 J Hum Ecol, 55(1,2): 9-14 (2016)

Contributory Factors to HIV/AIDS Pandemic among the Youth at Dzumeri Village, Mopani District, Limpopo Province, South Africa

T.J. Mudau[1], R.T. Lebese, N.L. Mhlong[3], O.S. Obadire[4], S.A. Mulovhedzi[5], N.P. Mudzielwana[6] and R.M. Makhwathana[7]

[1]Institute for Gender and Youth Studies, School of Human and Social Sciences, University of Venda, Thohoyandou, South Africa
[2]Department of Advanced Nursing Science, School for Health Science, University of Venda, South Africa
[3]Institute for Gender and Youth Studies, School of Human and Social Sciences, University of Venda, South Africa
[4]International Relations Directorate, University of Venda, Private Thohoyandou, South Africa
[5,6,7]Department of Early Childhood Education, University of Venda, Private Thohoyandou, South Africa
E-mail: <Thizwilondi.Mudau@univen.ac.za>

KEYWORDS HIV. AIDS. Youth. Substance Abuse. Poverty. Health. Stigmatization

ABSTRACT HIV/AIDS is a worldwide pandemic that has given rise to social challenges such as poverty, and stigmatization. This study explored the contributory factors to the HIV/AIDS pandemic among the youths in Dzumeri village, Limpopo Province, South Africa. Qualitative, explorative, descriptive and contextual design was used. Purposive sampling was used to select thirty participants aged between 14-35 years, who were all Tsonga-speaking. In-depth and focus group interviews were used to collect data using semi-structured questions. Data were analyzed thematically by identifying and expanding significant themes that emerged from the informants' responses. The findings revealed that there is an increase in HIV/AIDS infection amongst young people at Dzumeri village. The following themes emerged: lack of information about HIV/AID, poverty, substance abuse, unsafe sexual practices and cultural beliefs. It has been recommended that, youth need to be well informed about the pandemic, know its contributory factors and the consequences.

INTRODUCTION

The Acquired Immune-deficiency Syndrome (AIDS) is principally a sexually transmitted disease. An estimated 35 million people live with Human Immunodeficiency Virus (HIV) globally with more than two-thirds (70%) of these people residing in sub Saharan Africa (Joint United Nations Programme on HIV/AIDS [UNAIDS] 2014). More than 25 years into the HIV/AIDS pandemic; it remains one of the most serious challenges to public health globally. Almost a quarter of people living with HIV are under the age of 25 (UNAIDS 2014). UNAIDS estimates indicate that over 40 million people were living with HIV/AIDS. Globally in 2013, there were 1.8 million new HIV infections (95% uncertainty interval 1.7 million to 2.1 million), 29.2 million prevalent HIV cases (28.1 to 31.7), and 1.3 million HIV deaths (1.3 to 1.5). At the peak of the epidemic in 2005, HIV caused 1.7 million deaths (1.6 million to 1.9 million) (Murray et al. 2014). Although HIV and AIDS were first clinically identified in the USA in the early 1980s, HIV/AIDS is currently more prevalent in the developing countries. It has been argued that the spread of AIDS had been escalated to its present dimension because it was considered a disease of a deviant sub-group in society (Kirby et al. 2007). In Africa, it is estimated that most teenagers either engage in early sex, get pregnant or married by the age of 19 and this results in their educational loss (UNESCO 2013). The total number of persons living with HIV in South Africa increased from an estimated 409 million in 2002 to 551 million by 2014. For 2014 an estimated 10.2 percent of the total population was HIV positive. Approximately one-fifth of South African women in their reproductive ages are HIV positive (Statistics South Africa [StatsSA] 2014). At least 95 percent of all new HIV/AIDS infections occur in less developed countries. In developing regions, Sub-Saharan Africa is the hardest hit, followed by the Caribbean islands (Kirby 2007). In Sub-

Saharan Africa, nearly 3.3 million youths are living with HIV/AIDS, and 76 percent of these are young women (UNAIDS 2007). South Africa is the country in the world with the most HIV infections (UNAIDS 2011).

In the approximately 25 years since AIDS has remained a major health emergency, the epidemic has had a serious and devastating effect on human development. In some countries, HIV/AIDS undermined progress towards the achievement of Millennium Development Goals, particularly those related to poverty reduction, achieving universal primary education, promotion of gender equality, reduction of child mortality and improvement of the health of mothers (Stromquist 2005).

Since the scourge of HIV/AIDS continues to escalate throughout the world, there is an urgent need for a multi-pronged approach to coordinate all sectors involved in health, in order to identify strategies to curb the HIV/AIDS plague. This study examines the hypothesis that various factors including poverty, lack of appropriate information, stigma against the diseases may be associated with different magnitudes and directionality of perceived, internalized attitudes among young people in the study area.

METHODOLOGY

Qualitative, exploratory, descriptive and contextual research designs were used to obtain in-depth and rich narrative data from participants. The study was conducted at the Dzumeri village in Mopani District of the Limpopo Province of South Africa. The study population comprised both female and males between the ages of 14-35 years. Purposive sampling was used to select 30 participants aged between 14-35 years, who were all Tsonga-speaking and involved in a relationship or having a child or were pregnant (McMillan and Schumacher 2006). The size of the sample was determined by data saturation in the focus group interviews held with the participants.

Data Collection

The tribal authority hall was used for focus group discussions. Two focus group discussions were conducted with a total of 10 participants in each group. The first focus group comprised female participants and the second focus group consisted of only male participants. This arrangement facilitated open discussions among the participants. The in-depth individual interviews were conducted in the participants' households. The recruitment of participants and identification of venue was done by the contact person working in the tribal office. Semi-structured interview questions were used as informed by the research objectives to collect data from young people staying at Dzumeri village. Probing, follow up questions and paraphrasing were used to deepen the discussion. Permission was sought from and granted by participants to tape-record the information provided and take field notes and ask follow up questions. Observations on non-verbal cues were also noted.

Data Analysis

The narrative data from semi-structured interviews were analyzed qualitatively by using Techs open coding method as described in Creswell (2013). Data were first transcribed verbatim and thereafter translated from Tsonga to English by a language expert. Translated data was then read and categories were formed. Similar categories were clustered and themes developed appropriately.

Ethical Considerations

For the research to be ethically sound and in order to protect the participants from any physical or psychological harm and treat participants with respect and dignity, permission to collect data was sought from the University of Venda Ethics committee. Permission was also sought from the Chief of Dzumeri village. Information consent was secured from participants who were 18 years and above. Consent was sought from parents or guardians of participants younger than 18 years of age. Participants were ensured voluntary participation, confidentiality and anonymity.

Trustworthiness

Four criteria for developing trustworthiness were used; namely, credibility, dependability, conformability and transferability. Credibility was ensured through prolonged engagement, reflexivity, triangulation, member checking, peer review and structural coherence. Transferability was ensured through purposive selection of the institution, a description of the demographics of the participants, and a dense description of

the results with supporting direct quotations from participants. Consistency was ensured through coding and re-coding of data during analysis. A dense description of the research methodology and peer examination, an audit trail and reflexive notes were used to establish conformability of the study.

RESULTS

Demographic Characteristics

There were thirty participants involved in this study; twenty were involved in focus groups and ten in in-depth individual interviews. Their ages ranged from 14 – 35 years and 16 were females whilst whereas 14 were males. The focus group discussions consisted of ten males and ten females while the in-depth individual interviews consisted of 6 females and 4 males. Fourteen participants were attending secondary school, 10 were unemployed whist and 6 were in a tertiary institution. Each interview lasted between 45 and 60 minutes on average. The research data were collected over two months.

Themes Generated From Data

Data collected through semi-structured individual interviews were intensely studied and narrowed through coding. Data coding involved getting a sense thereof, picking emerging themes and making a list of various topics (Cele 2008). Data from the thirty participants generated themes namely: lack of information about HIV/AIDS, poverty as a contributory factor, alcohol and drug abuse, unsafe sexual practices and cultural beliefs.

Theme1: Lack of Information About HIV/AIDS

The results indicated that the majority of participants stated that no one has informed the villagers about the dangers of HIV/AIDS. Knowledge deficit was described as one of the contributing factors to the high rate of HIV/AIDS among youth. However, this view was not shared by all participants as some stated that they knew about HIV/AIDS from radio programmes. It was however, indicated that although they could learn more from the radio programmes it was imperative that these teachings be done at home and churches to enable participants to make informed decisions. The majority of the respondents indicated that no HIV and AIDS awareness campaigns were done in the village and relevant health services were not available around the village; therefore it is difficult for a person to have sufficient and accurate information about the pandemic. One of the participants said: *"I did not have any idea about the pandemic or the disease; I have not received any information from anybody about HIV/AIDS. For me sleeping with many partners does not mean I can be infected by the disease, what comes to mind is that I am enjoying life."*

Another respondent commented as follows:

"I was not sure that it is true that HIV and AIDS is a killer disease due to lack of information about the disease and how to protect myself."

"Having knowledge on HIV and AIDS prevention is the greatest investment in everyone's life. Youth need HIV and AIDS-related information in order to get a deeper understanding of the pandemic."

Theme 2: Poverty as a Contributory Factor

The majority of youth around the village are infected with HIV and AIDS because of poor family background. Some of the participants stated that they engaged in sexual activities due to poverty. They further admitted that the love **for** money from sugar daddies influenced them to have unprotected sex in order for them to fend for themselves and their families.

One of the participants who disclosed her status during the face-to-face interview mentioned that: *"The state of poverty put my life at risk of getting infected with the virus. Lack of food and also being a child-headed orphan changed my life because I used to sleep with any man that comes and promises to give me money after having sex. I was the first born in the family, and there were siblings that needed to get food every day. Due to poverty my life is at stake because I am now HIV positive and those men I used to enjoy life with them are nowhere to be found, and now I am facing death".*

Theme 3: Alcohol and Drug Abuse

The findings of this study revealed that alcohol and drugs were other contributory factors to HIV/AIDS because participants showed

that they engaged in unsafe sex due to those factors. It was also revealed that alcohol and drug abuse are high risk and both casual chronic substance users are more likely to engage in unprotected sex. The following observation was made by one of the participants: *"Alcohol changed my whole life, I started drinking at the age of 15 and that is where I started engaging myself in sex issues. I started having interest towards girls while under the influence of alcohol. At that particular time I was not aware that by sleeping with different people I may end up being HIV positive. At the age of 22 I found out that I am living with a virus after I was tested due to an uncontrolled sickness. After I was counseled I accepted my status and then started using ARV."*

Theme 4: Unsafe Sexual Practices

The findings revealed that the majority of participants have engaged in sex without using protective devices like a condom even though they knew that having sex without protection is risky. The majority of the participants indicated that their boyfriends forced them to engage in unsafe sex, which their boyfriends believed was a sign of true love. Some of the respondents explained that violence in a relationship, where young people end up sleeping together by force, may bring about serious health problems such as sexually transmitted diseases, HIV/AIDS and unplanned pregnancies. The results revealed that young women are unable to negotiate safer sex because they are scared of their male partners due to abuse. As a result, many young women also end up being hospitalized and/or disabled due to dating violence. One of the respondents revealed that: "*My boyfriend always sleeps with me without my consent, and without using a condom and I don't say a word because I will be beaten and he always promises to kill me if can tell other people about the situation."*

Theme 6: Cultural Beliefs

The majority of participants indicated that HIV and AIDS are the results of witchcraft and they have full belief in that particular ideology. One of the participants indicated that: "*I heard my brother saying that his friend is very sick and people are gossiping that he is HIV positive while we knows that he was bewitched by his aunt."*

Culturally people believe that when a person is sick, it is connected to witchcraft. Scientifically there is no cure for HIV/AIDS, but traditional healers and some pastors from some churches indicate that they can cure the disease. This was alluded to by one of the traditional healers around the study area, who confidently stated: "*I am a strong traditional healer in this village, even the villagers know about my powers, HIV/AIDS is a strong disease that happens when one has been bewitched. In order for the person to be healed, he or she has to come and consult; nothing can prevent traditional healers from curing the disease."*

Another pastor also claimed that he can cure HIV and AIDS. He said he prays for people with HIV and Aids and they get fully healed. He further said some of the people he had prayed for came back with medical reports to prove that they have been cured of HIV and Aids. His statement is captured as follows: "*I pray for the sick and they receive deliverance from their pains. Due to the power of my prayer, HIV and Aids patients are healed and throw away the medications. My prayer does miracles, I have cured a lot of people from different countries and they are all free from the disease."*

Some people believe that if you are a man and you are diagnosed with HIV/AIDS, the best cure is to have sexual intercourse with a virgin girl. In such a situation both the two of you may end up not being positive. This is a misconception since being a virgin does not cure HIV/AIDS.

DISCUSSION

The majority of the respondents indicated that they were infected with HIV and AIDS because they lacked information and the environment they grew up in was far away from health development, and it was not easy to access medical facilities and advice including fundamentals such as testing units and HIV and AIDS programmes. According to Shah et al. (2014), young people need accurate, age-appropriate information about HIV infection, including how to reduce or eliminate risk factors, where to get tested for HIV, and how to use a condom correctly. Even when they do have information, some of them engage in unprotected sex because they lack skills to negotiate abstinence or condom use.

It appears that the majority of South Africans have heard about AIDS, and have a fairly good level of knowledge of the basic facts, that the disease is spread sexually, and that condom use reduces risk (Caldwell and Mathews 2015). Nevertheless there are still many people, especially those with low levels of formal education and also who lack access to accurate, relevant information on HIV/AIDS and sexuality that are unaware of the risks. Stigma is a common human reaction to disease and is described as a social process that involves identifying and using "differences" between groups of people to create and legitimize social hierarchies and inequalities (Farotimi et al. 2015). Added to this is the problem that dangerous myths and misconceptions about HIV/AIDS abound. Beliefs such as this give people a false sense of their level of risk, and contribute to confusion about how HIV is transmitted.

The study revealed that poverty was one of the factors which contribute to the spread of HIV and AIDS in Dzumeri village. It was also revealed that young people take to prostitution to survive from poverty. The majority of participants explained that lack of parental guidance played a vital role among many young people spreading the disease. In support of the above, Agwu et al. (2015), stated that the youth are mostly infected with HIV and AIDS because of poor family backgrounds, especially girls. Most young girls in the village are from child-headed households wherein they look after their siblings without a stable source of income to meet their expenses and basic needs.

The results of the study also revealed that alcohol abuse was one of the contributory factors to HIV and AIDS in the village. This study showed that after people have taken too much alcohol they tend to engage in unprotected sex. In this situation one cannot negotiate for the use of a condom because they may be drunk. In addition, the study revealed that some young women in abusive relationships are unable to negotiate safer sex because they are scared of their male partners, and in that way are at risk of getting infected with HIV and AIDS. Such young women are three times more likely to contract sexually transmitted diseases and fall pregnant compared to those that are not in abusive relationships (Walsh 2008).

This study revealed that culture also contributed to HIV and AIDS due to the belief that witchcraft plays a role on the issue of the disease. People believe that if a person contracts HIV and AIDS, the individual is likely bewitched. Participants indicated that cultural belief is very strong among black people in the village.

CONCLUSION

From the results of the study, it is concluded that HIV/AIDS is a worldwide pandemic that has given rise to social challenges such as poverty, childheaded-households, loneliness, and stigmatization. Young people are a vulnerable group which need full support, attention and increased awareness campaign about HIV/AIDS. Therefore it is important to alert young people about the dangers of HIV/AIDS in order to improve their lifestyles. The study revealed that lack of information about HIV/AIDS results in many deaths among young people. For others, infection with the disease negatively affects their studies because when one is sick or infected, the immune system becomes weak therefore concentration is also affected.

The study also revealed that unsafe sex was brought about due to lack of knowledge that having sex without using condoms leads to high risk of being infected. Young women are the ones that are more vulnerable. It was also revealed that alcohol abuse was one of the contributory factors. The results established that when people have taken alcohol or drugs they do not think of anything, they engage themselves in sleeping with different partners without thinking of the end results. From the study, even poverty influenced young people to engage in sexual activities without thinking that by having unsafe-sex they could contract HIV/AIDS.

RECOMMENDATIONS

Based on the findings of the study, it is recommended that all stakeholders, such as the families, communities, schools, churches, the government, non-governmental organizations and other relevant structures keep young people informed about the dangers of HIV/AIDS, especially sleeping around without using a condom. Since HIV and AIDS is a killer disease and has no known cure, it is recommended that awareness campaigns about the HIV/AIDS pandemic needs to be intensified and spearheaded by the officials of the Department of Health as well as

officials at local clinics. It is also recommended that those young people who feel that they cannot abstain from having sex, should rather condomise. This study also recommends that schools have to play a major role in teaching young people about the contributory factors of HIV/AIDS and its impact on the lives of young people.

ACKNOWLEDGEMENTS

The authors express their sincere gratitude to the University of Venda for the opportunity to publish this article and the participants who provided the information for the study.

REFERENCES

Agwu AL, Lee L, Fleishman JA, Voss C, Yehia BR et al. 2015. Aging and loss to follow-up among youth living with Human Immunodeficiency Virus in the HIV research network. *Journal of Adolescent Health,* 56(3): 345–351.

Caldwell K, Mathews A 2015. The role of relationship type, risk perception, and condom use in middle socioeconomic status black women's HIV-prevention strategies. *Journal of Black Sexuality and Relationships,* 2(2): 91-120

Cele VZ 2008. *The Management of the Implementation of Quality Assurance Policy: The Case of Integrated Quality Management System (IQMS) in Secondary Schools in Kwazulu Natal.* Dissertation, Unpublished. Pretoria: UNISA.

Creswell JW 2013.*Qualitative Inquiry and Research.* University of Wisconsin, Wisconsin: White Water.

Farotimi AA, Nwozichi CU, Ojediran TD 2015. Knowledge, attitude, and practice of HIV/AIDS-related stigma and discrimination reduction among nursing students in southwest Nigeria. *IJNMR,* 20(6): 705-711.

Kirby DB, Loris BA, Rolleri LA 2007. Sex and HIV education programs: Their impact on sexual behaviours of young people throughout the world. *Journal of Adolescent Health,* 40: 206-217.

McMillan JH, Schumacher S 2006. *Research in Education: Evidence Based Inquiry.* New York: Pearson Education Inc.

Murray CJL, Ortblad KF, Guinovart C, Lim SS, Wolock TM et al. 2014. Global, regional, and national incidence and mortality for HIV, tuberculosis, and malaria during 1990–2013: A systematic analysis for the Global Burden of Disease Study 2013. *The Lancet,* 384(9947): 13–19, 1005–1070.

Shah SM, Heylen E, Srinivasan K, Perumpi S, Ekstrand ML 2014. Reducing HIV stigma among nursing students: A brief intervention. *West J Nurs Res,* 36: 1323 1337.

Statistics South Africa [Stats SA] 2014. *Mid-year Population Estimates*. Pretoria: Statistics South Africa.

Stromquist NP 2005. Gender sensitive educational strategies. *International Journal of Educational Development,* 17(2): 205-214.

UNAIDS 2007. *AIDS Epidemic Update*. Joint United Nations Programme on HIV/AIDS Geneva, Switzerland: UNAIDS.

UNAIDS 2011.*World, AIDS Day Report 2011*. Joint United Nations Programme on HIV/AIDS. Geneva, Switzerland: UNAIDS.

UNAIDS 2014. Gap Report Press Release. Joint United Nations Programme on HIV/AIDS (UNAIDS). Geneva: UNAIDS Publications. From <http://www.unaids.org/sites/default/files/webstory//20140716 PR GapReport en.pdf.> (Retrieved on 2 December 2015).

UNESCO 2013. *Young People Today: Time to Act. Why Adolescents and Young People Need Comprehensive Sexually Education and Sexual and Health Services in Eastern and Southern Africa*. Paris: UNESCO Publications.

Walsh D 2008. The hidden experience of violence during pregnancy: A study of 400 pregnant Australian women. *Australian Journal of Primary Health,* 14(1): 97-105.

Paper received for publication on May 2016
Paper accepted for publicaion on July 2016