

Woman vulnerability to HIV/AIDS: An investigation into women's conceptions and experiences in negotiating sex and safe sex in Okalongo constituency, Omusati Region, Namibia

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RAUHA HAIPINGE

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DEDICATION

I dedicate this thesis to the memory of my father, late Immanuel Mukanga yaMbalili. His guidance, support and motivation gave me the courage to explore my dream. Without him I could never have emerged the person I am today. It is from him I learned that nothing is impossible. This thesis is also dedicated to my daughters Otilie Ndapandula and Kristina Shangeelao who were my strength along this journey; it is because of them this dream became a reality.

DECLARATION

I declare that a study *Woman Vulnerability to HIV and AIDS: An investigation into women conceptions and experiences in negotiating sex and safe sex in Okalongo, Omusati Region, Namibia* is my own work that it has not been submitted for any degree or examination in any other University. All the sources I have used or quoted have been indicated and acknowledged using complete reference according to Departmental Guidelines.

Rauha Haipinge

Date

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ABSTRACT

This study emerged from the high prevalence rate of HIV and AIDS infection among women in Sub-Saharan Africa, which has no exception to Namibia. Women have been vulnerable to HIV and AIDS let alone on sex related issues since the epidemic emerged, but not research has been done specifically to Okalongo women. The way in which women vulnerable to HIV and AIDS infection were explored by examined social and cultural identities that affect women's sexual relations in negotiating sex and safe sex.

Qualitative study on a sample of fifteen women was conducted in Okalongo. The purpose of this study was to investigate the conceptions and experiences of women in negotiating sex and safe sex with their husband and partners.

Feminist theory guided the methodology and analysis of data. I assumed that gender roles and sexuality are socially constructed, shaped by religion, social, political, and economic influences and modified throughout life. Feminist theory assisted in documentary the ways in which the female's gender and sexuality in Okalongo is shaped by cultural influences and by institutions that disadvantage female and other oppressed groups by silencing their voices. The feminist further guided the discussion of the contradicting messages about women's sexuality and their experiences, as women complied, conformed and even colluded with their oppression.

To address the issue under study, the primary analysis of data from the focus group discussion and individual interview were utilised. The following themes were the heart of analysis:

- Women Positionality, Normalisation and Compliance
- Women Agency and Male Dominance Power
- Women Perceptions of Risk
- Sex Education in and out of school among Women

In this study the data suggested that women in Okalongo are more vulnerable to their lack of assertiveness, as they have difficult in developing an authoritative voice, they tend to be humble about their achievements and knowledge and to only assertively when concerned about others. The findings supported the literature that women's vulnerability is strongly

influenced and tied by broader forces present in the society. Women's vulnerability is real and needs to be tackled for any progress to occur in the fight against AIDS.

Until factors that constraints and enabling women agency to negotiate sex and safe sex acknowledged and addressed, women will continue to succumb to the HIV pandemic.

ACRONYMS

AI	Amnesty International
AIDS:	Acquired Immunodeficiency Syndrome
CAAC:	Catholic AIDS Action Committee
CDL:	Computer Driving Licence
FGDP:	Focus group discussion- Parents
FGDT:	Focus Group Discussion- Teachers
FGDPIL:	Focus Group Discussion Pilot Study
GOK:	Government of Kenya
GRN:	Government Republic of Namibia
HIV:	Human Immunodeficiency Virus
IIDT:	Individual Interview Discussion- Teachers
IIDP:	Individual Interview Discussion- Parents
LAC:	Legal Assistance Centre of Namibia
MoGECW:	Ministry of Gender and Child Welfare
MoHSS:	Ministry of and Social Services
MoE:	Ministry of Education
NAMCOL:	Namibia College of Open Learning
NPHC:	National Planning Housing Census
STDs:	Sexual Transmitted Disease
STI's:	Sexually Transmitted Infections
UNAIDS:	Joint United Nation Program on HIV/AIDS
UNICEF:	United Nations Children`s Fund
USAID:	United States Program on HIV/AIDS
UNDP:	United Nation Development Plan
USA:	United State of America
UNIFEM:	United Nation Development fund for women
WHO:	World Health Organisation

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Chapter 1 Background of the Study

1.1 Introduction

HIV and AIDS has become a global epidemic affecting millions of people around the world. The latest global statistics indicates that there are about 33.3 million people living with HIV around the world. The HIV positive adult population is estimated to be 30.8 million. Among these, women are the most affected with estimates at about 15, 9 million (UNAIDS, 2010).

Sub-Saharan Africa remains the region most heavily affected, with an estimated number of 22.5 million people living with HIV in the region in 2009 (UNAIDS, 2010). The same UNAIDS report (2010) states that women and girls continue to be infected disproportionately by the HI-Virus. In support of this report, Bah (2005:23) states, “Africa is the only region where women and girls outnumber men and boys among persons living with HIV.” This occurrence is particularly prevalent in sub-Saharan Africa where women account for approximately 60% of all estimated HIV infections. For example, in Angola, the estimated number of adults living with HIV and AIDS is in the region of 200 000, with 110 000 (55%) being adult women. In Botswana, adults living with HIV and AIDS are estimated to be 320 000. At least 170 000 (53%) of this number is women. Of the total number of 5 600 000 adults living with the HI-Virus in South Africa, at least 59% (about 3 300 000) are women (UNAIDS, 2010). A study on the disproportionate effects of HIV and AIDS prevalence amongst the adult population in Zambia indicates that there is an estimated 870 000 already infected in this country. Bah contends, “... the catastrophe of HIV and AIDS has hit women and girls harder than men and boys” and that about 70% of the infected population in this country happen to be women and girls (2005:24). The same study indicates that HIV-infection rates among young women in Zambia are four times higher than those for young men, while prevalence among women is higher compared to men (Bah, 2005).

The trend expressed in the above is traceable in Namibia, where the HIV infection rate among women remains disproportionate to that of men. While reports indicate a downward trend¹, the pandemic still poses a greater threat to and burden on women than men (MoHSS, 2005; UNDP, 2010), with the consequences being high unemployment rates, poverty, social

¹ Prevalence among pregnant women was 15.4% in 1996, 22% in 2002, 19.7% in 2006 and 17.8% in 2009 (MoHSS, 2005).

and cultural norms that lead to stigmatisation, alcohol abuse, and gender discrimination (Hoopwood, Hunter & Kellner, 2007).

Crude as these figures² may be, they go some way to highlight that women constitute a greater proportion of the HIV-positive population particularly in sub-Saharan Africa. They also imply that the majority of people newly infected with HIV and AIDS in sub-Saharan Africa do so during unprotected heterosexual intercourse (UNAIDS, 2009). The 2010 UNAIDS report specifically suggests unprotected sex with multiple partners as one of the major risk factors for HIV and AIDS infection in this region (UNAIDS, 2010).

Gender inequality and disempowerment of women contributes significantly to the rampant spread of HIV and AIDS. As Kessy & Philemon (2008: 1) puts it, "... women's lack of voice and lack of real choices in their lives because of entrenched gender inequality and inequity have escalated the pandemic." What is clear from the above, is that women and men do not live under equal conditions in many regions of the world caused by amongst others, historical factors (such as in South Africa, apartheid), exploitation, cultural and social expectations, and beliefs (Nussbaum, 2000). Important among these is women's economic status. As Keene (2001) argues, women's lower status in many parts in developing countries places them in positions where they have little control over how, when and where sex takes place. In their argument, Sachdeva and Wanchu state:

Women's low status makes it harder to demand fidelity from their partner, insist on condom use or refuse sex, even if they know their partner is infected. They may face violence, abuse or abandonment. Culturally, women are often expected to be unaware and submissive in sex, which makes safe sex negotiation harder (2006:1).

As a result, gender inequality and harmful gender norms are not only associated with the spread of HIV and AIDS, but also with its consequences (UNICEF, 2000).

Gupta (2000) posits that woman vulnerability is both physiological and contextual. She proposes that woman vulnerability to HIV and AIDS in sub-Saharan Africa not only stems from their greater psychological susceptibility to heterosexual transmission, but also from the severe social, legal and economic disadvantages they often confront. Her research points to lack of knowledge and misconceptions about HIV being higher amongst women and that they are at a disadvantage with respect to access to information about HIV and AIDS prevention,

² There are often debates regarding the accuracy of these figures, one beyond the scope of this thesis.

the ability to negotiate safe sexual encounters and access to treatment to HIV and AIDS once infected (Anderson, Marcovici & Taylor, 2002). Key to women's HIV vulnerability though, are the cultural and traditional values and practices associated with safe sex negotiation (Das Gupta, Chen & Krishan, 1995). This, together with low self-esteem about their sexuality, is common among girls and women and is perpetuated by male dominated structures that often render women silent and unable to talk about or let alone, negotiate safe or safer sex.

1.2 Women and HIV and AIDS in Namibia

Like elsewhere in the world, women continue to be silenced due to the patriarchal structures that permeate much of Namibian life. Across some cultural and ethnic groups in this country, women continue to be seen as subordinate to men despite them making major contributions to their communities, having many children, and looking after their families (Sorrel & Raffaelli, 2005). However, gender divisions within Namibia are far from homogeneous. Diverse pre-war experiences of gender differences partly explain this heterogeneity. For example, during the armed struggle (1966-1990), changes occurred in the social environment, affecting gender relations, but to greatly varying degrees; reflecting the gender inequality, both geographically and temporally (Muhato, 2003). As a result, gender inequality became a significant contributor to the transmission of HIV and AIDS in both heterosexual and homosexual relationships as well as in the differential experiences of infected and affected women and men (Turmen, 2003; Kessy & Phillemon, 2008).

Namibia, like many countries in sub-Saharan Africa, is severely affected by the HIV and AIDS pandemic. By 2006, the Namibian population was just over 2 million and had an annual growth rate of 2.6 percent. Namibia's Vision 2030 highlights the HIV and AIDS epidemic as one of the serious threats facing the country. Because of this, Namibia's life expectancy decreased from 62 years in 1996 to 44 in 2006 (USAIDS, 2006), leaving many families socially and economically vulnerable.

More than 25 years into the HIV and AIDS epidemic, gender inequality and unequal power relations between women and men continue to be major drivers of the HIV transmission. Like many other countries particularly in sub-Saharan Africa, there is also a strong relationship between violence and the spread of HIV and AIDS and an even stronger correlation between poverty and domestic violence in Namibia (de Bruyn & Mallet, 2011). Poverty forces women and children to stay in violent relationships where very often they are

subjected to rape and HIV infection. Culturally in marriage, women are often discouraged from refusing their husbands sex, let alone asking them to use condoms (UNICEF, 2000; UNAIDS, 2004). The Legal Assistance Centre of Namibia (LAC), in research conducted in 2005, also indicates that violence against women and girls is common in Namibia and in many cases, makes headlines in the media. Violence is often in the form of marital rape, female genital mutilation, and other harmful traditional practices, which predispose women to HIV infection (MOGECW, 2007; de Bruyn & Mallet, 2011). High levels of stigma towards HIV infected people and discrimination also remains a stumbling block to effective care and support for vulnerable girls and women (Project HOPE, 2006).

With a relatively small population of about 2 million people, Namibia has an estimated 180,000 HIV infected people (13.1% of the adult population). About 57, 7% (95 000) of this comprises women (UNAIDS, 2010). According to a sentinel survey, the HIV prevalence among pregnant women increased to 18.8 % in 2010 compared to 17.8% in 2009, (UNAIDS, 2010). While the increase is marginal, it is nonetheless a concern given that sources of information on how one might prevent infection are easily available.

1.3 Problem Statement

Researchers such as Farmer, Connors & Simmons (1996) have made a great contribution to the HIV and AIDS discourse by creating awareness and understanding of the origins, spread and prevention of the pandemic. They also suggest that the dynamics of HIV-infection among women and responses to its advance reveal a lot about the complex relationship between power, powerlessness, and sexuality. A number of researchers such as (Caronavo, 1992; Gupta, 2000; Fleischman, 2003) state that men and women often have the necessary information that may help them combat the HIV pandemic. However, much of this research has been largely descriptive; focusing on the knowledge people need to protect themselves, with little focus on the conditions where knowledge is reproduced and where people make meaning of their lives in relation to what they know. While the contribution of this work is not in question, the impact seems limited in the decrease of the pandemic (Karim-Sesay, 2006).

Like many societies and communities around the world, silence surrounds discourses on sex in the community in which I live. Gupta (2000) asserts that normative discourses on sex dictate that 'good' women are expected to be ignorant about sex and passive in sexual

interaction. A culture of silence around sex often makes it difficult for women to not only become informed about risk reduction but even when informed, to be proactive in negotiating safer sex (Caronavo, 1992). Borrowing from Baxen & Breidlid (2004:10), "... assuming a linear the relationship between knowledge and behaviour is the problematic. Despite people having information about HIV, the challenge remains of how the disease is perceived, experienced, understood, and responded to in particular contexts."

In separate studies, Mufume (2005) and Thomas (2007) both indicate that the majority of Namibian women have knowledge about HIV and AIDS, but how they handle sexual matters might be different. In agreement, Frank & Khaxas (2006) propose that the knowledge on HIV and AIDS people are exposed to often fail to address the taboo and silence around the many patriarchal cultural practices that deny girls and women sexual autonomy and choice. Their study, conducted in Damara, Owambo, and Caprivi communities in Namibia, calls for more research that sheds light on some of the social and cultural discourses and practices that mediate experiences of negotiating sex and safer sex.

Apart from the above, I have noted a growing concern among women rights activists and women living with HIV and AIDS on the effect of male circumcision on women's vulnerability. The practice is receiving wide attention and is promoted as an effective tool of prevention. However, its effectiveness is more likely to lead to an increase in vulnerability amongst women, as circumcised men may be even less likely to use condoms than uncircumcised men (Tallis, 2000). This may also have an effect on women's ability to protect themselves against HIV infection.

Like in many regions and constituencies in Namibia, having many children is highly valued in Okalongo³, the site of the study. My experience as a woman and teacher in this constituency is that a woman's status in the community seems integrally link with her ability to have children. The need to demonstrate one's fertility as women creates tension when juxtaposed with the need for them to protect themselves especially against HIV infection despite the knowledge on prevention that they might possess.

³Namibia is divided in to 13 regions. Each region is further divided into constituencies. Okalongo is one of 12 constituencies situated in the Omusati Region.

1.4 Research Goal

This study sought to investigate women's conceptions and experiences in negotiating sex or safer sex in one constituency in the Omusati Region, Namibia. In particular, it aimed to investigate woman vulnerability to HIV and their ability to protect themselves from HIV infection by exploring their conceptions and experiences in negotiating sex and safe sex. In this study, the emphasis was on gaining insight into the experiences of women in relation to gender differences, gender inequality, and gender, cultural and structural oppression. The results from this study have implications for in and out of school sex education in life skills programmes for girls, as well as for women in the community, given that the sample comprised teachers as well as community workers who educate women on safe sex practices in this constituency.

Findings from this study contribute to an emerging body of knowledge that no longer assumes a simplistic relationship between (HIV) knowledge and women's agency. Such findings have consequences not only for what might be the emphasis in HIV and AIDS intervention programmes, but also for the nature and form of content knowledge. Since this study sought to also contribute to education discourses, the findings do not only have relevance for community programmes targeting girls and women, but also for the Life Skills curriculum and the nature of knowledge made available to young girls in school. The assumption of the study was that women's conceptions and experiences are mediated in contexts in which they make meaning of their lives; a space that may sometimes render them helpless or make it difficult for them to (a) apply the knowledge they have regarding HIV-infection, and (b) exercise agency to negotiate safer or safe sex.

1.5 Main Research Question

What are some women's conceptions of and experiences in negotiating sex and safer sex in relationships in the Okalongo constituency, Omusati Region, Namibia?

Sub Questions

- How do some women understand and experience their roles and responsibilities as women in Okalongo?
- What are some women's conceptions of safe sex?
- What are some women's experiences in negotiating sex and safe sex in a relationship?

- What are the factors women self-identify as those that obstruct or facilitate their ability to negotiate sex and safer sex with their partners?
- What are women's perspectives on the sex education girls obtain in and out of school?

1.7 Outline of the Study

Chapter 1 provided a brief introduction to the study, the purpose, aims and rationale of the study. It also discusses the context of women and HIV and AIDS in Namibia.

Chapter 2 gives an overview of issue that paves the way in understanding of the research problem and identify the knowledge gap this study seeks to understand. The feminist theory guided this study, while private and public sphere, and sacred and profane directed analysis process.

Chapter 3 discussed the concepts of gender, societal differences, concept of patriarchal employed as concepts to understand women vulnerability to HIV.

Chapter 4 describes and justify the qualitative research methodology used to provide answer to the research questions. The chapter began by recapping the research problem being investigated. It highlights why qualitative research methods where appropriate to collect data from the respondents and why purposive sampling was the right way to go in terms of selecting interviews. It further described how data was collected. Finally it described the data analysis procedures employed in the research.

Chapter 5 present the findings from the data collection. It starts with brief outline of the context and the synopsis of the participants. The data collected are presented into six themes and under each theme emerged different categories that highlighted the main findings that gave answers to the study research questions.

Chapter 6 discuss and analyse the findings as presented in chapter 5. It begins with the analysis of positionality, normalisation and compliance of women in society, secondly it analyse women agency and male dominant power, followed by the perception and perceived of risk analysis in the third place and sex education in and out of school among women conclude the chapter.

Chapter 7 summarises the main findings of the preceding chapter and draws conclusion from the information recorded in the literature review. The conclusion established the conceptions and experiences of the respondents in the issue of negotiating sex and safe sex among women in Okalongo. There are raised questions and ideas for further research. It made some recommendations to address issues raised.

Chapter 2 Feminist Theory, Woman Vulnerability, and the Position of Women in Society

2.1 Introduction

A range of feminist perspectives were used to situate the study theoretically and to achieve its objectives. A common assumption in all feminist theories is that societal institutions disadvantage females and other oppressed groups making them invisible and powerless by denying them a voice (Fine, 1993). Feminist theory is the extension of feminism⁴ and aims to understand the nature of inequality by focusing on gender politics, power relations, and sexuality (Giddens, 2001). While generally providing a critique of social relations, much of feminist theory also focuses on analysing gender inequality and the promotion of women's rights, interests, and issues (Rosser, 2005). In supporting the above, Anderson & Taylor (2009) describe feminist theory as one of the major contemporary sociological theories, which analyses the status of women and men in society with the purpose of using the knowledge to better women's lives. They further state that feminist theorists have also started to question differences in experiences by women, including how race, class, ethnicity, and age intersect with gender to reproduce different forms of inequality, vulnerability, and marginalisation. The feminist agenda, therefore, goes beyond only documenting inequality and powerlessness; it describes the contradicting messages about women's roles, the ways in which oppression is hidden, and how women fight, conform, or even collude in their oppression (Thompson, 1992). It challenges the portrayal of women as passively oppressed and victimized and visualizes women as active agents of their own lives, even when they are unable to control the circumstances surrounding them (Thompson, 1992). Thus, feminist theory is concerned with two intersecting goals; the first related to inequality, power relations and women's oppression, and the second, giving voice to women and highlighting the various ways women contribute to society (Lindsey, 1997). Thus, feminist theory provides women with hope for the future.

Even though the central elements identified in the above hold true for all feminist theories, there are fundamental differences in the way different feminist perspectives understand,

⁴Feminism is an awareness of patriarchal control, exploitation, and oppression at the material and ideological levels of women's labour, fertility and sexuality, in the family, at the place of work and in society in general, and conscious action by women and men to transform the present situation (Bhasin & Khan, 1999: 3).

analyse, and apply concepts such as gender difference, gender inequality, gender oppression and structural oppression as I briefly explain below.

Gender Differences

Feminists who emphasise gender difference examine how women's social positioning, situatedness, and experience the social world contrast with those of men. For example, some feminists look to the different values associated with womanhood and femininity as a reason why men and women experience the social world differently. Other feminist theorists believe that the different roles assigned to women and men within institutions offer better explanations of gender difference, including the sexual division of labour in the household where women are seen as objects and are denied the opportunity for self-realization (Anderson & Taylor, 2009). Among others, sex, age, economic status, and ethnicity also frame the gender difference debates (Rao-Gupta, 2002).

Gender Inequality

Feminist theorists who emphasize gender inequality not only recognize the different treatment of men and women, but emphasize that it is also unequal. They argue that this results from the distribution of labour (which I explain later on) where women's work was relegated to the private sphere of the household and thus, left them without a voice in the public sphere. Despite wider participation by women in the public sphere, they are still expected to manage the private sphere and take care of household duties and child rearing (Anderson & Taylor, 2009).

Some feminist perspectives see marriage as the primary location of gender inequality and that women do not benefit from being married as men do. Heywood (2003) argues that married women are found to have higher levels of stress than unmarried women and married men.

Gender Oppression

Feminist theories who emphasize gender oppression go further than those that accentuate gender difference and gender inequality by arguing that not only are women positioned as different from or unequal to men, but they are actively oppressed, subordinated, and even abused by men (Anderson & Taylor, 2009). Power is the key element characterising analyses in this literature (Wenterell, 1996). Feminists who uphold this view attempt to explain power relations between men and women by examining the interaction between the internal and

external conditions shaping beliefs, values and behaviour; emphasizing that explanations of oppression can only be explained by the production and reproduction of patriarchy. These feminists contend that being a woman is a positive thing in and of itself, but that this is not acknowledged in patriarchal societies where women are oppressed. They make the point that patriarchy can be defeated if women recognize their own value and strength, establish a sisterhood of trust with other women, confront oppression critically, and form female separatist networks in the private and public spheres (Anderson & Taylor, 2009; Ritzer & Goodman, 2004).

Structural Oppression

Yet, other feminist theories posit that women's oppression and inequality are a result of capitalism, patriarchy, and racism. Some recognise oppression resulting from capitalist modes of production, but extend this abuse refers not just to class but also gender. Feminist theories in this category explain oppression by examining the intersection between class, gender, race, ethnicity, and age and not by using only one variable. They make the important insight that not all women experience oppression in the same way. For example, white and black women might face different forms of discrimination in the workplace and in relationships (Ritzer & Goodman, 2004).

Thus, it is important to understand patriarchy in terms of its multiplicity, complexities and dynamics in order to situate different feminist work (Bhasin & Khan, 1999), as I explain below.

2.2 Feminist Perspectives and Patriarchy

Patriarchy literally means rule of the father in a male-dominated family. It is a social and ideological construct that considers men (patriarchs) to be superior to women (Bhasin, 1993). Walby (1990) calls patriarchy a system of social structures and practices, in which men dominate, oppress, and exploit women. Patriarchy is based on a system of power relations, which are hierarchical and unequal where men control women's production, reproduction, and sexuality. It imposes masculine and feminine character stereotypes in society, which sustain and secure unjust power relations between men and women. Bhasin (1993) also explains patriarchy as unchangeable in comparing gender relations, which are dynamic and complex, as they have changed over time. She further states that the nature of control and oppression of women also varies from one society to another, due to the differences in class,

religion, region, ethnicity, and socio-cultural practices. Thus, women's experiences of patriarchy are contextually situated and not uniform.

Patriarchy is a central feature when attempting to understand the various feminist perspectives. It is also important to analyse this concept within the broader philosophical and political feminist perspectives broadly classified as Liberal, Marxist, Socialist and Radical.

Feminist theorists have different political positions and, therefore, address a range of issues pertaining to women differently. These range from the right to education, access to economic resources, right to participate in decision-making (public and private), recognition of property rights and abolition of domestic violence differently including approaches on how to understand, confront, and abolishment of patriarchy. The origin of patriarchy and the establishment of male supremacy may be traced to different factors and forces with each perspective emphasizing different factors and forces, thus highlighting different causes, consequences, and solutions (Hutchison & Smith, 2004). I briefly discuss each perspective below.

Liberal Feminism

Liberal feminists emphasize equal participation of all women in the public and political life of society. The focus is on legal and political rights of women and that these should be the same as for men. Philosophically, liberal feminism is underpinned by "the principle of individualism" (Mandell, 1995: 6). This perspective presupposes that traditional arrangements of work and family create inequality thereby denying women freedom of choice (Mandell, 1995).

Walby contends that this "first wave feminism was a large, multifaceted, long-lived and highly effective political phenomenon" (1997:149). This movement refuted the notion that women seek security and fulfilment in domestic life, arguing that feminine behaviour does not inhibit women from entering employment, politics, and public life in general (Walby, 1997).

Liberal feminism was an important catalyst for understanding the relationship between patriarchy and the lack of participation by women in politics and public life. As the "first wave" (Walby, 1997), this perspective was reformist and not only provided ways to challenge

the patriarchal structure of society itself, but also as a movement, find ways to address socially structured inequalities that inhibit opportunities for women and perpetuate discrimination (Mandell, 1995).

Thus, liberal feminists increased public consciousness of women's rights, sexual discrimination, and prejudice brought about by patriarchy.

Marxist Feminism

Marxist feminist underscore economic disparity as the basis for discrimination and inequality in that subordination of women and division of classes resulted historically with the development of private property (Bhasin, 1993). Bhasin (1993) states that the emergence of the private property (promulgated by "[T]he Origin of Family, Private Property and the State" of 1884) de-emphasised the significance of woman's housework in comparison to man's productive labour. She lays the blame on capitalism, based on private property ownership by men, where inheritance of property and social position through female line was diminished (Bhasin, 1993: 24-25). Thus, maternal authority was replaced by paternal authority with property inherited from father to son and not from woman to her clan as was the practice.

Historically, bourgeois families that owned private property emerged as patriarchal families where women were dominated. Such patriarchal families became oppressive as men ensured that their property passed on only to their sons. Therefore, Marxist feminists argue that bourgeois family and private property as a by-product of capitalism subordinated and oppressed women (Bhasin, 1993; Bhasin & Khan, 1999).

Socialist Feminism

Unlike the liberal feminists, socialist feminist argue that women do not simply face political and legal disadvantage which can be solved by equal legal rights and opportunities but that the origin of inequality lies in the social and economic structures themselves (Mandell, 1995). Socialist feminists argue for a greater distinction between sex and gender by maintaining that the link between child-bearing and child-rearing is social and cultural rather than biological. Therefore, while liberal feminist argue for political and legal equality, socialist feminism aims at "transforming basic structural arrangements of society so that categories of class, gender, sexuality and race no longer act as barriers to share equal resources" (Mandell, 1995: 9).

Lindsey (1997) also argues that it is important to understand how production as well as reproduction was organized if women are to enjoy equal privilege. The appropriation and commodification of woman's sexual and reproductive capacity by men lies at the heart of the link between private property and patriarchy, institutionalization of slavery, woman's sexual subordination, and economic dependency on males (Whelehan, 1995).

Like Marxist feminists, most socialist feminists argue that the economic interest of capital is sustained by confining women to the domestic sphere of housework and motherhood (Lindsey, 1997). Women taking primary responsibility, the burden of housework, and child-rearing make it possible for men to concentrate on productive employment and as such unpaid domestic labour contributes to the health and efficiency of capitalist economy and also accounts for the low social status and economic dependence of women on men (Lindsey, 1997).

Heywood (2003) argues that social feminists differ from conventional feminism (e.g. liberal feminists), in that they challenge the traditional binary between public or private and the influence of patriarchy not only in politics, public life, and the economy but also in all aspects of social, personal, psychological, and sexual life. Indeed, Lerner (1986) and Heywood (2003) make the point that understanding control over female sexuality is central to understanding woman's subservience; where patriarchal values and beliefs shape culture, philosophy, morality, and religion in society. Women are conditioned to a passive sexual role, which has repressed their true sexuality.

Radical Feminism

Radical feminists, unlike liberal and socialist feminists, put forward a systematic theory of sexual oppression as the basis of patriarchy which, they argue, preceded private property and resultant economic oppression. They challenge the premise of "femininity and masculinity as mutually exclusive and biologically determined categories" (Bhasin, 1993: 8). Radical feminists argue that the feminine/masculine binary creates artificial differences in feminine and masculine characteristics, reinforces the distinction between public and private, restrict women's mobility, and reinforces male dominance (Bhasin, 1993). Momsen (1991) calls this structure a "gender system" built on expectations and ideas of gender which produces patterns that are reflected in society. Other more radical feminists like MacKinnon (1989),

says it is sexuality, which sustains men's power over women as it is the former who have the role of defining women as sexual beings and tools for men's desire (Bennett & Travers, 1996).

Radical feminist theory advocates that sex, considered a private affair, should be discussed in public. At the heart of radical feminism is the need to understand and confront how sexuality frames inequality. Radical feminists aim at the need to "redefine individual identity, free language and culture from the clutches of masculinity, re-establish political power, re-evaluate human nature or behaviour and challenge the traditional values" (Mandell, 1995: 16). They argue that legal, political as well as economic reforms are critical to transform the traditional sexual identity through what they term as a "sexual revolution" (Mandell, 1995).

2.3 Radical Feminism, Sexuality, and HIV and AIDS

This study recognises the importance of sexuality as a key determinant of oppression and inequality. Therefore, a radical feminist framework was most appropriate. Radical feminists espouse that 'personal is political' and thus do not distinguish between public and private in ways that liberal feminists do. While the latter argue against the dangers of politicizing the private sphere (the realm of public choice and individual freedom), radical feminists argue against individualism and individual freedoms asserting that the latter takes attention away from the systemic nature of oppression and the structural character of patriarchy (Heywood, 2003). As Heywood argues, women are "subordinated not as systematic individuals who happen to be denied rights or opportunities but as a sex that is subject to pervasive oppression" (2003: 254). They critique individualism which makes it difficult for women to think and act collectively on the basis of their common gender identity.

Radical feminist theory advocates that sex, relegated to the private sphere of life, should be in the public domain, especially in countries with high HIV prevalence. A radical feminist perspective is beneficial in considering issues concerning HIV/AIDS and women since this perspective locate oppression and inequality in sexuality discourses. Sesay (2010) proposes that the use of radical feminist theory offers ways to expose woman's vulnerability by not only confronting what is considered private, but also bringing it into the realm of the public.

Even though feminist theory has not been fully utilised in the HIV discourse in studying woman vulnerability, it provides a useful reference point to examine what, in the social and cultural discursive spaces, make women more vulnerable than men (Karim-Sesay, 2006).

The use of a radical feminist perspective in this study was useful to analyse societal oppressions existing that increase HIV vulnerability amongst women. As I illustrate in the results chapter later on, using a radical feminist lens enabled me to reveal the oppressions that exist in the society that inhibit women from protecting themselves (Lindsey, 1997). Moreover, such a theoretical framework also guided the methodological decisions I made. Feminists are committed to uncovering and understanding what causes and sustains oppression in all its forms and are also commitment to working individually and collectively in everyday life to end all forms of oppression (Donovan, 2001; Hutchison & Smith, 2004).

All forms of oppression do not originated in a vacuum, but are within society structures. One way to explain society is to consider discourses on public and private spheres, since such an explanation illuminates the history of gendered power relations.

2.4 Private and Public Spheres and Sacred and Profane Discourses

To understand the condition and position of women within society, it was important in this study to have a basic understanding of social facts around this phenomenon. According to Durkheim as cited in Elwell (2003) social facts (or social phenomena or forces), should be distinguished from biological and psychological phenomenon and as such, studied separately. Social facts may be defined as “patterns of behaviour that are capable of exercising some coercive power upon individuals” (Durkheim as cited in Elwell 2003:84). They are viewed as rules, regulations, norms, and values external to the individual, yet integral to the way individuals regulate their lives. While they originate externally, norms, values, beliefs, and regulations, through socialization and education, become internalized and often become the moral code guiding individual thought and subsequent behaviour (Elwell, 2003).

According to Durkheim, the desires and self-interests of human beings can only be constrained by forces external to the individual (Elwell, 2003). Durkheim (in Elwell, 2003) views external forces as “collective ethics, a common social relationship that is articulated by the ideas, values, norms, beliefs and principles of the culture, which embedded in the social structure, and adopted by individual members of the culture” (2003: 85).

Society consists of collective perceptions which are characterised by two spheres namely, the public and the private. According to Durkheim (1933) and Habermas (1989) these spheres provide a framework for thinking about women and men's economic, labour, social, and cultural experiences as distinctly gendered, sometimes separate, yet always in relationships of power. Pateman (1989) explains that in the private sphere, women are traditionally subjected to men and assigned to all domestic life, "...which is associated with nature, emotion, intimate relation, personal, female and children. In other words, in the private sphere women are confined with everyday needs of household, reproduction, caring for the young, the old and the sick, and sexuality" (1989:120).

Durkheim (in Elwell, 2003) suggests that traditionally in the private sphere, women cannot always share their true feelings, desires or disappointment with anyone as it regarded as personal and it is a true reflection of who they are. In other words, the private sphere is associated with the personal (and that it should remain personal) and that it is the space for self-reflection. In the private sphere, no one will ever know what the individual thinks, wants, dislikes or is unhappy about (Elwell, 2003).

The public sphere is described as an area in social life which associated with males and masculine features. The activities, tasks, roles such as political involvement, business deals were also considered to be traditionally masculine activities and responsibilities (Habermas, 1992). It is where individuals can come together to freely discuss matters of mutual interest and identify societal problems and through that discussion influence political action (Marchand & Parpart, 1995).

Jone (1999) states that the notion of private and public sphere presupposes that every society has a gender-based division of labour with distinguishing tasks for both men and women an essential characteristic for society to survive. The concept of separate spheres continues to influence thinking about gender roles even today. In the construction of the division of gender roles into separate spheres, woman's place was in the private sphere (family life and the home) where they were more frequently assigned to tasks such as gathering and preserving food, cooking and childbearing. Men's place was in the public sphere (in politics and economic world), which became increasingly separate from home life in the development of private property laws (Bhasin, 1993). In addition, traditionally in the public social and

cultural activity, men were assigned to tasks such as trapping, herding and clearing the land for agriculture (Kim, 2006).

Not only does Durkheim (1933) distinguish between private and public spheres, but also between the discourses that are not allowed these two spheres. These he refers to as the sacred and profane. In the public sphere, things are not regarded as sacred; in other words, people can express their true feelings, desires or wants in public (Slater, 1998) and according to Durkheim (1933) this exercise is regarded as profane. Some aspects of social life are regarded as sacred, meaning that people cannot express their true feelings, desires or wants on the matter in the public sphere; but rather these remain in the realm of the private.

Sex is relegated to the private sphere of life and is regarded as sacred in many societies, which impose strong gender differences. According to Bah (2005), women in the private sphere, are expected to be obedient and docile in sex-related matters. Like in some cultures in the southern region of Africa, initiating sexual relationships is reserved for males, while females have to wait to be approached. Even though men may not know enough about sex, society expects them to be knowledgeable.

Durkheim (1933) explains that there was a time when making love was regarded as sacred, because people believed that it is a gift of nature and as such, honoured. Both men and women were often initiated into sacred rites by a special trained man and woman. Such situations and experiences by girls indirectly provided women with information about the real meaning of being a woman and what was required and expected of them in a particular cultural context. All rituals and activities were kept private because people then believed it was holy (Durkheim, 1933). It was through such conduct that a young woman or man became a responsible adult, someone who was ready to undertake responsibilities that benefit and contribute to the whole community. When people started expressing their feelings to each other in public, sex then became profane or unholy. Such a move from the sacred to the profane minimised the impact of rituals that maintained sex in the former (Habermas, 1992). Anyone who expressed feelings, desires and wants or even practiced sex outside the expected rituals was condemned and declared evil. After sex was regarded as profane, all natural bodily functions became unpleasant, shameful, and not spoken about.

Anything that is forbidden becomes a taboo and all taboos became desirable. Through socialisation, women have been made to believe that having sexual desire is not a feminine quality, so that any woman who desires sexual gratification must be unfeminine and out of control (Marchand & Parpart, 1995; Shisana, 2004). Women are considered promiscuous, immoral or out of control if they were to show any desire or express feelings concerning sex.

Kessy & Phillemon (2008) propose that examining how the confinement of women into the private sphere developed in a certain cultural and historical background is useful not only in generalising gender relations in all different societies, but to realise the importance of the historical and social in particular. This was the case for my study where understanding the private/public and sacred/profane served as useful ways to understand the origins of the gender social relations which produce inequality, difference, oppression and more often than not, compliance.

Chapter 3 Sex, Gender, and Sexuality Discourses: Implications for Women's Vulnerability

3.1 Introduction

A study that sought to understand woman's conceptions and experiences in negotiating sex and safer sex required conceptual tools that highlight (a) the complex societal and community spaces women occupy and make meaning of their lives, and (b) the discursive space where they negotiate sex and safer sex, issues deeply embedded in discourses of gender, sex, sexuality, and patriarchy. This chapter draws on the theoretical framework in the previous chapter to conceptually situate the key constructs applied in this study. These include gender, sex, sexuality, and patriarchy, and their articulation with women vulnerability in general and towards HIV and AIDS in particular.

3.2 Debates on Sex, Gender, and Sexuality

This section offers explanations on differences between sex and gender and traces their links to sexuality. It also includes an analysis of gender and subordination of women in society resulting from patriarchy.

Sex, Gender, and Sexuality

Sex and gender are linked but not the same thing. There is broad agreement that sex is natural and gender is a social construct. Espen & Jolly (2006) describe sex as a natural feature helping us to identify a person as male and female. Sex differences are biologically based on inborn characteristics, concerned with the variations of men and women in their bodies and reproductive organs. Differences in sex are the same throughout the human race, where only women bear and breastfeed children while only men produce sperm. While sex is natural, gender is a social construct that distinguishes and attributes specific features, codes of conduct and behaviour to female and others to the male (Hilary, 2001).

Gender identity determines how females and males are perceived and how they are expected to think and act as women or men. This is the result of the interaction of cultural, religious, and historically defined identities, norms, and societal influences. Gender then, is shaped by a collection of societal beliefs, norms, customs, and practices that define masculine and feminine attributes and shape sensibilities and subsequent behaviour (Esen & Jolly, 2006).

Everyone is a sexual being. Sex and gender thus forms part of our sexual identities and sexuality. Sexuality refers to the total expression of who one is as a human being; ones femaleness or maleness. Sexuality and sexual identity begins at birth and continues throughout life (Geetha, 2002). Moore also proposes that sexuality is an interaction between body image, gender identity, gender role, sexual orientation, genitals, intimacy, relationships, and love and affection. She explains that sexuality includes attitudes, values, knowledge, and behaviours (2004). Social and cultural contexts influence sexuality and sexual identity through the process of assigning different roles to boys and girls (Gupta, 2000).

Attitudes towards gender are also influenced by stereotypes, which can be defined as structured beliefs about the personal attributes of women and men (Heywood, 2003). There are psychological features that people believe to be associated with women and men. Accordingly, men are thought to be more inclined towards self-interest, while women are considered to be more inclined towards communion and concern for others (Heywood, 2003). Women are also thought to base their self-image on feelings and the quality of their relationships. This means that through the process of socialization within the family, educational institutions and other social fields, boys and girls are conditioned to behave in certain ways and to play different and unequal roles in society (Kessy & Philemon, 2007).

Social and cultural gender constructions reflect and shape female and male behaviour particularly in the realm of sexuality and sex (Rao-Gupta, 2002). Differences not only reflect in the roles and responsibilities but also in access to resources, opportunities, perceptions, and views held by both men and women (Moser, 1993). Different role expectations and responsibilities predispose women and men to behave in particular ways in specific contexts where they live and make meaning of their lives. Their social identity is thus shaped by the social expectations, which stem from the idea that certain characteristics, behaviours, roles, and needs are natural for men, while other qualities and roles are natural for women (Chakarova, 2003). The issue of gender thus goes beyond the process of a subjective sense of maleness and femaleness to a set of behaviours considered normal and appropriate to one's gender.

Gendered inscriptions and ascribed gender roles lead to assumptions about how people will behave. Once assumptions or expectations are widely accepted, they begin to function as

stereotypes, which might lead to gender inequality. As it relates to the focus of this study, normalised gendered roles particularly in sub-Saharan Africa, play an integral part in determining an individual's vulnerability to HIV infection, his or her ability to access care, support or treatment and the ability to cope when affected or infected (Chakarova, 2003).

Gender and Subordination

Subordination of women by and to men is common in large parts of the world. Walby (2002) indicates that women are not only treated as subordinate to men but also subject to discrimination, humiliation, exploitation, oppression, control and violence. Women experience discrimination and unequal treatment in terms of basic rights to food, health care, education, employment, and control over productive resources, decision-making, and livelihood not because of their biological differences or sex but because of their gender (Walby, 1990). Gender-based discrimination and exploitation are widespread and the socio-culturally defined characteristics, aptitudes, abilities, desires, personality traits, roles, responsibilities and behavioural patterns of men and women contribute to the inequalities and hierarchies in society (Walby, 2002). Gender differences are constructed and become legitimised particularly in patriarchal societies. The social construction of gender and the inherent unequal power relations also create conditions and practices that often support men's dominant practices, including those pertaining to sex (Morales-Aleman, Sullivan & Ratcliffe, 2008).

Studies show that countries like Zambia and indeed many around the world, parents still encourage boys to be tough and girls to be soft spoken, obedient, and feminine (UNICEF, 2000). Without realising it, parents teach boy-children practices that may lead to them disrespecting women and displaying aggressive behaviour in relationships. Women and girls often live under heavy cultural constraints in Africa, with many looked down upon and often treated as second-class citizens. The girl-child usually is taught from a very early age to be submissive, quiet and, to obey men (UNAIDS, 2004). They often are also not taught how to say no, nor to verbalise what they do or do not want. As a result, women (and girls) take for granted that some practices are 'normal' and believe that their experience is the way it is supposed to be. This might also be true for sexual practices wherein women in relationships might not have the ability or agency to say no or to requesting safe sex even under conditions where they might be aware of their vulnerability to contracting diseases like HIV (Mwamwenda, 2004).

Many social and cultural values, norms, and practices obstruct efforts to deal with HIV-related issues that put women to risk and make them vulnerable to infection (Bah, 2005). Gender norms and roles have also an effect on the sexual activity and risk behaviours of both men and women. Gender inequity, such as the unequal distribution of economic and social power and resources, further exacerbate this situation (UNAIDS, 2001).

The discussion in the next section foregrounds the link between gender and HIV infection.

3.3 Gender and HIV Vulnerability

The unequal social status of women in many parts of Africa places them at higher risk of HIV infection (Bah, 2005). Women are at a disadvantage with respect to access to information about HIV and AIDS prevention, the ability to negotiate safe sexual encounters and access to treatment for HIV and AIDS once infected (Anderson, Marcovici & Taylor, 2002).

Historically, men have been at an increased *risk* of HIV infection, while women are more *vulnerable* to infection. For example, women often cannot control with whom or under what circumstances they have sex, whereas men often feel pressured to have sex with different partners. Even though both men and women are ‘victims’ of the social construction of gender, risk of infection amongst men is primarily determined by their own proactive behaviour, whereas woman’s vulnerability to HIV infection is largely beyond their control (Villela, 1998).

Activities that lead to HIV transmission are central to whom we are as men and women. If something is central to our being, it means that it depends on the individual’s own actions (selfhood) and the way he/she preserves life. Yet sometimes people act in a manner that opposes their own identities (self- image, values and norms) and they sometimes strive to change who they are to suit their desires (Gibson, 2010). Because of this, efforts to stem the spread of HIV are increasingly focused on understanding how culturally constructed notions of gender, sexuality, sex, and safer sex shape individual behaviour. This, with the view to develop contextually appropriate and relevant interventions that may go some way to enable people, at the very least, to recognise repressive practices that inhibit them from changing their social realities (Sorrel & Raffaelli, 2005:586). Social reality refers to social values and beliefs that exist not because we choose them but because members of the community allow

them to exist (Searle, 1995). As a result, gender inequality and harmful gender norms are not only associated with the spread of HIV but also with its consequences (UNICEF, 2000). Shisana (2004) who conducted a study amongst adult Jewish women, states that gender inequality disadvantages women to ask men to use a condom. A respondent in the study said:

I don't think it (equality between men and women) is a reality in my life. Even though I feel like I'm in, you know a sort of equal relationship. I still feel that in my relationship the man is the initiator... and women have to be very strong. I think to be able to wear a condom. I think it's hard because of the unequal power relations. Because of all that (unequal power among genders) it's really hard for the women to negotiate condom use with their partner at the moment (Shisana, 2004: 9).

The notion of inequality is pervasive in many societies, Namibia being no exception. Gender inequality HIV carries stigma and shame, which causes women to hide their true feelings and fail to exercise their agency because of fear of rejection, hostility, and violence (Feldman, 1990). In their contribution to understanding women vulnerability to HIV, Da Costa & Silva (2009: 401) state, "... that gender inequality has caused historic submission and inferiorisation of women. Women are still unable to exercise their decision power in public and private life. Women have less freedom in their sexual life and less decision power regarding safe sex. Therefore, these inequities make women more vulnerable to the epidemic."

The social construction of gender and harmful gender norms are not only associated with the spread of HIV but also with its consequences (UNICEF, 2000). In the absence of a cure, and other than abstinence, practicing safe and safer sex seems necessary in the context of HIV and AIDS. However, the ability to negotiate and practice safer sex in particular cannot be understood outside the broader gender roles and expectations and the unequal power relations in relationships prevalent in society.

I outline distinctions between safe and safer sex below.

3.4 Safe and Safer Sex

The American Heritage Dictionary of the English Language (2000) defines safe sex as sexual activity that safeguards the use of condoms and the avoidance of high-risk acts with the view to reducing the chance of acquiring or spreading a sexually transmitted disease. Safe sex involves protecting oneself and one's partner from sexually transmitted diseases and infections (STDIs). An STDI is a contagious disease that can be transferred to another person through sexual intercourse or other sexual contact (Seekers, 2011). STDIs include gonorrhoea, syphilis, genital herpes, and genital warts, Hepatitis B and HIV. The probability

of acquiring or spreading a sexually transmitted disease is reduced (and not necessarily eliminated) through safer sex practices, leading health practitioners to advocate the use of the terms safer instead of safe sex (Kessy & Philemon, 2008).

Mutual faithfulness and condom use are suggested as effective safer sex methods, together with being tested for STDs each time one has a new sex partner and when an infection presents. In the case of HIV, safer sex also means disclosing one's HIV status to a current or new partner (Stevenson, 2010).

Many studies have found women relatively powerless in sexual decision-making. One study (Worth, 1989) found resistance to condoms among minority women in a drug rehabilitation program to be the result of a combination of personal preferences and socio-cultural factors, and partner objections to condoms. The negative implications of condom use conflicted with values regarding relationships, womanhood, and family. Trust and fidelity are fundamental to the enjoyment of sex by women. A study by Pivnick (1993) found that some women had to 'prove' themselves through unprotected sex and had an obligation fulfil family and gender roles through pregnancy and childbearing. Moreover, another study found that some women were unable to assert an influence over condom use through fear of rejection and stigmatization by partners. Such factors "led women's sexual risk-taking-unprotected sex-to be characterized as a rational means of maintaining social and economic survival" (Worth, 1989:304).

Other research reveals similar matters in sexual decision-making. Several studies (Sibthorpe, 1992; Pivnick, 1993; Sobó, 1995) focused on socio-cultural issues surrounding sexual behaviour among individuals at risk of HIV infection. A predominant theme linking this work is the powerful 'positive' symbolism attached to unprotected sex and 'negative' connotations of condom use. Despite awareness of HIV risk, women in such studies chose the pleasing intimate partners over safer sex practices.

As in Worth's (1989) study, condom use carried the stigma of infidelity and lack of trust. For many women, the nature of the social bond with a partner seemed to affect sexual decision-making. Women who chose casual sexual encounters and engaged in sex for economic purpose are not threatened by issues such as condom use. Conversely, condom use with a steady personal partner would introduce an element of distrust and unfaithfulness to an

intimate relationship (Sibthorpe, 1992; Kline et al., 1992; Varga, 1996, 1997). Power inequity and emotional and financial dependence of women upon partners also seemed to present significant obstacles to sexual decision-making (Pivnick, 1993:441). This study showed that spousal relations were characterized as ‘adult-child relationships’ with women describing their long-term partners as behaving more like fathers than husbands; thereby downplaying their status as women as well as their decision-making authority in the relationship. Risk perceptions may also heavily influence sexual decisions and practices. Sobo (1994, 1995) revealed that woman’s self-esteem and social status may be strongly linked to involvement in what they perceive to be committed, monogamous relationships. Under such circumstances, condom use was interpreted as insulting, and suggestive of infidelity, lack of love and disrespect from partners. Thus, lack of condom use was described as “an adaptive and defensive practice which helps women to maintain desired, idealized images of partners, relationships, and selves” (Sobo 1993:478).

Finally several studies conclude that gender-based factors such woman’s interpersonal connections, traditional social norms, sexual roles, race, and socio-economic vulnerability affect their ability to engage in sex or safer sex negotiations (Amaro, 1995; Elias & Heise, 1995).

3.5 Vulnerability and Woman’s Vulnerability in Negotiating Sex and Safer Sex

The concept, vulnerability, is socially constructed. A vulnerable person is described as an individual who has challenging experiences and diminished autonomy due to psychological or physiological, cultural and social factors or status inequality (Liamputtong, 2007). Based on (Moore & Miller (1999), as cited in Liamputtong), “Vulnerable individuals are people who lack the ability to make personal life choices, to make personal decisions, to maintain independence, and self-determination. Therefore, vulnerable individuals may experience real or potential harm and require special safeguard to ensure that their welfare and rights are protected (2007: 21).

Moser (1998) uses the concept of sensitivity and resilience to explain vulnerability. He states that vulnerability involves identifying not only the threat but also the resilience or responsiveness in exploiting (take advantage of) opportunities, and in resisting or recovering from the negative effects of a changing environment (Moser, 1998). He further explains that the means of resistance are the assets and entitlement that individual, household or

communities can activate and manage in hardship situations. This means that vulnerability is not stable, but is subject to change over time. WHO (1991) indicates that vulnerability depends on conditions such as age, gender, and locality. Definitions of the concept differ from globally, as varied contextual factors contribute to any kind of vulnerability. Philip & Rayhan (2004) identify different types of vulnerability, which can take social, cultural, political, economic and environmental forms, many of which are identified as the main cause to woman's vulnerability, with some impeding woman agency to negotiate sex and safer sex.

3.5.1 Woman Vulnerability Framework

A study conducted in Kenya (Karim-Sesay, 2006) identified some of the factors that shape the women's agency in negotiating sex and safe sex. These include economic constraints, cultural beliefs, male dominant power and female powerlessness. Having developed a conceptual framework, she explains how different structures of gender inequality contribute to create and increase women's vulnerability to negotiating safe sex, which in turn can affect the spread of HIV and AIDS. This framework provides an overview of the key issues that relate to gender and HIV and AIDS, highlighting the importance of applying a gendered perspective in HIV and AIDS mitigation.

Economic Vulnerability and Women

Women in many African cultures do not own property or have access to financial resources and are dependent on men (e.g. husbands, fathers, brothers and sons- for support) (UNAIDS, 2004). This situation causes women in susceptible environments to be abused in different ways. For example, power differentials and differences in social norms regarding girls and women affect women's ability to control sexual situations thus making them vulnerable to gender-abuse, violence, and forced sex. If women are not financially or materially independent, they cannot control when, with whom, and in what circumstances they have sexual intercourse with men (Kessy & Phillemon, 2008).

Women's economic dependency increases their vulnerability to HIV. Research shows that the economic vulnerability of women makes it more likely that they will exchange sex for money or favours, less likely that they will succeed in negotiating protection, and less likely that they will have a relationship that they perceive to be risky (Gupta & Weiss, 1998). This leaves young women in particular, to have older, more experienced partners who are more likely to have HIV from previous sexual activity. The economic power men wield in some societies

makes it difficult for women to negotiate safer sex (Shisana, 2004). In a study in Malawi, two-thirds of 168 sexually active young women reported having sex for money or gift (UNAIDS, 1998). Another study done in Swaziland found that women's economic dependence on men, which included their high poverty levels and lack of access to opportunities and resources, contributed to their vulnerability to HIV infection (Hickley, Ngcobo, Tomlinson & Whiteside, 2003).

Cultural Vulnerability and Women

Culture can be defined as the way of life of a group of people. According to Macionis (2004), culture refers to value, beliefs, and behaviour that together form people's way of life. Women in sub-Saharan Africa face many socio-cultural constraints that put them at risk of HIV infection. According to Keene (2001), these constraints derive from two main causes; lack of quality education which leads to socio-economic vulnerability and a culture that places too much social expectations on the shoulder of women. This means that women are expected to satisfy men's sexual desire because culturally, it is believed that whenever a man needs sex he should get it (Shisana, 2004).

Cultural expectations that promote purity and virginity are built on suppositions that women should be ignorant and coy on reproductive and sexual matters. While men are expected to discuss their sexuality, women are not (Kessy & Phillemon, 2008). Furthermore, men are not only allowed, but even encouraged to seek multiple partners (AI-USA, 2000). Traditionally too, the expectation is that girls should remain virgins until marriage, restricting their ability to ask for information about sex out of fear, because they might be called names or known to be sexually active; all of which prevent women from seeking and accessing information and services about their reproductive health (Caronavo, 1992; Mpuntsha, 2003).

Many challenges arise for HIV prevention from traditional expectations that men should take risks, have frequent sexual intercourse (with as many women as they pleased) and exercise authority over women. Among these expectations, men are encouraged to force sex on unwilling partners or to reject condom use (UNIFEM, 2001).

Certain cultural characteristics should be highlighted on the topic of condoms, vulnerability and safe sex. The use of condoms brings ideas of risky sexual behaviour where loyalty and trust become fragile in long-term relationships. Shisana (2004) and Da Costa & Silva (2009)

in their studies, report that whenever men asked to use condoms, their requests were usually met with suspicion and interpreted as their being unfaithful.

Another challenge is the culture of silence that surrounds sex and dictates that good women are expected to be ignorant about sex and passive in sexual interactive has influenced women to remain quiet in sexual matters (Gupta, 2000). This means that women are not expected to discuss or speak about sex in public. Those who try may be stigmatised and discriminated against. Caronavo (1992) and Fleinschman (2003) found that fear of blame and stigma led to denial, silence, secrecy and avoidance amongst women, making it difficult for them to be proactive in negotiating safer sex. This self-imposed silence around sex they report increases vulnerability for women because it creates barriers and prevents women from openly discussing and negotiating sex or safer sex with their partners (Fleinschman, 2003).

Cultural practices such as polygamy and widow inheritance are still common among African communities. Polygamy is a cultural practice in most African communities that allows a man to marry more than one wife. Multiple partners might predispose wives to risk and lead to woman's vulnerability because it increases the likelihood of coming in contact with an infected person (Mann & Tarantola, 1996). Thus this type of cultural practice and the HIV infection in many countries in sub-Saharan African countries puts women at risk for HIV infection.

Male Dominant Power and Female Powerlessness

Male dominance is constructed within unequal relationships of power. Anderson (2003) defines power as a system of patriarchy, an organised structure whereby men hold more power than women. Allen (1999) goes further to explain that power can be defined as a relation of male domination over women. In this context, power can be used to demonstrate how women lack power when it comes to decisions that pertain to sex and health care. Power, according to Gupta (2000), also determines whose pleasure is given priority and when and how sex takes place.

Relationship power is not an individual factor but refers to one partner engaging in behaviours against the other partner's wishes, having greater control over decision making in the relationship, or having greater control over a partner's behaviour (Morales-Aleman et al., 2008). For women, asymmetrical power relations can become internalised and may lead them

to feel inferior and to lose confidence in negotiating for sexual safety (Amaro & Raj, 2000: 725).

Furthermore, gender inequality often gives men more power to decide on the time and conditions of sex and, therefore, limits women's ability to negotiate safer sex and or protection with their partners (Das Gupta, et al., 1995).

Literature reveals that HIV occurs in a cultural context whereby roles are culturally constructed and defined to gender (O'Leary & Jemmott, 1995). Practices that predispose women are pronounced in African contexts and Thiam (1986) proposes. He states:

The African woman has no real power, only a pseudo-power. She can act, as long as she causes no embarrassment to her husband. Any power she may think she possesses is an illusion. The big decisions are the monopoly of the man, and she is not in any way involved in them. In Black Africa, the black man controls not only his own life, but also the life that of his own wife which makes her vulnerable to HIV (Thiam, 1986:15).

Male dominance that often manifests in violence also increases vulnerability for women, often inhibiting their ability to negotiate sex and safer sex.

In population-based studies conducted worldwide, anywhere from 10 to over 50 percent of women report physical assault by an intimate partner, and one-third to-half of physically abused women also report sexual coercion (Ellseberg, Gottemoeller & Heise, 1999). They further state that those individuals who have been sexually abused are more likely to engage in unprotected sex with have multiple partners. Gupta & Weiss (1998) also show that physical violence, the threat of violence, and fear of abandonment act as significant barriers for women who have to negotiate the use of a condom, discuss fidelity with their partners, or leave relationships that they perceive to be risky.

Girls are not immune to abuse or the social and cultural expectations described in this section. Educating them might go some way to mitigate their vulnerability, hence a brief discussion on this issue below. While not the primary focus, this study also seeks to explore the implications the findings have for in and out of school education intervention programmes and mitigating woman vulnerability through education.

3.6 Parents, Teachers and Sexuality

Significant adults play a role in all aspects of children's lives, including sexual identity. According to Yamakwa, (2001) as cited in Chamunogwa (2008), parents are believed to have the most influence on young people's decision making and their influence on their children remain significant. The majority of teenage girls in her study report that they want advice on sexual issues from their parents. Despite this, parents face challenges in addressing sexual issues when dealing with the girl-child. This may be due to fear and notions that talking about sexuality with their daughters might promote promiscuity (UNICEF, 2002). The consequence is silence on issues pertaining to sex and sexuality, which in many cases, leads to secretive sexuality that might result in unprotected sex, as adolescents may be afraid to be discovered carrying or accessing condoms or because they lack the proper information to reduce risks of HIV infection (Chamunogwa, 2008)

Apart from parents, Sguazzin, (1998) in his study, revealed that teachers too naturally are in well placed to offer education on sexuality and HIV and that in most countries around the world, are actually compelled to teach reproductive health in subjects like Natural Science, Health Education, Life Sciences, and Life Skills.

In the case of this study, the Namibia National Curriculum for Basic Education stipulates that teachers should teach learners five themes organised across the curriculum; one being HIV and AIDS Education (MoE, 2010). Even though teachers seem to be aware of the importance of providing sexual education, many claimed to be uncomfortable doing so (Sguazzin, 1998).

Chapter 4 Research Design

4.1 Introduction

The feminist perspectives described in Chapter 2 guided the development of the research methodology and impacted the research design decisions made in this study. Feminist perspectives assume that the life experiences and accounts of women's relationship is a reflection of the society in which they live (Walker, 1998). For this reason, it was important to listen to the participant's own voices in investigating women's conceptions and experiences in negotiating sex and safe sex. Feminist researchers such as Lather, (1991), Letherby (2003), Walker (1998, 2003) who advocate particular ways of 'doing' research and engaging with participants, informed this study. Sensitivity to the 'researched' and their 'voice', forms of participation, the process of gathering information, understanding sites of research, ethics, critical reflection on the researcher position were some aspects that were given attention.

Thus, what follows is an outline the research design decisions and the attendant research process followed in conducting the study. It begins with section 4.2 that describes the research orientation and a rationale for its appropriateness. This section also includes a discussion on the research approaches the study adopted. Section 4.3 outlines research site, while 4.4 describes the sample. I describe the research process in section 4.5, with the research techniques outlined in section 4.6. I follow this with a discussion on the verification and quality considerations in 4.7. The data analysis process is described in 4.8, with the ethical aspects taken that I took into account before, during and after the field described in 4.9. I end this chapter with the limitations and significance of the study explained in sections 4.10 and 4.11 respectively.

4.2 Methodology

The aim of this study was to investigate women's conceptions and experiences in negotiating sex and safer sex and as such a qualitative orientation was most appropriate. According to Flick, "qualitative research refers to a process that investigates a social human problem, whereby the researcher conducts the study in a natural setting and builds a whole and complex representation by a rich description and explanation as well as a careful examination of participants' words and views" (2006:12). In qualitative research, one describes and focuses on understanding rather than explaining human behaviour (Babbi & Mouton, 2001).

Such an orientation as (Hesse-Biber & Leavy, 2005:28) propose, also allow researchers to “... hear the voices of those who are 'silenced, othered, and marginalized by the dominant social order” (2005:28). This is due to researchers being not only interested in the ‘stories’ as well as explanations people put forward concerning their perspectives and experiences but also in the way they pay attention to the process of obtaining information (Hesse-Biber & Leavy 2005). Liamputtong, (2007) agrees that qualitative orientations to researcher are suited to understanding the meanings, interpretations and subjective experiences of vulnerable people, such as those in this study.

Within the qualitative paradigm, I adopted an interpretive approach to the research. Interpretive approach is characterised by a concern for the individual (Cohen, Manion & Morrison, 2007). The interpretive approach provides insights into the complex world of lived experience from the point of view of those who live it or experience it (Flick, 2006). To retain the integrity and reliability of the phenomenon being investigated, a researcher can make an effort to get inside the person and to understand from within individual’s own interpretations of the world around them (Cohen et al., 2007). Interpretive research also deals with subjective data; meaning that the researcher focuses on data that exists in the minds of individuals and is expressed verbally and non-verbally in a variety of ways. It also provides more opportunities for the researcher to form relationships with participants, which gradually leads to the establishment of trust and understanding (Liamputtong, 2007). As a researcher, I was able to gain access into the conceptions and experiences of women on a topic deemed to be sensitive because I gained the trust of my participants.

This study was conducted in the form of a case study. As Yin (2003:13) suggests, “[A] case study is an empirical inquiry that investigates a contemporary phenomenon within its real-life context.” It provides a unique example of real people in real situations, enabling readers to understand ideas more clearly than simply by presenting them with abstract principles and theories (Cohen et al., 2007). A case study approach was appropriate because in a qualitative and interpretive approach, the researcher is directly involved in the process of data collection and analysis (Creswell, 1998). In this study, the phenomenon of negotiating sex and safe sex in relation to gender differences, gender inequality, gender and structural oppression was the case, rather than the number of women participating in the study.

4.3 Research Site

The study was conducted in Okalongo, one of twelve constituencies in Omusati Region. I opted for this site for various reasons. First, it is where I live, making it possible for me to gain access to the participants because I am known in the community. Second, living in the environment also made it easy for me to approach women to participate in the study. Third, I was able to create trust and build good relationships before the actual fieldwork. I drew on Dickson (2005) who proposes that it is unlikely that people, especially those perceived to be vulnerable, would share their lived experience, which they have never shared before with anyone. For this reason, it made sense for me to locate this study in an area where I am known. This was one of the most critical decisions in the study because it enabled the women to openly disclose information because we had established a good relationship and they could trust me (Dickson, 2005). My insider status as a researcher in this constituency was also important because of the sensitive nature of the research, which involved disclosing sexual behaviour⁵.

4.4 Sampling

The selection of participants in this study was purposive because of the nature of the subject studied. According to Cohen et al. (2007:115), purposive sampling is used to access 'knowledgeable people'. Put differently, such an approach results in sampling those who have in-depth knowledge or experience about the particular issues under investigation. To select a purposive sample, one must have a clear reason (Gresswell, 1998). I chose to use this sampling strategy because I wanted to gain insight into the experiences of a particular sample namely heterosexual women either who were married or in a long-term partnerships, which studies have indicated are most vulnerable to HIV and AIDS. According to UNAIDS (2009) report on the AIDS Epidemic update, many new HIV infections occur in women who are married or in long-term relationships with one partner. UNAIDS (2010) further states that women are twice more likely to acquire HIV from an infected partner during unprotected heterosexual intercourse than men. Purposive sampling is also appropriate when researching sensitive cases, as the case in this study.

I had to allow for some flexibility in terms of the selection process. Initially, I planned to use select women who were born and raised in Okalongo. I also wanted a sample whose ages

⁵ I discuss the challenges of being an insider in the limitations of the study in the limitation of the study in section 4.10

ranged from 20 to 45 and who were either pregnant or had had a baby younger than two years. I spent a month attempting to find appropriate participants who suited the criteria without success. I discussed the issue with my supervisor with the possibility of broadening the age range and reconsidering the criterion related to pregnancy and having an infant.

Consequently, I revised the criteria to include:

- voluntary participation
- born and raised and a current resident of Okalongo
- between the ages of 20 to 50
- in a long-term heterosexual relationship for five years or longer with one partner. The latter criterion did not differentiate between married and unmarried women because the emphasis was on the duration of the relationship with the same partner.

The choice of age was informed by the HIV and AIDS prevalence rates reported in the sentinel survey conducted in 2010, that describes high infection rates amongst women aged 20 to 45 relative to the rest of the population in the Oshikuku and Outapi, which are the referral hospitals of the Okalongo community (MoHSS, 2010). The age criterion was also informed by the likelihood that women within this age category might be in stable, long-term relationships. I increased the age range to 50 years because I wanted to have data from young and older women as the assumption was that the latter would more likely be in a long term relationship for an extended period of time.

I worked with the Catholic AIDS Action Committee (CAAC) and two adjacent schools in the constituency to identify women who would fit the criteria. The CAAC is a non-governmental organisation that trains women to conduct HIV and AIDS intervention programmes in the community in an attempt to combat HIV pandemic. My choice to work with this organisation was due to their relatively long and consistent engagement with the sensitive topic that I proposed to explore. This organisation trains women to volunteer as facilitators. Thus, the women I sampled were already sensitized to the topic; thus making it most likely for them to respond to questions I posed in this study. I found it easier to work within existing structures as it was possible for me to gain access to women through an organisation that has already build trust in the community of which I also am a part. This organisation also seeks to empower women; an aspect that sits well with the theoretical position this study adopts.

All schools are mandated to conduct an extra-curricular youth HIV prevention programmes. “My future is My Choice” is a secondary school programme while the one conducted at the primary school level is “Window of Hope.” The teachers who participated in my study were drawn from a group that either taught Life Skills as a subject in school or facilitated one of the extra-curricular programmes.

Fifteen women who met the criteria participated in the study. Thus, the study comprised nine women from the CAAC and six female teachers.

4.5 Research Process

This study was conducted in two phases: a pilot and main study. I conducted a pilot study as Phase 1. This component of the research comprised a focus group discussion with four women and was geared towards ‘testing’ the feasibility of the approaches adopted to access information as well as to refine the data collection instruments. The results from the pilot informed the subsequent decisions and plans of the main study which comprised focus group discussions as well as individual interviews.

Phase 1: Pilot Study

In this study, a pilot study gave me an opportunity to develop confidence as a researcher and to get comfortable with the topic that also affects me as a women and partner. I was also being able to gauge women’s openness to discuss private issues in public. Cohen et al., states that “[A] pilot has several functions, principally to increase the reliability, validity and practicability of the study (2007: 341). Importantly therefore, the pilot gave me time to get to know the context as well as trial the instruments I proposed to use. It allowed me to correct areas of misunderstanding or confusion without wasting time in the main study. The result from the pilot study enabled me to reflect on the process I subsequently followed, namely conducting focus group discussions before individual interviews and reformulate scenarios and individual interview questions. I also gained confidence and the ability to use different strategies on how to probe open-ended questions.

Four women from the CAAC took part in this phase. I included data from the pilot study in the final analysis because the data derived were rich and relevant.

Phase 2: Main Study

This phase involved focus group discussions and individual interviews. I conducted three focus groups and four individual interviews, with the former preceding the latter each time. I met with each group to introduce myself and establish relationships before I conducted the research given the discussion in 4.2.

The first focus group discussion consisted of five teachers at one school. A letter for permission to conduct a study was sent to the school principal and after approval, I personally consulted individual teachers who met the criteria. The sixth teacher volunteered to participate after hearing about the research.

I held two focus group discussions with women from the CAAC, the first comprising five and the second four women. A letter for permission to conduct a study was sent to the organisation and after approval (Appendix B); I approached individuals after they self-identified to participate.

All fifteen women received information letter and signed consent forms after the research was explained to them. (Appendix D 1 and D 2).

The second part of the main study comprised individual interviews. Two teachers and two participants from the CAAC were selected for individual interviews. All the individual interviews took place after the focus group discussions. Before the interview, I visited each of the individual participants at home for informal discussions that enabled us to continue to build trust and become even more comfortable in each other's company. This visit also provided me with an opportunity to familiarise myself with the context (the ambience in their homes, partners, and children) of the participants (Liamputtong, 2007). It was only thereafter that interviews were conducted in the homes of the four participants.

4.6 Data Gathering Strategies

The best approach in qualitative studies is to make use of multiple sources in collecting data (van As & van Schalkwyk, 2008: 54). The use of multiple sources can make the data more reliable and trustworthy, as it reflects ideas from different sources (Cohen et al., 2007). Two forms of data gathering were employed during the pilot study and main study. These included focus group discussions and individual interviews all of which I detail below. All but one individual interview was conducted in the vernacular, which I personally later translated into

English. This gave participants an opportunity to express themselves without the possibility of being misunderstood or without the danger of not finding the appropriate words in English to express their feelings and meanings about their perceptions and experiences in negotiating sex and safe sex.

Focus Group Discussions

Focus group discussions provided the main source of data for the study. According to Norris, Nurius & Dimef (1996:129) “a focused group method is a research tool that gives a voice to the research participants by giving women an opportunity to define what is relevant and important to understand their experience. To Zeller (1993) a focus group is a form of group interview where participants interact with each other rather than with the interviewer. It is from the interaction of the group leads to data and outcome. Through focus group interviews, I was able to listen and share lived experience of the women (Kitzinger, 1994), which later informed the findings and discussions of this study.

Researching sensitive topics such as the case of this study requires innovative methodologies. Visual imagery, conversation, drama, or group diary are some techniques that can be used to inspire people to talk about their private life experience freely (Liamputtong, 2007:141). Cole & Knowles (2008:48), for example, support the idea of giving people an image or object to talk about, as they will be engaged on multiple levels, leading to expressions of all kinds of information, feelings, thoughts, and situation details. In the case of this study, I used pictures that allowed participants to freely express their own experiences on sensitive topics like the one under scrutiny (Harper, 2002).

In focus group discussions, four scenarios (Appendix F) and some pictures were used as prompts to stimulate discussions (Appendix H). I guided the discussions by using semi structured questions which allowed me to probe for further clarification as and when the need arose.

Each focus group discussed the same scenarios and viewed the same pictures. In using picture elicitation as a strategy, the authority of the researcher is decentred. Importantly though, I used this strategy to get participants comfortable with the topic before I asked them about their own experiences. Importantly, it allowed participants to initially develop some distance between the topic and their lived experience (Harper, 2002). Liamputtong also

informed my decision to use pictures. She states, “images evoke deeper element of human consciousness than do words, exchange based on words alone utilise less of the brain’s capacity than do exchanges in which the brain is processing images as well as words” (2007: 143). Indeed, this strategy is preferable amongst researchers dealing with sensitive topics who wish to be close to their participants in order to allow them to speak about their lived world in greater depth (Birch & Miller, 2000).

In order to shift power between the researcher and participants in the study, the research was undertaken in an environment that was selected by and comfortable to participants. All focus group discussions took place at a neighbouring school because participants identified this to be a convenient venue and a permission letter was send (Appendix A) accompanied by the letter from My Head of Department (Appendix C)

Individual Interviews

To gain insight into the conceptions and experiences of women, individual interviews were considered to be the most effective method (Lane and Stone, 2002). According to (Cohen et al., 2007) an individual interview is a formal discussion between the interviewer and a person chosen specifically for the discussion. Johnson-John (2002) and (Liamputtong, 2007) further explain that interviews usually promote a face-to-face and one-on-one interaction between a researcher and a respondent as it seeks to build the kind of intimacy that is common for mutual self-disclosure and is suitable in collecting data from vulnerable people. The individual interview process provided me with a way to generate empirical data by getting participants to talk about their experiences and perceptions in negotiating sex and safe sex (Cohen et al, 2003).

In the case of this study, the individual interview process was in two parts. The first interview with each participant focused on their life history and second, more specifically on sexuality and their experiences of being a woman in a relationship (Appendix G). Feminist scholars such as Fontana & Frey (2005:709) state that life history or life narratives are “a way of understanding and bringing forth the history of women in a culture that has traditionally relied on masculine interpretation.” I opted to use life history because I found it an appropriate research technique that provided an opportunity for women to express their ‘voice’ during the interview. Life history also helped me to understand the lived experiences and how this group perceived themselves as women, wives, partners, or mothers

(Liamputtong, 2007). Emphasis on life history (narratives) was important as the data from these interactions provided me with important contextual information on the role and position of women in this particular community and context.

I used a semi-structured approach in the second interview because it allowed flexibility during the interview process, where I was able to probe and also allow participants to freely express their feelings and experiences (Campbell, 1999). Semi structured interviews is a mixture of structured and unstructured questions, where a number of questions may be predetermined, and as an interviewer, I was free to deviate from structured questions and explore further issues raised by participants' responses (Barnard, Burgess & Kirby, 2004).

The individual interviews took place at the participants' home. Only one of the four individual interviews was conducted in English while other three individual interviews, with the rest in the vernacular. I used an audio-tape to which all participants agreed thus allowing me to concentrate on the interview. I transcribed all the discussions which I later translated in English. To ensure that proper meaning of the text has been conveyed I back translated the discussion again into the vernacular. Back translation is important because it also adds an additional level of quality check and it test faithfulness of the original documents (Robson, 2002).

4.7 Data Verification and Quality

In order to ensure reliability, validity and authenticity, the process of triangulation of data was carried out. Triangulation involves finding evidence from different sources of information, different investigators or different methods of data collection (Van As & Van Schalkwyk, 2008). I used two main sources of data collection to triangulate, namely focus group discussions and individual interviews as already discussed.

A primary focus in the qualitative research approach is for researchers to capture authentically the lived experiences of people and in order for the data to be valid, it should accurately depict the participant's experiences, meaning of events and behaviours (Maxwell, 1992). The key notion here is that the interpretations are not based on the researcher's perspective but on that of the participants. It also portrays a picture of the socio-cultural context around the experience (Corbin & Strauss, 1990). In this case, as I transcribed all the

discussions and interviews verbatim, I was certain that all the transcripts were a true and accurate reflection their original sources.

Interpretive case study research points out that for a researcher to understand a phenomenon in a given culture, the culture needs to be understood first; and for a researcher to understand people, their language needs to be understood as well (Rosenblatt & Fischer, 1993).

In the case of this study, I am born and raised in Okalongo and thus have the ability to understand the culture and possible influences on the participants, and the cultural expressions that have a different meaning from women's own perceptions. I was also an 'insider' because I am also a woman in relationship and to an extent, am familiar with the participants albeit not in close association (Rosenblatt & Fischer, 1993). As a researcher I needed to be an "outsider" so that I could distance myself from the 'researched' and temporarily withhold my knowledge of the participants and the context.

Coming from the same background and speaking the same language was instrumental in achieving the confidence and trustworthiness needed in this study. All participants wished me the best of luck in my research endeavours. Some indicated the need of the opportunity for other women to contribute in research that addresses these kinds of topics.

4.8 Data Analysis Process

This study used multiple sources of data, important in case study research of this nature. In case of this study, the content of the pilot study, focus group discussions and in-depth individual interviews were considered as data in this analysis. Ely, Anzul, Friedman, Garner & Steinmetz (1991: 140) explain that, "to analyse is to find some way or ways to tease out what we consider to be essential meaning in the raw data; to reduce and reorganise and combine so that the readers share the researcher's findings in the most economical, interesting fashion. The product of the analysis is a creation that speaks to the heart of what was learnt." Cohen et al, (2003) propose that analysis is concerned with organising and making sense of data, noting patterns, themes, categories, and regularities.

The data analysis process involved the combination of those described by Cohen et al (2007), Taylor- Powell and Renner (2003), and Corbin and Strauss (1990).Whereas Corbin and Strauss (1990) advocate a parallel and on-going collection and analysis of the data, Cohen et

al.(2007: 462) explains that “qualitative data analysis involves organising, accounting for and explaining the data”, while Taylor- Powell and Renner (2003) divide the analysis process in three stages, which include identifying themes and developing concepts, coding the data and refining ones’ understanding of the subject matter and, understanding the data in the context in which they were collected.

The analysis of the data was as follows in this study. I went through the transcribed pilot study data and identified issues that shed light on the research questions. Each sentence of transcribed data was read and themes highlighted using colour coding. The same method was used for data from the rest of focus group discussions and four individual interviews. Further selective coding was used to establish relationships, similarities, differences, and links between the coding categories (Cohen et al, 2003). Later, I transferred the data from its original cluster position into themes as they were identified during the coding process (van der Mescht, 2008; Taylor & Bogdan, 1989).

4.9 Ethical Considerations

The research process creates tension between the aims of research to make generalizations for the good of others, and the rights of participants to maintain privacy. Ethics pertains to doing well and avoiding harm. Harm can be prevented or reduced through the application of appropriate ethical principles (Eisenhaver, Orb & Wynaden, 2001).

Ethical consideration involves informed consent that may be defined an analysis of the procedures, potential risks, benefits and alternatives in carrying out the research. It involves making participants aware of what is expected and so that they can make an informed voluntary decision on whether or not to participate (Liamputtong, 2007). According to Bulmer (1982), ethical issues arise when researchers deliberately hide their position, while living or researching among people who are being studied in order to get information on personal lives without participants consent.

Ethical issues were also taken into consideration, as I got permission from the Catholic Aids Action area leader, from the school principal and from individuals selected for the study. I have explained the aims and purposes of the research and letter of consent was signed by all participants. Care was taken to build relationships with the women in and outside the

proposed church structure⁶ as I had also an opportunity to attend some of their church service together.

I asked for permission to tape and video record interactions which was granted. Information gathered from the participants is remaining confidential. Participants are remaining anonymous (through the use of pseudonyms). I changed other identifying information such as places and names, identifying information on transcripts or audio records. I kept information for the purposes of the study only. Participants were given the opportunity to review transcripts (as all of them are literate) during the analysis. They were also given the option to withdraw anytime during the research process and to withdraw any information they were not comfortable sharing. I was aware that women might put me in a difficult position as a researcher with the information they might reveal. I had an obligation by asked them we would deal with such information; while at the same time recognises my role as researcher. Fortunately, nothing happened that compromised the ethical issues highlighted here.

4.10 Limitation of the Study

The topic under scrutiny is sensitive because it requires disclosure of behaviours or attitudes, which would normally be kept private or personal, which might result in offence or lead to social criticism or disapproval and which might cause the respondent discomfort to express themselves freely (Martino-Villanueva, 1997). The sensitivity of the topic to an extent, influenced participants even though

The first limitation is the sample size of the research. This means that I cannot claim to present how all women perceive and experience negotiating of sex and safer sex in Okalongo. The small size precludes me from making any generalizable claims from the results.

In addition, in some cases, the participants may have said what they thought the researcher would like to hear, and therefore may not have given genuine responses to questions.

Participants already knew each other well. Placing them in a focus group together might have limit the extent of their openness when discussing personal and sensitive issues, such as was the case in this study.

⁶ Attended Catholic church service even though I am a Lutheran in order to build relationship

Another limitation is that the research was conducted in the vernacular and translated into English. Although the translation managed to render the sense of respondent views most of the time, there were places where there was loss of meaning evidenced by the inability to translate the meaning of the original language to English. This was mainly due to non-equivalence at the structural and lexical levels. Non-equivalence occurs when there are structural differences between the source and the target language, which leads to a loss of quality and core meaning (Wildsmith-Cromarty, 2008). The outcome of this may have led to some loss of meaning and quality as well as some impact the authenticity of data.

4.11 Significance of the Study

This research aimed to contribute knowledge to Namibian HIV and AIDS discourses; with particular reference to woman vulnerability. I used a feminist theoretical framework to examine the conditions that affect women's agency in negotiating sex and safer sex that leading them to HIV vulnerability; a contribution to emerging literature on the topic.

Second, this research was aimed at transforming women's lives, in addition to providing educationists (in and outside formal schooling) with a reference point to identify ways to support women in making choices that increase social and health wellbeing. This work also identified the practices in a particular region that impede women's power to negotiate safer sex and the fight against HIV. Highlighting such practices might lead to development of intervention programmes that support women in their plight against HIV infection.

This research may be a contribution to the growing literature on Namibian women and HIV and AIDS, particularly in Okalongo where the study took place. It is imperative that women are given 'voice' and that they become included in HIV and AIDS discourses.

Chapter 5 Women, Vulnerability and Conceptions and Experiences in Negotiating Sex and Safer Sex

5.1 Introduction

This study investigated the perspectives and experiences of women in negotiating sex and safe sex in Okalongo- Omusati region, Namibia. The results presented in this chapter are derived from the pilot study, focus group discussion and individual interviews. The chapter begins with a profile of the site and participants, and thereafter presents the results of the main study, presented by six themes as detailed below.

5.2 Context Profile

I present a brief historical and cultural account of Okalongo in order to provide a better understanding of the context in which the study was located. Importantly though, this section locates the participants in a particular time and place and provides a backdrop to understanding the social and cultural practices in which the women in this study make meaning of their lives as women in general and sexual beings, in particular.

The study took place in Okalongo, one of the 13 constituencies in Omusati Region, Namibia. Okalongo is situated in the northern part of Namibia⁷ and has about 28, 657 inhabitants of which more than half (15,992) are women (GRN, 2003). Okalongo is under Ombadja traditional authority, one of the eight of Ovawambo traditional authorities. Okalongo is divided into four areas, each led by the senior traditional councillors of whom one is a woman. Okalongo is a multilingual⁸ and multicultural⁹. Even though it is multicultural, the community that inhabits Okalongo is predominantly Ovambadja, which have their roots in the Ombadja area in southern Angola. The Ovambadja speak Oshiwambo that in itself has several dialects¹⁰. The dominant dialect, however, is Oshimbadja. While the majority of Ovambadja people reside in Angola, a small yet powerful population resides in Okalongo.

⁷It borders with southern Angola

⁸There are people speaking four different languages that include Oshiwambo, Lozi, Rukwangali and Umbundu. Each language has several dialects.

⁹There are people with different cultures such as Vambos, Caprivians, Kavangos, and Imbundus. While there are commonalities, all four groups have specific cultural practices and beliefs.

¹⁰Oshiwambo has eight dialects. These include Oshimbadja, Oshikwambi, Oshindonga, Oshikwaaluudhi, Oshikolonkadhi, Oshimbalantu, Oshingandjera and Oshikwanyama.

Okalongo is rural with at least 78.4 % of the houses in the area comprising mud houses (GRN, 2003). These huts are usually arranged as a compound with several belonging to a single family. More than half (64%) of the houses in this area are headed by females (GRN, 2003). In every house, there are special places reserved for men and women. The men usually gather in the place called the 'oshoto'¹¹ especially during the night, where they wait for the food prepared by the women in the part of the household called the 'epata'¹². At each of these different places, parents have time to educate their children on how to behave as men or women. The mother does this when she spend time with the girls at the epata while the father remains educates the boys at the oshoto.

The culture of Ovambadja-speaking community recognises the man as the head of the household. Due to this elevated position, the man is the one who makes the decisions on all matters of major concern. The man will at times be required to consult his wife on some issues, but his word is final. In cases where there is no husband in the house, the eldest son makes all the major decisions. According to the tradition of the Ovambadja-speaking community, a man is always older than a woman – irrespective of his or her actual age. As mentioned above, the man controls and has authority over household resources. He allocates land for cultivation to his wife or wives on the smaller, less fertile plots of ground, while he takes the larger and more fertile land. The husband also decides when to plough, and normally his fields are ploughed first. A woman may make suggestions, but her decisions cannot be recognised as binding (Ambunda & de Kerk, 2008).

Duties and responsibilities in this community are attributed to members of the two sexes by virtue of their gender. This means that duties are divided between males and females based on stereotypes of what it means to be male or female on the one hand, and on how men and women ought to behave on the other hand. These do not necessarily take account of ability or the capacity of either sex.

There are few job opportunities in Okalongo, with the main being building construction. A small proportion of the population engages in small business enterprises, which are limited to

¹¹ The male reception area build at the entrance of every traditional house

¹² A female reception area and side of the kitchen

meeting the shortage of employment in the area¹³. As a result, most men migrate to urban areas to seek employment. They usually return home biannually. The majority of women in Okalongo are unemployed and depend on their husband's support. In the men's absence, women are involved with farming; the main source of income in the area. They are also usually involved in food preparation, child-rearing, care giving, and holding the family together. Women's work, therefore, is primarily limited to cultivating the land during the rainy season, while men have to work in different towns away from home. Apart from agricultural production, women raise cattle, goats, sheep, pigs, and chickens (Anyolo, 2008).

The Ovambadja people of Okalongo remain strongly linked to their culture and tradition. In most cases, elders teach youth about the importance of traditional norms and values with a reason to reclaiming their pride and history (Anyolo, 2008). Despite the infiltration of Christianity, the Ovambadja community of Okalongo still practices traditional rituals during ceremonies such as weddings, rites of passage and initiations into adulthood, and traditional healing. They also have traditional festivals (Anyolo, 2008).

Ovambadja believe in polygamy. It is not uncommon to still find men married two to more than five wives in Okalongo. Childbearing is highly priced in this area; with a man with many children held in high regard. It is also unusual to find young women still being married through an arranged marriage system. Some are still forced to marry elderly men, through a traditional (and not civil) wedding (Anyolo, 2008).

It is not uncommon to find parents who allow young girls to stay home without sending them to school or back to school when they drop out. Even though many parents are able to read and write, most have limited understanding of the value of education. Being at home and looking after livestock as well as ploughing the field are viewed as more important than going to school to this community. Thus, while there is access to education through the number of schools in the area; young women in particular still drop out of school in large

¹³The unemployment rate is at 51.7% among women and 48.3% among men in Okalongo (Namibia 2001 Population and Housing Census, 2003). This figure is not a true reflection of the unemployed rate in the area as everybody that worked and earned a wages during the census was counted as employed.

proportions for various reasons such as teenage pregnancy and delinquency or take part in traditional wedding (Olufuko)¹⁴.

There are 31 schools in Okalongo¹⁵. The Omusati Education Regional Statistics (2011) has indicated that there is drastic poor performance in Grade 12 in the two senior secondary schools in Okalongo. At the first secondary school, only 27%¹⁶ qualified to go to university and at other secondary school only 5.9%¹⁷ qualified. To have the overview of the whole region, in 2011 there were 19 schools with grade 12 and only 2 schools achieved 50% and above, while 17 schools performed below 50%. This means that only 21,3% of learners qualified to go to higher institution and 78.7% learners did not qualify¹⁸ (MoE, 2012).

This contextual profile locates the fifteen women who participated in the study and provides some insight to the discursive context from which they make meaning of their lives. This discursive space shapes their perspectives and experiences as I argue in the analysis in the next chapter. What follows below is a brief profile of each participant. Thirteen participants are Oshimbadja speaking and only two speak Oshikwambi and Oshikwanyama respectively. I provide this brief profile of each participant to provide yet another layer of context to further situate their perspectives and experiences.

5.3 The Respondents

The participants filled in a demographic profile, which helped to present this section of the data (Appendix E). I made telephonic follow up calls for additional data where needed to complete profiles.

Kaleke is married to a Catholic deacon for about 22 years. She has four children from the same father and she is 45 years old. Kaleke completed Grade 12 and is currently unemployed. She works as a volunteer at the Catholic AIDS Action Centre where she educates and supports community members on HIV issues. Her husband is over 60 years old and was

¹⁴ A cultural ceremony that years teenage girls from sixteen years have to go through to determine their womanhood and after the ceremony she is free either to have a baby or to be married traditional, mostly by elder men without social rebuke.

¹⁵ There are two senior secondary (Grades 8-12), fifteen combined (Grades 1-10), and fourteen primary schools (Grades 1-7).

¹⁶ Out of 111 learners only 30 learners passed

¹⁷ Out of 51 learners only 3 passed

¹⁸ There were 3100 learners and only 661 and 2439 did not qualified to further their studies to Tertial institution

married traditionally to two wives; both of whom he divorced before marrying Kaleke in a civil marriage. She was 23 when they married. Some of her husband's children from his previous relationship are under her care.

Kangulu is a married Christian woman. She is 37 years old and has three children. She gave birth to her first born when she was 22, who is fathered by a different man and two children are from the current relationship. She has been married for ten years, but before married they have been in a long-term relationship. She attended school up to Grade 10 and, like Kaleke, is unemployed. She too is a volunteer at the Catholic AIDS Action Centre.

Kapakalye is 45 years old. She is an unmarried Christian woman who has been in a long term relationship for more than 16 years. She has four children. She gave birth to her first born who has a different father, at the age of 18. The other three are the product of the current relationship. She attended school up to Grade 10 and she is unemployed. Her current long-term partner has three children with other girlfriends. She too is a volunteer at the Catholic AIDS Action Centre.

Kahelela is a 49 years old Christian woman. She has been married for over 20 years and has five children with the same man. She only managed to go up to Grade five. She dropped out of school to get married at the age of 19, because to them marriage was the first priority. She is unemployed and volunteers at the Catholic AIDS Action Centre.

Kaana is an unmarried 44 year old Christian woman. She has been in long term relationship for more than sixteen years and has three children fathered by the same man. Her boyfriend though, has children with another woman. She attended school up to Grade 10 and she is unemployed. Like the women above, she is also involved in Catholic AIDS Action Centre.

Sonia is a young teacher who is 29 years of age. She is unmarried but in relationship for more than six years. She has two children from the same man and has a college diploma. She is the last born in a family of ten children. Her parents were very dedicated to the church and they brought up their children the same way. She stated that in her family, men are respected more than girls. Even though she is not married, Sonia has a boyfriend who is also a teacher and a father of her two children. Her boyfriend teaches in a different region. She too like some other women in the study has experienced infidelity in her relationship.

Kauna is a married 42 year old woman. She has been married for more than eleven years and has one child. She has a college diploma and is a teacher. She was married through an arranged marriage by her parents. Her husband has four other children outside marriage; each with different mothers. She remains married even though she has not lived with her husband, who abandoned her, for nine years. She notes that he came back to the region on holiday after a long absence. Instead of coming to their matrimonial home, he went to his parents' house. According to Kauna, her husband has another house at his current town and he is staying with another woman.

Ilamo is a married Christian woman, a teacher by profession, and has a college diploma. She is 45 years old. She has two children from the same father and she has been married for more than sixteen years. Her husband is also a teacher. He has a child outside marriage, who is under her care. They both teach in the same area.

Kandina is a 49-year-old Christian married woman, who is a teacher. She has a college diploma and has five children from the same man. She comes from a strong Christian background and is the oldest of ten siblings. Her husband used to work far from home for several years, but is currently at home and is unemployed. She reported that it has been a long time since he had a proper job. According to her and like other women in this study, she has also experienced infidelity in her marriage.

Tuta is 50 years old and has been married for more than twenty years. She has eight children. She is a teacher and has a college diploma. Apart from her own children, she takes care of her husband's other four children that were born out of wedlock by three different mothers. Her husband is a businessman and a farmer. Apart from their matrimonial house, he has another house, which he shares with another woman whom he did not even marry by traditional rights. She is a deeply religious woman.

Sugar is a 45-year-old married woman. She is a teacher and has college diploma. She has been married for more than eighteen years and currently has only one child. Apparently, she gave birth to three children, but two passed away. One died at the age of one year and the other at twelve years old. Like Tuta, Sugar takes care of her husband's two other children that were born out of wedlock by different mothers. Her husband is a teacher too. He works far

from home and only comes home on weekends. She comes from a strong religious background. Her father was a committed and respected church leader in the area and they were brought up the same way.

Shangeelao is a 23-year-old single young woman who does not have any children. She has been in a relationship for five years. Shangeelao's mother died when she was at the age of 10. Her father is still alive but is unable to take care of her. She is under her uncle's care. She completed Grade 12 and is currently studying at the University of Namibia.

Petrina is a 25-year-old single woman. She has no child but has been in relationship for five years. She lost her mother too and was raised by her aunt since the age of 15. Her father is still alive, but hardly support because he is unemployed. She failed Grade 10 and she is currently unemployed.

Susan is a 25-years-old single woman and has no children. She has been in relationship for more than five years. She completed her diploma in bricklaying and plastering and is employed as bricklayer in a construction company. She lost her father when she was 18 years old. She stayed with her stepmother, even though her mother is still alive. Like many of the women in this study, Susan as young as she is has also experienced betrayal in her relationship, which she says they have discussed the issues with her partner. She intimated that she forgives him and "moves on" with the relationship.

Lady Dee is a 20 years old single woman who does not have any children. She has been in relationship for five years, means she start dating as young as fifteen years old. She completed Grade 12 and she is currently unemployed. Her father died when she was 9 years old. She lives with her mother. She is enrolled with Namibia College of Open Learning (NAMCOL), doing her diploma in Computer Driving Licence (CDL), while at the same time improving on her Grade 12 symbols.

Summary

The brief profile above consists of fifteen women whose age ranges between 20 years to 50 years. All of them are from Okalongo and they are all Christian. Eight of the respondents are married and seven unmarried. Among the fifteen women, only four are without children, but have been in relationships for longer than five years. Most of the respondents indicated that

they experienced infidelity in their relationships and that their husbands had children born out of wedlock. Only three young respondents indicated that they had not experienced unfaithfulness in their relationships.

Six women in this study had education diplomas and are employed in the Ministry of Education as teachers. Eight of the women were unemployed. Five of the unemployed women volunteered at the local Catholic AIDS Action Centre where they work in the community in combating the HIV and AIDS pandemic. One of the eight unemployment women did not go to secondary school, and had not even completed primary school. Four completed Grade 12 and the other three went as far as Grade 10.

Marriage is an ideal in this community as it comes with improved social status; an aspect I illustrate in the section on the main findings below. Eight of the women were married for periods ranging from eleven years to over twenty years. Seven were single but are all in long-term relationships. Two of the women had children from previous relationships before marrying or living with current long-term partners. In the Oshimbadja culture, it is not unusual for a man to have more than one wife or partner as well as have many children as possible. The experiences of respondents in this study reflect this phenomenon in that seven indicated that their husbands or partners had children with other women. Some stated that their husbands or partners had different sexual partners, even when they do not have children with them.

As the majority of women are unemployed, it is likely that they depend on their husbands or long-term partners for financial support. This, together with what I put forward in the main findings, has implications for the sexual decisions made by this group of respondents.

5.4 Main Findings

The data for the results in this part were derived from the pilot study, focus group discussions and individual interviews. This section is organised in six themes, each with a number of categories. The themes include the following:

- Perspectives and experiences on being a woman in marriage or relationship and in the community
- Initiating sex in and out of marriage

- Negotiating Sex
- Negotiating Safe sex
- Social pressure and safe sex
- Teacher and teaching sexuality

The overall findings reveal a complex social and cultural setting that, for the most part, disempowered women in their attempt to initiate or negotiate safe sexual behaviour with partners. The study highlights the social context that underlies woman's vulnerability to HIV and AIDS in Okalongo, which is rooted in a multiplicity of social and cultural patterns and predispositions toward, norms, and values about acceptable male and female behaviour and roles preserved during socialisation in a patriarchal and patrilineal of Ovawambo society.

5.4.1 Perspectives and Experiences on being a Woman in the Community

This theme presents data elicited from respondents regarding the issue of being a woman in the community and either in marriage or in a long-term relationship. This, they put forward shaped their experiences of what is and is not acceptable behaviour among women (collectively and individually). This theme includes the following categories of description: marriage and social status; sex, desire and women's role; marriage, woman's role, and religion; and women's position in marriage and headship.

5.4.1.1 Marriage and Social Status

Marriage is highly valued in the Okalongo community. It accords women social and sometimes even economic status. Many in the study proposed that unmarried women received little respect in the community. The majority of the women agreed that being unmarried while young was 'acceptable'. However, the older one becomes the less respect one enjoys as a member of this community. In this regard, Kangulu, a 37 years old, unemployed and married woman encapsulated the general sentiment amongst the majority of women irrespective of their marital status. She said,

In our community a married woman is respected and has qualities that unmarried women do not have. It is very important to be in relationship. You are respected only if you are young; but if you grow old and you are still not married, no one will respect you. To us being married is very important. (IIDP, 10 May 2012).

One of the teachers, Sugar, was also happy that she is married because she believed that through marriage, a woman has a life partner to satisfy her sexual needs. She said, "[I] am

happy that I got married because everyone needs a partner in life to satisfy her sex needs. We are created men and women, and we all need each other. This is how I feel” (IIDP, 22 April, 2012). It seemed common in this community that women marry due to the need for support, status, and security. This was made evident by responses from young women in particular. Petrina, one of the single women, idealised marriage and described her desire to be married; stating that it would be a privilege to have a ring in her wedding finger. She said,

To be a married woman means a lot to me, because I will feel proud to have a wedding ring on my finger. It will allow the house to echo- to sound filled with love. I will have a man by my side, who will share responsibility; whom I will always have to lean on and who will share with me his unconditional love. (IIDPIL, 20 January 2012).

Marriage was also viewed as sacred and to be treated with respect in the community from which the participants were drawn. They viewed it as the thing most women desire and aspire toward, irrespective of educational or economic status. This group of participants was no different in their views on a woman’s desire to be married. The majority reported to have learnt about womanhood from an early age; with marriage and bearing children highlighted as desirable and indeed highly favoured. The individual interview with Kandina, an older married woman of 49 years old and a teacher confirmed the general sentiment. She intimated that she was ‘very lucky’ to be married because, in her experience, not all women have that privilege. She said, “[I] consider myself as a very lucky woman to have that opportunity of being married and have my husband, which many of my friends could not achieve; because I know in our culture everyone has a wish to get married” (IIDT, 28 March 2012). Kandina’s response emphasised that marriage in Okalongo is a structure that makes women feel valued and seemed to be one that women await with anxiety.

The case of a girl becoming pregnant outside marriage was not culturally acceptable in this community because it is regarded as bringing shame to the family. Sonia, a 29 year old unmarried teacher, recalled very well how her father used to advise her and her siblings to refrain from sex and how he urged them to take their studies seriously and get married in order to be respected in the community. She said, “... I don’t want you to come from school and you are pregnant, study very hard and get married. You should behave well in order for you to be respected in the area.” Sonia’s mother also taught her that in marriage, a woman is expected to be honest and to trust her husband. She said, “...you have to be honest with your husband. You have to also take care of your husband and trust one another. If you do not trust your husband, your marriage will not last long. There are times when you will have

difficult times but you must share it with your husband” (IIDT, 21 March 2012). Such social and cultural expectations that seemed to push women in this community to want to marry at all costs; to escape the social reproach that comes with being unmarried.

The above illustrates that irrespective of their marital status, the majority of women recognised the status ‘marriage’ offered and as I show later, seemed to ‘accept’ sexual practices that put them at risk just to remain married.

5.4.1.2 Being Educated Women and Social Positioning

Six of the respondents are teachers yet there were no differences in the way they positioned themselves in comparison to the nine uneducated women. Kandina, a teacher understood that *“a woman should behave in a respected manner, towards her husband; she should abide to his rules and be a good exemplary in the community” (IIDT, 28 March 2012).* Sugar, also a teacher said, *“a woman is expected to care of the house, children and the community at large”. A woman is expected to do the housework, produce enough food for the family and for others as well” (IIDT, 22 April 2012).* Kangulu one of the uneducated women also expressed similar sentiments as her educated peers that a woman’s place is at home and that she should respect her husband. She said, *“[A] woman is expected to stay at home. She should respect her husband, because he is regarded as if he is your father and you have to abide by his rules” (IIDP, 10 May 2012).*

Irrespective of their education background and despite participating in public and economic life, women in this study positioned themselves in the private space of the home. They also normalised male dominance as ‘expected’ practice by accepting men as the head of households who ‘have’ to be respected.

In many societies, women’s sexual desire represents a challenge in that it is viewed and understood as different to that of men. Woman’s sexuality has been viewed as something to be controlled, hidden or mastered, most often by men (Bah, 2005), as the results below indicate.

5.4.1.3 Sex, Desire and Women’s Role

Nine of the fifteenth respondents (8 married and 1 single) acknowledged that it was the woman’s duty and responsibility to satisfy her husband or partner’s sexual desires. Most

agreed that not refusing a man sex was a woman's duty irrespective of her own feelings and desire. Only Lady Dee, one of the young unmarried women, disagreed with this sentiment.

Petrina, a 25 year unmarried woman, encapsulated the general sentiment shared by the eight women. She said, "... *it is wrong for the woman to refuse to have sex with her husband. She is married and she needs to fulfil her duties as a married woman.*" To her, once one gets married, a woman would need to satisfy her husband's sexual desire as well as cook for him and take care of the house. She said, "...*if I get married one day my role in marriage is to be a respectful woman and make sure that I fulfil my duty as a wife, like I have to satisfy my husband sex desire, clean and take care of the house*" (FGDPIL, 20 January 2012).

While the primary reason for not refusing a man sex was that it was a 'woman's duty', other women in the study also expressed different reasons why they felt they should comply. These included avoiding conflict in marriage or relationships, fear of losing a partner, or avoiding gender violence. Ilamo, the 45 years old married teacher said, "... *you have sex because you feel that you are a married woman and this is your true friend. If you deny him sex, he might go out and you may lose him. You have that fear of losing him because most of the time, they (men) like saying 'if you do not want to have sex with me, I will have to find another women'*" (FGDT, 15 March 2012). Fear of losing husbands (to other women) drove women in this study to suppress their own desires and often comply against their better judgement. Kandina, the 49 year married teacher whose husband works away from home, put it this way, "... *as a married woman, you have to give up yourself for sex; but you are just doing something you are not enjoying. You are just done it for the sake of keeping the relationship alive*" (FGDT, 15 March 2012). Sharing the same sentiment, Kahelela the 49 years old married and unemployment woman said, "...*if there is no sex in the house the relationship will turn sour. It does not mean that you are a sex maniac, but you are just keeping the relationship alive and you were just keeping your man*" (FGDP, 2 April 2012).

Lady Dee, a 20 years old single and unemployment woman who has been in relationship for five years, disagreed with the sentiment that women should comply and always fulfil a man's desire to have sex. She felt that it was a woman's right to be in a position to protect herself from HIV or other sexually transmitted infections. She had a right, as she put it, to limit the number of sexual partners, to say 'no' to sex with an infected partner regardless of her legal marital status, or to insist on the use of a condom (even with her husband). However, the

reality she also acknowledged was that generally, women were unable to exercise their sexual rights. She said,

For me, being married does not mean you are married for sex, because even you are married, you still have your pride to decide what you want and what you do not want. You can negotiate sex with your husband; the time you feel, or you are ready to have sex. I just want the word 'NO' to be in every women's mouth, which is very rare for most women. Women should stop accepting whatever men tell them, even if it is against their will. (FGDPIL, 20 January 2012).

She acknowledged that she wanted to get married one day and felt that she would be a caring mother and understanding wife. She said, “[I]f get married, my role will be a caring mother, an understanding wife and most of all a responsible wife” (FGDPIL, 20 January 2012). Closely associated with the institution of marriage were duties and obligations that define acceptable ‘wifely’ behaviour in marriage. These further domesticated women to the extent that they could not demand safer sexual behaviour and practices from sexual partners, as the majority of the respondents irrespective of their level of education or age indicates below. For them, a woman’s role either in marriage or in relationship was to satisfy the man’s sexual needs. This, as I see it, contributed to maintaining women in inferiority and subservient positions to men.

5.4.1.4 Marriage, Woman’s Role, and Religion

Religion and conceptions of marriage were two elements that exerted influence on this cohort. Marriage varies in different cultures, but it is usually an institution in which interpersonal relationships are intimate and sexual relationships are assumed. People who grow up in a Christian environment learn that marriage is a divine institution with commitments, obligations, and duties, which symbolise and solidify the relationship. Such a framework shaped this cohort, given that all expressed deep religious convictions.

Sugar, a 44-year married employed woman who came from a strong Christian religious background, believed that to be in a marriage was a calling she was obligated to fulfil as a woman. To her, marriage was a strong bond that could not be broken. She said, “*God created us to be in a relationship; that is why he created man and woman.*” She continued to say, “[I] am very proud to be a married woman and I have fulfilled nature’s wishes. Even the Bible says no one can be alone. God has created a man and a woman. I believe marriage satisfies some of my basic life needs, which includes sex” (IIDP, 22 April 2012).

Shangeelao, the 23 years old, though still young and single, supported Sugar's idea that wedding vows ought to be respected and that divorce was not an option or the solution to a problem once one committed to marriage. She said, "*[I]f it was my husband who slept with Catherine, he has to give me reasons why he did it. I won't divorce him because even our wedding vows will clearly stipulate that for better or for worse. We have to stick together*" (FGDPIL, 20 January 2012).

As a Christian, Susan a 25-year-old unmarried but employed woman aspired to be married one day. She said, "... *as a Christian woman, I want to get married one day; to be committed to my husband and to share love, information and fulfil my duties of looking after one another*" (FGDPIL, 20 January 2012).

Unlike the dominant perspectives above that linked religion and marriage, Lady Dee had opposing views. She felt that even though the Bible was against divorce, she was of the view that it was wrong for a woman to pretend and keep herself in a marriage if she was not happy. She said, "*[I] support divorce because once you are married it is when you come to know your husband better. Sometimes he can start behaving the way you did not expect. If woman's happiness is affected; then divorce is the solution even though the Bible is against it*" (FGDPIL, 20 January 2012).

Religion not only influenced how women positioned themselves in the private sphere but also shaped their perceptions on leadership in the family structure as I outline below.

5.4.1.5 Religion, Women's Position in Marriage and Headship

Irrespective of their marital or employment status, fourteen of the respondents understood that the man was the head of the family. Kandina expressed the view that a married woman ought to respect and honour her husband because a man was the head of the house. She said, "*[A] married women should behave in a respectable manner towards her husband; to honour him because a man is the head of the house. A woman or wife should respect her husband no matter how he is; she has to abide by his rules, because he is the husband.*" Kandina, a staunch Christian stated, "...*it is from creation itself that a man is just a man and once you have him you have a shoulder to lean on and is the provider.*" She believed that a man was the provider even though according her profile indicates that her husband was unemployed and relied on her salary. She continued to say that she had to be a good example to other

women by showing them how to take care of a family. Kandina said, *“I am here to be a good example to my fellow women by taking good care of my family, starting with my husband and to the kids”* (IIDT, 28 March 2012). She expressed that a married woman should be caring, loving, and hardworking and that she should abide by her husband’s rules.

Despite her marital status, Sonia, an unmarried woman, agreed with Kandina in that she too regarded the role of women in marriage as that of caring for their husbands. She said, *“... a married woman should be someone who can take care of her husband and one who can raise children”* (IIDT, 21 March 2012). Sugar implied that women have the responsibility to hold the marriage together. She said, *“... a married woman should not break the marriage. She should stick to one married husband only. A woman is expected to take care of the house, children, and the community at large. All the house (domestic) chaos are regarded as the woman’s responsibility”* (IIDP, 22 April 2012).

Kangulu proposed that women ought to not only respect men, but also adhere to their rules as the head of the family. She indicated that they ought to do so without question. She said, *“... a woman should respect her husband, because man is regarded as he is your mother and father. She has to behave as a married woman and make sure that she is at home every time. She must not come home late. She has to adhere to her husband’s rules. If he says, ‘do not do this or that’, so it is”* (IIDP, 10 May 2012). Lady Dee, a young and unmarried woman agreed with the general sentiment of according power to men as head of households. She said, *“...because of the tradition that I was brought up in, the man is the head of the house and even the Bible says so”* (FGDPIL, 20 January 2012).

Petrina though, disagreed and felt that partners shared equal responsibility as the head of the house. She said, *“[I] think both, the husband and wife are the head of the house. A house without a wife is like a tree without leaves. The woman is there to give her love and man is needed for support”* (FGDPIL, 20 January 2012).

In summary, irrespective of age, marital and economic status, the perspectives by the majority of the women indicate that these women conformed to the social expectations stemming from the notion that certain characteristics, behaviours, qualities and roles are natural for women (Chakarova, 2003). The women in this community did not only conform to the social expectations but also were compliant in its reproduction. They adhered to the

social norms and beliefs that expect women to get married in order to escape societal rebuke. They also adhered to the social gender roles that shape women's behaviour to believe that it was their obligation to take care of their husbands, house, children, and the community at large. They believed that men were the head of the home and that it was the woman's duty and responsibility to satisfy her husband or partners' sexual desire. Some women also indicated that being in a relationship was 'natural fulfilment of nature' and that it was divinely ordained. They said God created men and women to satisfy each other's sex desire yet they maintained that women should fulfil the man's desire.

In agreement with findings by Hamilton (1990:227), women in this study seemed to be victims of their own behaviour in that they were more likely than not, passive rather than active, more subservient than assertive, self-effacing rather than self-confident, dependent rather than autonomous or independent. They seemed more likely to reproduce rather than transform the social and cultural gender constructed inequalities which support men's dominant position and practices all of which created a challenge for them to negotiate sex, safe and safer sex as I illustrate below. For example, the notion of a man being the head of the house already signified how relationships in the bedroom may play out as the data in the next section illustrates.

5.4.2 Initiating Sex in and outside Marriage

Irrespective of their age and marital status, 11 of the fifteen respondents understood that in their culture, it was taboo and immoral for a woman to initiate sex, let alone ask her husband or partner to use a condom. Those with divergent views agreed that women should exercise agency in initiating sex and offered different reasons as to why this should be the case so as first category in this theme illustrates below. Women also gave their perspectives on virginity and initiating sex as well as on some of the strategies they used to indirectly initiate sex.

5.4.2.1 Cultural Beliefs, Feelings, Desires, Needs and Initiating Sex

Cultural beliefs, values, and norms in Ovambo play an important role and have an influence in women's sexual identity. Traditional expectations, which stem from the idea that certain characteristics, behaviours, roles and needs are natural for men, while others are natural for women, shaped how the women in this sample understood their roles in initiating sex.

It was considered immoral and taboo for women to initiate sex amongst the majority of women in this sample. Sonia, one of the young unmarried women, said that to her it was immoral for a woman to initiate sex and that a married woman is expected to remain silent on sexual matters. She said, "... *I think the community will think that this woman is mad. How can she initiate sex? A woman should remain passive. She does not even deserve to be married (if she initiates sex). How can she initiate sex while the man is quiet? It is immoral in our culture. It is something different; it is rare*" (FGDT, 15 March 2012). Kaleke, a married woman supported Sonia and said; "...*it is a taboo. It is against our Oshiwambo culture that started long, long time ago with our ancestors. Initiating sex was regarded for men only and not for a woman ... to initiate sex*". She further stated that women in this region adhered to the tradition and that initiating sex was not common because of fear and shame. Kaleke said, "[W]omen have inherited a wrong impression that only men can say *I need you today. It drives women into fearful and feel ashamed to initiate or discuss sex with their husbands*" (FGDP, 2 April 2012). While she acknowledged that it was a 'wrong impression', she felt suppressed by 'tradition' to comply for fear of being different. Despite being educated and married for more than twenty years, Kandina also intimated that she was not comfortable or open to initiate or discuss sexual matters with her husband. She said, *[I] think women are not open to discuss sex matters with their husband, just to start with myself.*" Kandina defended her position by blaming cultural norms and she said,

I think we inherited and [are] stuck with the notion of culture that says a woman cannot make decisions in a relationship, especially when it comes to sex. This is keeping us sometimes from not being free to talk about sex. This is why we always have to wait for the man to initiate it. (IIDT, 28 March 2012).

An elderly married woman, Tuta had strong opinions on a woman's behaviour regarding initiating sex. She said, *"[I]n our Oshiwambo culture, no matter how long you have been in that marriage or relationship and you might know that only death do you part; a woman should not initiate sex. The people might question, 'what type of woman are you? This is what we believe in our tradition"* (FGDT, 15 March 2012). In her view, women ought never to initiate sex.

While the above was the prevailing perspective by eleven of fifteen respondents, there were some divergent responses from two married and two single women. Even though all four acknowledged that women had the right to initiate sex, their reasons differed as to why. Petrina believed women should exercise agency. She did not see anything wrong with a

woman initiating sex, because in her view, it was just a matter of ‘exercising one’s rights’. Petrina considered women who initiated sex to be ‘brave’ and proactive for two reasons. First, she saw them as exercising their rights, and second protecting their relationship by not committing adultery instead. However, she conceded that it was rare for women to initiate sex. She said,

To me it is not wrong even though it is very rare to find a woman initiating sex. Even though in my experience, men are the ones to initiate sex, I think a woman [who initiates sex] does not want to commit adultery. She did not only show her bravery, but is open to face the reality in exercising her rights (FGDPIL, 20 January 2012).

Lady Dee, the second young unmarried woman, supported Petrina’s views about the right of women to initiate sex. She stated, “...to me it is not wrong for a woman to initiate sex and this does not mean this woman is a sex maniac. Men are always initiating sex; this is what we tend to believe. Thus, why sometimes men behave like animal (referring to men as dogs) and they think they are the only one with the right to initiate sex.” She raised the issue of the constitutional law to support her argument. She made the point that the Namibian constitution recognised males and females as equals before the law and said, “... this is a 50-50 world of gender equality. Everybody has rights, even the Namibian constitution made it clear that we are all equal.” Despite her belief and like Petrina, Lady Dee doubted that women exercised their rights because of the culture that viewed initiating sex a taboo. She also expressed fear of what the community would say if a woman was known to exercise her rights. She reported, “[I] only have a doubt to us Ovawambo, because to us initiating sex is regarded as a taboo. If people heard that a certain women initiated sex, she will be called names like Oshikumbu (whore or slut).” Lady Dee also made the point that Ovawambo women embodied a particular demeanour and disposition towards sex by saying, “...to us Ovawambo, we always have to look innocent when it comes to sex and for the sake of following our culture, a man should initiate sex” (FGDPIL, 20 January 2012).

Even though the two women above recognised a woman’s right to initiate sex, the social and cultural environment often constrained or precluded them from doing so.

Sugar and Kahelela, two married women also supported views by the single women above. Unlike the dominant view among this cohort that women ought to be coy regarding sex, Sugar foregrounded women as sexual beings; with desires and needs. Sugar said, “[I]f I am in need of sex, I have to tell him because we all have rights to satisfy our sex desires. I can

ask him politely and if he is not in the mood, he has his right to refuse sex” (IIDP, 22 April 2012). In supporting the idea of initiating sex, Kahelela said, “[Y]es, it is not wrong for a married woman to initiate sex. This woman is doing the right thing and I think she only has to ask when she feels she needs sex” (FGDP, 2 April 2012).

Thus, while all four agreed that women had the right to initiate sex, they put forward different reasons for why this should be the case. In particular, all four women recognised the challenge of woman agency in a social and cultural context that expects women to be compliant, passive, and indifferent to sex.

In summary, even though some of the respondents felt that it was not wrong to initiate sex, the prevailing belief was that it was against their culture for a woman to initiate sex with their partners. To remain coy and show their loyalty in their relationship meant most in this cohort left the responsibility of initiating sex in the charge of their husbands or partners. This led them to hand over sexual decisions to men, which was not only dangerous to their relationship, but also risky to their own health and sense of self.

5.4.2.2 Virginitly and Initiating Sex

Virginitly was a symbol of purity amongst women in this community. Such a notion was supported by the strong Christian religious beliefs held by the majority of the women in the sample. According to them, a woman’s virginitly does not only add value and status signifying a ‘real’ woman in this community, but it also shapes woman’s sexual behaviour. Sugar and Kandina, both of whom held strong religious values and beliefs, were educated by their parents that a woman should remain a virgin until marriage. Sugar learned this through her mother. She said the following in this regard,

For a woman to be regarded as a ‘real’ woman, she should abstain from sex and remain a virgin until her parents give her hand in marriage. It is not easy to initiate sex especially if the relationship is new, because you need to show your man that you are a good woman and that you are inexperienced in sexual matters (IIDP, 22 April 2012).

The ideas expressed by Sugar perpetuated the notion that women should show disinterest, be coy and not desire sex as they were expected to be passive in sex-related matters. Kandina’s father also reinforced ideas on virginitly and ‘good’ girls. Her father, she said, had a strong influence on her sexual identity. She said,

To us (girls), he always told us to abstain from sex and remain virgin, because traditionally, girls have to behave in that way. He used to tell us not to allow boys to fool us, but to be patient and wait for the right man to approach us, especial those who ask our father for a hand in marriage. (IIDT, 28 March 2012).

Kandina further stated that what she learnt from her parents was what she had to pass to her only daughter. She said, “...I am bringing up my daughter the same way as I was brought up, because I believe is the best way to do” (IIDT, 28 March 2012). Kandina indicated that this norm of a women remaining a virgin was still prevalent in the community where she lived.

Women become enslaved by the social constructions on how they should act in relation to sex. The demands put on women to be ‘good’ and ‘coy’ led to ‘othering’ in this community. For the most part, they seemed to establish their sexual identity and position themselves in relation to what they were not, namely not ‘bad’ women.

5.4.2.3 Sex Initiation Strategies by Women

There is no doubt that both men and women have sexual needs that makes them desire sex naturally. While men make direct demands for sex, women in this study proposed that they employed indirect strategies to initiate sex, some of which are erotic. Two of the respondents both of whom are educated, confirmed that while they did not initiate sex directly, they did so indirectly. Tuta said, “...you can attract him in an indirect way by preparing very delicious food (laughing) or you have to eat together and make jokes” (FGDT, 15 March 2012). Sonia indicated that she used to be shy in bed and unable to initiate sex directly. She said, “...I used to feel shy (laughing) in bed, even if I feel that I have a desire for sex. I always ended up talking different things about how I feel. So I just could not tell him straight that I need sex, but now I try some tactics to attract him.” Like Tuta, she too described how she prepared delicious meals with special drinks and how she and her partner would eat and joke as part of the sexual initiation process. She said. “... If I feel I need sex that day, I cook nice food, very delicious, just special for him that day. And I buy special drinks’ then we drink and we chat a little bit and make some jokes, then ... then afterwards ...I have to like ...this touching one another and until we have sex” (IIDT, 21 March 2012).

The data shows that women engaged in prolonged sexual initiation processes and used codes to signal their desire for sex. They acknowledged that such a process differed to men who seemed able and more direct in their approach to sex.

The practices described above seemed to reinforce patriarchy, subordination and subjection to men as women continued to normalise gender roles.

The next section presents data on perspectives and experiences in negotiating sex.

5.4.3 Negotiating Sex

Negotiating sex is a conversation and mutual agreement between partners before sexual penetration occurs. It requires a discussion about whether or not to engage in sexual intercourse or negotiate whether or not they would practice safer sex (Kessy & Phillemon, 2008). Twelve of the fifteen respondents, irrespective of their marital status and their level of education, shared similar sentiments that it was a challenge to negotiate sex. They provided two main reasons, which included silence and taboo pertaining to sex and inhibiting cultural beliefs. I discuss each below.

5.4.3.1 Silence and Sex

There was consensus amongst this cohort that silence around sex-related matters in the community made it difficult for women to negotiate sex or even bring up the topic with their partners. They said that because of the silence around sex and sexuality, they feared and were shameful to negotiate sex with their husbands or partners. Kangulu put it this way, “[T]here is silence and shame in our society. No matter if a person is married or not married; there is too much shame in our society. ...They feel like initiating safe sex, but women are just shy” (FGDP, 2 April 2012). Kaana shared similar sentiments about women’s experiences of fear and shame to negotiate sex especially because men might disclose to friends. She said, “[W]omen feel shame, and fear because if you negotiate sex with your husband, you are afraid and think that he might go and tell his friends that ‘my wife initiates or is just always talking about sex’.” (FGDP, 2 April 2012). Kahelela supported the claims made by Kangulu and Kaana, that women were silent and unable to negotiate sex because they feared being called ‘bad’ names. She said, “In most cases, women are silent when it comes to sex because when people find out that you ask your man to use condoms, you might be called bad names. So, as a woman, you should wait for a man to start the negotiation” (FGD, 2 April 2012). Ilamo stated that she was also unable to negotiate sex with her husband, as she feared being called a ‘sex maniac’ or a woman unable to control her sexual desires. Her fear was associated with perspectives on being a ‘good’ woman and what ‘others’ would say or think.

She said, “[I]n my case, I cannot negotiate sex because the people might find out and call me a sex maniac or a woman who cannot control her sex desire. People can even accuse you of having an affair with other men” (FGDT, 15 March 2012). The discourse of ‘good’ vis-à-vis ‘bad’ woman and shame if and when a man disclosed his wife or partner’s behaviour contributed to the lack of negotiation amongst women in this cohort.

Tuta, one of the oldest women in the study, also supported the sentiments that women were not free to negotiate sex with their husbands. She said that some men are disloyal in their relationships and some gossip with friends about their wives or partners. She stated,

There are incidents that I am aware of, whereby men gossip about their wives or partners with their friends and can you imagine how his friends react? They can gossip you until your husband develops hatred for you and believes that his wife is really a sex maniac. He can be influenced and believe that women should not behave in that way. Some man may be influenced by others to leave their wives with the idea of testing them, whereby some stop sex relationships with their wives for certain months to see if you can be patient to wait for him or whether you will find some other men. He may believe that you are now a sex maniac, just because you initiated sex. (FGDT, 15 March 2012).

Fear and shame of being labelled by husbands and partners emerged as strong reasons why women in this study were hesitant to negotiate sex. However, age also influenced the ability to negotiate as I indicate in the following section.

5.4.3.2 Age and Negotiation of sex

Age difference also shaped women’s ability and decision to negotiate sex. The younger respondents in this study seemed more confident that they could negotiate sex because they felt that it was their right to do so. As Lady Dee the 20 years old states, “... a woman has also feelings, if she feels that she wants sex she has the right to ask for it from her husband” (FGDPIL, 20 January 2012). Sonia, the 29 years young teacher shared similar sentiments and stated, “[I]n my view, a woman also has feelings and rights to ask for sex. She is also a person like a man” (FGDT, 15 March 2012). The older women had different perspectives to those of younger women in the study. Tuta, a 50 year old expressed, “Even though you have been in marriage or in the same relationship for so long and you know that nothing can become between you and your partner, it is not right for a woman to negotiate sex” (FGDT, 15 March 2012). Kachelela who is 49 years old also shared similar views that a man should take the lead in initiating and negotiating sex. She said, “I think it is the man’s voice that should be heard in the house. He is the only one to negotiate and initiate sex” (FGDP, 2 April 2012)

5.4.3.3 Cultural Beliefs and Negotiating Sex

Most of the respondents felt that cultural beliefs influenced women's sexual behaviour and strongly undermined their agency to negotiate sex. For example, Kandina felt that silence surrounding sex did not exist in the vacuum but rather embedded within cultural norms and practices in the community. She said, "*[I]n our culture as we do not discuss sex matter with children; the same way that we do not negotiate sex with our husbands or partners. There is no way you can find a discussion about sex, no, no*" (FGDT, 15 March 2012). To Tuta, negotiating sex was the similar to initiating sex, also against her Oshiwambo cultural norms. She said, "*...in our Oshiwambo culture as I have mentioned earlier, we don't initiate sex. In the same way, we cannot negotiate sex with our husbands. The people might question, 'what type of woman you are?'*" (FGDT 15 March 2012). Kauna said that in Oshiwambo tradition, a woman must and should not negotiate sex, let alone initiate it. She expressed it this way, "*[I]t is terrible if the community heard that you initiated or negotiated sex with your husband. You will be the gossip of the village. As far as I remember, in our Oshiwambo traditional values and norms; you have to wait for men to initiate sex*" (FGDT, 15 March 2012). It would seem that in this community, sexual issues were not usually discussed even within marriage or among partners in long term relationships. Silence concerning sex, therefore, contributed to inability by women to communicate with husbands or partners on sexual matters, such as initiating and negotiating sex.

While older women blamed culture for the lack of agency amongst women, two of the young unmarried respondents felt that parents were to blame as they made the negotiation of sex impossible by not discussing sexual issues with their children. Shangeelao said, "*... I think parents are wrong or are the ones to blame, because in my view they still stick to the traditions. They still believe that it is only elders allowed to talk about sexual issues and regard the discussion with children as shameful*" (FGDPIL, 12 January 2012). Petrina felt that elders reproduced cultural norms that continually negatively influence women's sexual behaviour. She proposed that parents should divert from some of the traditional beliefs to face reality and educate their children on sex-related matters. Her response was characteristic of those amongst the group of unmarried women. She said,

In my view, I think parents do not discuss sexual issues with their children because in our culture it is forbidden to discuss sex in public or with kids. It is regarded as a hidden issue for elders only. But, if you look at this modern world, things have changed. We are no longer following traditional beliefs. But I cannot blame parents who stick to their traditions, even though we need our parent to educate us on sexual matters. (FGDPIL, 12 January 2012).

Young and unmarried women in this cohort felt that even though cultural constraints forbids sex to be discussed with children, being in a modern world compelled parents to engage in discussions on sex. They were of the view that without proper sex education; sexuality would remain an extremely private and complex subject of human behaviour surrounded with socio-cultural taboo that made talking about it impossible.

While the majority of women found it challenging if not impossible to negotiate sex, Sonia had a different experience in that she negotiated sex with her boyfriend, claiming that they were “open with each other.” She said,

...we negotiate sex. Like, if I am not in the mood that day or at that time, I can tell him straight away and he understands because we are close and open with one another. It is like now; we have fun because we have been together for many years. We are like brother and sister. If I say I don't want it, it is obvious that I don't want; he has to accept it until such a time when I am ready for him. (IIDT, 21 March 2012).

Sonia believed that being in a relationship for so long had the advantage of enabling her to negotiate sex with her partner.

Cultural beliefs concerning sexuality had a strong influence in women themselves in this community, Kangulu, for example, described men as different creatures who cannot survive a day without sex; unlike women, whom she said were satisfied after just one round of sexual intercourse. She said,

Men are not created the same as women, they are different. A man can have sex with me, but after two minutes he still wants to have sex with Kapakalye. To a woman it is not like that; they can be satisfied once. But a man can even sleep with five women at a time. In our culture a man can marry ten women and it is not uncommon to find them all giving birth around the same time. So, negotiating sex is affected as every woman in this relationship might be trying to win him back (FGDP, 2 April 2012).

5.4.4 Negotiating Safer Sex

Below are the perspectives and experiences of women on negotiating safe or safer sex with their partners or husbands. I describe their perspectives and experiences in the use of condoms in relationships in the first category and thereafter present data on safer sex, child bearing, STDs and HIV. The third category describes myths about condoms and the final category on women, powerlessness, and the relationship between intimacy and violence.

5.4.4.1 Condom Use and Safer Sex

All fifteen women in the study understand that condoms were used for protection against STDs, including HIV. Susan, one of the young unmarried women, said that a condom was used for protection against STDs. She said, “...condoms are not only protecting us from pregnancy, but they are also protecting us from being infected by different sexually transmitted diseases, which include HIV. I do not support oral sex because it is too dangerous nowadays” (FGDPIL, 20 January 2012). Kahelela, one of the older women, agreed and said, “... we use condom for protection purpose, either from falling pregnant or to avoid infectious diseases (FGDP, 2 April 2012). Ilamo one of the middle-aged teachers also stated, “...condoms are used to protect a person from STDs and to prevent pregnancies. (FGDT, 15 March 2012).

Even though the respondents indicated the importance in the use of condoms most, irrespective of marital status, experienced unsafe sex practices in their marriage or long-term relationships. They indicated that they engaged in unprotected sex with their husbands and partners to avoid conflict. Sugar, a religious woman confirmed her husband’s infidelity who despite this, refused to use protection. She said, “[Y]es, I have experienced betrayal in my marriage because I caught him red handed with a woman. As I have told you, he used to cheat on me, I do not trust the woman he slept with, but when I initiated condom use, he did not take it seriously and he refused to use it” (IIDP, 22 April 2012). She recognised and accepted that once she became married, she was already at risk. She stated that she always conceded to unprotected sex and as such “gives up herself” to avoid conflict. She said, “... because I am married, I know I am already at risk. ... For the sake of avoiding conflict, I have to allow him to do what he wants. I have to allow him to have sex with me without a condom.” Sugar admitted that she tried to negotiate safer sex with her husband, but the negotiation always ended up in disagreement or quarrel. Sugar recalled, “[W]e discussed about safe sex especially when I have realised that my husband cheated on me. As I no longer trusted him, I initiated the use of protection ... but sometimes the negotiation never reaches an agreement” (IIDP, 22 April 2012). She further clarified her position and said,

Yes, there are times that he becomes angry and asks what I have seen in him by giving him a condom. This is difficult because sometimes you give him a condom with a reason. For instance, you know he has a lover and you initiate condom use; sometimes he can use it and sometimes he refuses to. This makes negotiating sex or safe sex difficult in our relationship. (IIDP, 22 April 2012).

Sonia, a young unmarried teacher experienced the same betrayal in her relationship. She said, “... I went to his room and I found him with another woman. I left without being noticed and I could not confront him as the relationship was new. We ended up quarrelling when I initiated condom use” (IIDT, 21 March 2012). Like Sugar, Sonia also acknowledged the difficulty in negotiating safe sex, particularly the use of condoms as her boyfriend turned violent sometimes. She said, “... I cannot say, ‘let use a condom’ because sometimes if you ask him to use a condom, he becomes violent and sometimes you end up beaten” (IIDT, 21 March 2012). In other topics in the focus group discussions, Sonia came across as assertive and independent yet she too acknowledged the difficulty in negotiating safer sex with a partner who potentially could use violence to assert authority.

Kandina supported the foregoing that negotiating safe sex was dependent on men and how they understood the situation; otherwise there would be no safe sex. She said,

It depends on the husband level of understanding, especially to the uneducated men, I think it is difficult to negotiate safe sex, as you might try it but there are possibilities that he may misapprehend your intention of trying to negotiate sex with him. He can accuse you of infidelity, because in our culture there are no ways you can discuss about sex with a man especially if you are a woman. (IIDT, 28 March 2012).

These three respondents indicated that whether the relationship was new or not, negotiating safe sex posed a challenge because of the discourse of blame and associated unequal power relations.

Kangulu said that negotiating sex or safe sex in marriage was a matter of choice. She acknowledged the use of condoms before marriage but since she married, she stopped their use. She said, “Yes I did use condoms in the past to protect myself from diseases and since I got married we stopped using it.” She further stated that men did not like and turned violent sometimes when asked to use condoms. She said, “[W]e can use condoms today and tomorrow, but the next day my husband won’t allow it. If I insist, we end up fighting. Men don’t like using condoms.” To the question why she stopped using condoms in her marriage she said, “I trusted him, but on the other hand I have no choice” (IIDP, 10 May 2012).

Attempts to negotiate safer sex put women in this study in insecure positions. Fear and blame were common responses to negotiating safer sex; whereas to men sex without condoms connotes trust. The results suggest that men felt undermined when approached to use

condoms with wives or partners, with the consequence being quarrels, disagreements or even violence.

5.4.4.2 Safer Sex, Childbearing, STDs and HIV Infection

All the respondents indicated to have knowledge about the HIV and AIDS pandemic, but for different reasons, were unable to negotiate safe sex with their partners.

One of the older women in the group, Kahelela, experienced cases where men preferred flesh to flesh sex. She said HIV infected women due to pregnancy even though condoms were available and despite information on HIV pandemic. She said, “... *men say they cannot eat a sweet in its wrap. He can pick up a condom, but when he is ready to have sex, he puts it on the table ... he will not use it. I am saying they are not using it because the babies are still being born by infected mother. Women get free condoms from the shops or from us (the volunteers), but to your surprise, that same woman becomes pregnant even though you know she is infected. They do not use condoms.*” (FGDP, 2 April 2012).

Kangulu also expressed her doubts on whether condoms were used because for her experience as an HIV volunteer. She noted an increase in pregnancy among the HIV positive women in her community. She said, “[T]he use of condoms is not respected in our community, because the increase of pregnancies especially among the HIV positive women is an indication that the people are not using condoms. I think only some are using it and the majority are not” (IIDP, 10 May, 2012).

Kandina also casted doubt on the issue due to her experience of increased teenage pregnancy. She said, “[Y]ou cannot say the condoms are being used, even though sometimes you can find condom wrappers lying around here and there ... but I wonder, as the teenage pregnancies is going up and people are being infected by the disease, there I have my doubts whether condoms are being used.” (IIDT, 28 March 2012).

Married women, who indicated they used condoms in their relationship, specified that they did not necessarily use condoms to protect themselves against disease. Rather they used condoms as a form of contraception; to allow time between pregnancies. Sugar confirmed that she used condoms just to avoid pregnancy and to allow the baby to grow. She said, “[Y]es I have used condoms, for example to allow the baby to grow and to avoid pregnancy

shortly after gave birth.” She was also aware that there were some community members who supported the use of condoms as protection against disease as well as a form of contraception. She said, “[A]ccording to my experience, some of the community members support the use of condoms because it protects people from diseases, but some have different opinion, that condoms prevent pregnancies.” (IIDP, 22 April 2012). Kangulu supported Sugar that she too used condoms to allow the baby to grow and when they planned for the next baby, they stopped using them. She said, “... we use to use condoms to allow the baby to grow and when we plan to have another baby we talk about it and agree to stop it” (IIDP, 10 May 2012).

Sonia, a young unmarried teacher, proposed similar reasons, even though she admitted to the difficulties of asking a man to use a condom. She said, “[W]e use condoms most of the time, even though not always because using a condom you have to protect yourself from HIV, that is one of the case and you have also to use condoms to protect yourself from becoming pregnant, especial the unwanted pregnancies.” (IIDT, 21 March 2012).

STDs remains one of the under recognised health threats in society; shaped by and contributing to the silence discourse. Despite knowledge that STDs are extremely widespread and severe, sometimes with deadly consequences, this group had experience of men and women failing to notify their sexual partners due to shame associated with such a condition. Tuta believed that it was not easy for both men and women to disclose to partners, claiming that the former were more prone to withhold information. She said, “...men are problematic when it comes to disclosing the truth. If a man finds out that he has a STDs, he can come up with business trip mission to Windhoek or even to China, where they can consult their private doctors. He can stay there like three months or more until he gets better.” In her experience, couples opted to hide infection from one another. She felt that if she contracted a STD, she too would seek medical treatment secretly and hide the medication until she healed. Tuta said, “...it is not really easy to reveal those types of diseases (STDs) to your partner. If I have to think of myself, I have fear and feel shame to tell him. I would to go to the hospital secretly without telling him. I have to try to get well without him noticed it. I won't say it even if he happens to see my pills and ask, I just can't tell him” (FGDT, 15 March 2012). Such behaviour by women has consequences not only for their sexual health, but for their partners.

The importance of childbearing in this community was another feature that impedes women's ability to negotiate safer sex. Kangulu knew of women who became pregnant even though

they are HIV positive. She reported an incident where a young woman who, despite knowledge of her status, became pregnant to avoid her husband's accusation of being unable to bear him a child. Kangulu recalled the incident and said, "*[She said] 'My husband kept on accusing me that I am not bearing him a child that's why I just got fed up and became pregnant to please him even though I know that I am on HIV treatment'.*" (IIDP, 10 May 2012). Kaleke too agreed that this community valued children more than woman's own health. It was not unusual to find parents advising their children not to use a condom because they wanted more grandchildren. She said that traditionally, if you did not have children you would not be valued. For this reason, women in relationship try by all means to have children. She said, "... *traditionally people want many children; to them a person who gives birth is valued than the one who do not gave birth,*" (FGDP, 2 April 2012).

Women in this community put their sexual health at risk due to expectations to bear children as well as fear of requesting partners to use condoms.

5.4.4.3 Myths about Condoms and Safer Sex

A perspective concerning condoms that emerged in the data was the lubricant. Two older women, Tuta and Kandina, described the unpleasant odour of the gel inside the condom as a problem. Importantly though, Tuta was of the view that the gel in the condom effected men's sex organs and made a person sick, sometimes resulting in death. She said, "... *I know about a man who used to use condoms in order to protect himself, but the gel inside caused wounds on his penis. At the hospital he was advised to be circumcised, if not the wound would become worse and cause even death. He stayed in the hospital until the wound healed; after that he was circumcised. I think this event can also be looked at as a bad effect on condoms*" (FGDT, 15 March, 2012). Kandina also has an understanding that the gel inside the condom was risky to her health and she decided not to use condoms in her marriage. She said, "*[I] never used a condom in my life. The thing is that, there was a time when I examined the condom thoroughly, but looking at it, especially the gel inside, I felt that it can be dangerous... risky to my health*". Another reason was that she agreed with her husband not to use condoms in their marriage. She assumed infidelity and said, "*[W]e have agreed not to use it in our relationship, even though you cannot trust your partner. We agreed that if he happens to have an affair with other women, then he can use condom with them, but not at home*" (IIDT, 28 March 2012).

The negative views and beliefs by women associated with condoms might stand in the way of their own sexual health and wellbeing. By holding myths and misconceptions about condoms, women colluded in their own powerlessness and sexual risk.

5.4.4.4 Woman Powerlessness, Intimacy and Violence

Intimacy violence is unequal power relations between men and women that lead to domination over women by men. Violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position by men. These include acts of physical aggression, psychological abuse, forced intercourse and other forms of sexual coercion that make women more powerlessness. In this case power also determines whose pleasure is given priority and when and how sex takes place.

Most of the respondents believed that men had power and means to influence women's decision when it comes to negotiating safe sex. Kangulu said, "*[Y]es women are powerless. If your partner or husband decided not to use condoms the time you have sex, it is true you will not use it. If you continue to refuse [to have sex], it can cause you swollen eyes or lips, which means you will end up being beaten*" (FGDP, 2 April, 2012). Kaleke also believed that men have more power than women. She said, "*I believe that men have more power when it comes to sex than women. The men's power is also the contributing factor to HIV infection among women.*" She further commented that in some cases, men used their economic power to seduce and play with women's feelings. She said,

There are many unemployment women married by employed men and men who are working far from home. When they come home they bring their wives expensive or special gifts, and they do the same exercise to their mistress as well. As a woman, you cannot think that your husband has cheated on you since he brought you such nice gifts. So, men disempower women in many different ways. They corner us in a situation which as a woman, you cannot deny him sex and there will be no time for condoms. (FGDP, 2 April, 2012).

Age difference between the couples or partners was yet another contributing factor affecting women's ability to negotiate safe sex, as Tuta indicated. She mentioned that culturally, men were expected to marry women younger who end up being the victim in the hands of their husbands who are sometimes much older. In addition, women were silenced because it is regarded as disrespectful to question an elder. She said, "*In our culture, men have to get married to women who are younger than them. So, women are very much vulnerable as these men will treat them as kids whereby you have to behave as a married woman and you will always have to obey his rules and commands.*" She further said "... you have no choice but to

listen to your husband and you know that you have no say in decision making. Sometimes you can be insulted or assaulted and when you go in the bedroom you are already beaten up and there is no way you can deny him sex” (FGDT, 15 March, 2012). Sugar supported Tuta and said, “[Y]es, if we talk about real sex, men have more power than women” (IIDP, 22 April 2012).

Men were not only perceived to be more powerful and violent but they were also influential psychologically and emotionally. Some men influenced women to believe that men became ill and would not survive days without sex; thus in some way coercing women. Concerning her experience, Kangulu said, “... *I remember what my husband used to tell me that women can survive days without sex and I (refer to her as a woman) won't get sick. But a man can get sick if you denied him sex.*” He would say, “*I am sick because you refused to have sex with me yesterday.*” She further stated that men considered their own sexual desires as a priority in relationships and sometimes they did not consider the woman's feelings. She said, “*[N]o matter how much you can force a man, if he is not in a mood for sex that time, he won't react. But if he is in the mood and you are not, you won't rest until he gets what he wants” (IIDP, 10 May 2012). Kandina supported the same sentiment that men had power to force women to satisfy their own sex desires and they did not consider a woman's feelings. She said, “[I]f a man is ready for sex, you hardly defeat him. You must be very strong; if you are not ready, he does not consider that” (IIDT, 28 March, 2012).*

It emerged from the focus group discussions that some respondents experienced emotional abuse, which affected women psychologically. Women acknowledged that it occurred irrespective of age, education level or economic independence. For example, Tuta experienced that even women in her profession who were married to unemployed men were at risk of being abused emotionally. She said,

If a woman is in profession, and a man is not, the man always has feelings that his wife is cheating on him. Men with this type of behaviour are always timing the departure and arrival times. Most became jealous and suspicious and start to ask questions such as, ‘Where have you been?’; ‘What were you doing?’ And if you are married it is impossible to negotiate safe sex with a man with such behaviours. (FGDT, 15 March 2012).

Kaleke had opposing views to those by other women on perspectives of power and powerlessness. She viewed women as giving away power to men; thus colluding in their own powerlessness and subordination. She used ‘generosity’ as a metaphor and said,

The thing is that women are too generous. You can decide something, but you won't implement it because men know how to convince women and get what they want. Women do not know how to convince men. Some women have more information on the use of condoms than men; some are the ones who give that information ... but because of the women's generosity, we end up doing the wrong things. (FGDP, 2 April 2012).

The results suggest that women experienced different forms of intimate violence that made them collude in their own subordination rather than resist. This despite the health knowledge they had. Power differentials and differences in social norms affected women's ability to negotiate sex and safe sex.

This cohort had health knowledge either as teachers or volunteers in a health education facility. They acknowledged that while available, such knowledge was not always easily accessible.

5.4.5 Sex Education and Social Pressure

Social pressures shape practices, opinions, attitudes, and beliefs. Most of the respondents regardless of their age indicated how difficult it was to focus on what women want and how they would to be treated in sexual relationships especially when they were exposed to economic limitations, peer pressure, lack of sex knowledge, and alcohol abuse.

5.4.5.1 Lack of Sex Education

Little or no knowledge about sexuality may be an obstacle in the women's ability to initiate or to negotiate sex and safe sex with their partners. Sex education programmes that usually focus on issues related to human sexuality which include sexual reproduction, sexual intercourse, reproduction rights and responsibility, abstinence and birth control might be one way to bridge the gap.

This cohort suggested that lack in sex education for girls in schools or at home put them at risk of contracting STDs and increased teenage pregnancies. All respondents indicated that they lacked knowledge in negotiating sex and safe sex; despite working in facilities that offered programmes on sexual health. Tuta, the older teacher in the group, felt that sometimes girls failed to use condoms because they did not have enough information on sexual matters. She also stated that sometimes, girls were unable to discuss sex with their mothers because of silence and taboo. She said,

In my opinion girls are not well informed about the importance of condom use and do not even seek better information on what to do. They also fail to talk about this with their mothers. Because daughters are closer to their mothers but it is not easy to discuss sexual matters with your mother because of the culture. (FGDT, 15 March 2012).

Kandina, who is also a teacher and a mother of five children, confirmed that only few parents educated their children about sexuality because sex was regarded taboo in their culture. She said,

We do talk to them, but it is rare, and we never try to talk to them about the detail. If we take five parents, only one among five talks to her children about sexual matters. Most of us have inherited the culture that sexual matters are taboo and they cannot be discussed with kids. I think we still follow the tradition of silence around sexual matters. (IIDT, 28 March 2012).

She acknowledged that time has come to change the discourse on silence around sexuality. Kandina said, *“I can see now that life has changed and is forcing us to educate our children about sexuality because the world has changed”* (IIDT, 28 March 2012). She admitted that she also failed in her responsibility as a mother to educate her children about sexuality and felt that it was now time to confront tradition and break the silence around sexuality.

The young unmarried women, Lady Dee, held the view that it was not only the young girls without proper sex education, but also older men. She said,

I think the older men are not well informed about the use of condoms. They need to be educated that condoms are for everyone and the aim is not only to avoid pregnancies but to avoid being infected by diseases as well. I think men need sex education. (FGDPIL, 20 January 2012).

While some respondents felt that girls and men needed sex education, Sonia expressed the view that the whole community needed sex education because she knew the importance of condom use was not regularly discussed in the community. She said,

I do not think that the issue of condoms is always touched or discussed in my community. Maybe only in some cases when there is an HIV campaign meeting, somewhere. You know that not all the people attend these meetings. Yes, I do not think that the whole community is well informed about the use of condoms. (IIDT, 21 March 2012).

Kandina stated that religious organisations should be involved in sex education, during marriage counselling. She expressed the view that if this were the case, women might be in a better position to initiate and negotiate sex or safe sex with her husband. She said,

One of the effects and contributing factors to women silence around sex is marriage counselling. Couples are not given information on how to behave in marriage especially when it comes to sex and I think women fear to do things they are not told to do. This makes them silent because no matter how desperate you need your husband, you just fold your legs waiting for him to initiate. (FGDT, 15 March 2012).

This cohort agrees that lack in sex education increases the risk of women undermining their self-confidence, status and ability to negotiate sex and safe sex with husbands or partners. It also leads women to adopting passive feminine sexual identities, which assume male superiority over women.

5.4.5.2 Economic Limitation and Safer Sex

The respondents pointed out that some of the decisions women have to make concerning safer sex were influenced by the economic position in which they find themselves. They pointed out that it was not easy to go against a man's decision especially if one was not economical independent. They indicated that they allowed the men to do 'whatever they wanted' in order to secure a source of income. As Kaleke put it, "*[I]n most cases, men play a strong role in relationships because most of them are employed; while there are less women in the work force- married or unmarried. This creates a situation whereby women depend and put more trust in men; because men are their source of income.*" She further stated,

In my opinion, it is not easy for a girl to protest against her father's wish, because women have no source of income. If a father gives his daughter a cow to stop using a condom with her partner; it is something that I have to appreciate [as a mother] because from the cow I can generate money to take care of her baby. (FGDP, 15 March 2012).

Kangulu pointed out that lack of employment and poverty in the community contributed to unsafe sex practices. She said, "*[T]here are many factors, such as unemployment and poverty which can lead someone to exchange sex for money or food in the community. It is really frustrating; if you are just there and you are unemployed and there is nothing to eat.*" (IIDP, 10 May 2012). Kandina agreed but adds that peer pressure was an added factor. She said,

I think it is lack of income that impacts on women decision to negotiate sex or safe sex with their partners. Some people have nothing. Some are being influenced by their friends by learning different ways of earning money. They use to tell each other like "wake up" this is how we earn money (IIDT, 28 March 2012).

Tuta supported the sentiment that young females influence one another to seduce men who have money. She regarded it as a 'game' they played. She said,

If we have to face the truth, what increases the high rate of HIV especially among the young ones is sex that they turned into a game. They look for boyfriends that have big names or have money. Nowadays, people go into relationships running after money. Girls become blind when it comes to money. They influence each other to exchange sex with money or property, such as cell phones. (FGDT, 15 March 2012).

This cohort acknowledged that financial or material dependence on men made it difficult for women to control when, with whom and in what circumstances they had sexual intercourse with men.

5.4.5.3 Women, Alcohol Abuse, and Safer Sex

The use of alcohol to this community is very common and many women spending time at shebeens (colloquial term for a bar), consuming alcohol. Three of the respondents pointed out that alcohol abuse was one of the contributing factors that impeded woman to negotiate sex and safer sex. Kangulu narrated an experience where an HIV positive woman claimed that she had unprotected sex because she was drunk. She said, “[Y]es I had a client who gave birth twice while on treatment. She said she was drunk, that’s why she failed to control herself and became pregnant.” She associated alcohol with irrational behaviour, loss of sexual control, and promiscuity, saying, “... once you are drunk, you cannot disagree on anything. Alcohol leads people into unplanned relationships, even though we are allowed only to stay with one partner” (IIDP, 10 May 2012). Kandina held similar views, and said

Alcohol also contributes to high rates of HIV among women because once a person gets drunk, she cannot control herself. Especially our young girls; there is no time to negotiate sex or safe sex. It is easy to sleep with any person because you are unable to think properly once under the influence of alcohol. When a girl becomes sober, it is when she realises that she had unprotected sex and it would be already too late (IIDT, 28 March 2012).

Tuta agreed with sentiments shared by Kangulu and Kandina. She said, “[T]here are a lot of shebeens around this community and we have women addicted to alcohol. Once you are under the influence of alcohol, you won’t be able to control yourself when it comes to sex. So, you might end up sleeping with any man and not negotiate safe sex” (FGDT, 15 March 2012).

While not the main focus of the study, I asked respondents questions on teaching sexuality in schools. I end the main findings with their responses to this question.

5.4.6 Teachers and the Teaching Sexuality and Safer Sex Practices

Teachers naturally are in good position to produce education on sexuality and HIV. The Namibian government compels schools to teach reproductive health in subjects like Natural Science and Health Education, Life science and Life Skills. The National Curriculum for Basic Education stipulate that teachers should teach learners five themes on sexuality

organised across the curriculum, with one theme being HIV and AIDS Education (MoE, 2010). Even though the five teachers were aware of the importance of sex education, with Kandina acknowledging its value, all still admitted discomfort addressing sexual issues in class. Kandina said,

It is very necessary to teach sex education. Even in the Grade 3 textbooks, there are topics on HIV and AIDS. This is purposefully planned because I know there are learners who are infected at birth and you know children can practice unsafe sex with others, which is very dangerous (IIDT, 28 March 2012).

Despite her thoughts that sex education was necessary, she expressed her fear that providing information would lead children to experiment. She also held the view that it might lead to children becoming sexually active prematurely. A third reservation had to do with fear of the community members, whom she said already blamed teachers for teaching sexuality to their children. She said,

But on the other hand again, what learners learn is what they use to experiment with others. At the same time, some of the community members blame teachers even though the teachers are teaching what the curriculum stipulates. They say that we are teaching sexuality to their children, e.g. male and female organs. Diagrams are there in the textbook and we have to teach it as part of sex education and also consider that life styles have also changed. (IIDT, 28 March 2012).

Sugar proposed that teachers were not open to teach sex education because of the parent negative attitudes toward teaching sexuality at school. She said, “[T]he teachers are not open to teach sex education as they also fear parents, because some parents object to the idea of sex education in schools.” To her, it was better if subjects like Life Skills could be a promotional subject¹⁹ and the integration of sex topics in other subjects not devalued. She said,

Even though that is the case, I think we need an independent sex education subject and a specialist teacher who is trained in teaching sexual relationship matters, instead of the topic being integrated with other subjects. The learners need to be taught in full and in reality in order to overcome fear and shyness among women when it comes to sex. The primary idea of integrating sex education with other subjects leads teachers to ignore the topic and concentrate with other topics they are comfortable with. (IIDP, 14 April 2012).

Sonia raised similar concerns as Sugar and Kandina that teachers were not open to teach sex education. She specified that mostly older teachers are ones resistant to the new development of teaching sexuality to learners. She said, “[S]ome teachers are open to teach sex education but some are not. Especially older teachers in the system, [they] are not open to talk to learners about sexuality. They are just like parents at home, who are not open to talk about

¹⁹ Life Skills is not a promotional subject, lowering its status and importance.

sexuality with their children.” In her case, Sonia was not against teaching about sexuality to learners due to her personal experience. She even proposed the idea of introducing girl clubs in schools to discuss issues pertaining to women and sex. She said,

I used to advice my learners on sexual issues and I am thinking of introducing girls' club where we can discuss women issues, which include relationships. I think in clubs we can educate our young people and learners see teachers as their role models. On the other hand, teaching learners' sex education at school can break the barrier of silence around sexuality and give learners confidence to discuss their sexual behaviours openly. (IIDT 21 March 2012).

Even though teachers indicated that they felt it was important to teach sex education at school, they feared the consequences and responses from parents and community at large.

Chapter 6 Data Analysis and Discussion

6.1 Introduction

This study investigated woman vulnerability to HIV gaining insight into their conceptions and experiences in negotiating sex and safer sex in relationships in Okalongo, Omusati Region, Namibia. I used feminist theory to explore societal oppressions in this community that inhibit women from protecting themselves against HIV infection (Lindsey, 1997). I also analysed how the construction, status, role and position of women in this community shaped this cohorts understanding of being a women as well as the way they understood their role and positioned themselves in intimate relationships.

Durkheim's (1933) notion of public and private spheres and sacred and profane discourses were also applied to locate the history of women and men's relationships of power and how these origins are sustained in many societies even today, such as the one in which my study was located.

A key finding in this study is the pervasiveness of compliance amongst women and their role in producing and reproducing of their own inequality and subjugation. In so doing, women predispose themselves to HIV infection due to how they understand their roles, position themselves in intimate situations, and unwillingness or most times, ability to always negotiate safer sex with partners.

The analysis is presented in four broad themes that include woman positionality, normalisation, and compliance; agency and male dominance; perception of sexual risk; and sex education for women in and out of school.

6.2 Positionality, Normalisation and Compliance

The construct of gender assigns certain characteristics, domains and activities to men and the opposite to women. Men are perceived to be active and strong, relegating women to the role of passive and weak. Durkheim (1933) proposes that all cultures have categories of nature and culture. Such categories are in turn related to both gender roles and status. Because of their involvement in the biological process of menstruation, childbearing and nursing, women are perceived as closer nature (Elwell, 2003). In addition, their bodies place them in social roles seen to be at a lower order in cultural process than men's. Women are associated with

the domestic unit, which Durkheim categorises as the private sphere; standing in opposition to the larger society; the public sphere with which men are involved.

The positionality²⁰ of women in the community, in the home, marriage or intimate relationships shaped responses to women's role in initiating and negotiating sex and safer sex. Normalisation²¹ and compliance²² to social influences also had an effect on how they understand and made meaning of their sexual identities and in so doing, more often than not, sustained and reproduced the structures that dominate them in the first place.

For the most part, women in this study positioned themselves in the private sphere. Set roles for women within the Ovambadja community are deeply rooted in constructions of what it means to be a woman. Women felt compelled to maintain tradition and not be seen to question dominant practices. Their experience and perspectives reflect compliance and normalised beliefs, dispositions and values that made women collude in their own subordination. They normalised the social and cultural constructions of expected gender roles, which some indicated that even though they did not agree with, found difficult to ignore or defy.

Sex is regarded as sacred and thus not spoken about in the public sphere (Durkheim 1933; Elwell, 2003). Women opted to remain coy in sexual-related matters, which they normalised as an attribute of a 'real' woman. They still accepted that sex is taboo, not to be spoken about with partners. They also believed women did not initiate or negotiate sex or safer sex; because they learnt it as immoral for women to do so. Durkheim (1933) states that holy things or sacred cannot merely be exposed in public; they should remain a private issue. The work by feminists in particular, brought a change to discourses about sex, encouraging women to stand up for their rights. Discourses on sex changed from holy/sacred to unholy/profane.

²⁰ Positionality is a concept that acknowledges that we are all raced, classed and gendered and this type of classifications forms part of our identities which are shaped by social constructed positions and membership to which we belong (Martin & Gunten, 2002).

²¹ Normalisation is the process of constructing societal norms against which to measure, judge and discipline people's behaviour and appearance (Bordo, 1993).

²² Compliance is referred to a person change and attitude or behaviour in response to another's direct request.

In order for women in this study to maintain and sustain their positions as ‘real’ women, wives or partners, they had to be coy and feign innocence on sex-related matters. Fear led women to comply since coyness, silence and passivity marked distinctions between a ‘good’ and ‘bad’ woman. Coyness was not only expected but self-imposed and thus, normalised. Failure to remain silent had the consequences of being labelled as immoral, a loose woman or out of control. Fear led women to comply, predisposing women in this study to sexual risk.

The results also reveal that in this study, women positioned themselves in the private sphere of social life, isolating themselves from the public sphere which they recognise as traditionally reserved for men. The women still conform and comply with the socially constructed gender positions and thus reproduce their own subordination. Positionality, social and cultural expectations, religious obligations, notions of intimacy and reproduction are identified as contributory factors that shape women’s compliance and subjugation. While these cause inequality, they also create the conditions in which women normalise their positions and thus police themselves and others, and in so doing reproduce their own inequality.

Social and Cultural Expectations, Desire, and Sexual Behaviour

The results reveal that women’s gendered sexual perspectives were shaped by the social and cultural expectations in this community which stem from the idea that certain characteristics, behaviours, roles and needs are natural for men, while other qualities are natural for women, as it has also indicated in Gupta (2000).

Women indicated that even though they also had sexual desires and feelings, cultural and social norms in the community did not allow them to show feelings or express desire. The dominant discourse shaping practice was coyness and disinterest in sex by women. Women recognised that desires, needs and feelings ought to be suppressed, since those who went against this norm were marginalised and labelled by both women and men. The younger women expressed greater risk than older women in this regard. Normalised expectations led to compliance, silencing of women and thus retention of dominance by men concerning women’s sexual health. Put differently, men continued to have power of women’s bodies through women’s own acceptance of their position and role. Women could be desirable, but not beings who also desired.

Importantly in this result, women's inability to express sexual feelings and desire led to an inability to initiate or negotiate sex; deeply embedded in idealised notions of womanhood. The consequence as was the case in this study, women colluded in the reproduction of their own inequality by sustaining dominant discourses and unquestioningly enacting practices. Even though some women offered examples that ruptured the 'expected'; illustrating that they exercised agency in communicating desire, fear drove many more to comply rather than disrupt dominant beliefs and practices concerning women, desire, and sex.

This same sentiment was also noted by Shisana (2004) who found that women in her study held similar views to those in this study. Women, who articulated interest in sexual matters was considered promiscuous or immoral, not only by males but also females in the community (Shisana, 2004). This whole notion of disempowered women in sex-related matters has positioned them in the private sphere where they are not offered a voice in the public sphere where they can express their feelings and desire for sex freely. Durkheim (1933) also states that sex is regarded as holy and thus cannot just be expressed in public. Women thus carried the double burden of being unable to bring the private into the public, and to show disinterest; factors that together precluded them from discussing issues and challenges with their partners or even amongst themselves as women. The consequence was continued male dominance and lack of mechanisms or support for women to confront dominance at systemic or personal levels in this community.

Idealised constructions of marriage intersected with romanticized notions of womanhood in this community. Not only did all in this cohort describe marriage as the thing most women desired and aspired toward irrespective of education or economic status, but also an aspiration expressed by unmarried women in this group. Marriage was highly valued because it accorded women social status and respect. The majority reported to have learnt about womanhood from an early age; with marriage and bearing children highlighted as desirable and indeed highly favoured. The women get married in order to avoid societal rebuke and gain social status; factors that led to yet another level of compliance; reproduced by a complex interaction between social (social expectations) and individual (fear of 'othering', rebuke and rejection) identities. This was also noted by Constable, Shuler, Klaber & Rakauskas (2002) that people comply in order to gain social approval and avoid rejection. The same sentiment has also noted by Mbiti (1980), that for African people, marriage is the focus of existence and to Mahaka (2001) as cited in Chamunogwa (2008). In the case of this

study, marriage authorised women's positions in the public sphere but at the same time subordinated by relegating them to the private sphere of the home. Women saw themselves as child-bearers and homemakers whose duty it was to take care of men. They also viewed men as head of households who not only needed to be accorded respect also given control over how, when and in what way to have sex. The results thus reveal that notions of marriage, womanhood, sexual desire overlapped to produce layers of influence to the disadvantage of women in this study. Importantly too, women complied in that they regulated women's behaviour in the community, while at the same time, self-regulated their own behaviour. By so doing, women colluded to reproduce their own dominance, relegating authority and power to men.

Virginity also influenced women's behaviour to comply as it was an indication of purity that signified value and worth in the community. This type of norm contributed to silence around sex, which already existed in their community. At one level, it created unequal expectations for boys and girls (submissive, quiet, refrain from sex by remaining virgins and, to obey men) and at another level, shaped constructions of a woman as passive and disinterested in sex. Gupta (2000) indicates that women are relatively demoralised in sexual decision-making as women and girls often live under heavy cultural constraints that sanctions girl and woman behaviours.

Silence discourses were noted as contributory factors shaping woman behaviours in this community. Silence concerning sex meant that women found it difficult to broach the subject of condoms with partners. All married participants indicated the difficulty of persuading partners to use a condom. Those who tried were accused of infidelity and being unfaithful. Worth (1989) also found that there is resistance to condoms use among women because of fear of rejection and stigmatisation by partners. Similar results are reported by Shisana (2004) and Da Costa & Silva (2009) that whenever men were asked to use condoms, they usually interpreted this as a suspicious partner or unfaithful wife. This often led to a social and personal risk that women are not willing to take, since this could result in discrimination, loss of their partner and loss or diminished social status.

Religious Obligation

Satisfying men's sex desire and the need to procreate were not only cultural and social expectations, but respondents interpreted such practices also as a religious obligation that

women should fulfil. The women in this study stated that their role and responsibility either in marriage or in relationships is to satisfy their husbands or partner's sex desire; refusal would be a violation of God's will. They have also indicated that being in marriage or in a relationship did not only fulfil nature's wishes, but it has also satisfied some of their basic needs, which included sex. Married women considered it a moral obligation to satisfy their husband's sex desire and immoral to refuse them sex. Women internalised beliefs that often worked to further disadvantage and subordinate them.

Conflating morality with behaviour and practice had the effect of naturalising and normalising female behaviour to woman's disadvantage. Sparks (1996) also points out that it is only within a heterosexual marital relationship that genital sexual activity is morally acceptable and only within marriage does sexual intercourse fully symbolise the creator's image, as an act of covenant love, with the potential of co-creating new human life. Similarly, Wolfinger & Wilfox (2008) found prevailing perspectives that satisfying men's sex desire was a woman's obligation because religiously, sexuality and reproduction are fundamental elements in human interaction and in society worldwide.

Religion and its role in their lives was an enduring feature in the narratives by women in this study. It exerted significant influence on the thinking and lived experiences of the women concerned. Religion dictated differences between males and females (sex identity) and between man and woman (gender). They believed in the creation by God and that as women, their duty was to obey this significant social structure. The same sentiments are also supported by Miller (1998) that in most cases women regards their role as necessary and functional to the wellbeing of society. This encompassed women denying of their own needs and self-worth, normalising the situation, and complying to serve others; first men and then children.

The pervasiveness of compliance, subordination and self-regulation was prevalent in the narratives of women in this study. They not only believed, but complied to religious and cultural expectations (sex as undesirable by women, immoral outside marriage, a human activity one does not talk about in the public sphere, something one does at night in the intimacy of the dark,). Deviation from the normalised beliefs and practices as well as any attempt to shift the discourse from the private to the public had consequences and risks women in this study were ever conscious of, and often unwilling to take. They were aware of

the costs of nonconformity, often proposing an unwillingness to be marked as different or disruptive to the deeply held and deeply embedded beliefs and practices. Many in fact believed it to be the way it is (normal and natural), and thus had not imagined or questioned their current circumstances, despite the majority having some formal school or professional education. Constable, et al., (2002) also found that when it comes to sexual decisions in heterosexual relationships, women have less personal strength, less power while holding more feelings of inferiority. They are more submissive, lack of assertiveness and have relative little insight into their own personalities and self-realisation.

Notions of Intimacy and Procreation

In marriage and in relationships, women build love and trust with their husbands or partners and after trust grows stronger, it remains a powerful icon in most women which oftentimes impedes them to consider their personal wellbeing. The quality of close connections between the partners and the duration of relationships were factors that influenced women's feelings as well as subsequent responses and behaviour toward safer sex practices, such as the discussion and use of condoms. Gomez & Meachan (1998) are also of the view that duration of relationships affects the possibility of negotiating safer sex and the use of condoms. Their findings suggest that feelings of trust and love paralyse women from perceiving the real risk and taking preventive measures as well as seeking validity and demanding safer sexual relations. To substantiate the above sentiment, women in the current study indicated that sometimes they did not consider or stopped using condoms because they trusted their partners. Despite awareness and knowledge of infidelity (some even took care of their husbands children), women in this study claimed that unmarried women needed to practice safe sex and that there was no need for married women to do the same or else it would signal lack of trust.

6.4 Agency and Male Dominance

Male dominance is constructed by relations of power that according to Morales-Aleman, (2008) refers to a partner engaging in behaviours against the other partner's wishes, having greater control over decision making in the relationship, or having greater control over a partner's behaviour. This study uses a broader conceptualisation of sexual power in understanding who holds sexual decision-making in relationships. This means that this study does not look at empowerment simply as the ability to make all choices, but rather

emphasises the decision-making that occurs in women's daily lives and recognises that these are important components of their agency (Gupta, 2000). Power in this context determines whose pleasure is given priority and when and how sex takes place.

To the Ovambadja community sexuality is patriarchal. The figure of the father as the head of the household still prevails; leaving men to be primary decision maker in many spheres in the home, including sex. The respondents made it clear that the issue of initiating and negotiating sex was not only the man's responsibility, but also a cultural norm. Fear to contravene the norm was prevalent in the narratives. Evidence of the effect of gender roles and power in sexual behaviour and risk reduction has also been highlighted by Amano (1997) as cited in Chamunogwa (2008) in a study of Latina women, in which they talked about the discourse of male dominance power in many ways. Women referred to men's stubbornness and unwillingness to use condoms and expressed feelings of powerlessness, low self-esteem, isolation, lack of voice, and inability to affect risk reduction. Miller (1998) concurs that women inequality has a powerful and pervasive impact on their life experiences including the nature of male-female relationships, which develop personal characteristics such as submissiveness, passivity, docility, dependency, lack of initiative, inability to act, to decide or to think. These characteristics become so internalised, as shown in the results of my study; shaping ideas, ideals and sensibilities of what it meant to be a woman in Ovambadja Region. The resultant effect is unavoidable health risk amongst women.

For the most part, women complied for two reasons. First, fear of being labelled or perceived to be deviating from the norm, and second, fear of the effects of developing and articulating voice. Social exclusion by other women, together with labelling (sex maniac, woman who cannot control her sex desire) by men and violence and intimidation as effects, led to silence and acceptance, and continued subjugation of women. Thus, women avoided verbalising needs, desires, or concerns about their sexual health. Fear of marginalization by women, aggressive behaviour by men, as well as normalised conceptions of being a 'real' woman created the conditions for compliance, voicelessness, and subordination, despite some women being breadwinners. A layer that complicated women's experiences was their economic dependence on men. While not mentioned as a direct reason, the results from this study concur with Socialist/Marxist feminist theory that women's economic inequality and their dependence on men is the major factor influencing greater vulnerability to HIV infection. Socialist/Marxist feminist theory states that without economic power, women are more likely

to depend on men for economic resources (Farmer et al., 1996). Economic pressure did not only leave women mute to negotiate sex, but also led them to getting married to older men and in almost all cases, accepting infidelity.

Age difference seemed another factor influencing ability to negotiate sex or safer sex. Women regarded men not only as heads of households, but also as 'father' figures due to the age difference. One of the respondents married at nineteen while some confirmed that in their community as cultural norm, a man has to marry women younger than them. Allied to this, it was considered disrespectful for women to question or make proposals concerning sexual behaviour. The upshot was women experiencing yet another layer of silence, victimisation, and voicelessness. Shisana (2004) in her study conducted among Jews women concurs with the above results that sometimes economic pressure leaves young women to have older or marry more experienced partners who are more likely to have other sexual partners as well; practices that increase sexual risk and pose a threat to women's health and social wellbeing.

Women in this study believed that men holds more power and have means to influence a woman's decision when it comes to negotiating sex and safer sex. Some conceded that there was some manoeuvrability in the negotiation process, but that the ultimate decision rested with men. In this study most of the participants were unemployed and reported their dependence on husbands or partner, giving men economic power and thus increasing women vulnerability. Women also sought approval as 'real' and 'good' from men; conditions that silenced and rendered them voiceless, despite cues used to signal needs and desires. Men still had the power to accept or reject advances. Thus, even though some women exercised agency, they were still constrained by the power invested in men.

Karim-Sesay (2006) confirms that women's economic dependency increases their vulnerability to HIV. Similarly Shisana (2004) makes the point that in societies where men hold economic power; women find it difficult to negotiate safer sex as women take only the minor decisions in the private sphere of life (such as daily chores, child bearing and child rearing, and nutrition needs of the family).

Women also reported that men use their economic power to seduce them. They reported that men bought them expensive gifts whenever they were away and once a woman received the gift, she could not negotiate the use of condoms. Other respondents noted that it was difficult

to resist the man decision, because they feared losing financial support. Shisana (2004) in her study also revealed that men's economic power in some societies made it difficult for a woman to negotiate sex and safer sex. Another study conducted in Swaziland also found that women's economic dependence on men, which included lack of access to opportunities and resources, contributed to their vulnerability to HIV and AIDS infection (Hickley et al., 2003).

The primary reason for not refusing man sex though, was the belief that it was a 'woman's duty' to satisfy men's sexual needs and desires. Some women in the study also expressed that they felt compelled so as to avoid conflict in their marriage or relationship, being 'beaten up' or fear of losing a partner. Fear drove women to suppress their own desires and often comply against their better judgement. Whelehan (1995) also states that women comply with men's desire not only for the fear of economic loss, but for fear of being rejected and fear to lose their partners.

During the research process the respondents indicated that women are '*just women*'; they are not like men. They explained that a woman can survive days without sex while it was impossible for a man to do the same. A common-sense belief among woman was that men would become ill if denied sex; a belief used by men to their advantage and thus to maintain authority and power.

One cannot underestimate the power of the social and cultural influences that construct gender ideals in the community in that the investment in male dominant power played out not only in practices, but in the minds of the women under study. Feminist theory postulates that men hold more power in relationships because of the oppression, inequality resulting in women living their lives by giving up many needs, aspirations and sense of self: self-esteem and self-worth (Kaschak, 1992). She is of the opinion that gender inequality forces women to split themselves into unnatural categories, the consequence of which is silence even amongst women concerning sexual matters. They grow up believing that they really are the 'other'. The loss of communication in sexual matters with 'self' also results in a deep sense of isolation that is compounded by women's social location. Kessy & Philemon (2008) states that cultural and social dimensions which explain the vulnerability of females to the HIV and AIDS pandemic in most African countries, is that while men are expected to discuss their sexuality, women are not. She further states that men are not only allowed, but even encouraged to seek multiple partner. This same sentiment was also noted in this study

whereby most of the women stated that culturally, it was the man who was allowed to broach the subject of sex, but the woman. Many confessed that their husbands or partners had more than one partner, as most of the married women were taking care of their husband's children from different relationships.

Some of the male dominance emerged in this study as intimate violence in the relationship. The respondents experienced violence such as beating, after they attempted to negotiate safe sex with their partners. They also experienced threats from their husbands of leaving them which in most cases, ended up in unprotected sex. To suppress the women more and keep them in the private space, men accused them of infidelity and being unfaithful to them once they tried to negotiate safe sex, even though some women caught their husbands red-handed with other women. Ellseberg, et al., (1999) found that men hold sexual dominant power (such as violence) over women, which increases women vulnerability in negotiating sex and safe sex. They further state that women who reported physical assault by an intimate partner, who had been sexually abused, are more likely to engage in an unprotected sex. Gupta and Weiss (1998) came to similar conclusions that physical violence, the threat of violence, and fear of abandonment act as significant barriers for women who have to negotiate the use of condom or their ability to discuss fidelity with partners. Da Costa & Silva (2009) also reported results that whenever men were asked to use condoms, they usually interpreted this as a suspicious partner or unfaithful wife. While Worth (1989) also states that negotiating sex and condom use carried the stigma of infidelity and lack of trust, which for many women affected their sexual decision making.

Even though the study reports that the dominant social practice is that men hold more sexual dominant power, there were some women, especially the young and unmarried who expressed that it was a woman's right to be in a position to protect herself from HIV infection. Some of the respondents also acknowledged that women had the right to initiate sex even though their reasons still differed as to why. The young women believed that women should exercise their agency and did not see anything wrong with a woman initiating sex, because in their view it was a matter of exercising one's right. However, the reality as some also acknowledged, was generally, women were unable or constrained to exercise their sexual rights. Sobo (1994, 1995) maintains that this tension between recognition and practice of rights reveals women's low self-esteem and social status in the community links with to what they perceive to be committed, monogamous relationships.

While the prevailing discourse in the results is one of compliance, subjugation, and subjection, this study does not simply conceptualise women as victims of their interactions with their husbands or partners. Rather, I emphasise the difficulties women face in their relationships and attempt to explain some of the choices, even when the choice was silence.

Ambivalence also characterised woman's behaviour regarding sexual desire. Feminists such as Bordo (1993) state that women struggle with what they desire, what they know, what they should do, their partner's desires, and the lack of agency needed to take a stand concerning their sexual health. Women reported lack of agency to negotiate from the sex initiation stage through to safer sex negotiations, since initiating was culturally accepted as a man's prerogative, notwithstanding the indirect strategies women adopted. This finding is supported by Bordo (1993) who found that women fight the battle between their socialisation and their sexual desires. Regardless of the decision taken of indirectly initiating sex, what constraints women in this study was not resolved because they feared that if they responded to their socialisation, they felt repressed and if they responded to their desires, they felt guilt and shame.

Therefore, in this case feminists continue to argue that private and personal sexual desires and passions are informed by the wider patterns of gender relations in society. Despite an ideal of sexual equality in marriage, cultural discourses continue to promote the notion that men and women are sexually and emotionally very different beings. As a result, men and women do not typically enter into marriage or relationship with the same sexual emotional, understanding, beliefs and experiences as Sobó (1994, 1995) indicates. Thus, the imbalance of power in sexual negotiations coupled with social pressure on women to guard their reputation as females reduced the amount of control or agency over their sexuality and practice of safer sex, thereby exposing themselves to the dangers and vulnerability of HIV and AIDS pandemic.

6.5 The 'Good' Woman and Conceptions of Risk

Despite the high prevalence rate of HIV and AIDS among women and increased attention on HIV and AIDS, women may not consider their own personal risk to a priority for several reasons. Women in the study placed more value of being 'good' (or wives) or 'real' women

and partners to the detriment of their personal sexual health and wellbeing. The importance of satisfying their husbands' sex desire and childbearing took precedence over decisions to protect themselves in the context of the HIV and AIDS pandemic. In an attempt to sustain relationships, preserve marriages (keep husbands) and satisfy husbands and partners, women conceded their power to men. Brummelhuis & Herdt (2003) as cited in Chamunogwa (2008) observes that women's sexual pleasure was cultivated along the duty of wives to please husbands and to produce descendants, describing it as entrapment of women not to value and consider their own health.

It would seem that women in this study internalised beliefs that they were inferior to men and thus had no free will. One of the respondents risked her life to give birth just to please her boyfriend and to save her relationship even though she knew she was HIV positive. The National Research Council (1996) as cited in Chamunogwa (2008) also observes that social contexts within which people are born and raised, initiated into sexuality and lead their lives strongly affects their perceptions of sexual behaviour. The women in this study lived in sexually restrictive environments as they held the view that sex was something done to them, of which they had little or no control.

Furthermore, stereotyped representations of who is at risk gave women a false sense of security. Married women did not perceive themselves at risk, a conception which prevented them from recognising risk of HIV infection. Most of the married women know and understand that they are at risk, but for the sake of keeping their relationship and keeping their men they risk their lives by engaging in unsafe sex (Sesay, 2010). Even though younger, unmarried women acknowledged their right to safe sex, they reported the difficulty of putting this into practice in their own relationships. They also reported that the general trend was that women in the community found it difficult to negotiate.

6.6 Sex Education in and out of School

Many studies (discussed in Chapter 3) confirm that women lack knowledge on sexuality and suggested that sex education is vital in the prevention of the spread of HIV and AIDS. For example, Kaufman & Stavros (2002) as cited in Baxen & Breidlid (2004) assert, by describing and assessing the impact of educational levels on adolescent safe sex practices, that education has a powerful effect on the degree to which young people engage in sexual behaviour. I have found that women in this study have the necessary information regarding

the HIV and AIDS pandemic which can be a valuable tool to promote knowledge, skills and understanding to enable women to make responsible decisions about their sexual behaviour. However, according to the teacher's (women) own experiences, they are unable to teach sex education due to the social and cultural influences which mostly dominate constructions of sexuality and sexual behaviour in this community.

The teachers experienced blame from parents when they taught children sex education even though it was stipulated in the education curriculum. Apart from fear of the blame, teachers too also indicated that they were not equipped with all the necessary knowledge and skills to teach sex education content effectively.

While parents acknowledged the importance of teaching sex education, they feared that children would experiment and initiate sex earlier than was desirable. As a result, one the most valuable tools to address sex-related matters, schools and teachers, was not addressed to full effect, with sex education for girls a neglected component.

Fear of blame and rebuke from the community in teaching sex education led to teachers in particular ignoring or neglecting sex education in school (and little or no sex education outside of school) because of the prevailing notion that 'good' women is passive and disinterested in sex. Such a result is also confirmed by Sesay (2010).

Silence heavily affects the teaching of sex education in and out of school among girls in particular; with a negative impact on the behavioural practices amongst the most vulnerable, often women in society. It also puts women at risk of contracting sexually transmitted diseases (STDs) and increases the rate of teenage pregnancy among girls. In addition, it has also accelerated the reproduction of social and cultural forces which are already in favour of men, as women are made to believe that men should be more experienced in sexual matters, while women should remain ignorant as GoK (1997) also indicates.

Therefore, while it is in favour of men, I found it in conflict of the woman's wellbeing because as I have indicated earlier in the study, little or no knowledge about sexuality can be an obstacle in the women's ability to initiate or negotiate sex and safer sex with their partner.

Chapter 7 Conclusion and Recommendation

7.1 Conclusion

The research reviewed existing literature and relevant assumptions which were applied to data gathering and findings in the field. This study on women conception of and experience in negotiating sex and safe sex was carried out in Okalongo in Omusati region, Namibia. Qualitative data was collected through the use of three focus group discussion and four individual interviews.

Before going into the main objectives of the study, it was important to define and understand the population under study. This study centred on women whose ages ranged from 20-50 years, in heterosexual relationship, married or unmarried and who belonged to the women residing in Okalongo respective of their ethnic group. The respondents chosen represented the different age groups and marital status ensuring the combining of the different dimensional threads to the study issue at hand. Women, from this study in a traditional, patriarchal society, have been classified as dependent and subordinate to men. They have been categorised as minors who thrive under guidance of men and who cannot make functional decision by themselves as I have reported.

This study has made several salient observations on women, sex and sexuality, gender roles and cultural expectations. It has made manifest the fact that cultural practices inhibit behavioural change among women of Okalongo. From this it has emerged that marriage and religion are the key to the Okalongo community as it allow the patrikin to grow. As such every woman is obligated to marry and found a family. No woman from the study can remain single without losing self-respect and devalued by the society. Every woman therefore, according to respondents from this study, has a moral obligation to marry and take the social reproduction of her family to another level.

From this study, women respect is earned through and tied to their fertility. Marriage from this community is a virtue, an institution held in highness that almost every woman subscribes to. Tied closely to the concept of marriage is the issue of fertility and sexual availability in a relationship. To women, without sex (even though they are not in position to express their feelings) and children, marriage or even relationship serves no purpose even.

The social structured gender roles that stress and impress the value of motherhood in a traditional society, are in contradiction to the adoption of safe sexual and risk free behaviour, such the use of condoms. For Okalongo women, childbearing shapes and defines their marriage and womanhood. From this study, it is clear childbearing is a duty one owes to the nation, state and lineage which cannot be compromised for whatever gains, including the reproductive health of individual as confirmed in the study that some women fell pregnant even though they are on HIV treatment.

This study highlights that all sexual activities and relations among women in Okalongo are carried out in the context of power relations. As a result women's relative lack of power in sexual relations has meant that they cannot make autonomous decisions about their sexual behaviour. Because of lack of power, women respondents have noted that they cannot question their husband's infidelity with other women, let alone demand the use of the condom. Tied to the concept of power relations men because they are considered powerful, are the initiators of sex and they prescribe when and how the sexual act is going to be executed.

This study further highlights that intimate-based violence is realistic among women in Okalongo community and together with underlying sexual repressions constitute some of the primary obstacles that stop women from attaining safe sexual intercourse. The study concedes that intimate violence has been used to control women throughout their lives and this has increased women's vulnerability to HIV and AIDS infection. Therefore a call for abstinence is meaningless to women who are coerced into sexual activity, rather calls for programmes that can promote behavioural change in both men and women.

This study manifests the view that in the context of HIV and AIDS, religion, socio-cultural factors and practices present the greatest challenges to the intervention strategies. A complex set of beliefs, values and social influence such as silence around sexuality, virginity and economic pressure have been found promote unsafe behaviours which predispose women and make them vulnerable and susceptible to HIV and AIDS infection.

From the study, socio-cultural factors and practices have been found to impede upon the rights of women to determine their ability to protect themselves. Because of cultural expectations and gender roles, women do not have the rights to choose when, why and with

whom to have sex. Women's inability to decide when, how and with whom to have sex is a cultural issue prevalent among the Okalongo community and is premised on the cultural aspect and lineages of Ovambadja in general.

Contrary to the findings by Vijfhuizen (2002:233) in a study Ndau "women are not always the weak" this study has established that indeed women are forced to be the weak, who do not want to be labelled deviant, hence they capitulate (surrender) power to men. However, in accordance with Vijhuizen in modern society these practices do not exist and women have equal rights in sexual relationship and "women are not always the weak." Further still this study has marked the fact that susceptibility and vulnerability to HIV and AIDS have been predicated on the particular socio-cultural gender productive and reproductive roles associated with women.

Therefore, it is important to note that in this study the research questions stemming from the research problem have been answered and tentative hypothesis have been confirmed. The findings in this study indicate that women were vulnerable to HIV infection because women lack power and economic independence over their sexual lives. However, as this study suggests, vulnerability cannot be blamed on the individual alone; cultural norms and a combination of social vulnerability places women and girls at high risk of HIV and AIDS. In addition, vulnerability to HIV infection is linked to people's sexual behaviours. It is the result of what people do that put them at risk of HIV and AIDS pandemic. Women are also vulnerable because sexual relationships between men and women in Okalongo take place in a context where the roles are determined by patriarchal cultures where women have little say in sexual matters.

7.2 Recommendations

The current situation on women and HIV vulnerability cannot be rectified before the root causes are targeted. Social, cultural and economic factors produce conditions that facilitate vulnerability. Among the most important tools to alleviate vulnerability is sex education, which empowers women and gives them the self-confidence and self-esteem to express their needs and negotiate condom usage. In light of the discussed findings and arguments, three major trends have emerged for recommendation. These are programme development, curriculum content, and process or pedagogy for social change.

Programme Development

I recommend the establishment of in and out of school programmes to address the obstacles facing women and girls in the community in which this study took place. The programmes should address the following:

Socio-cultural Transformation

In the first place I recommend capacity building programme to address the socio-cultural influences on human behaviour. Programmes should not only pay attention to knowledge about sexuality and sex education, and AIDS-related knowledge, but also social identity, gender relations, and relationships and power. These can also incorporate the pros and cons of attitude change process which include compliance, identification, internalisation and conformity. Young girls should be targeted before they are of child-bearing age to help them begin to understand how their bodies function and how to protect themselves from sexually transmitted infections.

Older women should be targeted for programmes that enable them to confront health risk due to prevailing socio-cultural practices that continue to disadvantage and create health risks for women. It would be important to enable women to recognise their compliance and collusion in maintaining male dominance through continued construction of womanhood in the community.

Curriculum Transformation

Schools are central to the mitigation of HIV and AIDS prevention and should thus be seen as important partners. The nature of the curriculum in schools though cannot only be limited to knowledge on HIV contraction and prevention. Programmes must move beyond the classroom and involve communities if curriculum transformation is to be realised. Such transformation should ensure access to primary and secondary education, including HIV and AIDS in curricula for children and adolescents, ensuring safe and secure environments, especially for young girls; expanding good-quality, youth-friendly information and sexual health education and counselling services; strengthening reproductive and sexual health programmes; and involve families and young people in planning, implementing and evaluating sex education programmes.

Assertiveness and Self-Efficacy

Finally, assertion is not a quality that people are born with, but it is something that is learned and developed over time. Thus, I recommend programmes that can train young girls and women to develop skills and behaviour which enables them to act in their own best interest, to stand up for themselves without fear, to express honest feeling comfortably, and to exercise personal feelings, desires and rights without denying the rights of others.

Future Research Endeavours

- Undertake studies that:
- examine experiences and perspectives by men in the same community
- explores the relationship interaction between both men and women.
- Develops and evaluates programmes for girls and women to confront inhibiting social and cultural practices in the region under study
- include a larger sample which could include more diversity within the group of participants

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Appendices

Appendix A

Letters to the school principals

5 February 2012

The Principal

Okalongo
Namibia

RE: PERMISSION TO CONDUCT RESEARCH AT YOUR SCHOOL

I am a Master Degree student in the education department at Rhodes University. My research title is: **Women Vulnerability to HIV/AIDS: An investigation into women's conceptions and experiences in negotiating sex and safe sex in Okalongo Constituency, Omusati Region, Namibia.**

The research is to be conducted among women which include teachers, aged 20 – 50 years who will voluntarily to take part in the research.

It is against this background that I am seeking permission to contact and consult some of your staff member to take part in this study, which will be carried out from 01 March – 27 April 2012. The research programme (interviews) will be conducted after school during the free time of the selected participants and I want to assure you that no class will be disturbed. Enclosed is a letter from my university explaining the nature of my research.

Thank you very much and I am looking forward to conduct my research at your school.

Yours Faithfully

.....
Mrs Rauha Haipinge
(0812632330)

5 February 2012

The Principal

Okalongo
Namibia

RE: PERMISSION TO USE SCHOOL CLASSROOM FOR RESEARCH PURPOSE

I am a Master Degree student in the education department at Rhodes University. My research title is: **Women Vulnerability to HIV/AIDS: An investigation into women's conceptions and experiences in negotiating sex and safe sex in Okalongo Constituency, Omusati Region, Namibia.**

The research is to be conducted among women, aged 20 – 50 years who will voluntarily to take part in the research. The participants have indicated that your school is the closest place for everyone.

It is against this background that I am seeking permission to use one of your classrooms in order to be able to contact my research, which will be carried out from 01 March – 27 April 2012. The research programme (interviews) will be conducted after school. Enclosed here is a letter from my university that explaining the nature of my research.

Thank you very much and I am looking forward to conduct my research at your school.

Yours Faithfully

.....
Mrs Rauha Haipinge
(0812632330)

Appendix B:

Letter to the office of Catholic AIDS Action

5 February 2012

The coordinator
Catholic AIDS Action
Okalongo

Dear Sir/ Madam

I am Rauha Haipinge, a student at Rhodes University under the supervision of Professor Jean Baxen. I am conducting research on the perception and experience of women in negotiating sex and safe sex and the study is towards completion of my Master thesis.

I would like to investigate women's experience and perception in negotiating sex and safe sex with their husbands and partners. The information will help in understanding women's vulnerability to HIV infection. The research will consist of 10 women and it will be conducted in the form of a focus group of 5 members each. Four women will be selected from the two focus groups to undergo an individual interview with me.

The interviews will be recorded and videotaped, whereby I will make use of research assistant to do the recording. Therefore, I am writing to ask you to help me identify five women under your supervision to participate in the study. All the information I collect will be treated as confidential: names will not be used in reports of the research.

Thank you very much

Yours faithfully

Rauha Haipinge
(0812632330)

Appendix C: Letter from the Head of Department- Rhodes University



EDUCATION DEPARTMENT
Tel: +27 (0) 46 603 8383
Fax: +27 (0) 46 622 8028
PO Box 94, Grahamstown, 6140
E-mail: education@ru.ac.za

10 November 2011

To whom it may concern,

Dear Sir / Madam

PERMISSION TO CONDUCT RESEARCH

CANDIDATE: RAUHAHAIPINGE

STUDENT NUMBER: 609h6229

This letter is to confirm that Rauha Haipinge is a registered student with the Education Department at Rhodes University. She has been registered for a Masters in Education.

Rauha Haipinge will be required to conduct research for her thesis. This letter serves to request permission for Ms Haipinge to conduct research in your school for this purpose.

Her proposal was approved by the Education Higher Degrees Committee. Her proposal complied with the ethical clearance requirements of the Faculty of Education. I trust that her application for leave meets the necessary requirements.

Yours Sincerely

Dr Bruce Brown

Head of Department
Appendix: D (1)

Participants' letter

P O BOX _____

Outapi

20 January 2012

Dear Ms _____

I am a student at Rhodes University under the supervision of Professor Jean Baxen. I am conducting research on the perception and experience of women in negotiating sex and safe sex and the study is towards completion of my Master thesis.

I would like to investigate women's experience and perception in negotiating sex and safe sex with their husbands and partners. The information will help in understanding women's vulnerability to HIV infection. The research will consist of 10 women and it will be conducted in the form of a focus group of 5 members each. Four women will be selected from the two focus groups to undergo an individual interview with me.

The interviews will be recorded and videotaped, whereby I will make use of research assistant to do the recording. Therefore, I am writing to ask your permission to participate in the study. All the information I collect will be treated as confidential: names will not be used in reports of the research. At the completion of the research I will supply results of the study and talk about it if you wish. If you agree kindly sign the attached consent letter and hand it back to me. If you have any inquiry you can contact at the number indicated below.

Thank you very much

Yours faithfully

Rauha Haipinge
(0812632330)

Appendix D (2)

Consent letter

I -----have agreed to take part in Mrs Rauha Haipinge research project into women's perception and experience in negotiating sex and safe sex. All the research procedures were clearly explained to me. I understand that I will take part from this program to my own will. I do understand that the information I will give is confidential and it will be used for research purpose only. I also understand that the information I will give will be shared only with the supervisor and will not be shared or commented to anyone.

Signature -----

Date-----

Appendix E

Demographic Profile

Pseudonym: _____

Date: _____

Venue: _____

Please circle the appropriate box like this:

31-35

1. Age

- a. 20-25
- b. 26-30
- c. 31-35
- d. 36-40
- e. 41-45
- f. Over 46

2. Marital status

- a. Married
- b. Unmarried but in long term relation (longer than 2 years)
- c. Single
- d. Widowed
- e. Divorced
- f. other: Specify _____

3. Duration of Relation

If you have ticked a OR b, state how long have you been married/ in relationship

- a. 1-5 years
- b. 6-10 years
- c. 11-15 years
- d. 16-20 years
- e. Over 20 years

4. Religion

- a. Christian
- b. Muslim
- c. African tradition
- d. Other: Specify _____

5. Educational status

- a. Never been to school
- b. Attended up to grade 5
- c. Attended up to grade 10
- d. Completed school to grade 12
- e. College Diploma
- f. University Degree
- g. Post Graduate Degree

6. Number of children

- a. None
- b. 1 child only
- c. 2 children
- d. 2-5 children
- e. More than 5 children

7. If you have marked c, d or e, please indicate below if children were:

- a. fathered by the same man
- b. Different fathers

Appendix: F

Focus Group Discussion research questions

Introduction

Thank you very much for granting me this opportunity. My name is Rauha Haiping and I am a Master student at Rhodes University. I am completing my thesis and my topic as you are aware is the perspectives and experiences of women in negotiating sex and safe sex with their partners or their husbands. I am aware that this is a very sensitive topic, I am very grateful that you agreed to share your ideas and experiences with me and I would like to reaffirm as I indicated it in my letter that whatever we are going to talk will be confidential and will remain in this room firstly and secondly, it is going to be used only for the purposes of this study. The individual names will not be used at all in this study. I will not even be using your real names in documents I send to my supervisor at the university. I would like also to confirm as I stated in my letter that once I have transcribed the interview I am going to read it back to you or give it back to you to read in order to verify if what I have captured indeed it is what we have discussed. I am willing to remove any aspect of the interview/ discussion that you would like to retract and are not comfortable maintaining. Thank you for agreeing to be tape and video recorded. So now we are going to start our interview and for confidentiality purposes I am not going to mention your name but rather use your pseudonyms to address you that are on the sheet of paper in front of you. I wish to begin this discussion by giving you scenarios that I would like to respond to.'

Scenario 1

Mr Kola beat his daughter because she used condoms. He asked his child who had told her to use condoms. He said that condoms were used by white people who didn't want to have children. He told the child to never do such a thing again. The child fell pregnant after a few months, and he was very happy. He gave her one cow to feed the baby.

1. What comments/feelings do you have about this scenario?
2. As a woman and mother what is your view about Mr Kola?
3. Why do you think Mr Kola's daughter listened to him without questioned him?
4. If you were this daughter's mother what would you have to say to your daughter?

Scenario 2:

The husband in this scenario has little interest in sex. His wife says to her friend:

"The only time we make love is when I initiate it. Sometimes he agrees and I enjoy making love to him. Often though, he tells me that I am a sex maniac and that I am an abnormal woman".

1. What would people in your community say about the woman in this scenario? 2. What are your views on the woman in this scenario?
3. What if the tables were turned and the husband is the one who always initiates sex and the woman often refuses and she says her husband is a sex maniac?
4. What are your views on the man in this scenario?

Scenario 3:

“Everyone in the community knows that Catherine’s child was fathered by my husband. This child is a few months younger than my last born. My husband wants another child with me.

What would you do in this situation?

Scenario 4

This is the conversation between two girlfriends: one of them says she has just started a new relationship with a boyfriend. He wants to have sex with her and he insists of having sex flesh to flesh (without a condom). She does not want to fell pregnant and importantly too, she is also afraid of contracting HIV. One of her friend has just been diagnosed of HIV. She says to her friend this is my dilemma ask for her advice as what to do.

What advice would you give her in this situation?

Additional questions:

1. What do people say about HIV in the community?
2. How would you respond to the following pictures? Show them the one of the male organs.
 - b) How would you respond if this were your partner/ husband?
 - a) How would you respond to his request to have sex?
3. Show the picture of the female organs.
 - a) If you are a wife/partner what would you do/ respond to his request for sex?

Appendix: G Individual interview Questions

Session 1- Life History

1. Tell me all about yourself: where you grew up and about your family.

2. What are some things that your family would never compromise on? In other words, what did not family never allow members to do?
3. How are the women expected to behave in your family?
4. What did your family say about how married women should behave?
5. How do the men in your family get treated?
6. What does it mean to be a woman in your community? What kind of behaviour is expected?

Individual Interview- Session 2- Relationship

1. What does it mean to be a woman in your relationship?
2. Many marriages and relationship have disagreements. What causes some disagreements in your relationship?
3. What do people say about the use of condoms in your community?
4. Have you ever used condoms in your relationship? When and under what conditions?
5. Are you able to ask your partner to use condoms? Why or why not?
6. Do you and your husband/partner discuss sex? If yes, please describe an incident when you did (how did the discussion begin, who initiated it, etc.). If no, probe why not.
7. If your husband wanted to have sex and you were not in the mood. How would you respond?
8. If you wanted to have sex, how would you go about letting your husband or partner know?
9. If you knew your husband or partner was in a relationship with another woman.
 - a) How would you respond to this?
 - b) What are you able to do in this situation?
10. Do you talk about HIV with your husband/partner? Probe the nature and content of the discussion. Also ask who initiates it.

Appendix: H Male and Female Sex organs Picture



Ontsika tayi zi kondha yomulumentu ya etwa komukithi gwoshinena (okata)



Iilalo kondha ya etwa kendongo



Iilalo ya etwa koshange 'chancroid'.



Uulalo nuupulu wa etwa komikithi haku tiwa omulilo gwa kalunga.



Onzinko poondhi dhopombambamuthilo sha etwa komukithi dhopamilalo.



Uuthile



Uututo womukiintu wi indjipala nohau nika sha etwa komikithi dhopamilalo.



Uulalo wa etwa komukithi gwoshange.



Uulalo wa etwa komikithi gwoshange nondhi ya tsipuka.



Iilalo yomukithi gwendongo



Okahanona ta ka ehama omeho taga zi ontsika sha etwa ku yina e na oshinena eta pe okanona ke pethimbo lyokuvalwa kwako.



Okahanona opo ka valwa ke na endongo ke li pewa ku yina pethimbo eli metegelelo.