning. The study will benefit the community of Masvingo as it reveal factors underpinning the feminization of HIV and AIDS, as well as the state of stigma and discrimination especially directed to women.

1.8 Scope of study / Delimitation

The purpose of drawing a boundary for the study is mainly to direct attention to a particular area. As a result, of some setbacks that are likely to be associated with covering the whole nation of Zimbabwe.

1.9 Definition of terms

HIV: The eLook Online Dictionary (2011) defines HIV as, “the virus that causes acquired immune deficiency syndrome (AIDS); it replicates and kills the helper T cells”.

AIDS: Stands for Acquired Immunodeficiency Syndrome, it is caused mainly by sexual intercourse and mother to child transmission (HEAIDS, 2009).

Vulnerability: Vulnerability is conventionally viewed as risk factors threatening livelihoods (Kuan-Hui Lin and Chang-Yi Chang, 2013)

1.10 Chapter outlines

The study is a scientific and systematic study, as such, it is laid out in the form of chapters which include:

Chapter 1: Introduction-This chapter gives an overview of the study, the purpose, objectives and significance of carrying the study.

Chapter 2: Literature Review-This chapter gives a clear picture on what other researcher have written as such providing an understanding of the phenomenon under study and the gap that needs to be filled as well supplement the existing bod of knowledge. This will also discuss the theoretical framework that best explains the phenomena understudy.

Chapter 3: Methodology-This chapter will describe the applicability of the qualitative research paradigm used to respond to research questions, thus meeting the objective of the study. This entails the method employed: the research design, population, sampling methodology, instrumentation, data collection tools and analysis thereof.

Chapter 4: Discussion of findings-This chapter offers a comprehensive discussion and analysis of findings.

Chapter 5: Summary and recommendations-The chapter summaries the main findings of the study, raised burning issues and ideas for further research. Also provide recommendations on matter that would be raised.

1.11 Conclusion

The traditional and social frameworks of African societies have tailored black women's present experiences in the face of HIV and AIDS. Black women remain to be the lone holders of poverty and their livelihood has been characterised by unequal power relationship with men, low economic status, and limited political opportunities. The post-colonial era has not registered much success in terms of elevating women so that they become active citizens. It also faced the emergence of HIV and AIDS which has found its refuge in the poverty stricken and economically excluded groups. Women constitute the most vulnerable group based on their limited access to life transforming institutions such as, education, economic and political emancipation. However, the level of poverty have been attributed to a series of Economic Adjustments that most African countries like Zimbabwe had to implement in compliance with the IMF and World Bank directives. Sadly, this was the genesis of the gradual deterioration of living standards across many countries like Zimbabwe. This has resulted in a number of NGOs coming to Africa to provide aid so as to cushion the burden but this is not doing justice to the circumstances which predispose women to HIV infection. The following chapter try to give comprehensive discussions of the underpinnings of the research, explaining theoretical frameworks

as well as giving broader views on women circumstances, their criticism and the conceivable future.

Chapter Two

2. Literature Review

2.1 Introduction

It is quite invaluable for the researcher to embrace the work done by previous researchers as it will assist with the crafting and overall articulation of the study. The present study acknowledges that there is a broad spectrum of information on HIV and AIDS. The pandemic has caused an astonishing negative impact on women and tailored a shame upon them for more than three decades. Black women susceptibility to HIV and AIDS has persisted even up to this advanced stage in millenniums and this prompted the researcher to explore this conundrum. The research seeks not to deviate from other studies, but to add value and examine factors underlying the uneven social, cultural, economic and political spheres.

2.2 The emergence of HIV and AIDS

The quest to comprehend HIV and AIDS can be one of the most tiresome and mind numbing process especially with its multidimensional ramifications on many aspects of life. Understandably, AIDS and HIV were discovered in the 1979 and 1980s by doctors in the United States, explicitly the emergence of groups of sicknesses which formerly had been rare. These opportunistic infections include the type of pneumonia which is spread by birds (*pneumocystis carinii*) and a cancer called Karposi's sarcoma. During its inception most cases were seen amongst homosexual men and as time progresses by, there was substantiation of cases among haemophiliacs and recipients of blood transfusion (Whiteside and Sunter, (2001). These disease came to be called the Acquired Immunodeficiency Syndrome (AIDS) where 'A' entails that

the disease is acquired through having sexual intercourse with an infected person or through drug injection, mother to child transmission but it is not spread through casual contacts. The 'I' and 'D' entails immunodeficiency whereby the virus attacks a person's immune system and thereby weakening it and makes it less capable of fighting infection. This results in manifestation of a number of opportunistic illnesses. According to Grant, Fine, Heywood and Strode (2001) French researchers identified a new virus in 1983 called HIV and it was regarded as the cause of AIDS which became known as 'HIV-1'. In tandem Chikukwa, (2012) outlined that in the early 1980s, scientists discovered the Human Immunodeficiency Virus (HIV) which is believed to be the answer to question: 'what is Acquired Immune Deficiency Syndrome (AIDS)?' According to Chikukwa, (2012), HIV is a virus that is transmitted from person to person through the exchange of body fluids such as blood, semen, breast milk, vaginal secretions and sharp instruments like razor blades. Heterosexual contact is regarded as the most common way of spreading HIV and AIDS, but it can also be transmitted by sharing needles when injecting drugs, or during childbirth and breastfeeding. It is the virus that can lead to Acquired Immune Deficiency Syndrome, or AIDS.

In 1985, a second immunodeficiency virus labelled HIV-2 was identified in humans. However, it has since diffused into various parts of the world. It is imperative to mention that one can develop AIDS when the CD4 count has fallen below 200 and this is due to the increase in viral load (Whiteside and Sunter 2001). It is pertinent to note that there are various contributing factors to the spread of this scourge. Though the disease was initially discovered among homosexual people in America it is so perturbing to mention that to date the scourge has had a sharp use among the heterosexual individuals.

2.2.1 HIV prevalence

According to Halabi, Smith, Collins, Baker and Bedford, (2012) Sub-Sahara Africa (SSA) accounted for 68% of the 33.3 million people worldwide living with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) at the end of 2009 and 72% of the 1.8 million global deaths. The shocking relentlessness of the HIV epidemic in Southern Africa cannot be underestimated. Realistically, within sub-Saharan Africa, the countries of Southern Africa are the worst affected. The reason why the epidemic is particularly virulent in Southern Africa is still unclear.

A combination of environmental and economic factors has transformed Africa to become a workshop for the spread of the AIDS. However, insufficient attention has been paid to both the physical and the social terrain in which disease is transmitted (Mabala, 2006).

The average the adult HIV prevalence rate is over 15% in most African countries, with the number of infected people as high as 5.6 million in South Africa, 1.4 million in Mozambique, 3.3 million in Nigeria and more than 1.7 million in Zimbabwe as in 2009 (UNAIDS 2010, Chikukwa, 2012). In Zimbabwe AIDS was first reported in September 1985, and the AIDS pandemic had increased dramatically by the mid-1990s (Chikukwa, 2012). Regrettably, countries with high prevalence have overstrained health systems; they lack means and are among countries with the acute hospital beds and health workers per person. However, HIV and AIDS has disproportionately landed upon humankind with women being the most infected and affected. Men have vanished from the picture of the plague thus presenting a state of the feminization of the HIV and AIDS. Inadvertently, women have made even more vulnerable by a number of factors such as socio-economic, political and culture. These social structures and institutions play a huge part in moulding men's habitual

thinking as well as the overall construction of public sectors. Ironically, women have been alienated from playing active roles in public spheres and have been reduced to mere observers.

2.3 Vulnerability to HIV and AIDS

According to the International Alliance (2010), vulnerability differs in every society in the sense that there are individuals and population groups who are more vulnerable than others to phenomenon such as HIV and AIDS. Women especially are presumed vulnerable to issues such as abuse, discrimination and even hatred. However, it is not so much the real structure of a particular population that makes it more vulnerable, but rather the relations and treatment it attracts from significant others, for instance by their immediate local community, society, at political level or by the business sector. This sheds light on the prejudice and stereotypes that women suffer across social institutions which necessitates the need for policies and laws which safeguard vulnerable groups especially women.

O' Manique, (2008) alluded that vulnerability means to the ways in which women or men are at risk of being exposed to HIV and of being stigmatized and marginalized in terms of care and support once infected. "Vulnerability also refers to the many ways in which the livelihoods of women and men are undermined and their resilience weakened in HIV-affected households and communities," O' Manique, (2008).

2.4 Feminization of HIV and AIDS.

According to UNAIDS, (2008) as cited by Arisunta, (2010) Zimbabwe is one of the countries in the Southern Africa which constitutes a lamentable HIV prevalence of about two million people suffering to the menace. The HIV and AIDS prevalence rate

in Zimbabwe is among the highest in the world, although recent evidence suggests that prevalence may be starting to decline. Women account for more than half (58%) of adults estimated to be living with HIV and AIDS in Zimbabwe. Jain, (2009) postulated that feminization of HIV refers to the prevalence of HIV infection among females who are not commercial sex workers. This literally means that it is the women who married are and faithful to their spouses who are at most risk of contracting HIV and AIDS as well as being at the fore front of care giving. Kang'ethe (2013) mentioned that it is very distressing to note that more women than men are getting infected which constitute to the emergence of a state of feminization of HIV and AIDS. Men's biological make up makes them presumably perfect transmitters of the scourge.

2.5 Psycho-social impact of feminization of HIV and AIDS

According to Chikukwa (2012), living with HIV attracts an innumerable number of tasks that a patient might not be able to do alone. These tasks include cleaning of wounds, toilet assistance, cooking and other basic activities .These are a necessity to the social, psychological and emotional well-being of an individual often broader and more severe if living with HIV. Oforu-Amaah and Opong (2004), pointed out that in Sub-Saharan Africa, constitute a prevalence rate of 60 per cent of those infected with the virus, of which 75 per cent of infected are 15- 24 year olds. Regrettably, this has paved way for a growing state of the feminisation of the virus which do not only reflect women's greater physical exposure to infection, but also their social and psychological vulnerability created by a set of interrelated economic, socio-cultural and legal factors.

The HIV/AIDS pandemic has had a drastic toll on women more than men and this has constituted to state of feminization of HIV and AIDS (Kang'ethe 2013). Evidently, women seem to be trapped by oppressive cultures which present a mammoth task for them to carve their way to survival. Hence, women encounter numerous traumatising, distressing and deleterious experiences within their immediate environment coupled with HIV and AIDS which weakens their coping capacities. It is women who are carrying the burden of the scourge either through being affected or infected. O'Manique, (2008), indicates psychological barriers that women endure with regard to access to health care, incidences such as sexual compulsion as well as fear of punitive violence in the case of being HIV positive. Furthermore, the socio-economic sector continues to be mainly dominated by men, as such inhibiting women participation. Akintola, (2008) brought to the fore the extent and the impact of the uneven distribution of AIDS caring tasks within traditional household. This can only be valued by scrutinizing its effect on women and men's contribution in the labour force, labour market and other opportunities, as well as physical, emotional and social wellbeing.

Chikukwa, (2012) alluded that primary caregivers need systematic counselling and assessments for caregiver burden and other stressors like coming to terms with death. Primary caregivers need to be helped in order for them to recognize and build on aspects of their lives that contribute to their physical, psychological, and social well-being. Health professionals need to develop partnership with informal caregivers and assess both the caregiver and the patient periodically. Notably, the girl child has limited if not at all access to education, property ownership and income at the same time shouldering a huge portion of disease. However, the binary state of affairs which suppress the female gender by favouring men has excessively brewed

perturbing psychological implications on women. The pandemic has charged mercilessly with the result weakening women psyche, as such, there is a great responsibility to revamp human coping mechanism.

2.6 Feminization of the economic sector in the era of HIV and AIDS

Practically, the employment arena has been characterised by uneven employment opportunities coupled with the perfidious male hegemonic stance which has left women unable to initiate a move towards achieving self-efficacy. HIV and AIDS is but a reflection of the way in which we construct our social and economic relations (Barnett and Whiteside, 2002). Observably, women and girls are more prone to HIV infection on financial grounds as they are extremely subordinated to men, with little or no access to capital or credit (Abdullahi, 2013). It is the women who always lag behind. Kambarami (2006) alluded that in Zimbabwe, most women occupy less challenging positions like secretarial or clerical positions. It should not be lost that women's lower state of socio-economics than men, or feminization of poverty also largely contributes to this state of feminization of HIV and AIDS.

Muzondidya, (2009) cited in Chitando, (2011) alluded that since the early 1990's, Zimbabwe has been engulfed in a serious commercial crisis that has been grievously pronounced among women. Post-independence era has been earmarked by straining economic and political instability which troubled the ruling regime. Though there is need to appreciate economic constraints that the nation of Zimbabwe has been experiencing for the past decades. It is pertinent to give a critical eye on how women have been severely neglected particularly with regard to HIV and AIDS. To this end Susser, (2009) postulated that it is important to acknowledge the historical position of women in social, economic combined with their lack of access to equal

inheritance, and education and employment today, but of uttermost importance we have to take into cognisance that biology has framed the experience of women in this menace differently than men. In tandem, Abdullahi (2013) present further details that women recurrently receive insufficient financial support from their male counter parts but still have to provide and to maintain their household. Moreover, they have to bear most of the financial and caring load. Mutuality between men and women seem to be improbable but realistically it is supposed to be integrated in the puzzle in order to achieve a laudable foothold in the fight against HIV and AIDS.

2.7 Disproportionate participation in the economy

Chitando, (2011) gave a reflection on domineering cultural practices, violence, discriminating economic systems and other factors which exclude women at the bottom of society. In spite of biological differences still women are alienated from the speciality of life as they are obliged to servitude and being submissive to men. According to the World Youth Report (2003), men assumed the most influential position in the public sector and have a status higher than that of women in developed societies. Sadly, women's effort in household is still going unnoticed though it is essential and valid to the industrial economy. Women have been made to believe that they have fewer rights to political and economic participation than men, and often they perform essential work for which they are neither paid nor fully recognized. Notably, women have been accustomed to their secluded sphere, as the public sphere remains largely a male realm (World Youth Report, 2003).

Decoteau (2013), in her research on men and masculinity indicated another syndrome that has emerged in today's society as women engage in "transactional

sex” which seem to replace marriage. The pushing factor being unemployment and poverty rates which are ever exerting pressure on women to ensure there is food on the table. As such, they end up indulging in transactional relationship only to earn a living and provide for their families. Moreover, the burden of poverty is greatly witnessed among black women and with consideration of their situation, women are become more prone to HIV and AIDS. This pedigree has enormously twisted the livelihood of the girl children and thus predisposing them to HIV and AIDS. Kang’ethe (2011) hinted that this feminization of poverty is the tragic consequence of women’s unequal access to economic activities. A paradigm shift by men regarding gender dynamics and a realisation of how they contribute to disempower women would be one of the pivotal steps in addressing the feminisation of poverty. Akintola, (2008) stressed that African societies are mainly agrarian especially in the rural areas, it is the women who take a main role in farming activities, as well as participating in sowing, weeding and harvesting.

In addition, Decoteau (2013) portrayed women as experiencing marginalization in terms of welfare as they are recurrently defamed and categorized as non-productive members of society, even if they care for children, sick relatives or elderly parents. It is evident that historically, capitalist production has joined with masculine traditions and beliefs to create gender exploitation. Where a man’s status, power and independence is supported by unrewarding and belittled women’s work, paid or unpaid.

This researcher points out that due to the tyrannical nature of the economic field where women and girl children find it tiresome to leap over the social barriers. Women the girl children experience sexual harassment which goes unpunished, thus perpetuating the prevalence of the deadly HIV and AIDS. The gendered pathway

that the globe has taken either willingly or unconsciously has paralysed the possibility of reducing HIV infections in the sense that women are regarded as alien species. The gender variance that the labour market exhibits is a huge stumbling block towards the achievement of an HIV free generation and promotion of equality.

2.8 Implication of HIV and AIDS on human capital

Abdullahi (2013) applauded pro-poor development strategy indicating that they have a positive economic impact especially considering the fact that they point foundations of economic empowerment such as gainful employment and provision of social safety nets for the most defenceless groups especially women, However, this dream is under serious threat by the greatest millennium exterminator, HIV and AIDS. The disease is charging mercilessly devouring most of the able bodied or those who are economically active in their prime age. In this light, HIV and AIDS constitute crucial challenge to the agenda of economic growth and development that can be sustained. Indeed, it poses serious obstacle to human capital, discouragement of investment and erosion of productivity. In fact, HIV and AIDS does not only undermine a nation's efforts at poverty reduction, but also it constitutes serious constraint to the improvement of the people's standard of living.

Furthermore, the HIV and AIDS epidemic may impede human capital investment more broadly. WHO (2001), alluded that changes in life expectancy could have an effect on human capital investment. Also, HIV and AIDS spell mortality risk in adulthood and this probably constitutes a negative implication for economic growth. The pandemic has resulted in premature death as the economically active are dying in their tender age. The overall impact is seen in the number of orphans, widows who are left succumbing to the ravages of the scourge. This study seeks to look in length

the circumstances behind perpetual suffering of black African women to HIV and AIDS. HIV and AIDS has also resulted in a strain in the health sector thus revealing a stressful interface between health and growth (WHO, 2001).

Evidently, many countries especially in Africa are increasingly investing heavily to fight HIV and AIDS, particularly towards the provision of the much needed ARVs and other psychosocial support infrastructure to individuals living with HIV and AIDS (Barnett and Whiteside 2002). Considering the economic hardships that most African nations like Zimbabwe have been experiencing for the past three decades it does not need us to look too far so as to comprehend the vulnerability of most marginalized black women to HIV and AIDS.

2.9 Vulnerability of women

Statistically, infection rates are high among young women in the age-range 15-24 as compared to young men of the same age. Globally, there were an estimated 6.2 million of young women living with HIV and AIDS at the end of 2003 compared with 3.8 million young men, and 4.7 million young women and 1.5 million young men were in Africa (UNAIDS 2005). Since its inception of HIV and AIDS, it has landed heavily on women and girls. Considering the awkward position they occupy in society, which the pandemic has grievously impacted on them.

According to Hallman (2008), customarily the social terrain has been erratically crafted as such making women and girls more vulnerable to HIV infection. Though married and faithful, they remain susceptible because their husbands may not be faithful or allow them to discuss sex or condom use. On the other hand their male partners enjoy considerable economic autonomy as well as geographic freedom and mobility factors which raise the possibility of infecting the spouse with HIV.

Glynn, Carael and Buve (2000) outlined that across Africa there is sound evidence that men prefer to marry or to have sexual relationship with young women. As such , when these young people grow to become mature adults, the proportion of infected women in the older age groups will steadily rise. This age discrepancy foretells a precarious future for most young women as their right to choose a life partner is violated. This spells a severe blockage of women's endeavours as they become subjugated to male supremacy.

However, the upsurge of women's' susceptibility to HIV and AIDS may be attributed to their stature, prejudice and stereotypes that society hold towards women as compared to the muscle that the society ascribe to men. Societal norms and values affirm men's sexual behaviour. Despite substantial advancement in strategies to curb these erroneous practices, there is still need to invest time towards a complete transformation of men's habitual thinking. Perhaps programmatic amendments will result in a more responsive and mutual consent to reduce the deceitful effects of the scourge on women and girls.

On the other hand, Isiramen, (2003) as cited in Abdullahi (2013) alluded that women's vulnerability is inseparable from men's vulnerability as well. Hence, approaches and intervention strategies have to integrate men as well rather than eliminating them from picture and continue to be myopic by focussing entirely on women. Ironically, men seem to be alienated from programmes aimed at alleviating the ravages of HIV and AIDS. Majority of HIV and AIDS prevention programmes are spearheaded by women resulting in the estrangement of men. In most cases, it has been presumed to be a task suitable for women. However this habitual thinking has contributed to the growth in the feminization of HIV and AIDS.

UNAIDS (2012), outlined the fact that men are presumed to be the main players in the spread of the scourge whereas women are receptors as their biological make up is favourable for transmission of the virus during the secretion of semen. Thus women's vulnerability to this scourge is correlated according to the religious-cultural demands of the society in the area of sexual relations. According to Chitando (2011), from cradle, girls are groomed and indoctrinated to bear suffering and humiliation in silence. This study seeks to bring to the fore the underlying factors which implies black women vulnerability to HIV and AIDS in Zimbabwe by paying particular attention to cultural prescription. It is topical that the vulnerability of African women can be traced from the rigid social values and norms. There is a notion that they have firmly established men's mind set and bore a myopic perception towards the pandemic.

2.9.1 Causes of vulnerability of women

O'manique (2008), alluded that women's biological mark-up render them more prone to HIV infection. Also, due to limited income-earning options, low education levels of poor women as well as unequal access to property, landownership and inheritance. International Aids Alliance, (2010) point at the ferocious role that culture plays in perpetuating girls and women's exposure to HIV. In many cases, due to detrimental social and cultural norms girls and women's right to have access to information about sexual and reproductive health is compromised. However, due to these ascriptions, girls and women become accustomed to a more passive role in making decisions about their sexual life. As such, these norms strip off girls and women their autonomy and power to insist on abstinence or condom use by male partners.

Jain (2009) pin points that men are the ones who play an essential role in the spread of HIV through sexual encounters. It is the man who has to acquire the infection first before transmitting it to his partner(s). An uninfected woman cannot be infected without first having sex with an infected man, and women do not have sex with infected men by choice. Due to societal ascriptions, of men in contrast to women and children, do have the power of effecting sexual encounters, do have the choice not to engage in risky sexual behaviour, have access to preventive measures such as, male condoms and now male circumcision to reduce and safeguard them from infection.

Kang'ethe (2013) also alluded that biological factors make men perfect transmitters of the virus compared to their female counterparts. This entails that the overall responsibility lies on men's shoulders as they have the choice, the ability, and the means to protect their partners, and therefore, their children even after being infected.

Ironically, due to distorted social norms and values which turn a blind eye on men promiscuity, women endure the blame. Chitando (2011) stated that HIV and AIDS became to be more associated with black women. This is only because of the fact that in any geographical location, it is the women who hold a high HIV and AIDS prevalence. However, there is need for a move from the blame attitude and confront our fears and circumstances which have made the whole world to be incapacitated by the scourge.

2.10 Provision of care to HIV and AIDS patients

Explicitly, it is pertinent that everyone give a look at the state of black women vulnerability. According to Chikukwa (2012), in Zimbabwe, the impact of HIV and

AIDS on health services system has caused grievous blisters to the system, leaving households and communities with the duty of caution. However, there seems to be a decline in the rate of new HIV and AIDS infections in Zimbabwe (from 32.1% in 2000 to 23.9% in 2004, 18,1% in 2008 and down to 14,26% by end of 2009. According to National AIDS Estimates (2010) cited by Chikukwa (2012), there is still urgent need to address the issue of caring for those already infected.

Euphemistically, the provision of care has been unanimously presented to women and girls. They take on responsibilities for the sick and orphans. However, they continue to provide care, carry out their household duties, as well as generating income for their subsistence even when they are personally infected or ailing. In this noble cause they do not have convincing support, thus predisposing themselves to possible high risk as they will be taking care of their loved ones and many suffer from stress or sicken and die at a young age (UNAIDS 2005). It seems like men have been vexed by the extent prevalence and distance themselves from care giving. Chikukwa,(2012) explicitly expounded that family members and friends are left with no option but to take responsibility of the burden and offer home based care for people with HIV and AIDS. Among this group, however, the provision of care falls disproportionately to women and older people. Kang'ethe (2006) outline that care giving to the sick is a tiresome task and this has been a field dominated by women mostly.

According to Veldhorst (2010), care giving by children is a desperate move and a suggestion that care giving is obscured. In addition, there is lack of well-functioning blue print to train the care givers as such and these children have to strain through thick and thin, either to float or sink. This is mainly witnessed, because of the little value that is assigned to caring tasks as compared to productive work, men who are

involved in market work and who fund the provision of for caring sometimes fail to consider the complications experienced by women as a contingencies of the extra care loads they have to carry. Akintola (2008), gave a face lift by presenting a paradox between non-affected households with different structures affected by AIDS in Zambia and exposed that female and elderly headed homes carry a greater burden of tasks than male-headed households.

On the other hand, home- based is believed to have potential benefits for both HIV infected and affected people, yet there are many failings in the support given to carers (Chikukwa, 2012). Conversely, men are on the driving seat of HIV transmission. They can choose to make use of condoms as well as lessening the number of concurrent sexual partners. This is attributed to structures of masculinities that prohibit men from acknowledging exposure to HIV, and propagate sexual cultures like simultaneous sexual partnerships and unprotected sex. The very same constructions which sanction women by proclaiming men's power, simultaneously downgrades men by entrenching a discourse of strength that valorises unsafe sex and dissuades men from testing for HIV and accessing antiretroviral treatment (ARVs). However, in this sexual binary, accountability is subsequently conferred to women to initiate safe sex and test for HIV (Mills, Manuela de Paoli, and Grønningsæter, 2009). Chikukwa (2012), explicitly mentioned that it is apparent that families play a foremost role of support for HIV and AIDS patients in Zimbabwean society, but this goes unnoticed and with very little support, if any at all, from the government and other responsible authorities in the health fraternity.

2.11 Tilted gender roles and HIV and AIDS

Understandably, gender refers to the diverse and shifting understandings of what it means to be a man or a woman in specific historical and social contexts. Gender relations are frequently negotiated in line to other relational divides, such as class, race, ethnicity and sexuality (UNAIDS 2012). HERAF (2009), indicated that gender refers to the full range of manners or personality traits, attitudes, feelings, values, behaviours and activities that the social order ascribes to the two sexes male and female on a differential basis, and that are changed depending on society and over time. However, the misconception between gender and sex has resulted in malfunctioning of preventive measures as the male sex tends to use its muscle mania to exploit women.

Higgins, Hoffman and Dworkin (2010), mentioned that the prime face of AIDS is of a woman, a face fit of sympathy and support, if not rescued. Regrettably, men remain a overlooked group in the epidemic, practically unaddressed in HIV prevention programmes. This disparity is besetting the possible progression towards the achievement of an HIV free generation. A gender inequity is a fundamental aspect of the feminization of HIV and AIDS in Sub-Saharan Africa. Gender across African societies entails the level of socialisation and the manner in which both men and women are supposed to respond, to conduct and to consider, ingraining and instilling in them certain societal and cultural values, stereotypes, customs and traditions, making any attempt to promote a change process is mammoth task Kang'ethe,(2011).

UNAIDS (2012) indicated that practically private and public spheres are indisputably gender structured with a great incongruity in such a manner that it is men who are at the pinnacle with women right at the bottom and hardly noticed. Beside the realm of

motherhood, women and girls face similar barriers to HIV prevention and testing services. Throughout their life cycle, women face harmful gender norms that increase their vulnerability to HIV. Indeed, they are often blamed for contracting HIV and face stigma and discrimination, all because of perceived stereotypical views and immorality.

In addition, UNAIDS (2012) explicitly revealed that violence and sexual intimidation, uneven access to legal security, education, economic prospects as well as health services and material are attributed to the women and girls' low status in society. These gender imbalances that exist in societies, have extremely alienated the girl child from experiencing the speciality of life generally. This researcher seeks to draw interest to this lack of proportion which necessitate the need for a realigned attitude to bridge and fight discrimination.

UNAIDS (2012), outlined that surmounting the gender scopes of the pandemic will require a far deeper understanding about how to support families and communities as they negotiate the pandemic's contingencies. Shirin (2002) as cited in Ogochukwu, (2009) contends that the gendered field scrutinizes the locus of women and men in the communal ladder, political and cultural interaction, their access to means, and how they organize their various spaces. Extensively, the broader undesirable macro-economic setting in sub-Saharan Africa has created widespread glitches of economic denial, unemployment and discrimination in many countries. This assists as a state and backdrop to what risky sexual behavioural patterns among men and boys have advanced, as such they need to be understood by policy makers.

Hindin (2003), postulated another manifestation of inequality which hinders the enablement of women, either through decision making or commercial contributions. Intimate partner violence (IPV) is regarded as a key focal point for both global attempts at legislation and for several recent studies concerning health outcomes. The disproportions of influence between husbands/partners or wives result in adverse consequences, notably an upsurge in HIV and AIDS prevalence among women. Vulnerability can also be understood by giving a microscopic view to the level of violence within marriage institution. Violence instils fear and brews a rather passive response to HIV and AIDS and its contingencies thereafter.

2.12 Cultural implications and relationship autonomy

According to Wodi, (2005) culture is a set of guidelines acquired as from infancy and informs the individual how to think, feel, perceive and act either as a male or female. Baxen and Breidlid, (2009) alluded that social and circumstantial conditions should be appreciated as they play a pivotal and often decisive role in how people interpret or make meaning of their lives in general and in particular, how to handle issues with regard to sex. Wodi, (2005) postulated that in other traditional practices there are some patterns of practices such as female genital mutilations, marriage by abduction and early pregnancies which obstruct the quality of life for women and young girls. There are a host of factors by which culture ignores the endowment of women.

Abdullahi (2013) brought to the fore a deleterious result of culture upon black women as they lack power in relationships. Their low status in marriage makes them to fall prey to marital rape, in the form of coerced or forced sex. Moreover, the tale of single women and girls are worse in terms of rape as they suffer the shame in silence in order to avoid jeopardizing their future chances of marriage. Keeler, (2007)

mentioned that much of the categories of information and philosophies we use to shape our life experiences are ethnically inherited or acquired. As such, most of the groupings we build are so deeply held that we are not aware of their use in making sense of our experiences and interpretations. Albeit, they exert a philosophical influence on our beliefs about ourselves and others, and about the world around us and our place in it.

As such gender cultural practices continue to undermine the participation and observation of women's rights as full citizens. The extent to which cultural prescriptions have practically crafted women's position in society has dominated national and international discourse. However, it is shocking that despite the prolific conventions which have been held women are still lagging behind in so many aspects of life. Perhaps there have not been spirited mechanisms which are put forward to pursue the plight of Black women. To date, women across the globe are shouldering a lamentable level of HIV and AIDS prevalence.

Hallman, (2008) coined that in most settings; puberty is the time when gender role expectations become differentiated and intensified. Boys experience more freedom of decision making and mobility, while the movement of girls outside the domestic sphere becomes increasingly sanctioned. Chong and Kvasny, (2007) postulated that empowering, culturally relevant representation can provide people with sense of control over prevention behaviour while negative associations can decrease the sense of power. People's sense of power, community, and self-worth greatly affects their ability to change behaviours. The contingencies of harmful cultural practices are so unbearable and they have besieged men also since they are not an exception to vulnerability to HIV and AIDS. Culture can be regarded as the fountain of women's

and girl's lamentations since it is presumed to compel women and entirely subjugated them to male dominance.

Jain, (2009) pin pointed the blurred cultural practices which have amassed power upon men have tremendously degraded women to mere objects. The feminisation of the mainstream starting from the bottom has reduced women to sexual tools. As such there is need of eminent response starting from the lowest level to the summit to conquer the implications of culture. "At societal level, interventions may be needed to understand and accept the nature of the disease neither to deny its existence nor to deny the sexual mode of its transmission, and to decrease stigma and discrimination associated with HIV. Community level interventions may be needed to make the home, the community, and the school systems safe spaces for girls," Jain (2009).

Abdullahi, (2013) expounded that women are also exposed to HIV and AIDS due to other vile and highly repulsive cultural practices such as female genital mutilation and widowhood rites. Genital mutilations are usually enforced as a check on women's promiscuity in some societies in Nigeria. Usually, unsterilized instruments are used to perform this crude and horrifying operation by local physicians. The implication of this on the health of the woman is better imagined, needless to say in the spread of HIV and AIDS. Also in some societies in Nigeria, widowhood rites expose women to serious health problems including the risk of HIV and AIDS infection. This rite involves shaving the head of the woman with unsterilized razor blade and a time forceful marriage to the deceased's relation who may not have been tested for HIV.

In addition, Hindin (2003), elaborated that girls can imagine “equality in marriage” but they are unable to break the social norms that dictate men’s more powerful position in marriage, particularly in terms of decision making. However, there are few alternatives to marriage, and few women know of probable options to advance both financial and emotional independence from exploitation.

According to Hindin and Adair, (2002) as cited in Hindin, (2003) pointed that decision-making independence in marriage is also linked to higher levels of abuse in the Philippines, where authoritative decision-making by either partner is associated with a higher risk of abuse whereas decisions made jointly are protective. Furthermore, it not too far comprehend that wife beating in Zimbabwe is likely to branch from gender roles and social expectations. Violence against women in Zimbabwe is common and women are extensively exposed due to their low status and lack of power in the family, and are widely tolerated within marriage (Hindin, 2003).

The researcher stands on the point that culture ascribes relationship power in the palm of men which is highly signified with notions that women themselves hold with regard to violence in homes. Women are stripped off their right to protection within the family institution and they are left voiceless in matters that concern their health as they cannot negotiate condom use as a result of fear. Traditionally, men enjoy a reign less sexual practice due to customary laws which portray polygamy as a symbol for men to show their manhood. However, this prescription has landed men and their promiscuous behaviour in a precarious predicament particularly in the dispensation of the deleterious HIV and AIDS scourge. Rizter and Stepnisky, (2014), elucidated that women are existing in most social situations. As such, where

they are not visible, it is not because they lack ability or interest but because there have been deliberate efforts to exclude them.

2.13 Women social exclusion in public mainstream

The HIV and AIDS epidemic has been the most complex health threat globally. However, this complication can be attributed to programmes and intervention strategies which segregate women and girls. Patriarchal society with its rigidity demotes women to very low social status and subjugate them to mere providers of sexual service. The pandemic is multidimensional, hence the need for a spirited move to exhume the implication that social exclusion on the disease.

Kaseke, (2003) cited in Dhemba,(2012) indicated that social exclusion signifies a state of affairs where some people benefit from a policy or programme whilst others do not due to circumstances beyond their control. Women have been in most cases emerging victims of social exclusion even on matters which concerns them all because of structures which are highly stratified on gender basis. O'Manique, (2004) pointed that there is a notable extend of women exclusion from broader circles of life mainly because of their sexual category. Despite women being at the core of HIV and AIDS infection, they are still being marginalised in the crafting of prevention strategies and programmes. Women are invisible from the mainstream of economic, social and political sphere.

Kaseke,(2003) observes that there is over reliance on men in the wage sector, espoused with the notion that a woman's role lies in childbearing, has led to the extreme discrepancy in access to training for African men and women.

Accordingly to O'Manique, (2008) stressed that there is a host of factors which can reveal the exclusion of black women, for instance inadequate income-earning options of impoverished women in both official and informal economies, forced women to resort to 'survival' sex to provide for their families. Bhatasara, (2011) pointed out that these disparities between men and women also affect how different women can drill economic and social resources in order to become self-reliant. This researcher is of the view that the contingencies of gendered policies are seen in the suffering that female headed household are facing across the globe and Zimbabwe not an exception.

Izumi, (2006) cited by O'Manique, (2008) expressed that women's skewed socio-cultural and legal position with respect to property, land ownership and inheritance and the impact of the increasing informal sector and related migration and household mobility. Ironically, customary prescription view women's exclusion as a justified norm basing on the myopic stance that men are seen as the sole providers for the family. Decoteau (2013) pointed out what might be the contributing factor to the exclusion of women in the spheres of life. The belief that men hold that by subscribing to the observation of women's rights is more like the culture of genocide as they assume it will lead to the eventual decay of culture and identity. It is marred to defining progress and development as an abandonment of "traditionalism" in the move toward constitutional definitions of gender and sexuality. As such, an unquestioned cultural imperialism is at work in the popular, media discourses on masculinity. Hence, this study postulate the need for a conceptual shift in addressing inequality as the current system complete demotes women to mere spectators instead of partakers in development

Bhatasara, (2011) also postulated that gender blind masculinities and femininities in governments assume that giving land to men will inevitably benefit the women in the households. Furthermore, policymakers assume that giving women land will make them more “empowered”. Although, Zimbabwean economy is with no doubt agro-based but several studies review a great deal of exclusion of women in the agricultural sector.

In addition, Bhatasara (2011), alluded that the policy outline of the Fast Track Land Reform Programme in Zimbabwe was devoid of systematic gender contemplations and it was political and exclusive and thus, the partial spaces created for women to partake in the operation process determine the extent to which their livelihoods were secured. According to Jacobs, 2003 as cited by Bhatasara, (2011) land reform can reinforced existing discriminatory practices and institutions. To this end, Land Acquisition Act of 1992 was amended and implemented in 2000 and 2001 as a way of awarding the ordinary Zimbabweans. Bhatasara (2011), pin pointed that given the uneven land ownership in the country and stubborn rural and urban poverty, it seems the policy objectives on paper were noble if carried out within the Inception Phase Framework Plan (IPFP). The Inception Phase Framework Plan was designed in 1998 to direct the employment of the Land Reform and Resettlement Phase 2.

According to Mbaya (2005) as cited by Bhatasara, (2011), the land reform amalgamated issues such as gender sensitivity, stakeholder involvement, concepts of good governance, targeting women as a special group, training women to cater for special needs, provided for affirmative action in certain structures. However, the government overlooked its policy objectives according to the Land Reform and Resettlement Programme 2 and instigated the Fast Track Land Reform Programme. Eventually, this had adversarial impacts on diverse social groups particularly women.

The present study acknowledges the fact that the land reform in Zimbabwe was a noble policy to empower the masses. However, the execution made it clumsy in the sense that the government give in to political pressure from opposition party resulting in a panic implementation of the programme. Women were not sufficiently represented in the distribution of the land. According to Drèze and Sen 1989 as cited by Hallman, (2008), “female social exclusion begins early in life and is especially notable at life transitions such as puberty and marriage. Exclusion is also evident in many of the obstacles girls encounter during the transition to adulthood. Adolescent girls encounter barriers to entering and staying in school, finding work, making friends, learning life skills, accessing health services, and participating in civic life. In some parts of Asia, sex-selective abortion and female infanticide reduce girls’ chances of even starting life,” Hallman, (2008).

The system denotes that due to the uncertainty in political, social, economic and cultural sectors which exhibit male hegemony, women succumb to solitary confinement and pain due to HIV and AIDS. The social fibre has been extensively exploitative towards the girl child in all sectors of life. The benefits of independence have been unevenly distributed and women can hardly find solace in their homes, family and community as their contribution to productivity is subverted.

2.13.1 Male supremacy and the uneven public terrain

According to Arisunta, (2010) patriarchy in definition simply suggests, “a system in which the father or a male member who is considered as the head of the family controls all economic and property resources, makes all the major decisions of the family and thereby maintains ongoing control over all members of the family and those related to it.” In a heavily patriarchal society like Nigeria, the males and

females undertake different roles with different expectations in the area of sexual relations. While men can prove their virility and manhood through extramarital sex, it is a taboo for the woman. Kang'ethe, (2011) coined that, "patriarchy refers to culturally and traditionally attained power by men that they use to oppress women socially and economically." This system entails a tilted governance of resources which mainly subvert women across the public spheres. Sadly, patriarchy has spelled a grievous prevalence of HIV and AIDS with the women being the most infected.

Equally, men are viewed as 'culprits', rendered both agency and blame for HIV transmission dynamics hence exhorted to use condoms and to lessen the number of simultaneous sexual partners. It is the constructions of masculinities that preclude men from acknowledging the seriousness of HIV, and propagate reckless sexual habits like numerous sexual partnerships (Mills, de Paoli and Grønningsæter (2009).

In addition, Decotea (2013) postulated a misconception that has bewitched the initial essence behind male circumcision. Mills et al, (2009) articulated that insights of invulnerability to HIV infection, and appropriation of cultural beliefs to characterise condoms as taboo and exhorting unprotected sex as convention, render men and women susceptible to HIV infection through risky sexual practice.

UNAIDS, (2005) explicitly indicate that the social, economic and care aspects of the susceptibility of girls and women to HIV infection are clearly related to cultural norms, expectations and practices governing womanhood. Correspondingly, men are influenced by cultural beliefs, norms and practices governing manhood. Although the exact expression may differ from society to society, international experience shows that the following are usually true. Tu'rmén, (2003) referred to male supremacy as a

parasite that has distorted the cognitive capacity of men across many African societies. This has resulted in an accelerated increase in risk of men and young boys becoming infected with HIV. Communal norms support their lack of understanding of sexual health issues and at the same time condone promiscuity. Additionally, men embrace a considerable freedom of movement to find work or join the military which disrupts family life. As such, their reckless behaviour does not expose men alone but also the innocent and obedient women who lacks power to initiate condom use or suggest pre HIV testing before indulging.

2.14 Poverty as a contributing factor to HIV and AIDS prevalence among women

Poverty is a varied phenomenon, encircling powerlessness to fulfil basic needs, lack of control over resources, lack of education and poor health. The most well-known signs of poverty can be articulated as straight and indirect effects of poverty on the development and maintenance of emotional, behavioural and psychiatric problems (Murali and Oyebode, 2004). According to Nyathi (2012), poverty is a complex, multifaceted and multidimensional concept. Also Rajasekhar, (2004) as cited in Nyathi (2012), alluded that poverty is not a still phenomenon, and it varies over time across the regions, changes within individual economic groups and at numerous economic levels within a country. Wodi (2005), outlined that HIV and AIDS prevalence has its highest toll in most impoverished backgrounds and this probably remains the factor why Sub-Saharan Africa has recorded ever escalating levels of infection. Kang'ethe,(2011) alluded that poverty has been highly feminised hence, the tragic contingencies of women's unequal access to economic undertakings. Regrettably, due to lop-sided public mainstream achieving personal victories has

proved to be a tiresome and tedious task for black women. Perhaps that is the reason of such a huge toll in HIV and AIDS prevalence among women than men.

Mabala, (2006), postulated the fact that regardless of the presumed facts that HIV and AIDS flourishes in a situation of poverty, compounded by unfairness and lack of societal solidity, those most affected by an epidemic are precisely those who are poverty stricken. Hallman (2008), poverty and lack of family financial support are cited as primary reasons for young women to trade sex for goods or favours or to be involved in sexual relationships that involve financial support (Gage 1998, Hallman, 2008).

Kang'ethe's work in 2004 and 2013 (Kang'ethe 2004, 2013a) has empirically validated an inextricable relationship between poverty and HIV and AIDS infection. Stromquist (2002) as cited in Nyathi (2012), indicated that Zimbabwe adopted the Economic Structural Adjustment Programme (ESAP) of the International Monetary Fund (IMF) from 1991 to 1995 to augment its economy. Liberalisation of markets, devaluation of local currencies, deregulation and removal of subsidies from the public sector by government were part of the unpleasant conditions of SAPS. This crippled the economy of Zimbabwe as a nation resulting in majority of its population succumbing to poverty. O'Manique (2004), further elaborated on the implications of ESAP indicating that the corrosion of public services as a result of unrealistic economic reform which excessively affected women and girls as the economy weakens. The fall in public services further affects black women by jeopardizing their access to services and resources that are necessary for coping with HIV and AIDS, such as access to treatment and reproductive health services.

In this light, Manjengwa, Kasirye and Matema (2012) outlined that poverty remains very high in Zimbabwe with four out of every five persons classified as poor. Although the changes since 2009 in the macroeconomic environment have improved the economic prospects of Zimbabwe, most households were perceived to be as poor. The last national Poverty Assessment Study Survey (PASS) which was undertaken in 2003 revealed that 72% of the population lived below the poverty datum line. Apart from access to permanent employment, the poverty status in Zimbabwe is linked to the agro-ecological regions of the country. Sadly, the pervasiveness of these problems compromises the social security situation of the most vulnerable groups, in this case women. Concisely due to rough socio-economic backgrounds, most young girls end up indulging in sex for money.

However, Kang'ethe (2011), pointed out that HIV and AIDS results differ across diverse settings and sections of the world and are also shaped by factors such as armed conflicts, natural disasters, environmental degradation, state incapacities, famine and poverty. This present study hints that it is women who continue to toil and suffer outrageously to the ravages of HIV and AIDS. Though the society is said to be organized in a manner whereby men assume the father figure and the sole provider of the family, but surprisingly black women in many settings strive for the family survival while men stare doing nothing. Regrettably, this distorted socialization coupled with poverty amplifies the prevalence of the scourge and thus perpetuating the vulnerability of black African women to HIV and AIDS in Zimbabwe. Poverty has pulled back the general progression of Zimbabwe as a nation. However, acknowledging the complexity and multidimensional nature of poverty, is a viable to consider how it has impacted on HIV and AIDS prevalence amongst black women. Achieving mutuality and active involvement of women in formulation of national

policies and programmes would be a panacea considering the extent to which the pandemic is feminised.

2.15 Women advancement through economic empowerment

Historically, black women have adopted a low status which has seen them being sidelined in development. Hence, the orchestration of arbitrations that promote joint decision-making could be a promising strategy for increasing women's contributions in the public sector hence boosting their confidence in private sphere. Achievement of this mutuality will go a long way towards equality in marriage as the same time educating men. Rizter, (2008) revealed that family is a social institution where people are socialised on what is good and wrong. Also, is the same exhibition ground where power and gender relations interplay. Women's susceptibility emanates from the seesaw and imbalances that exist within households.

“Hindin, (2003) postulated that it has been long recognized that, in most African countries, women form the backbone of subsistence food provision and that their contribution to household food security has suffered disproportionately from the drive to export products at the expense of food production for domestic consumption. Women farmers have been neglected in terms of access to credit and extension services, labour-and time-saving technologies and transport facilities.”

Equally, this plays a pivotal role in women's ability to gain from and partake in global trade and the liberalization of the economy and to access quality health care services, treatment and support. Lamentably, women are persistently victims as they continue to shoulder the burden of this biased interchange, which is signified by a profound exhibition of the feminisation of HIV and AIDS.

2.15.1 Women emancipation

Simon, (2011) expounded that, “women emancipation can refer to the achievement of complete economic, social, political and religious equality between women and men.” However, an aspiration whose realization in the course of the twentieth century has been gradual, varied and incomplete.

Seidman (1984), outlined a noble stance that the Zimbabwe African National Union (ZANU) had before assuming power in early 1980. Its leaders repeatedly emphasized the party’s commitment to improving the position of women in independent Zimbabwe. The ZANU Women’s League articulated that emancipation of women was of uttermost importance. During the course of the liberation struggle, black Zimbabwean women described their goal not only in terms of freedom from racial and economic oppression, but also in terms of freedom from oppressive gender relations. Rizter, (2008) indicated that the deprivation that women suffer in public circles has its origins from ancient societal modalities which ascribe power to men and a low status for women. Kennedy-Pipe, (2004) elaborated that in spite of the notion of equality, there was also an assumption that biology should determine the division of labour in society, and that women were by nature suited to care for children. In this light, it clear that the this could be the pit that the successive government fell into in a bid to try to reconcile these two contradictory beliefs and enable women to perform both functions. Probably this could be reason why the HIV and AIDS pandemic has landed heavily on the girl children as compared to their male counterparts.

Kennedy-Pipe, (2004) alluded the importance of state commitment to transform the general wellbeing of women can only result in spirited women emancipation. Though it might be a mammoth task to implement emancipator policies in old-fashioned

societies, especially where social, legal and economic changes are not followed by the creation of an adequate social and political network for support. Seidman, (1984) pointed out that like any revolutionary movement, (ZANU) depended heavily on women's involvement in the liberation struggle, giving them at least a limited voice in decision making. However, after the battle, older views of women's roles resurfaced among the party's leadership. Erroneously, men retained the old habitual thinking and overlooked their initial scrutiny that linked women's oppression both to class relations and to relations in the homes. ZANU leaders even those who were once sympathetic to women's concerns now turned across and began to see government's goal as helping women become better mothers and citizens within the existing family construction.

Simon, (2011) mention that for emancipation to materialise the state should embrace sovereignty of expression of the press and the opposition would be respected, and one in which women's roles in society were to be addressed and understood as genuinely relevant components for reflections and strategies on developmental, economic, and political worries. PREM, (2004) elucidated that women have assigned a lower status quo, including unequal access to education and employment, and fear or experience of violence compound to women's greater physiological vulnerability to HIV. Because of communal and commercial power disparities between men and women and the associated limitations in access to services, many women and girls have little capacity to discuss sex, insist on condom use or otherwise take steps to protect themselves from HIV.

Evidently, there are growing facts which show that HIV prevalence declines with an increase in the education level of women. "This is true, in countries such as Kenya with matured epidemic as well as in countries with concentrated epidemic such as in

India. For example, according to the Kenya AIDS indicator survey of 2007, Kenyan women aged 15 to 64 years with primary education had a prevalence of 10 percent compared to 7 percent for those with secondary education and 4 percent for those with tertiary education,” (Jain 2009).

World Youth Report, (2003) pin pointed that in key institutions such as work, law, and education, it is quite clear that girls and young women are far more vulnerable than others due to a physical lack of resources, mainly in terms of education, vocational training, health and housing. Those girls and young women exposed to a poor quality of life tend to experience higher levels of susceptibility. Immigrants and ethnic minorities are the most seriously affected. Higgins et al, (2010) alluded that an astounding HIV risk is directed tremendously to women alone. This focus on women is in many ways justified by women’s remarkable disadvantage in schooling, paid employment, property rights, and other structural and cultural opportunities. Girls tend to have little or limited mobility relative to their male counterparts, so services and opportunities that are not in a girl’s immediate neighbourhood can be far out of reach.

Hallman (2008) brought to the fore that girls may also lack the financial means to travel safely to access employment or educational opportunities. Also, in many developing countries, the interaction of gender, culture, and poverty underlies female social exclusion. Also recent estimates indicate that three to fourth of the 60 million girls aged 6 to11 who are not in school belong to ethnic, religious, linguistic, racial, or other minorities. Hindin (2003), mentioned that women who had secondary or more schooling were less likely to believe that wife beating was justified for burning the food, arguing with a spouse, and refusing to have sexual relations, compared with women with no formal schooling.

Gregson , Nyamukapa , Garnett , Wambe , Lewis , Mason , Chandiwana and Anderson (2005) indicated that High proportions of HIV infections, STIs and pregnancies among teenage girls in eastern Zimbabwe can be attributed to maternal orphan hood and parental HIV. The researchers suggested that these problems can be averted by scaling up female secondary school education. In addition, expanded increases in orphan hood could hamper efforts to slow the pervasiveness of HIV infection in successive generations of young adults, perpetuating the vicious cycle of poverty and disease. Agha and Van Rossem (2004), at length allude that with peer education, girls are equipped with skills to negotiate for safer sex. More so, they become aware of the dangers of HIV and AIDS which is not a threat to their health but to their careers. Black women emancipation is a fruitful investment that sum up to a progressive nation.

According to Agha and Van Rossem, (2004) the intervention includes many of the components that are considered important for effective programmes. It is imperative that peer educators provided precise information about the prevention of HIV transmission through debates and drama skits. They addressed social pressures on a narrow range of behavioural goals in a customarily suitable fashion. Moreover, the social norms promoted through the intervention were consistent with the behavioural goals of the involvement.

2.16 Government of Zimbabwe goodwill

Observably, it is the responsibility of governments to protect its most vulnerable citizens from health hazards. This study contemplates that in the era of HIV and AIDS, governments in sub-Saharan Africa with the highest prevalence of HIV and AIDS must do more to protect women. These governments must show leadership in

educational intervention programs that target women and their male partners in order to reduce risky behaviours which otherwise subject women to infection. “A clear public policy focusing on condom availability as well as proper usage, pre-natal HIV testing and prompt treatment in order to reduce Mother to Child Transmission (MTCT), abstinence education and a variety of socioeconomic incentives should be considered a good investment by the leadership of sub-Saharan nations in the war against HIV and AIDS” (Wodi, 2005). Chikukwa, (2012) mentioned that as a result of the economic crisis in Zimbabwe, in previous years, it has been very difficult for the government hospitals to accommodate the ballooning numbers of the HIV and AIDS infected numbers.

Akintola (2008) alluded that since the epidemic started the communities have assumed the duty to provide support to those persons living with the scourge. This has been variously referred to as social immunity provided by social safety nets. Hence, this ignites the need for a spirited government will towards cushioning black women. To show that the government has the plight of women as its priority there is need for programmes centred on black women empowerment. This emanates from the fact that the epidemic is showing little or no signs of waning; hence communities are finding it unbearable to sustain support. This is due to diminishing substantial and financial resources to ameliorate the epidemic that affects almost everyone in high-prevalence communities. However, with respect to state support, this in theory should come both from the public health system as part of a continuum of care and from social safety strategies.

Mabala, (2006) expounded that this does not mean that community cannot combat HIV and AIDS, but rather that they have to understand and combat it in ways that go far beyond an obsession with individual behaviour. It requires that we recognize the

deep roots of susceptibility and vulnerability to HIV and AIDS. Shaibu, (2006) cited in Akintola, (2008) expressed that policies and implementation vary greatly across countries. In respect to state support in the form of social protection, Botswana stands out as a nation that offers food baskets for poor affected families. However, economic and human resource constraints and problems with service delivery and bureaucracy obstruct access by many of the affected families.

Steinberg et al, (2002) cited in Akintola, (2008) also elaborated that in South Africa, there are grants which cater for different categories of 'vulnerable' groups and helps to provide support for HIV and AIDS affected households. Although not specifically targeted at affected households, these grants form the major, and in many instances, the only source of income for HIV and AIDS infected and affected families. This support can have a profound impact on the livelihoods of poor families but also on the gendered impact of home-based care. It can help reduce women's dependence on men. This is especially true for grants for carers such as child care grants and child-dependency grants, which are predominantly accessed by women.

There are a host of factors which have made government goodwill clumsy and this in one way or the other has contributed to the soaring of HIV prevalence amongst women. Corruption levels in Zimbabwe have caved a deleterious wound on the economy of Zimbabwe. The present study can pin point that corruption has destroyed the gains of the armed struggle as the nation has been turned into an inhabitant of vagabonds. In recent years Zimbabwe registered massive brain drain whereby the economically active and skilled labour has evaded the nation to other countries to seek financial refuge. It is so perturbing to note that a country which is rich in natural resources command a huge number of people living in poverty. The question on what has gone wrong in Zimbabwe remains unanswered. The nation

has an admirable level of literacy and vast skilled personnel but still languishing in poverty.

2.17 Programmes to be gender neutral

According to the United Nations Economic and Social Council (UN ECOSOC) (2003) cited in Ogochukwu, (2009) gender mainstreaming is referred to as a tactical tool towards achieving gender equality. UNECOSOC refers, “to gender mainstreaming as the process of examining the implications for women and men of a planned action, including legislation, policies or programmes in any area and at all levels.” The larger undesirable macro-economic setting in sub-Saharan Africa has fashioned extensive difficulties of economic deprivation, redundancy and disparity in many countries (Ogochukwu, 2009). As already debated, the greater susceptibility of women to HIV and AIDS infections has predisposed and shaped policy responses in such a way that women have become the primary targets of national and continental policy actions. However, men presumably are not as central to intervention strategies, and while behavioural change messages do focus some attention on men, these do so predominantly in the context of men being branded as the spreaders of the virus and culprits, rather than as vulnerable groups, even if less so than women.

Higgins et al, (2010) mentioned that it is pertinent for women to be taught on how they can suggest protection in a sexual encounter. Hence it calls for programmers and interventionist to assist as that may go a long way in alleviating women susceptibility. HIV prevention efforts include should the promotion of girls' education, micro-finance programmes and other income-generating activities for women, women's property ownership legislation and enforcement, anti-violence legislation, and the gendering of international prevention funds.

However, the political field where black women in particular have been denied a chance continue to exhibit skewed tendencies by men to subdue women. Politics can be regarded as the vehicle that drives other sector as it amasses power and authority. The worrisome fact is that women for decades have been on the side-line whereas men run rampage looting and suppressing the potential of women. Gumbo, (2014) mentioned the extent of suppression that women face in the political arena from their male counterparts. Patriarchy system ridicule the elevation of women to position of power hence the candidature of most women who intend to break the divide have suffered to this stumbling block. The system has hatched a brood that has continued to haunt us up to this end in the 21st century. Prior to the July 31 2013 harmonised elections it has been revealed that, “male politicians from various parties demand sexual favours from aspiring female Parliamentarians as a condition for them to qualify for primary elections or get support for their campaigns, it has been alleged. Female politicians said this at a workshop organised by The Women’s Trust and the Research and Advocacy Unit in Harare on the 9th of April 2014.”

In this light, it is pertinent that national programmes should embrace practical gender neutrality. This study seeks to incite a debate on valuing women as ideal partners in nation building by looking at the tremendous job that they have been doing but receiving impaired attention. Mbaya (2005) postulated that gender neutrality incorporates gender sensitivity, stakeholder participation, concepts of good governance, targeting women as a special group, training women to cater for special needs, providing for affirmative action in certain structures.

2.18 Millennium development goals (MDGs) compliant

According to Nayar and Razum, (2006) the MDGs were engraved out of the UN Millennium Declaration adopted in the fifty-fifth session of the UN General Assembly in September, 2000 and most nations ratified and pledged to work towards their achievement. Observably, the MDGs have display a bias towards health, education and empowerment. This could be interpreted as a positive move in international policy as far as the development agenda is concerned. However, taking a closer look at the strategies there are several stumbling blocks towards achieving goal number 3 and 6. The major constraint is the lack of reliable data in most developing countries for planning public health programmes. This result in an element of uncertainty and to unrealistic high targets which could distort the already fragile health systems in several countries. According to UNDP, 2008 cited in Kange'the and Munzara, (2013) Women in poverty are specifically more vulnerable to sexual violence thus constituting high risk of HIV and AIDS, because they are most often not able to defend themselves from influential people who might sexually abuse them. If countries are to develop and have their entire people enjoy the fruits of their countries, then the challenge of unequal treatment between women and men has to be tackled. This will make countries fulfill the much desired Millennium Development Goal number three that envisages achieving women empowerment and advancement.

2.19 Government, NGOs and other stakeholder collaboration

Rhodes, Hergenrather, Wilkin, and Jolly, (2008) postulated on the importance of partnership and described it as a catalyst for identifying priorities and approaches to meet locally identified HIV and AIDS prevention and care needs. A working

partnership has to be guided by principles, including agreement on mission, establishment of trust, and sharing resources and decision making responsibilities. HIV and AIDS pandemic requires partnerships that foster awareness, empowering, and collaborative process that moves far beyond communities informing or offering consultation and increase the level of decision making that allows negotiation and sensitise traditional power holders. Jagawat, (2005) succinctly expound on the fact that partnership is a dominating topic at most conventions and notable donors, namely the World Bank and the UN Development Programme, have sought to improve relations between governments, NGOs, and corporations to create public services for poverty solutions. Perhaps this would also in the long run device a remedy to the continual vulnerability of black women to HIV and AIDS.

Historically, there is quite a remarkable solidarity that had been cultivated between the government and NGOs since the attainment of independence in 1980. Nyathi (2012) elucidated that NGOs were influential in this cause, notably their role to assist in the welfare and in fighting against the colonial governments. O'Manique (2008) underscored the huge damage that the Economic Structural Adjustment Programme (ESAP) did to economies of sub-Saharan Africa in the 1990s. ESAP was initiated by the International Monetary Fund (IMF) and the World Bank so as to assist African states with credit to build their economies. ESAP programmes were based on privatisation and removal of subsidies and this weakened the delivery of social amenities notably health service delivery. As such, after independence NGOs in the new Zimbabwe worked together with the new government to rebuild the country and this led to a scaled up improvement in public service.

Nyathi (2012) alluded that NGOs emerged as gap fillers assisting in the sectors that were no longer subsidised by the government, such as, health, education and

agriculture. Bhatasara and Chevo (2012) outlined that, “the Zimbabwean health system has been in perpetual decline for more than a decade and the result is a systematic decrease in coverage of most basic services and a rising maternal and child mortality rate. This decline is most evident in key areas such as maternal and child health. For example, the Expanded Support Programme (ESP) on immunization and obstetric care for pregnant women, once high-performing core elements of Zimbabwe’s Primary Health Care (PHC) system.”

The HIV and AIDS pandemic have emerged as one health threat that has weakened and made development endeavours of Zimbabwe stagnancy. This calls for mutuality of purpose among various stakeholders in the fight against the plague. Bhatasara and Chevo (2012), succinctly bring to the fore the importance of mutuality between the government and other stakeholders in the fight against multidimensional impacts of HIV and AIDS. It is of paramount importance to acknowledge the integration approach taken by various stakeholders in crafting HIV and AIDS prevention and treatment programmes. Notably, Bhatasara and Chevo (2012) indicated an estimate that in terms of centres providing HIV Counselling and Test (HCT) there was 27 Voluntary Counselling Testing centres managed by NGOs, 502 HCT service delivery points combined with health services, and approximately 1,000 counselling and referral-only service delivery points. It is imperative to mention that Non-Governmental Organisations and other stakeholders have made significant milestones in facilitating Prevention of Mother to Child Transmission (PMTCT). As such, endorsing optimal and safer infant feeding practices, 6,797 infants exposed to HIV were provided with alternative feeding in 2008. This amounts to a laudable mileage in health service delivery and this is accredited to a determined collaboration exhibited by the government and NGOs and other stakeholders in the fight against

HIV and AIDS. Also this can be one indication that there is tangible evidence for a possible achievement of millennium development goals number 4 and 5 respectively which aims at reducing child mortality and improving maternal health.

Bhatasara and Chevo (2012) mentioned that in the situation of existing inequities and inequalities that undermine access to care in a country which the majority of its population is poor. Akintola, (2008) mentioned that persons with AIDS represent between 45-70 per cent of public health facility users in the most affected countries across Africa (Shisana et al 2002; Shaibu 2006, Akintola, 2008). This presents the lack of capacity in the public health systems and this worsening its capacity to cope. In response countries with high prevalence of HIV and AIDS are making home-based care (HBC) central to their public health and AIDS policies.

UNAIDS (2008), elaborated that inside households and communities women experience a uneven share of the problem of caring for the ill. Moreover, the responsibilities carried out by men are limited to certain activities, those carried out by women cover a wide array of activities; usually the whole range. For instance while men who restrict their caring activities to the provision of financial and material assistance may not always provide such assistance because of absence, desertion, unemployment and other factors, women may have to provide financial support in addition to performing other undertakings. Chikukwa, (2012) contend that in African countries, the home-based care approach was developed mainly because of AIDS related illness. The Zimbabwean government, along with other NGOs, understood that HIV and AIDS more than an illness. Hence home-based care is the appropriate kind of care an individual can hope for. At home, patients and their relatives spend as much time together as they want. Agha and Van Rossem (2004) indicated that in Zambia as part of the national AIDS prevention strategies, many nongovernment

organizations in developing countries have implemented peer sexual health interventions among adolescents. Yet, few of such interventions have been meticulously assessed.

2.19.1 NGOs operations in recipient countries

NGOs are explicitly affiliated to their status quo of gap filling or supplementing recipient government effort. Fruttero and Gauri, (2005) at length provide a face lift as they allude that erroneously the similar NGO can appear to be both original and foreign-directed, selfless and self-promoting, haphazard and efficient, giving credence to various charges of hypocrisy. The second reason that judgments of NGOs tend to be polarised is that they are usually defined in relation to what they are not. Unlike government, NGOs are supposed to be innovative and to respond flexibly to their clients; unlike firms, NGOs are supposed to prioritise the poor and to serve public, rather than private, purposes. The problem with these negative definitions is that the same economic, social, and political pressures that influence public sector and firm conduct ultimately affect NGOs. Chakawarika, (2011) elaborated on the notion that the Zimbabwean government has towards NGOs. Notably, quite a number of NGOs have flocked into many developing countries and their involvement in national and international policy-making has increased remarkable over the last half century and over the last decades. This highlights a significant emergence of NGOs and indicates the important role they are playing in development. Regrettably, most African governments do not see it this way. The then Zanu-PF national chairman Cde John Nkomo argued that western countries are using non-governmental organisations to foment political instability and to pursue a regime change agenda in Zimbabwe. This entails that despite the valuable

contributions of NGOs in public services provision the government perceive their efforts with suspicion, accusing NGOs of pushing Western political dogma to overthrow the current leadership.

Interestingly, the wrangle between the government and NGOs has probably hindered national progress as the government continue to suspect the latter of being a tool of regime change. This probably gives a clear reason why HIV and AIDS treatment in Zimbabwe is still lagging behind. This calls for the government to start seeing NGOs with a different lens especially in the face of HIV and AIDS. On the other hand NGOs they ought to be true to who they are so as to avoid a heated relationship with the government. A derail in their operations does not only impact the relations of the present NGOs but also even for those which are still to emerge and overt denying the need a chance to have their life transformed. As such, there is need for a consolidated effort to fight the HIV and AIDS scourge so as to improve the well being of black women and release them the shame of poverty.

2.20 Active participation of people living with HIV in policy formulation

Rhodes, et al (2008) alluded that by giving responsibility to People Living with HIV and AIDS (PLWHA) it can be identified as a strategy for them to cope with the challenges of living with HIV and AIDS. Researchers indicated that PLWHA also need to have responsibility for, having something to work on and this makes them to feel better. According to Yanow, 2003 cited in Keeler, (2007) once the government builds categories to develop or carry out public policy, it is communicating to the public the government's model or point of view for understanding the policy issues. These categories and models can guide and limit discourse in the policy area to the

policy-delimited groups of people and the characteristics or dimensions selected for unique the groupings

The present study also hint that black women affected or infected by HIV and AIDS need to be at the fore in policy formulation as they are in a position to discuss and convey the realities of their lives and their allude on policies which they respond best to their own experiences. According to Donovan, 1993 cited by Keeler, (2007) the communal construction of people living with AIDS, particularly in relation to the U.S. government's policy response to the epidemic. The government's choice to label the disease as a sexually transmitted one to some extent it affiliates contracting it with mischief. Perhaps this entails more about why the scourge has disproportionately landed among women thus establishing a state of feminization of the disease. Furthermore, Keeler, (2007) stipulate that people succumbing to HIV and AIDS can be realized as falling into one of two broad groups which include the carriers of AIDS and victims of AIDS. In this context the victims group would be those black women infected via non-illicit sexual behaviour. Regrettably, due to the choice to apply the sexually transmitted disease label there is the effect of imposing the moral decrees and stigmas often applied to bearers of Sexually transmitted infections (STIs).

On the other hand Rhodes, et al (2008) explicitly explain that PLWHA also recognize the wonderful gesture they receive from their caregivers, service providers, and volunteers who provide a variety types of social support, including information, tangible aid, and emotional support. Social practitioners brainstorm them in making significant life-choice changes subsequent to their diagnosis, and they form their new sources of support as particularly important because some past relationships and sources of support would have changed and/or lost. Coming out to friends and family

as HIV positive it changes the existing relationships hence they rely heavily on these new sources of support.

2.21 Theoretical framework

A theoretical framework is worksheet that is essentially important to the overall undertaking of the study as it assist not only to understand the phenomena but also to have an empirical understanding of the factors underlying the phenomena understudy.

2.21.1 Radical feminism

There is overwhelming evidence which draws a clear line of distinction that exists between men and women across key societal institution. Observably, women are still occupying bottom position with men being the epitome of success as they embrace much power and great freedom to fully exhaust their potentials (Ritzer, 2008). Considering the mileage and generations which passed up to date it is high time for plight of women to find its relevance in the mainstream. There is a need of a conceptual shift in the way women are viewed whereby the lens is directed towards what women have done in shaping their history as well as that of their counterparts. An operational shift in the mainstream has to be initiated to inculcate women as collaborators and this necessitates the need for mechanism to avert past derails which have spelled vulnerability upon women.

“Factually the first element in the feminist argument is the claim for gender equality. This claim was first politically articulated in the Declaration of sentiments drafted at Seneca fall, New York, in 1848, with the express purpose of paralleling and expanding the Declaration of independence to include women. It claimed for women

the rights to all human beings, under natural law on the basis of the human capacity for reason and moral agency; asserted that laws which denied women their right to happiness were “contrary to the great precept of nature and of non-authority”; and for change in law and custom to allow women to assume their equal place in society” (Ritzer, 2008). Radical feminism has its underpinnings from the central beliefs that women are absolutely positive value. The theory holds that the most fundamental structure of oppression is gender and the system of patriarchy which perpetuate domination and submission in every institution and in every society’s most basic structures (Ritzer and Stepnisky, 2014). The radical feminism indicates how awkwardly women are positioned in societies and this is also witnessed in how the HIV and AIDS has severely worsened the survival of the girl child. Patriarchy which is one of the underlying factors underpinning radical feminism is regarded as not only a historical structure, but the most persistent and enduring system of inequality (Ritzer and Stepnisky, 2014).

According to Lerner, 1986 cited in (Ritzer and Stepnisky, 2014) patriarchy is the first structure of domination and submission and countries as the most pervasive and basic societal model of domination. Moreover, within patriarchy men see and women learn what subordination look like. Patriarchy creates guilt and repression, sadism and masochism, manipulation and deception all of which drive men and women to other forms of tyranny (Ritzer and Stepnisky, 2014). Kang’ethe, (2011) expounded that the system of patriarchy refers to traditionally and culturally prescribed power and dominion that is in engrained upon men so that “Patriarchy” refers to culturally and traditionally attained power by men that they use to subdue women in the mainstream or central spheres of life. This has resulted in a deceitful experience for women as they continue to take on the burden of HIV and AIDS. Radical feminism

theories bring to the fore the circumstances which underlies vulnerability of black women to all forms of exploitation across different spheres of life and this has fabricated their suffering in the face of HIV and AIDS.

Chitando, (2011) indicated that in many traditional societies, for example, men are allowed to be polygamous which increase the prevalence of HIV and AIDS among women. The radical feminism pinpoints that due to men's supremacy women are relegated to household duties and are being denied a chance to contribute meaningfully in public spheres such as politics and economics. The resilience of the patriarchal system perhaps can be regarded as the core of gender inequality despite commitment by governments to foster parity (Rizter and Stepnisky, 2014). This explains better the reason why the scourge has persisted for more than three decade with its huge toll among women than men.

As such, this study seeks to set in motion men as valuable tools in devising lasting resolution that will curb this perturbing women domination and submission. Perhaps, men have to play a leading role and carry the burden of HIV and AIDS together with the women. The conundrum in gender inequality requires an affirmative action where men and women can achieve mutuality and co-exist as partners in development. Probably, this could be gateway to establish full participation of black women in the main sectors without prejudice which belittle their efforts and self worth. Patriarchy is an ideology which has its underpinnings in male supremacy and the subverting of women.

This could be underlying factor which has resulted in a lamentable phenomenon of the feminisation of HIV and AIDS. This is inseparable from gender inequality hence the need to address this fuzzy gender representation that has caused untold

suffering on black women. In all societal institutions women hold private and domestic positions whereas men seat at the pinnacle of societal echelon. This tilted position of women calls for mechanisms which can foster eminent response to injustice and make an egalitarian society a reality.

2.22 Conclusion

This chapter constitute of the radical feminism theory which expose the tilted terrain that exist in the public sector where women to be subordinated to men and concepts which alluded to the vulnerability of black women to HIV and AIDS as well as elaborating on the feminization of the scourge. The scourge has caused a laudable lamentation for the girl child and this has elicited the intervention of various stakeholders which include NGOs so as to cushion the government in providing relief. The quest of achieving millennium development goals requires a consolidated effort from all designated stakeholder as well as stimulating men to stop relying on ancient societal ascription and take a bold step in fighting HIV and AIDS prevalence.

Chapter Three

3. Research Methodology

3.1 Introduction

Research methodology is a very fundamental section of the study. Research methodology entails how the researcher intends to conduct the study and collecting of data required to understand the phenomenon under study. This chapter of the study will pay particular attention to aspects such as research design, the methods of sampling, data collecting instruments as well as ethical consideration that will be used in the study. The chapter not only describes the techniques and methods of data collection, but it explains why such methods are implemented as well as approving the relevance of the methods to be used in the study. As such, this chapter gives a broadband of information which explicitly outlines what the researcher will apply in order to achieve the desired objectives of the study.

Research methodology is a term used to collectively indicate the three aspects which are research design, data gathering as well as data analysis. Research methodology refers to an organized set of processes or procedures that are followed while executing a research project, thus referring to all the processes that take place whilst executing a research project. It is a collective term used to explain the structured process of conducting a research (De Vos , Strydom, Fouche and Delport, 2011).

3.2 Research paradigm

According to Babbie, 2007 cited in Hennink , Hutter and Bailey, (2011) paradigm is a perspective of looking at reality. In addition, paradigms are models or frameworks for observation and understanding which shape both what we see and how we understand it. According to Kuhn 1970 in Hennink, et al (2011) a paradigm is a net that contains the researcher's epistemological, ontological and methodological premises. The study used a qualitative research paradigm. Qualitative paradigm means the study uses constructivist, naturalistic and interpretative approaches. This has allowed the researcher to view nature from a wider lens especially where reality is assumed to consist of meanings, perceptions, beliefs and underlying motivations that can be examined through qualitative research (Creswell, 2007).

3.2.1 Research design

Research design refers to the path that researcher keep an eye on to complete their study from start to finish. It includes asking research questions based on theoretical orientation, selection of participants, data collection and reporting of the results (Marvasti, 2004).The study employed a qualitative research design. According to Fouche (2002), "qualitative research is methods of inquiry employed in many different academic disciplines as well espouse intangible factors, such as social norms, socio-economic status, gender roles, ethnicity, and religion, whose role in this research is paramount." According Marshall (1996) , "qualitative studies aim to provide light and understanding of complex psychosocial issues and are most useful for answering humanistic 'why?' and 'how?' questions." Babbie and Mouton, (2011) also alluded that; "Qualitative research method aims at in-depth description and

understanding of actions and events. It is also appropriate in studying the attitudes and behaviours of human beings”. Based on the aims and objectives of the study the qualitative research design was the best suitable because the study aimed at exploring, describing and understanding rather than explaining human behaviour. The researcher used the exploratory research design as there is little information

Moreover, qualitative research also studies events as they occur, “This approach studies social actions and processes in their natural settings” (Babbie and Mouton, 2011:271). The study attempted to view the world through the eyes of the participants themselves, meaning that the qualitative approach views human behaviour as a product of how people interpret their world. The study also attempted to understand their actions in terms of the participant’s own beliefs, history and context. In tandem, Turner, (2010) alluded that the main goal of qualitative is defined as describing and understanding rather than explanation and prediction of phenomena.

According to Gaber, 2010 qualitative approach has a cutting edge which this study draws on. It produces in-depth and comprehensive information and it also makes use of subjective information and participant description of events as they occur in natural settings. Flick, (2014) also alluded that qualitative research has grown considerably over the past few decades. Qualitative research is of specific relevance to the study of social relations. The present study also acknowledges diversity, the dilution of cultures and the emergence of new ways of living and lifestyles. The advancement of the world into a global village where people from diverse backgrounds mix and mingle. Probably, this has sped the spread of HIV and AIDS. The complexity of the scourge and its proliferation amongst black or African society sensitised the researcher to consider a qualitative approach. The subject matter

understudy is sensitive hence the researcher opted for qualitative design as it embraces a remarkable degree of flexibility. In this light, the researcher was given the freedom to manoeuvre and be able to unlock the hearts of many afflicted black women who might be locked in some state of loathe.

3.2.2 Population

Population is a set of entities in which all the measurements of interest to the practitioner or researcher are represented (De Vos, Strydom, Fouche and Delport 2011). According to McClendon (2004), the population of the study is the total number of possible units or elements that are included in the study. In tandem, Bless, Higson- Smith, and Kagee, (2006) defines population as all individuals about whom the research project intends to generalise.” This means that population is a group of individuals that share one or more characteristics from which data can be gathered and analyzed. The population of the study comprised of health personnel and black women or People Living with HIV and AIDS (PLWHA), pre-test and post-test HIV counsellors of Masvingo Urban area in Zimbabwe.

3.2.3 Sample frame

Sampling frame is the actual set of units from which a sample can be drawn (De Vos et al. 2011). According to Neuman, (2006), a sampling frame is a list of all elements in the population of interest. The sampling frame succinctly defines the target population from which the sample is drawn and to which the sample information will be generalized. For this reason the sampling frame comprised of list of People Living with HIV and AIDS, pre- HIV test and post-HIV test counsellors in Masvingo urban area.

3.2.4 Unit of analysis/Sample

Cherry (2010), supports this by adding that a sample is a subset of a population that is used to represent the entire group as a whole. Gray, (2004) refer to a sample as a set of objects, occurrences or individuals selected from a parent population for a research study. Furthermore, in De Vos et al, (2011: 223-224), "A sample comprises elements or a subset of the population considered for actual inclusion in the study, or it can be viewed as a subset of measurements drawn from a population in which we are interested". As a result choosing a sample from Masvingo urban community helped the researcher to particularise target population. In light of this, the sample was composed of 16 adults of whom 13 members were from HIV and AIDS support groups, key informants comprising of 3 counsellors from pre-test and post HIV counselling centres. The researcher had to interview 16 participants after reaching a point of saturation. This sample was specifically targeted because it was more convenient to get access to such a sample.

3.2.5 Sampling methodology

There are two major groups of sampling procedures, probability sampling and non-probability methodologies. Probability is based on randomisation, while non-probability sampling is done without randomisation (De Vos, et al. 2011). The study has employed a non-probability sampling technique because it suits well a qualitative research. As such, a purposive or judgemental sampling technique is selected based entirely on the fact that it allows the researcher a degree of flexibility in coming up with participants. The researcher selected elements that contain the most characteristic, representative, or typical attributes of the population that serve the best of the study best.

Marshall, (1996) referred to purposive sampling as a process when the researcher actively selects the most productive sample to answer the research question. It involves developing a framework of the variable that might influence an individual's contribution and will be biased on the researcher's practical knowledge of the research area. Moreover if the subjects are known to the researcher, they may be stratified according to known public attitudes or beliefs. The researcher selected sample consciously. However, the impasse of purposive sampling is that the researcher could be wrong in selecting participants of the study resulting in distortion of findings.

3.3 Methods used for data collection

3.3.1 In depth-interviews

An in-depth interview is a one-on-one method of data collection that involves an interviewer and an interviewee discussing specific topics in depth. In-depth interviews may be described as conversations with a purpose. The researcher's purpose is to gain insight into certain issues using semi-structured interview guide (Hennink, Hutter and Bailey, 2011). In-depth interview guide refers to a list of questions that are explored in the course of the interview (Turner, 2010). In-depth interview offers the researcher an opportunity to probe for more information on any burning issue that might arise. According to Chenail, (2009) in-depth interview guide allows the interviewer to probe for more information and articulate freely on the subject matter. A semi structured interview was used as a mode of data gathering basing on its flexibility and gives the researcher a free play to explore the perpetual vulnerability of black women to HIV and AIDS in Zimbabwe, in understanding the plight of women an in-depth interview suits well (McNamara, 2009). Also, interviews

were conducted with a few professionals. Marshall, (1996) alluded that it may be advantageous to study a broad range of subject (maximum variation sample), outliers (deviant sample, subjects who have special experiences (critical case sample) or subjects with special expertise (key informants). Kumar, (2005), suggests importance of acknowledging the humanity and the expertise of the people who are providing you with information and so by giving them more control of the interview and the range of topics that are covered when the researcher gained greater in-depth, and rich material. However, semi-structured interviews may be problematic in that documentation and analysis can be time consuming (Gaber, 2010). Transcription of information gathered can be a mammoth task to undertake especially where interviews are done in vernaculars. The questions that were asked in the study are attached at appendix.

3.4 Data analysis

According to Alpaslan and Mabutho (2005), data analysis includes familiarization with the data through review, reading, and listening, transcription of tape recorded material, organization and indexing of data for easy retrieval and identification, maintaining of anonymity of sensitive data, coding, identification of themes, re-coding, development of provisional categories, exploration of relationships between categories, refinement of themes and categories, development of theory and incorporation of pre-existing knowledge, testing of theory against the data, report writing, including excerpts from original data if appropriate (for instance, quotes from interviews). Marshall, (1996) emphasized that in analysis of data it is important to consider subjects who support emerging explanations and perhaps more importantly subjects who disagree (confirming and disconfirming).

Qualitative analysis is the “no numerical examination and interpretation of observation, for the purpose of discovering underlying meanings and patterns of relationships” (Babbie and Mouton, 2011:378). “Qualitative data analysis is, first and foremost, a process of inductive reasoning, thinking, and theorising which certainly is far removed from structured, mechanical and technical procedures to make inferences from empirical data of social life” (De Vos et al, 2011). The researcher made use of qualitative data analysis because it best meet the requirements of the study in the sense that it assumes that reality is out there and based on intuitive of the researcher. The researcher opted to use of thematic analysis which is a form of narrative qualitative data analysis strategy.

3.4.1 Thematic analysis

Information gathered is regarded as raw data unless it is put under scrutiny and thoroughly analysed. In this parameter, the researcher will make use of thematic analysis. Thematic analysis is an approach of dealing with data that involves the creation and application of codes attached to the data. The data being analysed might take any number of forms- an interview transcript, field notes, policy documents. The researcher came up with some themes and codes which will be used to analyse the data. It minimally organizes and describes your data set in affluent details (Braun and Clarke, 2006). According to Attride-Stirling, (2001) thematic analysis seeks to unearth the themes salient in a text at different levels. It makes explicit the procedures and the framework that is employed in going from text to interpretation. Braun and Clarke, (2006) also suggest that a thematic analysis attempts to capture important themes from a data set that can be related back to research questions. The researcher decided to make use of thematic analysis

because it is flexible in the sense that it give the researcher an opportunity to come up with themes that best describe the data and assign codes to the data. The themes were based on the objectives of the research and this made it possible for researcher not to derail from the aims and objectives of the study. Data was analysed using thematic analysis. Content thematic analysis allowed the researcher to discuss the vulnerability of Black women to HIV and AIDS in Zimbabwe. Thematic analysis is a categorizing strategy for qualitative data. The researcher reviewed the respondent's data, made notes, and sorted the information based on categories.

3.5 Ethical considerations

Social work research embraces a series of ethical consideration which governs the engagement between the researcher and the participants. De Vos, et al, (2011) indicate that “the fact that human beings are the centre of study in the social sciences brings unique ethical problems to the fore which would never be relevant in the pure, clinical laboratory setting of the natural sciences”. Graham, Lewis and Nicholas, (2006) define ethics as a set of moral principle which are suggested by an individual or group. Ethical considerations are norms and values that are widely accepted, and which offer rules and behavioural expectations about the most correct conduct towards experimental subjects and participants. The researcher had to embrace the ethical values of the profession and this contributed immensely to the overall outcome of the research. The following ethics were observed:

3.5.1 Ensuring safety of participants

According to De Vos, et al, (2011) the responsibility for protecting participants against harm reaches further than mere efforts to repair, or attempt to minimise, such harm afterwards. The researcher before carrying out the study had to ensure

that the participants were not exposed to any kind of harm. By participating in any kind of research study there is the possibility of the participants to be vulnerable to physical, emotional harm and other kinds of harm that may impact negatively on the lives of participants. The researcher made it clear to the participants that their participation was not a force matter and they were free from any kind of harm.

3.5.2. Ethical permission

The researcher before conducting the research had to seek permission from the University of Fort Hare Research Ethics Committee for ethical clearance to conduct the study. The researcher also sought permission from Masvingo City council's department of Housing and Community services to conduct their research without any bigotry. According to De Vos, et al, (2011) "it is, however, not always as simple as this and when, for instance, observing a public demonstration or people relaxing in a park surely no permission is required". Since the researcher was working with black women in various support groups and practitioners from various designated organisations had to seek permission from the responsible authorities since it was a pre-requisite. Permission seeking was of uttermost importance to the researcher as it eliminated the possibility of participants acting differently and contaminating the outcome.

3.5.3 Informed consent

Another strategy for recruiting participants in qualitative research is to use gatekeepers. A gatekeeper can be a village leader, the manager or an organisation, the director of a hospital. Although it is common practice to seek the assistance of a gatekeeper for recruiting participants in qualitative research, it is one's responsibility to ensure that participants are not coerced by the gatekeeper to take part in the

research (Hennink, *et al*, 2011). The researcher had to ensure that he receive informed consent from each participant themselves. De Vos et, al (2011) recommends that before the interview or during the opening of the discussion it should be communicated to participants that the information is important and the reasons for that importance, and the willingness of the interviewer to explain the purpose of the interview should be pure. The researcher had to present the participants with a written informed consent that their participation in the study was voluntary and they were free to withdraw at any given point during the study. The researcher had also to communicate verbally with the participants and educated them about the importance of their participation and informed them that participation was completely voluntary.

3.5.4 Confidentiality, anonymity

The terms anonymity and confidentiality are often used interchangeably in research literature. However, the ethical issues of each are quite distinct. Confidentiality refers to not disclosing information that is discussed between the researcher and the participant. In qualitative research, it is difficult to assure complete confidentiality because researcher reports the study findings. What can be assured is anonymity, entails the removal of all identifiable information from the interview transcript or quotations used from it. It is important to inform study participants that the research information will be collected, analysed and reported anonymously, so that participant cannot be identified in any of the research data (Hennink, *et al*. 2011). Luder, (2004) suggests that it is imperative to store data for instance recordings and transcripts in a safe, completely secure container, so that not everyone will have access to the data

except the researcher. Considering the sensitivity of the subject matter adherence to the ethic of ensuring confidentiality is of great importance.

3.6 Conclusion

In conclusion, the researcher employed qualitative research methods. This is because qualitative research methods are the best means of collecting in depth information from participants in the chosen area of study. Above all the researcher ensured that the rights of the participants were observed and informed consent were granted by all the participants involved. The participants were assured of confidentiality regarding the information they provided.

Chapter Four

4. Data analysis, Interpretation and presentation of findings

4.1 Introduction

In a nutshell, the focal point of this chapter is mainly data analysis and interpretations of findings of the study on vulnerability of black women to HIV AND AIDS in Zimbabwe, the case of Masvingo urban area. The discussion is presented in sections, first the demographic information of black women followed by the discussion of themes and sub-themes that were extracted from the interviews conducted with the participants. The data presented was collected through interviews from 16 women from support groups in Rujeko and Mucheke high density suburbs within Masvingo urban area.

4.2 Demographic Data

Table 1: Demographic information of the black women who were interviewed

Participants' Pseudonyms	Age	Education	Employment status	Marital status	Number of children/ dependants
Taonga	40	Grade 7	Self-employed	Divorced	Four
Tarisai	35	O-level	Self-employed	Widow	Three
Sharon	36	ZJC	Self-employed	Widow	One
Sophia	38	Adult education	Voluntary work	Single	None
Lina	39	Grade 7	Unemployed	Widow	Three

Rudo	39	Grade 7	Self-employed	Married	Two
Tafadzwa	29	Grade 5	Unemployed	Married	Four
Rumbidzai	35	O-Level	Self-employed	Widow	Two
Tatenda	33	O-Level	Employed	Widow	Two
Patience	25	O-Level	Self-employed	Single	Two
Tambudzai	35	O-Level	Unemployed	Married	One
Chipo	33	ZJC	Self-employed	Divorced	One
Panashe	21	O-Level	Unemployed	Single	None
Tendai	26	Grade 7	Self-employed	Single	Two
Shila	20	A-Level	Unemployed	Single	None
Maneta	22	A-Level	unemployed	Married	Four

Table 1 indicates sixteen women with their pseudonyms. The demographic information helped to create a picture of the households and their livelihoods. The information includes age, level of education, marital status, and number of children or dependants.

4.2.1 Age

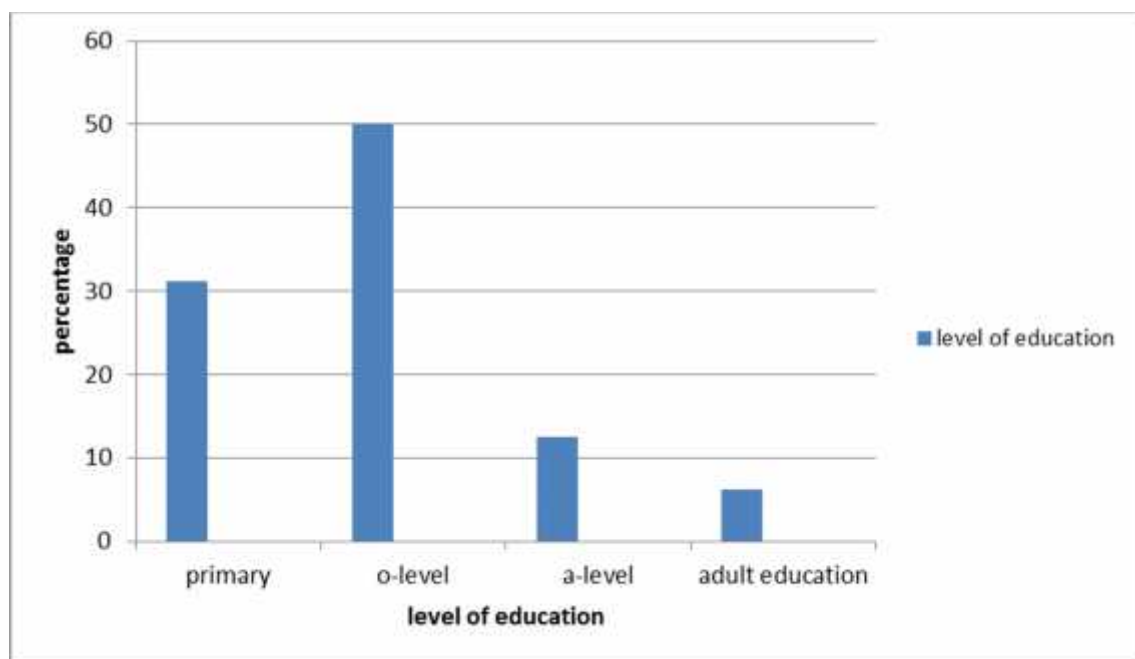
Findings on age indicated that the women who were interviewed had ages ranging from 21 years to 40 years of age. Using the age frequency as presented in Table 1, the findings indicate that the rate of infection is high amongst the economically active or the able bodied women. This means that women of ages ranging from 20 to 40 are vulnerable to HIV infection in Masvingo urban area. The findings also indicate that HIV prevalence is high amongst women of age ranging from 20 – 35 which constitute 68.75% of the participants. This may also indicate that the 20-35 (68.75%)

age group is more sexually active than the 36-40 age group (68.75%). This could also mean that the younger adults are more at risk of the HIV AND AIDS infection than the relatively elderly middle aged and aged women adults.

4.2.2 Education

It is pertinent to consider one fundamental aspect in the demographic information of the interviewee which is their educational level. The findings indicate that most of the interviewees had received primary formal education as elaborated in figure 1

Figure 1: Education level attained by black women in Masvingo urban area



The findings reveal that 30% of the participants had attained primary level education that is from grade 1 up to grade 7. Also 6.25% had attended adult education which is mainly done through correspondence. The findings also reveal that 50% of the participants only managed to achieve ordinary level of education (grade 10 to 11). The graph presentation also reveals that 12.5% of the participant had reached Advanced level of education. This may also mean that HIV AND AIDS is a disease of

all in the society irrespective of one's level of education. However, the fact that most of the infected were education at least with an O level education background gives hope that they would be in a position to understand any possible interventions with ease. Notably, from the findings, it is so perturbing to divulge that of the sixteen interviewees, no one had reached tertiary education. The following were some of reasons that women gave with regard to their lower educational attainment.

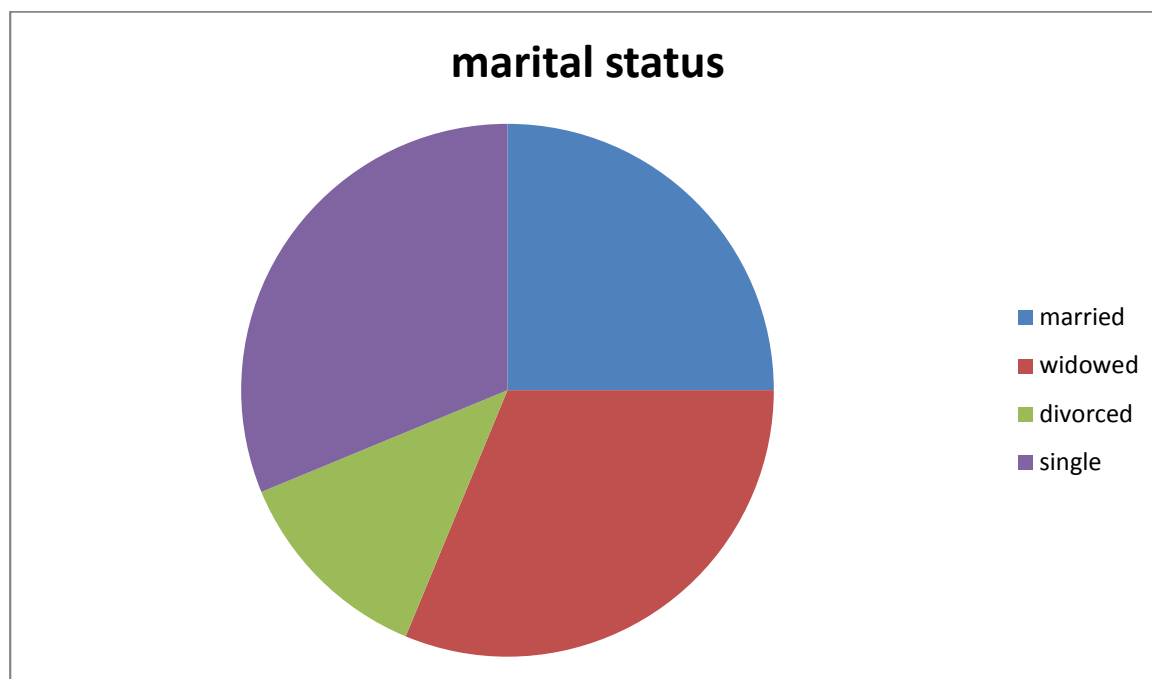
“I did not manage even to finish primary education because there was no one to pay for my school fees since both my parents are dead.” (Tafadzwa)

“My parents could not send me to school because they could not afford and I only had to correspond for adult education after my marriage” (Sophia)

“I did my advanced level and passed, but I could not go to university because my parents chose to send my brother first and I had to stay at home.”
(Maneta)

The above sentiments bring to the surface that most of the women had the zeal to become educated but due to poverty and family preference for educating males, they could not manage to go far with education. Considering the level of competition in the labour market, it is an uphill for black women to be hired for lucrative jobs. Perhaps it is good for the community leaders to consider urging, persuading the society in general to consider undergoing a paradigm shift in their minds and dislodge gender based and the patriarchal thinking that male children should be given preference over the girl children as far as accessing school is concerned.

Figure 2: Marital status



The findings reveal that five or 31.25% of the women were widowed and this automatically makes them bread winners after their husbands died. They also revealed that they got HIV virus in their marriages and pin pointed that it is their spouses who infected them. Perhaps this indicates the HIV and AIDS aetiology in most countries in Africa where it is assumed or believed that men spread the virus to women especially in a marriage situation. Perhaps this could be emanating from cultures that appear to allow men to have extra-marital sexual engagements at the expense of the health of their female spouses. It is then pertinent that the HIV and AIDS campaign become culturally grounded if the interventions that are proposed were to work. The gender component of the campaign needs to be addressed succinctly and strongly. They also reported that upon their husbands' death, the close kins to their late husband's grabbed most of the family properties and some even chased them away from their marital domiciles. This may indicate how some of

the Zimbabwean cultures are retrogressive and gender disempowering and gender insensitive. Perhaps a gender balancing culture needs to be in place. This may call the leaders to strengthen the legislative environment that will see the rights of the widows strongly entrenched in the society. This is because the culture of grabbing properties of the widows has an impact of impoverishing her siblings and the society in general. Perhaps this cultural bias could be contributing to both the phenomenon of feminization of poverty as well as feminization of HIV and AIDS.

Also findings indicate that only two or 12.5% women had divorced. They revealed that as soon as they became detached from their marriages they single handedly took the responsibility of taking care of their children. The women who had divorced revealed that it is not them that initiated divorce, but their husbands upon realising that they were HIV positive. This scenario indicates victimization of women based on gender and also men's unfairness as regards the treatment of women on grounds of their seropositivity. This act of men seems unfair because perhaps they allegedly were the ones who infected their spouses and yet they use their privileged gender position to victimize and disown their spouses. Figure 2 also presents that four (25%) women were still married. They also revealed that though they were still living with their husbands, their husbands had been affected by stigma and apathy and were therefore drinking recklessly and neglected their family. They further revealed that their husbands were not disclosing and they suspected they were leading a risky life of either facing reinfection or infecting others. Perhaps it is noteworthy that men were affected more by stigma than women and do not easily disclose as women. Perhaps this is gender dimension associated with the HIV and AIDS campaign that needs to be tackled. The women also revealed that HIV testing among men was regarded as a weakness and this made more women to suffer from men's risk

behaviours. This researcher fails to understand why men have not been responding to the HIV and AIDS campaign as good as women. Perhaps the HIV and AIDS campaign structure in Zimbabwe may have committed conceptualization flaws targeting women and leaving men outside the periphery with the result that men felt that the HIV and AIDS disease was a disease of women more than it is for men.

The findings also revealed that there were other five (31.25%) single women of which three had no children and the remaining two women had two children respectively. The single mothers revealed that it was burdensome to maintain a family on their own and they suffered neglect from their families on grounds of their seropositivity. Observation also revealed that the interviewed women broke into tears as they revealed the secret about their lives while living with the HIV virus. They revealed that life in Masvingo urban area was never economically easy for single women and this prompted most of them to practice prostitution. This was not by choice, but economically circumstantial. The following are some of responses that were given by the participants.

“HIV and AIDS prevalence seems to be high amongst women because men do not go for HIV test and if they do so they do not disclose their status.”(Taonga)

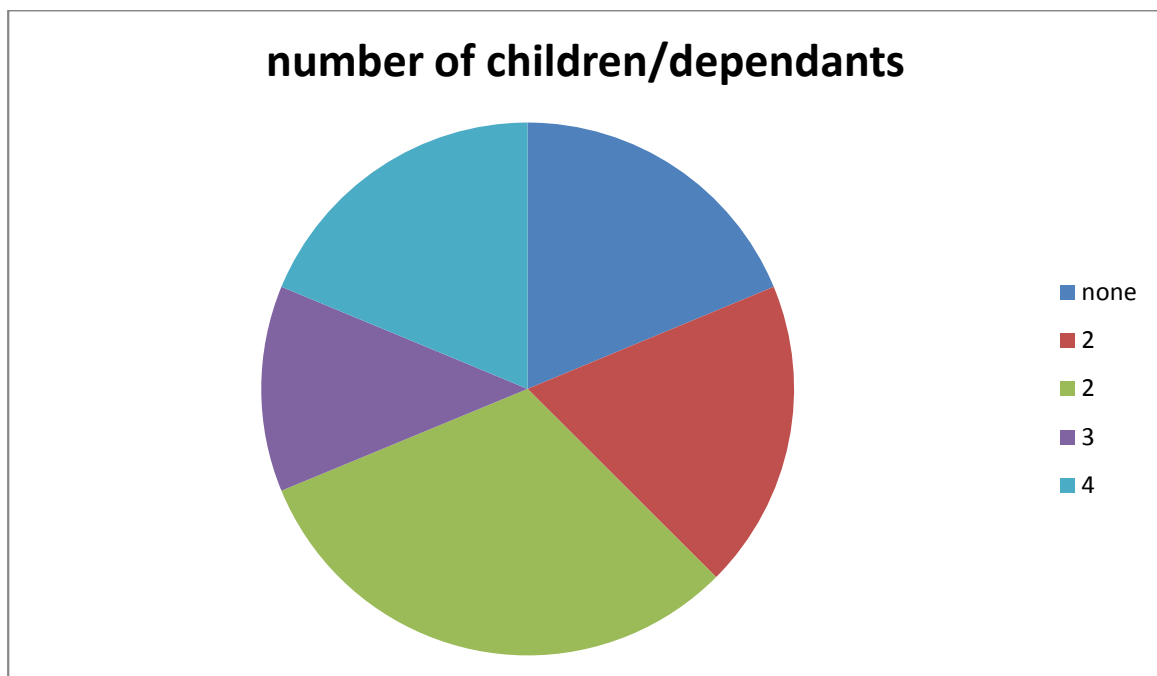
“Women are involved in activities like prostitution and they end up contracting HIV. This is mainly because of the economic hardships that women face in their day to day living.” (Sharon)

“Men are stubborn and they need to be educated about HIV because they think they are superior. Men do not get satisfied by their wives and they end up indulging in extra marital affairs.. They boast about their manhood and

having many girls or partners it's like a style and this eventually endanger the lives of their spouses who end up contracting the virus from their male spouses.." (Tarisai)

"Women are many and it is the men who are spreading the disease even those who are married are going out and bringing the disease to their spouses.." (Tambudzai)

Figure 3 Number of dependants



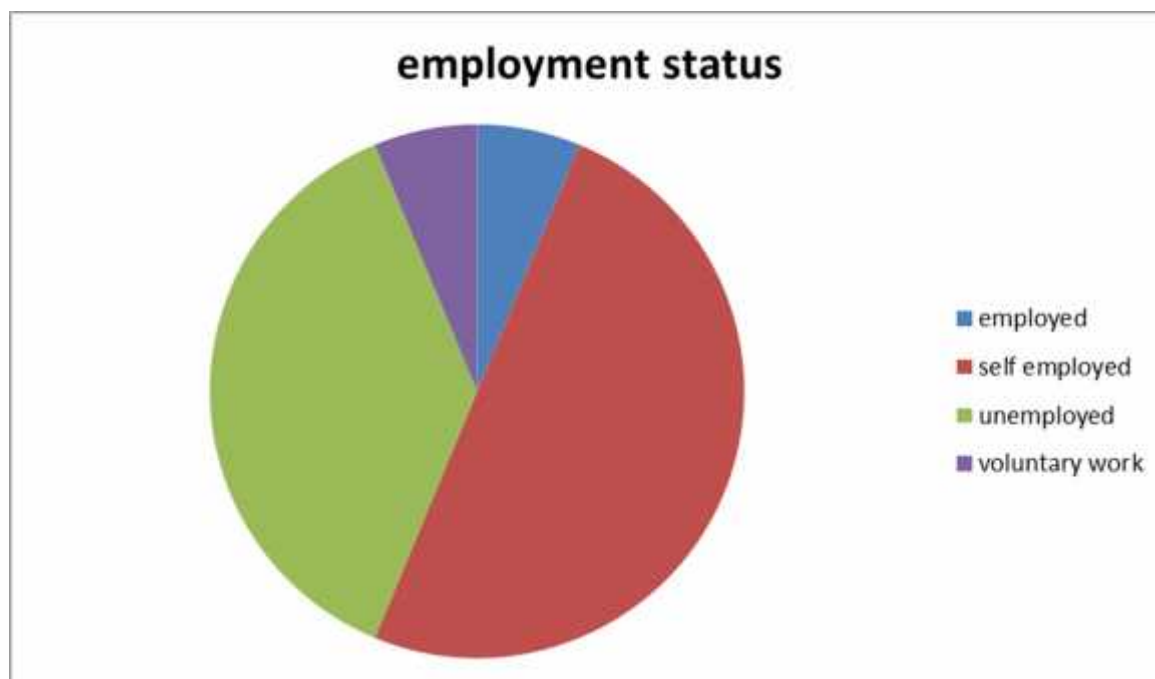
Study findings indicated that the more the children or dependants a household had along with little or no income, the more impoverished the household was likely to be. The findings indicate that on average, every household had more than two children or dependants. It was also revealed that black women by virtue of their economic status struggled to make the ends meet as far as nurturance was concerned. The interviewees also revealed that some of their children were living with the virus which makes the situation even more complex especially without a reliable source of

income. Perhaps this calls for the government to intensify the HIV and AIDS campaign so that those who are HIV positive could know the prevention of mother to child transmission (PMTCT) which would raise the probability of mothers giving birth to HIV negative children. Perhaps also strengthening the fight against stigma is critical because most women fail to go for PMTCT clinics based on the stigma associated with living with the virus. With some children being born HIV positive, this spelt doom if there were no adequate psychosocial assistance to them. Also findings revealed that the more the number of children or dependants the greater was the responsibility associated with paying rentals as most mothers did not have their own houses, or had been driven away by their late husbands' kins upon their husbands' death. Further revelation held that due to serious economic challenges that these women faced, prostitution was sometimes the only means of keeping the food on the table for children. It is important, therefore that government and the NGOs consider adopting affirmative action to help this vulnerable group start activities that will boost their economic position. This is because prostitution has a bad name, lowers one's dignity and cause conflict between the parents and their children. It is also one of the ways of increasing feminization of HIV and AIDS. The following are some of the emotions the women vented.

“Women are poor and in most cases they are the ones looking after the family hence they end up indulging in prostitution to raise money for food and school fees.” (Sophia)

“Women struggle with payment of rentals, and buying basic necessities as such they end up indulging in sex for money.” (Rumbidzai)

Figure .4 Employment statuses



The results depicted in table .1 shows that six black women in Masvingo urban area were unemployed which makes their livelihood a menace considering the hardships being experienced in Zimbabwe. Explicitly, the findings revealed that only one woman was formally employed and another one was a voluntary worker. Furthermore, findings revealed that eight participants were self-employed. Apparently, this researcher from observation opined that most of the women who reported to be self-employed looked desperate and were apparently struggling to make their ends meet. Perhaps this calls for the government and any other development friendly body to consider empowering the so called self-employed with trainings and business funds so that they can improve their economic conditions.

The research study also presented good news for women economic empowerment through the revelation that women had formed money lending (Fushai) cooperative

whereby they made contribution to raise capital which they lent to any interested party among them at a profit. This presents a situation that can lead to sustainability. This is what this researcher would wish to see among the many struggling individuals in many poor countries. This is a self-help programme (*vukuzenzele-South Africa; Boipelego-Botswana*) that can help the poor individuals turn around their lives. It is a self-empowering process through pooling resources together. The research finding further revealed that the pooled resources was the source of income that was borrowed by some women who were into cross border business endeavours in countries such as South Africa, Mozambique, Botswana and other countries within the Southern Africa region.

4.3 Engagement in dress making businesses

The participants also revealed that they were into dress making business that raised a little money for food and meeting other basics. This was also very important to lessen the state of stress that is associated with living with HIV and AIDS. This also points the importance of societies normalizing the HIV and AIDS disease. This is because living with HIV and AIDS did not in any way impede one's level of productivity. However, the HIV and AIDS campaigners need to strengthen their campaign and message mainstreaming to overcome the state of stigma that usually make living with the virus stressful and uncomfortable. Perhaps the country of Zimbabwe needs to be hailed for having enacted legislation aligned with people living with HIV and AIDS. Perhaps also such legislations need to be enforced and strengthened.

4.4 Education advancement and inhibition of the girl children

The findings after data analysis showed that most of the participants had attended formal primary education and this is in line with millennium development goal number 2 which emphasise the achievement of universal primary education. Furthermore, the findings indicate that half or 50% of the participant had reached Ordinary Level and 12.5% had attained Advanced level and 6.25% had attained adult education. In this light it is clear that women had only managed to attain modest educational qualification as there is none of them that had attained tertiary education. Conclusively, the humble education standards did not place the PLWHA women at a relatively competitive edge as their male counterparts. As such, women had resorted to menial jobs which pay them a little wage that cannot sustain a family.

“Women are more vulnerable with regard to lack of education, access to information, for example long ago it was seen as a waste of money to send a girl to school and in today’s society, young girls date older men who are experienced in sex and this put them at risk,” Shila.

Findings also revealed that the girl children were obscured into accessing education compared to the boys. Perhaps this was the reason why many women in Zimbabwe were not as formally educated as their male counterparts. However, the interviewee indicated they had been discriminated into accessing education in their families. The following exerpt explain the scenario.

“I did my advanced level and passed, but I could not go to university because my parents chose to send my brother first and I had to stay at home.”
(Maneta)

Explicitly, the finding revealed that the girl child has often accessed little or no opportunity to proceed with education. Culture and poverty come into the fray favouring the boy child, and thus inhibiting the girl children from achieving their goals as well indicating the societal mind-set on gender and unequal allocation of resources. As a way of attaining gender equality and equity, it is therefore important that gender education is mainstreamed to all the Zimbabweans so that they can see the girl child in the same lenses of empowerment as the boy children. This is because even if the employers sometimes use affirmative action to give an opportunity to women, this is not a guaranteed way of empowering women. In countries such as Zimbabwe, where patriarchy is still very strong, women find themselves in lower cadre jobs and therefore taking a larger toll of the phenomenon of feminization of poverty. Importantly, therefore, education is the key in equipping women with power to decide sexual circumstances. Also it is pertinent that women attain same academic credentials as men so that they can be able to increase their chances of getting employed. It was also revealed that it was due to lower educational attainment and therefore; lack of jobs that pushed women into transactional sex.. The following sentiments were echoed:

“Lack of opportunities to participate in the economy and lower educational qualifications push women to indulge in transactional sex.” (Tambudzai)

“Lack of proper education so that they can get good job and culture which side-lines women leading women to become prostitutes.” (Taonga)

“The economy has made life difficult for women as they hardly get employed due to the fact that most of them did not get a chance pursue education to greater levels.” (Tafadzwa)

The evident from above scenario show that women are made more vulnerable to HIV and AIDS due to limited opportunity especially education. It is this lack of opportunities that makes them to resort to transactional sex for their livelihood survival.

4.5 Abject poverty among People Living with HIV and AIDS

Data analysis findings revealed that women were involved in petty small businesses and were largely poor. Eight women were into self-employment and were earning a living through vending and engaging in some cross-border business as well as money lending (Fushai) which is a process whereby they contribute a certain amount of money and take turns to borrow the money on monthly bases and repay with an agreed interest. The findings indicate that there were six (6) women who were unemployed and only one woman was formally employed and another one was a voluntary worker. The woman who was employed revealed that she received very low wage which made it difficult for her to sustain family. However, it is clear from the findings that fourteen of the women were sole bread winners of their respective households. The following sentiments were echoed.

“Women are still unemployed and they find commercial sex as the only sector that they feel welcomed in, though putting their life in danger. Prostitution is braking the possible achievement of zero new infection.” (Rudo)

“Women lack employment opportunities as such they are exposed to ‘carpet interviews’ where managers ask sexual favours so as to hire women,” Shila

Conclusively, most of the women living with HIV were living in poverty and in a squalid environment and need to be assisted. This researcher takes this opportunity

to ask the government and any development based bodies to consider paying more interest with the women living with HIV and AIDS and consider various aspects of empowerment such as training in entrepreneurship, having programmes to help them educate their children etc. This is to keep some of them away from considering transactional sex as a way of earning their livelihood. Again, such poverty alleviation interventions could play a larger role in eliminating feminization of poverty and feminization of HIV and AIDS.

4.6 Culture undermining male involvement and responsibility in HIV and AIDS domain.

Data analysis indicates that women's vulnerability to HIV and AIDS was exacerbated by a host of factors such as their male spouses being at the fore of spreading HIV and AIDS. Culturally, men had the audacity to have more than one woman and they felt it was a cultural expression of their manhood. This tailored a troublesome lifestyle for black women as they contracted the virus from their male spouses. To this end, the following sentiments were expressed:

“HIV prevalence is high amongst women because women quickly go for testing and they go public before men do. HIV might even be high amongst men but it's just that they do not divulge their status.” (Sharon)

“Men are just shunning HIV test and in most cases they wait until their wives go for testing so that they can know their status.” (Sophia)

“Men because of culture they do not easily accept their status up and until they really get seriously ill. HIV prevalence is even high among men.” (Chipso)

Perhaps we need to blame culture and its ramifications because, culturally men have been allowed to have more than one woman. The case of many societies condoning polygamy helps to explain the cultural dispensation. This places the role of government machinery involved in the HIV and AIDS campaign to consider working hard to dilute most of the cultural dynamics that make men at risk of the virus as well as putting women at risk of contracting the virus. Perhaps it is also good to point out that due to cultural hangovers, many men shy off from indulging themselves in many prevention based approaches such as knowing their status. This means that they cannot know when they are infected until they are too sick. This places the health of their female sexual partners in jeopardy.

4.7 Skewed allocation of resources based on gender

Research findings revealed that women suffered prejudice and unfair discrimination in the domain of resource allocation. The interviewee is of the opinion that the government was considering men more than women as far as considering them for good and lucrative jobs and other important resources. There is little or Lack of equity and equality across the mainstream signified by a tilted access to resources, whereby men continue to enjoy better livelihood while women continue to sink onto the jaws of abject poverty. This, in this researcher's contention is the result of patriarchy in the minds of men and women themselves. Perhaps anti patriarchal education and campaign needs to be strengthened if societies will attain a point of seeing women as equal to men as far as resource allocation is concerned. This therefore can be important in the fulfilment of the UN based Millennium Development Goal number three that envisages to empower women and the girl children.

4.8 Culture as the fuelling platform for viral transmission

The study also revealed that culture and cultural platforms were a big bottleneck that continued to fuel the HIV and AIDS epidemic. This was because culture dictated that women become subservient to men and should not raise their voice in the face of men. On this, the following comments were raised by women

“Men use force and due to culture, women cannot voice out their grievances because they are taught to be submissive.” (Tarisai)

“Women are taught to submit to their husband so in the case of HIV women are just victim of harmful culture.” (Tafadzwa)

There is need for societies to come up with mechanisms which can confront the circumstances which are fuelling poverty and confront and change the social structures which neglect women thus making them more vulnerable to HIV AND AIDS. Culture needs to be diluted so that women are able to negotiate for safer sexual practices

4.9 Support mechanisms in place for black women

The study realised that black women living with the virus in Masvingo urban area appreciated the efforts of some societal members in helping especially in caregiving of some bedridden members who were living with HIV and AIDS. Although living with HIV and AIDS was highly stigmatised, it was commendable that Zimbabwe as a nation is gradually reducing stigma and discrimination among People Living with HIV and AIDS. Black women mentioned that the community was becoming very instrumental in the provision of care to the bed ridden as well as carrying out some physical tasks such as cooking, washing and so on. It was revealed during the

interviews that people cannot do much because the cost of living in Masvingo Urban area was ever escalating and being worsened by the fact that many people were unemployed. However, it was also revealed that the City Council of Masvingo Urban area was trying to cushion the black women living with HIV and AIDS by giving them food parcels during the festive season. Below are some of the responses of the participants:

“Generally, community member only help them with providing care but they cannot do much since themselves are facing challenges due to economic hardships the country has experienced for the past three decades.” (Rudo)

“People now understand HIV as a disease that also needs care and in some instance they help with care giving.” (Tatenda)

“The city of Masvingo also helped especially during the festive season as they receive food stuffs under mayor’s Christmas cheer fund.” (Lina)

The responses presented by the interviewees clearly states that care giving is fundamental to People Living with HIV and AIDS and it forms a strong system to depend on in times of trouble. However, care giving alone is not enough because there is need for proper balanced nutrition. As such, there is need for more assistance to contain poverty in particular which is the sole determinant of rampant HIV infection.

4.10 Government and other stakeholders’ response to women vulnerability to HIV and AIDS

The study findings revealed that women on their own cannot stand and fight their vulnerability to HIV. The analysis revealed that the government has been

instrumental in the provision of Anti-retroviral treatment (ART) to the people living with HIV. Findings also revealed that the government has since withdrawn the provision of food stuffs and this has pronounced a state of malnourishment on People Living with HIV and AIDS. Considering the fact that most women have no formal source of income and the burden of the scourge, it is pertinent that the government has to upgrade the status of black women. However, the findings from the interviews indicated that the NGOs have chipped in as well trying to better the livelihood of women and their households. The sixteen participants revealed that the NGOs have been doing a commendable job in counselling, facilitating educational workshops meant to empower women with skills, and even the provision of food stuffs. The interviews mentioned of Batanai HIV and AIDS Service Organisation (BHASO) or New life, Zimbabwe Network for People living with HIV and AIDS (ZNPP), Red Cross, Health workers and counsellors as groups that have added life to women living with HIV AND AIDS. On the positive side on government assistance and NGOs, a few participants made the following comment

“Particularly the provision of ARV’s the government has been so helping. However in terms of nutrition the government is not doing anything as of now.”

(Lina)

“Zimbabwe Network for People living with HIV and AIDS (ZNPP) has been influential in the formation of support groups we are being taught to lend each other money taking turns after months. Workshops meant to equip us with knowledge about HIV and AIDS. Also life skills meant to help us live a better life as black women.” (Tafadzwa)

“Social Welfare and Red Cross usually help by the provision of food and ZNPP teach us to form support groups. Batanai HIV and AIDS Service Organisation (BHASO) also help us by providing information on how to live a positive and adherence to medication, they also hold workshops to equip us with knowledge and life skills.” (Sharon)

While the provision of ARVs is a critical assistance to people living with HIV and AIDS, this researcher takes this opportunity to challenge the government to look into the nutritional status of people living with HIV and AIDS. Findings indicate that ARVs are being taken without a nutritious meal, the patient may not improve. As such, any medication taken on hungry stomach may have devastating result which can affect a person medically. The analysis also indicated that the government and NGOs are operating in parallel and what they are doing is paying dividend. However, if the government and other stakeholders can manage to achieve a harmonious partnership, they can prompt better mitigating measures.

4.11 Strategies for prevention of women vulnerability

The data analysis revealed that in order to come up with HIV and AIDS prevention strategy that can address the real underlying factors to women’s vulnerability, the approach had to be holistic and be supported by both genders. It was revealed that in terms of prevention, men were not forth coming to exercise their power in fighting the HIV and AIDS epidemic. In campaign programmes, it was the women who were spearheading the processes. This perhaps explained why most interventions were not doing well. The interviewees also advised that it was important for the campaigns to be driven by a person living with HIV and AIDS. This was to make him/her understand all the dynamics of living with the virus. Other possible interventions

suggested was to have people getting tested before engaging in any sexual encounter ,marriage and the need to educate men and woo them to get involved in the HIV and AIDS campaign. On this, the following sentiments were echoed.

“There are awareness campaigns on HIV but men are not forth coming to support them. Perhaps that is the reasons they are not doing well.” (Rudo)

“Most of the people or stakeholders do not have the virus in them so they do not understand what it is like to be positive as such there is need for people living with HIV and AIDS to be at the fore front of the interventions so that they can understand better the dynamics of living with the virus.” (Rumbidzai)

“We are trying to get to zero infection but because of the stigma that is in men’s mind, it might be difficult to achieve it. There is need for educating men as they have been masculinely stubborn making them not to adhere to condom use consistently.” (Tarisai).

Perhaps, instituting males only campaign sector can reap great dividends as has been done in Botswana. This is where males meet their colleagues to discuss their involvement in the HIV and AIDS campaign

4.12 Exclusion of PLWHA in HIV and AIDS campaign

Research interviews revealed that the campaign and assistance to PLWHA was not strong and not pleasing to them because they were not adequately represented in policy formulation and restructuring pertaining to their assistance and the campaign generally. This made them not to own the campaign. This researcher is of the opinion that effective representation of the PLWHA in matters pertaining to fighting HIV and AIDS is critical. Perhaps the Botswana PLWHA motto “Nothing for us

without us” can be applied in Zimbabwe to show the importance of integrally involving the PLWHA in all decision making tenets about HIV and AIDS.

“We should be integrally involved in all matters of the HIV and AIDS campaign”

“Proper representation in the HIV and AIDS campaigns calls for PLWHA to be fully involved”

4.13 Conclusion

In quest to ameliorate the perpetual toiling of women in the face of HIV AND AIDS, emerged that women’s vulnerability is intertwined with the men’s high risk sexual behaviours. The findings also revealed that black women vulnerability is driven by circumstances that are social, political and economic. Poverty as the primary determinant of women’s exposure to HIV and AIDS is motivated by the tilted economic and political circumstances. The study presents that risk sexual activities that black women end up assuming are inspired by these circumstances which have persisted for decades. Explicitly, the study revealed that blaming women for prostitution is not fair, but establishments should look for various plausible approaches to help them their economic position. Stigma against People Living with HIV virus has gone down in Zimbabwe. To this end, The Zimbabwean government need to be lauded for strong campaign to dismantle the stalemate.

However, the campaign suffers inadequate male involvement. Men have continued to deter their uptake of Voluntary Counselling and HIV testing and thereby dragging their response to the scourge. Also the community has assumed an instrumental task as it has become the source of comfort and care to those living with the virus.

Although community members are not secluded from the economic hardships that the nation as whole has experienced for more than three decades, they have by and large been doing a commendable job with little resource at their disposal. The NGOs have also been instrumental in helping where they can. It is critical for a government –NGO working synergy to be established instead of each organ working in parallel to help the same group.

Chapter Five

5. Discussion of findings, conclusions and recommendations

5.1 Introduction

This chapter seeks to discuss the findings and to bring to conclusion the study on vulnerability of black women to HIV and AIDS in Zimbabwe, case of Masvingo urban area. While the analysis in the previous chapter gave primacy to the vulnerability and highlighted the dynamics of managing hardships related to HIV and AIDS, this chapter give insights for policy developments, discussions and recommendations emanating from the themes and subthemes. It is believed that the objectives of the research have been met and research questions adequately answered. It also highlights the study's possible implications for social work practise.

5.2 Discussions

5.3 Age analysis

The findings also indicate that HIV prevalence is high amongst women of age ranging from 20 – 35 which constitute 68.75% of the participants. This may also indicate that the 20-35 (68.75%) age group is more sexually active that the 36-40 age group (68.75%). This could also mean that the younger adults are more at risk of the HIV and AIDS infection than the relatively elderly middle aged and aged women adults. HIV and AIDS has posed major demographic changes which severely impede response to the scourge and this necessitates the need for development agencies and policymakers to fully take into account this shift. Joint gender and age

analysis is a necessary step to help development agencies and institutions to design policies and programmes which decrease vulnerability to the epidemic, and mitigate against its impact on health and livelihoods. HIV and AIDS have a huge toll amongst the economically active people which spell financial crisis to both the infected and the affected. Women of ages ranging from 20 to 40 are at the fore of HIV infection in Masvingo urban area. Intergender marriages are a common scenario in contemporary Zimbabwe whereby older men are looking for young girls to marry. As such, women are erroneously placed in a precarious predicament of contracting HIV virus from these sexually experienced men. Sadly, HIV has made the able bodied weak and inactive to an extent that the elderly have to redo their motherly roles. Smith (2002) outlined that HIV and AIDS has caused major alteration to demographic statistics as well as deviations in the traditional roles and responsibilities of different age groups. These changes are forcing development planners to re-think their answer to scarcity. The demographic shift has also meant they have to re-think their response to gender inequality.

5.4 Educational impact and inhibition of girl child

The findings reveal that 30% of the participants had attained primary level education that is from grade 1 up to grade 7. Also 6.25% had attended adult education which is mainly done through correspondence. The findings also reveal that 50% of the participants only managed to achieve Ordinary level of education (grade 10 to 11). The graph presentation also reveals that 12.5% of the participant had reached Advanced level of education. This may also mean that HIV and AIDS is a disease of all in the society irrespective of one's level of education. However, the fact that most of the infected had attained at least ordinary level education, a background which

gives hope that they would be in a position to understand any possible interventions with ease. Notably, from the findings, it so perturbing to divulge that of the sixteen interviewees, no one had reached tertiary education. Vulnerability to HIV and AIDS is inseparable from the attainment of certain level of literacy. The amount of information that one hold at his/her finger tips play a pivotal role in drafting the way forward on surmounting HIV and AIDS. Notably, from the sixteen interviewees, it so perturbing to divulge that no one has reached tertiary education and with the level of competition in the labour market, black women rarely get hired for high paying jobs. Though, they have achieved primary education women continue to occupy the bottom spot considering the level of literacy in Zimbabwe. Perhaps this is another contributing factor to the outrageous HIV and AIDS infection among black women.

Kanyongo, (2005) expressed that though literacy rate is not a perfect measure of educational results, but it helps especially in international evaluations of some accomplishments in different education systems. According to the United Nations Development Program Report of 2003 cited by Kanongo (2005), “the country achieved a male literacy rate of 94.2 per cent; a female literacy rate of 87.2 per cent and a total literacy rate of 90.7 per cent. Zimbabwe ranks first in male literacy rate, second in female literacy rate and first in total literacy rate among the Southern African countries.” Smith (2002) elucidated that due to premature death of parents due to HIV and AIDS, many children are left deprived of the knowledge or skills they need to make a livelihood. They face the future without education, work training, or the many critical skills they would learn from their parents themselves. Many children, including migrants from rural areas, end up in the street, where they are exposed to risks including drug abuse, sexual abuse, violence and commercial sex

(Smith, 2002). This way of life makes them susceptible to HIV infection, and increases their poverty.

Hence, it will be naive for policy makers to be informed by the above educational statistics because there are some marginalised areas which are not covered when such exercises are conducted. The statistics are calculated by means of examining the number of people who are able to read and write. As such, this gives a wrong impression about the advancement of the girl child since her potential to rise to stardom is marred by archaic value attached to the boy child. As such, most black women who moved into urban areas with a hope to transform their status quo but due to economic hardships, this remains a fancy air ticket to afford.

Smith (2002) postulated of the disparities that still exists in most societies whereby children, especially girls, are pulled out of school to help with the household work, caring for ill members of the family, and earning income for the family. This definitely has an impact of trading off the children's future (Kang'ethe 2010a)

Due to idleness and general economic hardships that the black women experience, it is likely that they may adopt risky behaviour such as transactional sex for money or resources. Moreover, in some instances, as young as they are, girls assume the role of a mother at the same time scavenging for the subsistence of the household and looking after other siblings. Hardee, Gay, Croce-Galis and Peltz, (2014) elaborated on the inhibition of girls from education which calls for eminent attention so as to elevate the status of the girl child. Also, it is a matter of significance that ensuring quality education for all children is one of the best ways to protect both the rights and the lives of future generations which have been soaked in this global menace of HIV and AIDS.

Participants mentioned that the inherent limited opportunities that are lined up towards the girl child within the family institution. Perhaps this could be the reason why Africa is lagging behind in many aspects of development. Today is what it is because of yesterday's brilliance or flaws. Exclusion of the girl child in the mainstream is punitive, hence exposing women to survive from hush money as they venture into thigh vending, and thereby putting them at high risk of HIV infection. The problems have grown bigger today hence the need to refrain from past strategies.

Larmar and James (2013), expounded that chauvinistic approach which has fashioned gender discrepancies in literacy, educational accomplishment, labour force participation and exposure to media prevent women from exercising sovereignty over their sexual vigour. This has tremendously exposed women to severe exploitation especially in the labour market since they do not have a competitive advantage as compared to men. However, Hardee, Gay, Croce-Galis and Peltz, (2014) outlined that by ensuring equality in educational attainment is tantamount to safe guarding both the rights and lives of people threatened by the scourge. Education increases the possibility to avert HIV infection among the future generation and at the same time young women and men with higher levels of education are more likely to have increased knowledge about HIV and AIDS.

5.5 Unrelenting financial position and poverty of women

The participants also revealed that they were into dress making business that raised a little money for food and meeting other basics. This was also very important to lessen the state of stress that is associated with living with HIV and AIDS. This also points the importance of societies normalizing the HIV and AIDS disease. This is

because living with HIV and AIDS did not in any way impede one's level of productivity. The intertwined relation between social status and economic status is highly noticed among black women as they continue to be missing in the spotlight. The perpetual tussle for recognition between men and women has resulted in a heightened misogyny and glorification of male hegemony. However, condemning women for being prostitutes is not fair and one needs to look at the underlying prevalent environment in which these women may find themselves trapped. The participants reviewed that most women survive through menial jobs which is not enough for family up keep. Smith (2002), alluded that HIV and AIDS is one of the major obstacles to achieving the 2015 Millennium Development Goals targets in Africa. Pivotaly, HIV and AIDS is the leading cause of death especially in Sub Saharan Africa (Jackson, 2002; Kang'ethe 2010b).

Women's restricted financial options, and relative powerlessness, may force them into sex work in order to cope with household economic crisis. This exposes them to HIV infection which they are likely to transmit to their clients. Due to poverty of the PLWHA studies in Botswana, they indicated that the issue of fearing the virus took a second place with the availability of money to buy food and other basics becoming a priority (Kang'ethe, 2012). This glaringly dooms the hope of countries of Africa be in a position to subdue HIV and AIDS. This researcher thinks that African countries need to undergo a serious economic transformation that will optimistically do away with the poverty of failing to meet the basics as spelt out by the Maslow Hierarchy of needs (Maslow, 1964). Girls are particularly exposed to HIV infection, because of intergenerational sexual relationships, violence, and partial access to information. Newton, (2011) pointed out that generally the economic security of women is in jeopardy. Women face peculiar situations in the different stages of their lives as

compared to men, for instance longer life spans, lower wages or no, checkered work careers. Women are often primary sources for care giving to children, for elderly parents and HIV patients as well (Kang'ethe, 2010c)

The utmost significant contest for women in the twenty first century is access to time to even think about whether their financial position is a secure one. In this light, considering that they are dealing with money choices for their family everyday makes them financially minded by default.

Furthermore, Newton (2011) alluded that it is time to share the message of solid personal financial principles to the next generation of women to ensure financial future. However, men should embrace the fact that women are collaborators, and by working together as a community, financially minded women can find the solutions to welcome a new era of monetary independence for women. This collaboration perhaps can bear the desired goals of women empowerment which can go a long way in surmounting women's susceptibility to sexual exploitation by men. This is usually attributed to financial crisis. Black women for decades have been relegated to the field which cannot even sustain their subsistence needs. Promoting collaboration and the elevation of black women will also address the inequality they have been facing for centuries. As such, neutralising gender differences becomes the tool to spearhead the achievement of a possible HIV and AIDS free generation. This entails a holistic approach to development and at the same time eliminating discrimination and inherent prejudices. These are factors that can eventually help in ameliorating black women's vulnerability to HIV and AIDS.

Smith (2002), pin pointed the escalating state of poverty in many developing countries, particularly those in sub-Saharan Africa. The situation is aggravated by

the influence of HIV-related illness on young and middle-aged adults in the household, who are normally the breadwinners. Importantly, in countries such as Zimbabwe, “AIDS-related illnesses have enormous negative impacts on the social economic structure of the households, communities and societies in general. This exacerbates existing poverty and gender inequalities.” The sickness of the main breadwinner adds the burden of care to the workload of women (Kang’ethe, 2010c).

De Vogli and Birbeck, (2005) postulated on the implication of adjustment policies of the International Monetary Fund and the World Bank on the economies of many African nations including Zimbabwe. The underpinnings of these policies was significant in the devaluation and removal of subsidies on basic goods.

Presumably, these adjustment policies inadvertently produced conditions which facilitated the vulnerability of black women to HIV and AIDS. Though the IMF and World Bank justify that the policies managed to eradicate poverty, it contradicts with what is on the ground in most African nations as vast populace are still languishing in poverty. Observably, for a country like Zimbabwe, the Economic Adjustment programmes marked the commencement of a drastic fall in goods and service provisions. De Vogli and Birbeck (2005) alluded that in Zimbabwe, after eliminating food subsidies, the cost of living for lower- income urban families rose by 45% between mid- 1991 and mid- 1992. In households where women are the sole bread winners, they witness the heaviest burden of price reforms and removal of food subsidies. The contingencies of these policies have proved to be burdensome as most women are still struggling to reach self efficacy.

Hardee, Gay, Croce-Galis and Peltz, (2014) elucidated that customary prescriptions have contemptibly groomed behaviours which put everyone at risk for acquiring HIV.

Women anchor at the bottom of the ladder with little or no access to capitals and are more likely to depend on men for financial survival for themselves and their children. As such and for many women, having more than one partner is a central survival strategy for themselves and their families.

Findings indicated that black women living with HIV and AIDS engage in prostitution due to these circumstances and they are left with no option but to trade their body to make ends meet. As such, mechanisms in form of policies which are backed with transparency and accountability may help curb the circumstances rather than cushioning the victims or addressing the effects. This study alluded that the poor at some point in time worked but somehow that failed to turnaround their livelihood. The question then posed in this present study is “why”. On the other side, someone, somehow is amassing wealth and obviously at the expense of the majority populace. Sadly, black women living with HIV and AIDS have been accustomed to be dependent upon their male counter parts who in turn take advantage of their desperation to exploit them sexually, thus making them more vulnerable to HIV infection. These social and structural circumstances have brewed a lamentable experience for women. It is salient that approaches shift from extenuating to a stance of eradicating the key propellers of the scourge.

5.6 Masculinity inhibiting voluntary HIV testing

Findings indicate that culturally, men had the audacity to have more than one woman and they felt it was a cultural expression of their manhood. This tailored a troublesome lifestyle for black women as they seem to have contracted the virus from their male spouses. Voluntary testing among men seems to be an exercise that

is far from achieving its relevance in their lives. Voluntary testing among men seems to be an exercise that is far from achieving its relevance in their lives. This is not a challenge restricted to Zimbabwean men, but also to Botswana men whose involvement in HIV and AIDS activities such as testing has been a lagged out process (Kang'ethe, 2009).

Black women have mixed feelings towards the notion that HIV and AIDS prevalence is high among them. They suggest that it is masculinity which impedes the process of Voluntary HIV Testing among men.

Euphemistically, married men can only get to know their status if their spouses take the initiative themselves of going for HIV testing. Infidelity is a topical issue among African men whereas black women are accustomed to be faithful to one man. It is so perturbing to note that men are still adamant to acknowledge the deadly disease. Murombedzi, (2013) outlined the cruelty of patriarchy and how it has brewed a bitter and gruesome experience for black women. Also it has molded a huge stumbling block of denial and ignorance amongst men signified by the continual indulgence in high risk sexual activity. Murombedzi,(2013) brought to the fore the gap that exists between men and women in terms of disclosure of HIV status. Mukai Support Group of Ndanga in Zaka area in Masvingo province substantiates this notion as it consists of the six males that make the group. Mukai has thirty members, twenty-four being females. By nature, men do not want to be open about their HIV status, are not willing to be in open groups, and naturally manage their health in secrecy as related to women (www.heraldzim.com).

Furthermore, Murombedzi, (2013) reported that due to economic hardships, men's mobility has intensified as such scaling up the chances of HIV infection among men

who eventually transmit the virus to their spouses. A certain man from Zaka district in Masvingo province tried to better the livelihood of his family and crossed the border into South Africa. Although it was seen as a lucrative move, it turned out to be the worst endeavor as the man eventually contracted the HIV virus. Sadly, he infected his wife who later discovered after going for HIV testing. It was the wife who had to drag the husband for HIV testing. The woman did not despise the man despite being infected, but the question is how many men can show this kind of unfailing love? It will be a panacea if men could take that initiative to take voluntary HIV testing serious and stop despising it as a sign of weakness. Perhaps cultures need to be blamed for condoning men to easily entangle themselves with many women. The fact that men are documented to be five times more promiscuous than women needs to open serious research so that all the possible underpinnings giving men that sexual freedom is dealt with (Kang'ethe 2009).

Voluntary testing among men is the entry point to reduce HIV prevalence in Zimbabwe. Men must not wait to become bedridden and move from a chauvinistic mentality which underestimate and sideline black women. Murombedzi, (2013) revealed deleterious experience for women in which they are not only victims but care providers to their spouse in times of terminal illness.

Smith, (2002) revealed depressing experience for black women at the hands of their male counter parts. "The HIV and AIDS epidemic has been fuelled by gender inequality. Unequal power relations, sexual coercion and violence is a widespread phenomenon faced by most women of all age-groups, and have an array of negative effects on female sexual, physical and mental health. HIV and AIDS infection reveals the disastrous effects of discrimination against women on human health, and on the

socio-economic structure of society” (Smith, 2002). Jewkes and Morrell, (2010) elucidated that, “the dominant ideal of black African manhood emphasizes toughness, strength and expression of prodigious sexual success. It is a masculinity women desire; yet it is sexually risky and a barrier to men engaging with HIV treatment.” Masculinity condones and affirms the control of women by men, and violence in most cases is used to establish this control.

Long-established prescriptions have created a huge monster which is now proving to be resistant to change. Masculinisation of men has not only moulded resistance, but has as well instilled fear upon them. Men are afraid to confront their fears and this has endangered the lives as they are unable to confront HIV and AIDS. The fear of the unknown has made many men to live stressful life; however, knowing their HIV status can be the power that can propel men from ignorance to cognisance.

Sherr, Lopman, Kakowa, Dube, Chawira, Nyamukapa, Oberzaucher, Cremin, and Gregson, (2007) indicate that, “voluntary counselling and testing (VCT) plays a pivotal role in the public health response to the HIV epidemic and is a vital point of entry to HIV and AIDS services including primary prevention, prevention of mother to-child transmission, antiretroviral therapy, management of HIV-related illnesses, tuberculosis control and psychosocial support.” Euphemistically, instead of resisting this, the dominant ideal of femininity embraces compliance and tolerance of violent and cruel behaviour, including infidelity. In essence, this reveals an impaired standing on which most men across African societies view women. Hardee, Gay, Croce-Galis and Peltz, (2014) at length revealed the fact that across Africa, voluntary counselling and testing among men is still highly impeded by discrimination and stigma. Men chicken out to go for HIV counselling and testing which can be the

reason why the scourge has such a huge toll. However, one campaign in South Africa which embraced an array of communication strategies, training, and advocacy resulted in men's increased utilisation of voluntary counselling and testing (VCT) and increased use of condoms in addition to more equitable attitudes about gender. In tandem, Singh, Luseno and Haney (2013) postulated that the uptake of HIV testing requires resolute dissemination of information revealing the connotation of strategy. Spirited advertising of gender equality and education can provoke the uptake of the vital HIV service. Pivotal women have been at the fore of taking Voluntary Counselling and Testing services, while but men who are regarded as perfect transmitters of the scourge have been evading and turning a blind eye at this noble cause and as such weakening the prevention strategies. Delays are suicidal. As such, it is time for men to take the initiative and subdue the stigma in them.

Arguably, men for decades have failed to consider what women have done in the past in crafting their lives as well as the men's lives as well. Black women have always been collaborator and time has ripened for their effort to be considered and forge a holistic development based on mutuality, equality and equity. Jewkes and Morrell, (2010) mentioned that gender differences and the patriarchal settings have constructed a tilted terrain that contributes immensely to women's high risk to HIV infection. Furthermore, Kang'ethe and Gutsa, (2013) pointed out that the adoption of male circumcision in Zimbabwe is a noble policy and preventive measure as it reduces men's chances of getting infected with HIV and other STIs by 60% as well as protecting women from diseases such as cervical cancer. However, there emerges some counter fate behaviour from men as some have perceived everything from a myopic point of view as they engage in episodes of multiple sexual partners.

Urgently, there is need for massive and spirited campaigns meant to correct this behaviour

Masculinity has made men to be adamant about the danger of having many sexual partners. The government of Zimbabwe adopted the policy of male circumcision in 2009 which received an overwhelming acceptance across the country. However, lack of proper information has resulted in some counter fate and false conception of the policy. Ignorance of most men is besetting the possible advancement towards an HIV cautious and free generation. Evidently, there is a broad spectrum of information about HIV and one may wonder what is happening to the human race. There are mechanisms which have been put forward to prevent perpetual spread of the disease such as the ABC which stands for: A-Abstinence, B-Being faithful to one partner, C- Condomising, but adherence and mythical perceptions have made possible achievement of an HIV free generation clumsy.

5.7 Social prejudice

The finding revealed that cultural beliefs dictate that women should be submissive to men and should not raise their voice in the face of men. It is more than three decades now, but HIV and AIDS is still at the summit of global social ills. Perhaps it could be as a result of an impaired focus resulting in some underlying circumstances being neglected, yet they are supposed to be the focal point. For instance, in some societies if not globally, females in general are blamed for transmitting HIV to men. As such, if the husband gets sick and dies first, the widow could be forced to abandon her house and land because of such accusations.

Smith, (2002) pointed the magnitude of social injustice which immensely revealed the standing point of many African societies. Sadly, considering the stigma of sexual violence, which can be very severe for survivors, and women's generally low status and voice in society, it can be difficult for women who fear having contracted HIV through sexual violence to access information, let alone demand cure. Auerbach, Parkhurst and Caceres (2011) outlined the fact that, "much of what humans do, think, and desire is influenced, if not determined, by key elements of social life including norms, values, networks, structures, and institutions." Erroneously, society has put mechanisms which ascribe power to men in sexual circumstances and this has spelled a perpetual vulnerability of black women to HIV and AIDS considering their current status. As such, this necessitates a rethink in the way social institutions are arranged so as to curb the underlying circumstances first before pin pointing the effects. Probably, the obscured focus on effects such as prostitution is liable for the failures which have been experienced for decades in which we have seen HIV infection increasing instead of going down.

Higgins, Hoffman and Dworkin, (2010) expounded that women's greater social vulnerability emanates from gender inequalities that increase their likelihood of being exposed to HIV. Within the marriage institution, it is men who mostly infect their wives after they themselves getting infected through intercourse with other women mainly sex workers. A publicly underprivileged, monogamous, and unsuspecting woman is infected not through her own behaviours, but as a consequence of her partner's indulgence. Notably, women's greatest risk factors for HIV could be her marriage due to their husbands' worldwide sexual double standard and men's greater access to adulterous sex. Hardee, Gay, Croce-Galis and Peltz, (2014) identified that the socio-cultural and political environment in which most women live

can enable or inhibit their ability to protect themselves from acquiring HIV. In tandem, Larmar and James, (2013) indicated that there is a growing recognition that the low status of women magnifies vulnerability to the virus, thus implying that gender unevenness is a driving factor in the spread of the virus. Furthermore, Dworkin, Dunbar, Krishnan, Hatcher and Sawires, (2011) outlined that the epidemic has manifested also with gender-based violence. As such, a new generation of health programming is linking women's empowerment and health to reduce HIV violence risks.

The lack of mechanisms to realign these factors which have produced grievous circumstances for women probably is the underlying reason for the perpetual vulnerability of black women to HIV. Black women at the same time have to submerge from inferiority stance and strive for parity by supporting each other first. For their plight to achieve recognition, there is need for a unified approach on the part of women themselves and confront the mal inclination mainstream.

5.8 Community response

The findings revealed that black women living with the virus in Masvingo urban area appreciated the efforts of some societal members in helping especially in care giving of some bedridden members who were living with HIV and AIDS. Although living with HIV and AIDS was highly stigmatised, it was commendable that Zimbabwe as a nation is gradually reducing stigma and discrimination among People Living with HIV and AIDS. Zimbabwe is in the third world classification where health care is still a cause for concern. Ironically, the immediate environment has emerged as the primary source of care for people living with HIV virus. The elderly mothers and

young girls who have little knowledge or not on how to take measures to protect themselves from contracting HIV from their patients have assumed the task of care giving (Kang'ethe, 2010a). However, care giving has been for past years regarded as a task usually done by women but slowly and gradually men are forth coming to help the sick (Kang'ethe 2010c). Participants applauded the contributions which are being made by the community in cushioning black women and other persons living with HIV virus.

However, there are some community members who still exhibit ambivalent feeling towards accepting black women with HIV and AIDS. As such, they are subjected to judgement by some community members. As a result, some people are living in denial and they find it difficult to divulge their status even to the immediate family fearing rejection. Albeit, Masvingo city council plays a significant social responsibility as it gives food stuffs to the various HIV support groups in Masvingo urban area. It is commendable to see city authorities partaking in programmes meant to transform the lives of those infected and affected by HIV. HIV patients in most cases suffer rejection and alienation, particularly black women who are usually abandoned to die. Hence, it is not the virus that kills people, but stress and other psychosocial implications which emanates from the environment in which they live. In a nut shell, Larmar and James, (2013) outlined that community response involves the part that society is playing in averting emerging challenges of People Living with HIV and AIDS.

5.9 Government and stakeholder responses

The study indicated that women alone cannot stand and fight their vulnerability to HIV. As such, the government has been instrumental in the provision of Anti-retroviral treatment (ART) to the people living with HIV. Findings also revealed that it has since withdrawn the provision of food stuffs and this has pronounced a state of malnourishment on People Living with HIV and AIDS. Considering the fact that most women have no formal source of income and the burden of the scourge, it is pertinent that the government has to upgrade the status of black women. Considerably, the persistence of scourge indicates a series of failure across the globe and this necessitates the need for a change in approach with regard to HIV infection. The level of commitment from the government and other stakeholders entails that they have it in them the potential to address this multifaceted social vice.

However, the findings explicitly bring to the fore that it is the NGOs who are mainly influential and visible in the prevention, education programmes and campaigns meant to ameliorate HIV and AIDS prevalence. For instance, participants mentioned that Batanai HIV and AIDS Service Organisation (BHASO) or New life which offer post testing counselling has been influential in rendering services to People Living with HIV and AIDS in Masvingo urban area. BHASO contribution has been highly noticed in the facilitation of the formation, coordination and empowerment HIV&AIDS support groups. BHASO has been instrumental in the empowerment of HIV&AIDS support groups and disadvantage youths in leadership and economic self-reliance. It also strives to empower the HIV and AIDS infected and affected with lobbying and advocacy skills.

Moreover, the partnership with Zimbabwe Network for People living with HIV and AIDS (ZNPP), Red Cross, Health worker and counsellors has resulted in formulation of many support groups in Masvingo Urban area who converge at various community centres learning and teaching each other on the positive walk. ZNPP and BHASO have been helpful in the formation of support groups in Rujeko and Muccheke High density suburbs in Masvingo urban area.

These stakeholders have combined their efforts with the aim of make a positive impact in the lives of many black women who are infected with HIV. Most of the patients are victims of circumstances such as economic hardships, infidelity in marriages and cultural implications which primarily predisposes black women to HIV and AIDS. Discrimination and stigma is still a stumbling block in the fight for positive living. This has inhibited men from undertaking Voluntary HIV Testing but a commendable progress has been recorded among women as they make up a huge number of people who know their status. Participants testified the noble job that BHASO, ZNPP, RED CROSS and other stakeholders have done respectively. They have been instrumental in instilling hope and confidence to both the infected and affected through counselling and various projects.

HIV and AIDS regrettably has resulted in some people losing their sole providers and this spelled a strenuous experience for many black women as they have to strive to provide for themselves and the family. HIV can be reduced if its diagnosed early and treated but if treatment is delayed it incorporates other opportunistic illness, such as stress, malnutrition, diarrhoea resulting in death. However, if there are timeous interventions a person with HIV can live longer. Participants applauded the

assistance and skill that have been rendered to them by the civil societies and other stakeholders.

However, the situation in Zimbabwe is not peculiar though but worrisome as the NGO are operating on contract and some NGOs have since left as they are always at loggerheads with the government. The allegations of NGOs being against the ruling government have bewitched the effectiveness of some programmes and those NGOs which are still operating cannot shoulder the burden alone. Participants stressed the gloomy relationship between civil societies, NGOs and the government. Government suspicion towards NGOs especially foreign owned which are said to operate under the guise of aid yet they are agents of regime change. This has resulted in some NGOs withdrawing their service after expiry of their contract. As such this greatly impedes the process of effectively implementing measures which can address the problem of vulnerability and the circumstances behind black women's susceptibility.

Smith, (2002) elucidated that the response to HIV and AIDS has focused mainly on three types of work: community organization for prevention through the promotion of fidelity, condom-use and abstinence; advocacy on access to affordable treatments, targeted at medicine producers and international trade bodies; and work to 'mainstream' support to AIDS-affected individuals and communities into poverty lessening work. Auerbach, Parkhurst and Caceres (2011) articulated the inextricable relation that exist between social and structural phenomena such as poverty, gender inequality, norms and values which are all products social patterns of a particular location. As such it is necessary pertinent to develop social and structural approaches which can facilitate the modification of common conditions and

provisions, thus addressing the key drivers of HIV vulnerability that affect the ability of individuals to protect themselves and others from acquiring or transmitting HIV infection

5.10 Strategies for prevention

The ability to raise awareness can be regarded as the point of entry to the achievement of an HIV free generation particularly boys to start with. The notion behind this assertion is men participation in HIV prevention campaigns is very limited. Men as a result of their biological make up are perfect transmitters of HIV, hence sensitising men is seen as a gateway again from perpetual spread of HIV virus. Transformation of men's mindset is a crucial step in coming up with lasting preventive measures to mitigate the vulnerability of black women to HIV and AIDS. The feminization of the public in which black women are still being sidelined from participating in the mainstream remains a factor that needs to be addressed. It is naive to turn a blind eye on this factor as this is one of the circumstances which spell great vulnerability of black women to HIV and AIDS. The findings reveal that HIV virus has been extensively explained in biomedical terms and prevention strategies have been mainly laboratory oriented. However, there are circumstances which have been receiving little or no attention to some extent. Black women for centuries have been lagging behind in many sectors of life and their contribution has not been recognised within households.

Euphemistically, women's livelihood have been characterised with poverty, limited education opportunity, unemployment, low social status and poor political representation. It is black women who best understand their grievances as such

strategies and programmes for prevention need to incorporate women, in fact they have to be at the fore of the process.

The government as it stands is providing remedies which in the long run are not addressing the main circumstance behind the vulnerability of black women to HIV and AIDS. It is true most black women across many urban areas indulge in prostitution with men as consumers of such services. This study brings to the fore that ridiculing the act may not successfully address the matter but digging the underlying circumstances is strategic.

Hardee, Gay, Croce-Galis and Peltz, (2014) mentioned that structural interventions are capable of addressing the key social and structural drivers which include social, political, economic and environmental factors that affect HIV risk and vulnerability. It is salient that the interventions embrace the circumstances of black women which predispose them to infection. Observably, men have constantly been left out in the intervention strategies to the scourge that they are alleged to be perfect transmitters. In tandem, Mills, Beyrer, Birungi, and Dybul, (2012) allude that the response to HIV implications has been far less successful particularly for the treatment of men. As such, there is a mismatch to HIV treatment as there is less Antiretroviral treatment (ART) coverage of men than women in most of the African countries, and men typically have higher mortality. However, understanding men's health seeking behaviour is poorly understood in the AIDS epidemic, and encouraging men to get tested and treated is a major challenge.

5.11 Policy formulation and legal response

Inhibition efforts lacking treatment cause death, increases stigma, and hence increases transmission. On the other hand, treatment minus prevention could lead to risky behaviour; evidence for this is emerging in some developed countries. UNAIDS and other concerned groups working on HIV and AIDS, including many NGOs, are advocating for a continuum of care approach which covers prevention, treatment, care and support for those infected and affected by the epidemic (Smith, 2002). Hardee, Gay, Croce-Galis and Peltz, (2014) coined the need of spirited legal reformations which will recognize and protect inheritance and other property rights. The restructuring of the mainstream as well coming with blue print which enable women to have access to microfinance and other initiatives to enhance women's economic independence. The enactment and enforcement of laws against sexual violence, international efforts to eradicate human trafficking, and research initiatives to develop new HIV prevention methods that women can control.

5.2.1 Summary of findings

The study aimed at exploring vulnerability of black women to HIV and AIDS; as such focus was on the social structure and institutions like politics, economy, social and culture. The variable of the study was on the imbalances that exist in the rate of infection, whereby black women have become the custodian of the scourge. Sixteen participants made up of black women from various support groups in Rujeko and Muccheke High density suburb in Masvingo urban area as well as three practitioners from HIV-testing counselling centres and hospital.

The major theme that emanated from the study included that the social inclination of masculinity has hatched a poisonous brood. Men considering their biological make up they are regarded as perfect transmitters but it is perturbing that these men carry stigma which makes them unwilling to go for voluntary counselling and testing. Women are the fore of seeking treatment and disclosure of their HIV status but men are slow to seek treatment as such high mortality.

Secondly, this has a worrisome implication on women and children who are left in abject poverty when the bread winner passes on. Poverty presumably is the primary determinant of prostitution which eventually results in high HIV infection among black women. Sadly, black women sidelined from the main spheres such as economic opportunity and politics. However, poverty levels have been attributed to the soaring levels of corruption particularly among the political elites. These circumstances tremendously scale up the vulnerability of black women to HIV and AIDS as they continue to languish at the bottom of social ladder.

Also the male ascended environment continues to inhibit the aspirations of the girl child. Black women have little chances of progressing to tertiary education which makes them prone to sexual exploitation when seeking jobs as they fall prey to carpet interview. The legal framework is lucrative on paper but implementation is lagging behind. Government response is mainly noticed in the provision of ART though there is little coverage of men since they deter HIV-testing.

The study also reveals that statistics that are published in several conventions are based on the number of individuals who uptake voluntary counselling and testing. In this light it becomes clear that somehow the statistics do not cover men since they shun HIV and seeking treatment among black men is still being regarded as a sign of

weakness. Men leave the responsibility of HIV testing to their spouse and they can only consider testing and seeking treatment when they are bed ridden.

5.3. Implications for social work practice

The results of the study have a number of implications for social work practice. Explicitly the study indicates the vulnerability of black women to HIV and AIDS is a cause for concern and turning blind eyes on the matter the social work profession is shooting itself in the foot. The education of men about their responsibility in stopping the rampant spread of HIV and AIDS is a matter of urgency to the social work profession. Achievement of zero new HIV infection will be a panacea and the social work profession is at the fore of this struggle and it will solidify its significance and integrity as a people oriented profession. The study revealed that there is lack of education and awareness campaigns concerning HIV and AIDS targeting men. Knowledge can bridge and break the barrier of machismo which makes men promiscuous and shun HIV testing as well as going public or disclosing their status. The challenge for social workers is that, there is need to take a proactive stance by carrying out campaigns on HIV and AIDS in all corner of the nation involving men in groups so as to equip men with information about HIV and AIDS. This will provoke voluntary counselling and testing. Stigma is a state of mind hence education can weaken the ignorance among men and foster behaviour change.

The study also revealed that there is need on the part of Social Workers, to advocate for HIV and AIDS infected people in government at all levels. This includes advocating for more funding towards HIV and AIDS related projects in government.

This will help in expanding the resource base for HIV and AIDS related projects and enable social workers to deal with the epidemic more effectively.

It is also important for social workers to note that discrimination tendencies are high in rural communities particularly among HIV and AIDS infected people in communities. This implies therefore, that social workers need to come up with strategies that can contribute towards a change in attitude among community members and the best ways to instil a sense of tolerance amongst community members. The social work profession advocates for non-discriminative tendencies amongst individuals, as such, discrimination of HIV positive individuals in communities signifies a challenge that requires action from a social work perspective.

5.4 Conclusions

Basing on the findings on vulnerability of black women to HIV and AIDS in Zimbabwe, it is clear that the war is against the social circumstances which have shaped the mainstream. Black women are the most affected by poverty, thus they are the prime target of HIV infection. The findings indicate that due to economic hardship associated with urban life women because of their skewed employment opportunity which informs their financial position they resort to prostitution for survival. Sadly, this has resulted in high HIV prevalence among black women. Also the findings revealed that though women are at high risk of contracting HIV, men are also at high risk but they disappear from the picture because they shun HIV testing and if they do so, they do not disclose their statuses. The findings also pin pointed that men are not forth coming in prevention campaigns and this also is prolonging

the possible achievement of an HIV free generation. However, the government has been instrumental provision of treatment to those living with the virus. Also the NGOs have emerged as the source of comfort to the People Living with HIV and AIDS as they have been pivotal in the formulation of support groups in Mucheke and Rujeko High density suburbs in Masvingo urban area. However, the relations between the government and NGOs and other civil societies have been sour, as such most of the NGOs have since withdrawn their aid. Basing on the research finding the following are the recommendations.

5.5 Recommendations

The level of educational attainment plays a pivotal role in emancipating women and young girls as they are equipped with skills to negotiate sexual circumstances as well as transforming their employment opportunities. Furthermore, educational programs targeting men can spearhead the possible uptake of HIV-testing at the same time amending their sexual behaviour. Educational campaigns that facilitate group counselling can go a long way in eradicating the stigma and discrimination that is still in men.

In tandem, the legal response by the government has to target structural incongruence and pave way for black women to become collaborators not spectators. Participation of women in the mainstream has to be accompanied with equity to avert exploitation whereby men demand sexual favours from women in order for them to be employed. It is these circumstances in the mainstream which have resulted in the feminization of HIV and AIDS.

Interventions to HIV prevalence have to target men and this time not focusing on individuals but groups and social structures which reinforce risk sexual behaviours. Mechanisms such as legal framework which is backed with on ground support systems for instance labour representatives which stand for equality job hiring. Corruption levels are ever escalating and this destroys the gains and the potentials of the nation as a whole, hence combining legal frameworks with accountability can ameliorate this menace.

5.5.1 Recommendations for the overall study

Massive men enlightenment programmes about HIV and AIDS

Men are at the pinnacle of production in many social and public sector, but they are lagging behind HIV and AIDS preventive measures. Masculinity which is the propelling factor behind men's indulgence in multiple sexual partners has resulted in lousy progress towards the achievement of zero HIV and AIDS new infection. Furthermore, cultural prescription which awards men more power than their women counter parts greatly made men adamant towards behaviour change. The study revealed that most men are not brave enough to take a bold step towards their own safety by undertaking HIV tests before marriage as well as being faithful to one partner. Many married men are doing bed frog jumping where they are having multiple casual sexual partners, which aggravate chances for them contracting HIV and AIDS. Male circumcision has received an overwhelming applause by men as it fosters 60% chances of not contracting HIV virus. However, this laudable reception has generated a lamentable misconception by men who end up exhibiting reckless

sexual behaviours as such denouncing the presumed significance of male circumcision.

This study places men at the focal point for the possible achievement of Zero new HIV infection. The present study recommends that there is need for heightened HIV and AIDS education with men, especially emancipating them on the reality of the disease and their responsibility. Notably, what seems to be choking the progress is men's fear of being belittled by their female counterpart or being stripped their status as point of reference or consultation in family decisions. Hence, HIV and AIDS programmes have to embrace manhood and break loose into their unconscious mind and sensitise men on the viciousness of the scourge. In addition, men have to be educated on how HIV and AIDS has tailored a gloomy and worrisome experience for black women especially the married who are victims of their spouse's promiscuity. In tandem, the education programmes should challenge men to take that bold step of disclosing their HIV status. Observably, women are at the fore front of HIV and AIDS prevention strategies and programmes, hence it is high time men divert their power towards becoming active citizens inspired to make a positive change. The overall message that the present study report is that men have to be educated so that they spearhead the march towards zero HIV and AIDS infection. This can boost awareness amongst men, concerning the seriousness of the HIV virus and all issues associated with it as well as sensitising them about their role in preventing the rampant spread of HIV and AIDS.

Emancipation of the girl child from grassroots

The HIV and AIDS scourge has brewed a toxic livelihood for black women across Africa as they go day by day facing humiliation and victimisation. The girl child as from childhood is confronted by a rigid culture which stifles their potential and moulds the recurrence of male hegemony in the social and public mainstream. There is need for an eminent transition from a chauvinistic approach in terms of child development as this has been signified by perpetual suppression of girl child potential. The present study pin point emancipation of the girl child starting from the grassroots as the breaking point to instil confidence and virtue. There is need for the society to see the girl child from the same lens it sees the boy child so as to avert exploitation of black women. Black women need to be understood and appreciated as well as treated with value; hence education can bridge and address the incongruence that exists between men and women. HIV and AIDS is threat to everyone as such a holistic stance is eligible for surmounting vulnerability of black women to HIV and AIDS. The pandemic is a reality of life; hence there is need for a lengthened emancipation of the girl child at their tender age so that they grow up equipped with skill to prevent themselves from contracting the HIV virus.

Combing traditional preventive measures and male circumcision

The government of Zimbabwe through the Ministry of Health and Child care adopted male circumcision as one of the preventive measures to reduce HIV virus spread. The present study recommend that for e possibility of achieving zero new HIV infection men have to adhere to traditional preventive measures of abstinence, being faithful to one partner as well as correct and consistent use of condoms.

Amalgamation of traditional preventive measures and male circumcision can bear the much desired HIV and AIDS free generation.

Gender sensitive legislation and affirmative action

Vulnerability of black women to HIV and AIDS is greatly attributed to social injustice that has resulted in blurred values which makes men superman with the women being perennial victims. Despite the present invaluable legislative framework in place it is quite agonising indeed as the girl child continue to be a victim to men's sexual recklessness as well as carrying the burden of HIV and AIDS.

5.5.2 Suggestions for future studies

With regard to future studies related to this topic, I recommend that more scientific enquiries or research be conducted to establish the reasons why men continue to engage in unprotected sexual activity even when they are aware of the fact that unprotected sexual activity increases their chances of contracting HIV and AIDS. The study revealed that all those women engaging in prostitution it's not by choice but it is the circumstances which aid has failed to address for decades, instead creating another monster dependence syndrome. Hence, I recommend that there must be scientific inquiry into what the government of Zimbabwe is doing to avert the underlying factors which pronounce vulnerability upon black women.

It is also important for other studies to focus on men's likeliness to uptake Voluntary Counselling and HIV testing. Cultural forces have been known to be associated with masculinity which has breed stigma and discrimination among men as well as discrimination of HIV positive members in communities. Gradually the community

has adjusted and accept the scourge but the levels of ignorance among men still pose an uphill task towards zero new infection. As such, it is important for future studies in the field of HIV and AIDS to investigate the underlying forces which inhibit uptake of voluntary counselling and HIV testing among men.

Conclusion

The discussions reveal that women's susceptibility is greatly pronounced by the level of empowerment they have achieved generally. Black women lack exposure in the mainstream and they are mainly welcome in the private field where they are extremely exploited. The education that one receives determines ones' prudence especially in the face of HIV and AIDS. The discussions indicate the inhibition of women from educational attainment has fashioned a great deal of vulnerability to women as they cannot compete with men in the job market, hence they resort to 'carpet interviews in order to be hired. The discussions also revealed that due to stigma in men, voluntary counselling and testing has been still needs to find its relevance among them. Masculinity has built protruding walls that inhibit the uptake of HIV testing among men, thus tailoring a gruesome vulnerability to HIV and AIDS for both men and women. Vulnerability of women can be attributed to slack laws and policies which have failed to transform the circumstances which emanates from rigid social structures which inhibits their participation.

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1 Appendix



Ethics Research Confidentiality and Consent Form

I, George Chikono a Master of Social work student in the Department of Social Work, University of Fort Hare, and ethical clearance number LUP011SCHI01. I am undertaking an academic research on –exploring vulnerability of black women to HIV AND AIDS in Zimbabwe, case of Masvingo urban area. I am looking forward to learning from you and I am kindly asking for your co-operation with regards to this matter. I would, thus like to kindly ask you to spare your time with me and respond to my questions as honest as you can. I have confidence in that this research will contribute to the useful information that will assist social workers as well as any other relevant stakeholder who might be interested in this area of concern. The research can also be a yard stick on which future policy amendments will be based.

The information you contribute is completely confidential and it will be treated with anonymity that is your name will not be mentioned in the discussions. Participation is voluntary and in case of you choosing not to take part in the study you will not be affected in any way. Also, in case that you agree to participate and if you feel like you want to withdraw, you are free to do so and you are not subjected to any form of penalty and you will not be victimized in any way. If yes, thank you for your assistance.

INFORMED CONSENT

I voluntarily agree to participate in the exploration of black women vulnerability to HIV AND AIDS in Zimbabwe, case of Masvingo urban area. I understand that my participation is liberally and without being coerced in any way to do so. I also understand that I can withdraw from this research at any given time should I not want to continue and that this decision will not in any way affect me negatively.

I know that this is a research project whose purpose is not necessarily to benefit me personally.

I have understood that my answers will be treated with confidentiality.

I have also understood that if all is possible,

.....

Participant's Signature

Date.....

I hereby agree to the tape recording of my participation in the study

.....

Participant's Signature

Date.....

INTERVIEW GUIDE

- Greetings, appreciations and introduction.
- Explain about confidentiality and anonymity
- Use for academic purpose only
- Ask for permission to switch audio recorder

SECTION A: DEMOGRAPHICS

Personal details of participants

I would like know about your age?

I would like to know your marital status such as married, single, widowed or divorced?

How many children do you have?

I would like to know the level of education you attained?

I would like to know if you are employed or not?

SECTION B: VULNERABILITY OF BLACK WOMEN TO HIV and AIDS

- In your own words can you tell me what you understand about HIV and AIDS?

- Have you noticed that HIV infection rate is high amongst women?

-Why women are the most infected with HIV and AIDS than men?

- What do you think might be the cause of such an imbalanced ratio?

- In your own view, what is that makes black women more vulnerable to HIV and AIDS?

- Why is it more prevalent among black women?

- How can black women themselves reduce their vulnerability to HIV and AIDS?

SECTION C: COMMUNITIES, SOCIAL SERVICE PRACTITIONERS, NGOS AND CIVIL SOCIETY ORGANIZATIONS

I understand there are professional service providers who often visit you.

- Who are the service providers or rather the stakeholders?

- What social services do they offer?

- How has these service providers impacted in your life?

- What do you think needs to be done to reduce the black women vulnerability to the scourge?

In what way do you think these services will improve the livelihood of black women?

- Beside these stakeholders, how do the community members view the persistent vulnerability of black women to HIV and AIDS?

SECTION D: INTERVENTION STRATEGIES

--Please tell me what are citizen's perceptions to government strategies to mitigate black women vulnerability to HIV and AIDS?

- Can you please inform me on what interventions and strategies available to curb black women vulnerability to HIV and AIDS? - Please can you shade more light on what are the requirements for one to be eligible to the programs?

In your own words, what do you think about the government intervention and strategies to reduce women's vulnerability?

Observably, HIV and AIDS is still a threat to many lives regardless of the many strategies. In your own opinion what do you think is the cause of this repeated failure?

- Lastly is there any comment, contribution or question that you would like to say?

