UNIVERSITY OF KWAZULU-NATAL

CHRISTIAN ORGANISATION EFFECTIVENESS IN RESOLVING HIV/AIDS RELATED CONFLICTS: A CASE OF FAITH- BASED ORGANISATIONS IN BULAWAYO- ZIMBABWE

By
SIKHULEKILE FAITH MOYO
208527812

A dissertation submitted in partial fulfillment of the requirements for the degree
of
Master in Commerce/ Conflict Resolution and Peace Studies

School Economics and Finance
Faculty of Management Studies

Supervisor: Dr. Sylvia Kaye

June 2009

Supervisor's permission to submit for examination

Date:

Student Name: Sikhulekile Faith Moyo
Student no.: 208527812

Dissertation Title: CHRISTIAN ORGANIZATION EFFECTIVENESS IN
RESOLVING HIV/AIDS RELATED CONFLICTS: A CASE OF FAITH- BASED
ORGANISATIONS IN BULAWAYO

As the candidate's supervisor I agree to the submission of this dissertation for
examination.

The above candidate has satisfied the requirements of English language competency.

Name of Supervisor: Dr Sylvia Kaye

Signature:

DECLARATION

I Sikhulekile Faith Moyo declare that:

(i)   The research reported in this dissertation/thesis, except where otherwise indicated, is my original research.

(ii)   This dissertation/thesis has not been submitted for any degree or examination at any other university.

(iii)   This dissertation/thesis does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.

(iv)   This dissertation/thesis does not contain other persons' writing, unless specifically acknowledged as being sourced from other researchers. Where other written sources have been quoted, then:

        a) their words have been re-written but the general information attributed to them has been referenced:
        b) where their exact words have been used, their writing has been placed inside quotation marks, and referenced.

(v)   This dissertation/thesis does not contain text, graphics or tables copied and pasted from the Internet, unless specifically acknowledged, and the source being detailed in the dissertation/thesis and in the References sections.

Signature:

DEDICATION

To my beloved husband Trevor Mathe.

ABSTRACT

The study aims to understand the response of Christian AIDS organisations to HIV/AIDS related conflicts in Bulawayo-Zimbabwe. Many criticisms have been levelled against these organisations mainly because of their delayed, uninformed and reluctant response to HIV/AIDS issues. The intent of this research is not to criticize but to improve the effectiveness of organisations in responding to conflicts related to HIV/AIDS by suggesting possible responses or interventions. Building on conflict resolution theories, the research tried to explore the issues of HIV/AIDS motivated conflict, explain their causes, their form and nature and identified them among the people living with HIV/AIDS in Bulawayo using the focus group technique. Data was also collected from support group supervisors and organisations. The results suggest that there is a possible link between HIV/AIDS and interpersonal conflict and that HIV/AIDS conflict do occur in Bulawayo and they take many forms. People living with HIV/AIDS are the most affected because they suffer from both the disease and the damage to relationships. It still needs to be proved how destabilisation of relationships contributes to the spread of HIV/AIDS in Bulawayo. The results also suggest that there is no formidable response by organisations to HIV/AIDS related conflicts because they refer cases to other institutions. The paper also identifies many issues hindering the resolution of conflicts and some of them include: lack of knowledge on resolution, lack of awareness and lack of relevant skills among many. The study suggests that conflict resolution should be mainstreamed into HIV/AIDS intervention measures in of Faith-based organisations in Bulawayo. However, awareness and further studies of HIV/AIDS related conflicts are needed if meaningful intervention is to be achieved.

ACKNOWLEDGEMENTS

ACRONYMS

ARV	Antiretroviral
PLWHA	people living with HIV/AIDS
UNAIDS	The Joint United Nations programme on HIV/AIDS
UNDP	United Nations development programme
UNAID	The joint United Nations programme on HIV/AIDS
UNICEF	United Nations children's fund
WHO	World health organisation
FBOs	Faith based organisations

LIST OF TABLES

CHAPTER I

INTRODUCTION

1.1. Introduction

This study is concerned with exploring the response of Christian AIDS organisation to HIV/AIDS related conflicts, and measuring their effectiveness. The social, economical and political issues of HIV/AIDS are very complex, as they transcend medical or clinical concerns. They are intricately embedded in the social life of human beings, individuals, families and communities, disrupting and destabilising the social fabric. This study therefore approaches the issue of HIV/AIDS from a social view where the realities of people's lives, i.e. interactions, are disrupted by HIV/AIDS.

The social impact of the disease is viewed in conjunction with relationships that are the basis of human interactions in the family or society and therefore the life of an individual. The issue of conflict is brought in as part of human life and an inevitable aspect of human interactions; hence, the need to explore various conflicts experienced by the PLWHA. This includes the understanding of faith- based response to conflicts. Possible conflicts encompass those arising from stigmatisation, prevention, care, that leads to the disintegration of families as a result of or after discovery of a partner's positive status, and isolation of infected individuals. Consequently, the study investigates the specifics of HIV/AIDS related conflicts, their form or nature, their cause and discussing of the dominant conflicts in Bulawayo, the reason for their prevalence and their impact on society, in particular the PLWHA.

Throughout this study there are several major issues to bear in mind when measuring the effectiveness of the FBOs. The first is that conflict is inevitable and can either be good or bad depending on the situation. The bad is visible through HIV/AIDS motivated gender violence or domestic violence. Behind cases of violence, there is unresolved conflict. Violence is an ineffective way of resolving a conflict because it does not address the underlying causes of conflict. The good are the ones that lead to

innovation, that raise awareness, lead to problem solving, indicate a problem and lead to redistribution of scarce resources (Chetkow-Yanoov 1997).

The second point is that while FBOs are derived from churches, thus are community-based, therefore helping to address imbalances in social interactions. The third is that, a response to conflict or resolving conflicts is one aspect of building a culture of peace; herein issues of inculcating the right peace values are pivotal. The mention of a culture of peace also entails dealing with various aspects of conflict, such as prevention, management, problem solving, and tolerance, to promote sound relationships where people fully participate in building peace in an environment of HIV/AIDS. The research acknowledges that efforts to combat AIDS cannot ignore the issues of conflicts.

1.2. The correlation between HIV/AIDS and conflict

Crucial to this study is establishing the link between conflict and HIV/AIDS. One thought suggests that a direct connection between the spread of HIV and conflict is evident in rape but, there are other less direct factors contributing from both ends (Dalzell: 2007). Some scholars, however, argue that this connectivity is far too complex to be 'expressed in simple cause and effect terms' (Docking: 2001). This study pursues this aspect from the understanding that, a possibility of HIV/AIDS related conflict contributing to instability of families and society exists. The interface is explained in chapter 2 and further explored in chapter 4.

1.3. Justification

This study is necessary because it considers a phenomenon that is still being studied in Bulawayo i.e. exploration of HIV/AIDS related conflicts and the response of FBOs to conflict. It is thus important to understand the pandemic by exposing and revealing the implications of AIDS related conflict on the social life in Bulawayo. Societies are disrupted by conflict, as previous studies reveal that during and after periods of protracted conflict, violence such as gender based, sexual violence, abuse of the elderly and children soars. "The increase of violence is attributed to trauma of conflict and impact on interpersonal relations, community networks and other broader issues" (United Nations Commission on Human Security 2003).

Conflict at whatever level can prevent organisations from dealing with HIV/AIDS effectively. This exploration of the response of FBOs to conflict and their effectiveness thereof, contributes to research by highlighting the conflicts related to HIV/AIDS in Bulawayo and establishing the interface between conflict and HIV/AIDS. This contributes to the search for possible strategies and suggestions in the prevention of HIV/AIDS.

An analysis of HIV/AIDS related conflicts experienced in Bulawayo and the activities of the FBOs, espouse some of the challenges in dealing with the pandemic.

1.4. Rationale for the study

FBOs, which are at times referred to as Christian organisations in this study are usually derivatives from church denominations and as such are based on Christian principles in their operations. Green (2003) says that the organisation include but are not limited to church .Their main advantage is that they "have the largest constituency of people, a meaningful presence in the grassroots and enviable infrastructure. They function in parallel with government programmes, filling the gaps where governments fail" (Parry: 2003).

FBOs are defined as "groups of individuals who come together voluntarily around a stated spiritual or belief system, that informs and guides their work together. These range from small grassroots organisations with simple structure and limited personnel, to large global institutions with highly sophisticated bureaucracies, wide networks, substantial financial resources and significant human resources(USAID:2003). The southern African Regional Poverty Network (2002) defines FBO's as an institution, association or group formed by people of the same religious affiliation. Intervention programmes include prevention, care (the sick, orphans, pastoral care), counselling and awareness. Given the above, these organisations can be effective in terms of helping other people, more so because they do not have to wait for programmes of intervention but seek it in the community that they operate in.

However, many shortfalls and accusations have been levelled against these organisations by different scholars. Schmid argues that there is no cohesion and order between these organisations as they prefer doing their own thing their own way regardless, of the given structures and systems of intervention, nor do they abide to conventional prevention measures. (2005:48).

Most of these are suspected to be engaging in such intervention programmes as a means of survival. This means that they do intervention for purposes of getting an income. The point is not to exacerbate negative views but to strengthen the intervention activities of FBOs and promote new possibilities of intervention.

1.5. Objectives of the study

The objectives of the study were to determine how Christian AIDS organisations respond to HIV/AIDS related conflicts in Bulawayo and establish the correlation between conflict and HIV/AIDS

1.5.1. Study aims

The aims of the study were to:

- To explore possible conflicts which arise from HIV/Aids related issues. Those arising from stigmatization, prevention, care, those leading to disintegration of families as a result of or after discovery of partner's status, and isolation of infected individuals;

- To explain the interface between conflict and HIV/AIDS;

- To explain how these organisations resolve HIV/AIDS related conflicts, taking note that intention may differ from practice;

- To examine the effectiveness of Christian AIDS organisations in responding to conflicts;

- To explore possible strategies and suggestions in the prevention of HIV related conflicts;

- To explain the most prevalent conflicts in Bulawayo while taking into consideration the difference between negative impacts and conflict. The difference is made clear by adopting a relevant definition of conflict.

1.5.2 Questions answered by the study

The main research question was:

- To what extent do Christian Aids organisations in Zimbabwe contribute to resolution of HIV/AIDS related conflicts?

The following are sub questions investigated:

- What kind of HIV/AIDS related conflicts are experienced in Bulawayo?

- How do the Christian based organisations resolve these conflicts?

- What is the relationship between conflict and HIV/AIDS?

- What systems do they have in place to support the way they deal with conflicts?

- Is the way they resolve conflicts contributing towards building a culture of peace?

- What other strategies and suggestions can be incorporated into HIV/AIDS interventions?

1.6. The Zimbabwe HIV/AIDS picture

Zimbabwe is one of the countries devastated by HIV/AIDS, having experienced the highest epidemic levels in the world in years past. Mpofu et al (2003) says that Zimbabwe is one of the countries with a high prevalence rate. The UNAIDS report (2008) gives an estimate population of Zimbabwe as 12 million by the end of 2007, of whom 1, 2 million (15.3%) were estimated to be living with HIV. Of these 57% are estimated to be women averaging the ages of between 15-49 and 120, 000 children between the ages 0-15. According to this report, an estimate of 140,000 deaths due to HIV/AIDS was recorded per week in the year 2007.

Between 2002 and 2006 the population of Zimbabwe decreased by 4 million people, by the end of 2007 the infant mortality rate was still at an upward trend beginning in the 1990's and average life expectancy had dropped to 34 years for women making it the lowest in the world. The life expectancy is suspected to have dropped even below that stated (UNAIDS 2008 report). According to UNICEF, Zimbabwe also has the

highest number of orphans in proportion to its population. The parents of these are said to have died due to HIV/AIDS (Avert organisation: 2009 HIV/AIDS report).

The prevalence rate, which stood at 24,6% by 2003, is reported by the government to have fallen significantly to a low of 15.3% by 2007, a decrease accepted by the United Nations World Health Organisation. (ibid).   However, many factors could be contributing to this development, e.g. migration of people to other countries due to economic hardships, increase in death rate due to HIV/AIDS and lack of health facilities.

The UNAIDS 2005 epidemiology report states that the decline only points to a reduction in prevalence rate and not incidence rate. This also does not suffice as a sufficient indicator of programme impact because both measures 'can fall and rise naturally during the course of an epidemic as infection spreads into and within different population risk groups' (2005:5). This also does not necessarily indicate behavioural change. Information on the HIV/AIDS prevalence rate of Bulawayo was not found by the researcher.

1.7. Background of Bulawayo
Bulawayo is the second largest city of Zimbabwe located in the Matabeleland province. Its population is estimated at 700 000. Bulawayo is and administrative district found 439 km south west of Harare the capital city. There are two languages spoken in Bulawayo; Ndebele and Shona with the Ndebele being the majority. Studies indicate that HIV/AIDS prevalence rates are high in urban areas and among these is Bulawayo. HIV/AIDS is reported to be high in administrative districts of Zimbabwe with a prevalence rate of 28% as compared to the 21% in rural areas (WHO 2005). USAID (2002) reports a 31, 1% prevalence rate among women attending antenatal clinic in urban areas, 71, 1% for male patients attending sexually transmitted infection clinics in urban areas in 1995 and 86% for female sex workers in 1995.

Bulawayo is also affected severely by the economic decline that bedevilled Zimbabwe since the 2000, impacting negatively on households, incomes, health delivery systems and many other sectors of the economy. HIV/AIDS becomes part of the factors that

are devastating the already destroyed economy of Zimbabwe and therefore exacerbating the suffering of the people. The ban of civic organisations in 2008 also impacted on intervention programmes in Bulawayo where many PLWHA were left without aid. It is within the context of a devastated economy, destroyed social fabric, that this paper discusses the issue of HIV/AIDS related conflicts in Bulawayo. However, the national conflict is not discussed in this paper but only serves to indicate the destruction that is in the nation and Bulawayo.

1.8. Background of HIV/AIDS interventions in Bulawayo
The Zimbabwe Aids Network (ZAN) reports a membership of over 400 non-governmental organisations, private sector groups and individuals in the whole of Zimbabwe. The Matabeleland North branch of ZAN has a membership of 83 with 25 directly involved with HIV/AIDS activities (analysis of ZAN data sheet). Only five of these are registered as FBOs though there are many listed that are church based. The disparities in registration makes the process of identification and classification of organisations difficult, and the use of one's discretion is required, though not very appropriate. Most of these organisations focus on preventive measures aimed at curbing the spread of HIV/AIDS. Some of the programmes are as follows: home based care givers, community capacity building, care and support for children in distress, crisis care for persons with Aids, systems capacity building, AIDS prevention activities and support for HIV-positive young people (2003:73).

There are 10 goals and principles guiding the operations of these organisations that were discovered by UNAIDS. All are aimed at promoting the well being of the infected and affected persons, or the well being of society. FBOs have different aims which are biblical based. For instance, one of the principles for the Swaziland Church Forum on HIV/AIDS is to employ bible-based solutions to the ongoing national efforts to address the challenges posed by the disease in the nation while another simply reads 'to combat the spread of HIV/AIDS using biblical principles' (2008: 7-8). These biblical principles are not stated (Swaziland church forum document 2008*)

1.9. Definitions
The following are the definition of key terms:

1.9.1. Conflict

Conflict in this study is when two or more people have different ideas, interest, needs, goals and values that obstruct each other. Conflict can also be either constructive or destructive i.e. when conflict points to a problem or when it leads to a desire to harm others or one's self. The assumption in this case is that the affected and infected are both dependent parties and conflicts are bound to occur between them because there are many sources of conflict. In this case, HIV/AIDS can be a source of conflict but the way people respond to conflict makes all the difference. This concept is discussed in detail in chapter 2.

1.9.2. HIV/AIDS

This section will detail the definition of HIV/AIDS and how it is spread but issues of its causes, its history and its treatment and progression will be left out for convenience sake.

i) What is HIV/AIDS?

HIV is a virus that causes AIDS by affecting the immunity of a human being such that it begins to deteriorate. It stands for Human Immunodeficiency Virus. At this stage there are no visible signs of illness in an individual.

AIDS is a higher stage of the above where the immune system of an individual is eroded and the individual depicts signs and symptoms of being ill. It stands for Acquired Immune Deficiency Syndrome.

ii) How is HIV spread?

Different scholars concur that the major modes of transmission in Zimbabwe are through heterosexual relations. Mpofu et al says that HIV/AIDS is mostly spread through sexual intercourse, whether vaginal, anal or oral, and breastfeeding (mother to child) (2003:61). There are, however, other methods but these are not the main transmission ones. This means that intervention measures have to aim at behavioural changes.

Many intervention measures in Zimbabwe were aimed at preventing the spread of HIV/AIDS but Mpofu et al says that the impact of these activities is yet to be felt. This calls for a review of intervention measures if behavioural change is to be achieved.

1.9.3. Conflict resolution

Conflict resolution is the process by which alternatives are found in order to address issues that cause conflict between two antagonistic parties. It is defined as "a situation where conflicting parties enter into and agreement that solves their central incompatibilities, accept each others continued existence as parties and cease all violent action against each other" (Willesden: not given). It suffices from the premise that all conflicts can be resolved because in every situation there are always alternatives.

1.10. Research Methodology

This research is qualitative because it draws from the personal experiences of PLWHA. Data was collected through interviews, with both individual and focus group. These interviews were unstructured and utilised open ended questions as guide. The researcher chose this approach because there was room to participate in the situations of subjects and this afforded the researcher an opportunity to fully understand the experiences of the people by using probing techniques which brought clarity on issues under investigation.

1.10.1. In-depth Interviews

The researcher used in-depth interviews at two levels. The first was with 4 HIV/AIDS support group supervisors who manage groups in the high density suburbs of Bulawayo. This method of data gathering was chosen because it allowed the researcher to obtain in- depth information. Interviews are defined by du Plooy (2000) as a data collection method that uses personal contact and interaction between the researcher and the respondents. The researcher needed to understand the reasons behind HIV/AIDS conflicts, the response of the organisations to the conflicts and to

confirm that HIV/AID related conflicts exist. He also says interviews are necessary in field research in order to develop full understanding of an issue under investigation.

The second level interview was with 3 organisations in Bulawayo. The purpose was to fully understand their response including their approach to conflict. Both interviews were guided by semi structured, open ended questions but there was room to include any arising question.

One of the advantages of using interviews is that they allow the researcher to establish rapport with the respondents which allows the researcher to contact respondents at a later stage if more questions arise during the interpretation.

1.10.2. Focus groups

Focus groups are a fairly old concept that has been used in a variety of fields of study but adopted in the 1930's by social scientists who thought to improve on the accuracy of traditional methods of data gathering (Gibbs 1997, Lewis 2000). According to Lewis the term was coined by Merton et al in 1956 to apply to a situation in which the researcher asks group members specific questions. Focus groups are defined "as a carefully planned discussion designed to obtain perceptions in a defined area of interest in a permissive and non-threatening environment" (Kreuger cited in Lewis)

One focus group was utilised to obtain information on experiences of PLWHA. 6 people participated in this group which drew people from one low density suburb of Bulawayo –source town. This method was chosen because it allowed the researcher to obtain more information within a shorts period of time. The other reason was that it was a cost and time effective method because all participants are seen at tin information he same time.

Some of the advantages of this approach as stated by Gibbs are that it allows the researcher to gain insight from people's shared experiences and several perspectives about the same topic.

1.10.3. Secondary data sources

This research uses material that already exists to obtain information on the issue under investigation. These include the previous studies on related topics, organisations documents, reports, manuals. The aim of adopting this approach was to expand understanding of issues under investigation, provide a method of interpreting and analysing data collected. Secondary sources are defined as material that comes from someone else other than the original source (du Plooy: 200:173).

1.11 Dissertation structure

The following is the structure of the dissertation:

Chapter 2	Literature review
Chapter 3	Methodology
Chapter 4	Data presentation, description and analysis
Chapter 5	Conclusion and recommendation

CHAPTER II

LITERATURE REVIEW

2.1. INTRODUCTION

Conflict has been a field of study for many years and recent literature has tried to combine this phenomenon with HIV/AIDS. Scholars concur that there is an indirect connection between the two and only in a few cases will a direct connection be established, i.e. rape. This phenomenon has been defined in various ways by different scholars and the causes of conflict are just as varied. The theories of conflict also define the conflicts; explain their causes as well as the resolution of those conflicts. Theories are studied in order to devise ways of resolving them and thus, are referred to as conflict resolution theories by some scholars.

From these theories, it has been established that issues related to HIV/AIDS, i.e. anger, frustration, aggression, blame, cause conflict and not the disease per se. Many scholars however, state that HIV/AIDS has the potential to cause conflict only when it is exacerbated by other factors which aggravate frustration or aggression in a nation. They are also quick to point out that it is difficult to separate the disease from its negative impacts, its related factors and conflict. Significantly, their contributions emphasize the potential that HIV/AIDS has for starting or increasing conflict. Most of these studies are on intrastate conflicts whereas this study looks at interpersonal conflict, conflict that already exists in Bulawayo.

Various documents obtained from secondary sources forms the basis of discussing conflict, conflict resolution, theories of conflict, and interconnectedness between conflict and HIV/AIDS.

2. 2. A brief history of conflict resolution

The study of conflict is heightened in the 1950's after incidences of war, for example, World War II which threatened human survival. Some of the issues that heightened the study include: the "denotation of the atom bomb, the cold war, the development of nuclear weapons, increasing conflict between super powers, including the

developmental problems encountered by nations that emerged following the break up of political empires" is what the researchers framed and cultured to a method of research (Centre for conflict resolution 2000). The value of studying conflict was shown in the 1950s and 1960s where the researchers approached it as a general phenomenon presenting itself similarly in all fields of study. This was later applied to all fields of study such as management, industrial relations, social work, social psychology, international relations, communication, systems theory in general, including civil and international conflicts. (ibid). Much of this work was aimed at stopping war.

Throughout the 1970s and 1980s, the study gained momentum by spreading into other fields of academic work, chief among them internal wars, social conflicts, and resolution approaches ranging from negotiation to mediation (ibid). Some of the key researchers included Mahatma Gandhi, Johan Gultung 1981 (the types of violence), Kenneth Boulding 1959 (focusing on prevention of war), John Burton 1966 (considered conflict intrinsic in human relationships) and many others. From the works of these people conflict theory was formed and developed.

The struggle to understand the causes of war gave rise to understanding of human behaviour that is the link between violence and men. This informed the creation of individual level theories that assume that the root causes of war lie in human nature and human behaviour. Conflict has thus been attributed to various reasons in history, but in this research, conflict is approached from the social context perspectives where theory attempts to explain the causes of conflict and its nature and also inform conflict intervention approaches.

2.3. Causes of conflict

The vast literature available indicates that there are many theories that have been developed to explain the causes of conflict some are individual level theories while some are societal. The distinction between the two is that the former looks at causes of conflict at an intrapersonal and interpersonal level where the individual is the unit of analysis while the latter looks at structures of society to find explanations to the causes of conflict. The later are also grounded in sociological approaches to

understanding society as propounded by Machiavelli, Karl Max, Max Weber, Emile Durkheim and others being more applicable in interstate conflicts. However, there is a relationship between the two though this is not explicitly defined.

Conflict theories explain the causes as well as provide insight into issues that need attention if resolution is to be achieved. (Isenhart and Spangle: 2000, Fisher et al 2000). Most theories given by scholars are similar in many ways though their difference lies in the way they are expressed. A few relevant theories are selected and detailed from Isenhart and Spangle, Fisher et al (2000) including other works that explain social structure.

2.3.1. Attribution theory

The theory states that people make sense of the world by assigning qualities and causes to people and situations based on what is most relevant to them. This means that people tend to ascribe events, situation by drawing conclusions from past experiences. Essentially, people make sense of their behaviour by looking for causes, where the tendency is to attribute bad things to the other (Wilmott & Hockrer: 1998).

Six dimensions of attributions are given by Brandbury and Scott (1990) in Isenhart and Spangle (2000) and they are as follows:

- blameworthiness: assigns responsibility for failure

- Globality: cause of problem seen as narrow and specific to a situation or wide and explains many situations.

- Intent: belief that conscious decision or planning was involved.

- Locus: assumption about where the problem lies.

- Selfishness: belief that motives are self serving

- Stability: belief that this is one time occurrence or will occur many times (2000:4).

Research has found that people assign positive outcomes to themselves while the negative outcomes are directed at others and will similarly describe their actions as cooperative while those of others as uncooperative. This scholar says that in

relationships, partners assign over- generalised labels to explain the behaviours of others, such as blame, based on negative personality traits that they perceive in others. 'Such biases occur where conflicts are emotionally expressive, during highly stressful situations and where attitudes are dissimilar'. (ibid) At times, perceptions about the future and meaning about the relationship is what generates attributions and these also become the spiralling factors of a conflict (Wilmott & Hocker: 1998).

One major critique of this theory is that there are other means of dealing with misconceptions by enlisting the help of third parties, mediators who will intervene, principally to expose the anomalies which lie in attributions. There also may be other social factors that influence attribution, those arising from the environment.

Attribution theory in perspective
The six attributes of this theory explain the causes of conflict and these attributes are some of the issues that are related to HIV/AIDS disease. It mentions intent, which implies that purposive planning or decisions were involved and this has given rise to the structuring of legal instruments which seek to address issues of purposive HIV/AIDS infections by a partner. Often partners blame each other for bringing the disease in the relationship and infecting the other.   According to this theory, this happens in relationships where partners blame, accuse or label the other negatively. This, is referred to as bias, and occurs in highly stressful situations.

HIV/AIDS is a highly stressful condition with the potential of evolving into a psychiatric disorder (Wheten et al: 2007). The highly stressful conditions include trauma, stigma, depression, anxiety and post traumatic stress disorders which are referred to as negative experiences. (ibid). Conflict arising from such is resolved by removing the barriers to resolution which are misconceptions or misperceptions that are visible in attributions. However, if the given attributes are considered as misperceptions then the debate concerning HIV/AIDS related issues broadens to include culture, patriarchy in society, traditional beliefs, myths and many others that authors consider as HIV/AIDS misperceptions or myths.

2.3.2. Equity theory

This theory is similar to the frustration aggression theory. Both concentrate on the causes of frustration and what it does and thus will be considered in parallel. It states that people become stressed, frustrated and angry when they perceive that they are not receiving fair distribution of something they value or when an individual is blocked from pursuing ones goal. Human beings are aggravated when others benefit at their expense or when prevented from achieving their desires. Four keys issues include, that there is a build up of blocked energy which seeks to be released and aggressive action is directed towards the source of frustration, at times it is not directed at the source but substitutive objects. It is the external stimulus that induces frustration and this kind of behaviour can be reduced by finding alternative means of releasing frustration.

There are several criticisms of this theory such as the following:

- Fairness is subject to an individual perspective and may not be the same from one individual to another and the same is true with society.

- There is no specific measure of the extent to which conflict causes aggression (Glossop: 1993 cited in Otopow: 2000).

- There are other alternative ways of releasing frustrations which differ from aggression. These originate from adaptive mechanisms of human beings.(ibid)

- People can be educated to behave differently under conditions of frustration i.e. training in conflict transformation, anger management, conflict expression etc

- Societies can adopt non violent ways of managing and addressing aggression so as to influence patterns of behaviour.

- Restoring fairness may involve raising awareness of the harm so that parties may correct the injustice done, getting the person who did the harm to apologise, finding a way to compensate the harmed person and discussing the rules and norms of sharing resources (Isenhart and Spangle: 2000)

The equity theory does explain the cause of conflict but its contribution would be effective if it involved unfair treatment of one party. This is a phenomenon insinuated by the attribution theory which actually creates an environment for conflict where blame becomes unfair treatment. However, the frustration aggression theory does

contribute to conflict because there are many goals that can be frustrated in an individual's life. A goal can be well-being, long life, or healthy life and frustration abounds when that is under threat. HIV/AIDS can be understood as a life -threatening disease, the United Nations Development Programme Report for 2002 stipulates that 22 million people in the world had died of AIDS by 2000 (Mpofu et al: 2003). A threat can thus generate negative energy within an individual which may clash with other energies around, thus causing conflict. It is also stated that frustration, stress, anger all abound when an individual is found positive (WHO: 2004).

Related to the above is the psychodynamic theory which is based on the work of Sidmund Freud (1925) and assumes that people approach problems from one of the many unconscious states such as anxiety, ego, fear, aggressiveness, and guilt which shape the choices they make. They also shape judgements about their own behaviour and assumptions about the motivations of others. It also assumes that internal pressure builds up to an extent where it demands release in destructive ways and frustrations is often misdirected. Proponents of this approach argue that disputants will engage in destructive conflict behaviours despite the awareness of how counterproductive their actions become. They do more harm consciously because of their subconscious states.

This theory explains the causes of conflict, including providing the reasons for the escalation of a conflict. However, negative energy generated from the frustrations can be channelled to constructive purposes and the work of mediators, such as counsellors can be enlisted to assist disputants to realise how their actions are contributing towards the escalation of the conflict.

2.3.3. Relative deprivation theory
The assumption of this theory is that relative deprivation results from the combined effect of rising expectation and lack of progress towards demands for a better life. Relative deprivation is expressed as the 'perception of discrepancies between value expectations and value capabilities'. People get frustrated when they perceive that their value expectations are not being met and these value expectations make them believe that they are rightfully entitled to certain goods and conditions in life. Value capabilities are the goods and conditions that they anticipate. Price, Daly (2004)

argue that increasing deprivation generates increasing frustration and aggression by both individuals and collectives thereby increasing the probability of social violence and political chaos. He refers to the HIV/AIDS negative impact on various aspects of a human being which actually causes economic and social deprivation such that the possibility of violence is inevitable.

The theory states that an intolerable gap between the anticipated reality and the manifest reality of life conditions serve as a precondition for widespread unrest. This happens in the following manner:

- Deprivation does not necessarily lead to unrest or violence. Price, Daly would argue that the whole world will be engulfed in violence if deprivation alone could generate violence. Collective violence according to them occurs when exacerbated by stressors such as HIV/AIDS epidemics which give incentives for citizens to rebel.

- It is the state of the mind rather than market forces and social conditions that produce political stability and violence. This refers to an unsatisfied mind where the mind becomes responsible for violence.

- Deprivation increases the intensity of feelings through unmet social conditions, rising expectations, unequal allocation of resources which generates further anger and emotional frustration.

It is assumed that the HIV/AIDS epidemic in Zimbabwe will increase competition between groups for increasingly scarce economic resources as funding is diverted to other sectors of the economy thereby putting pressure on the government to deliver, an environment conducive for the development of social instability. Relative and absolute deprivation in Zimbabwe is said to be on the increase because of the interplay between the negative impacts of HIV/AIDS and provision of services. (Price, Daly 2004:29) This theory however, does not include the aspect of resolution but points to the possibility of violence occurring due to multiple effects of deprivation.

All the given theories indicate that there is no direct link between HIV/AIDS and conflict but do indicate that conflict is caused by HIV/AIDS related issues i.e. anger, frustration, blame, and many others. Scholars also argue that other factors have to be considered such as the negative impacts of the disease, if frustration and anger

capable of generating conflict, can be effective. These theories also make reference to violence or politically motivated violence whereas this research is about conflict and not the causes of violence. Looking intently at the relative deprivation theory and the frustration aggression theory one deduces that they are explaining the causes of violence and not conflict.

2.4. The correlation between HIV/AIDS and Conflict explained

Recent literature on HIV/AIDS and violent conflict discuss the two issues as separate entities which impact on each other. The two are also associated through impact of the disease on the economy, society and polity of a nation. The spread of HIV/AIDS does not directly contribute to intrastate conflict but exacerbates social, political and economic instability by weakening the state, thereby creating an environment conducive for violent conflict (Timothy Docking: 2001, Margaret Dalzell 2007).

In the past, there was a direct connection between disease and violent conflict, in that casualties from epidemics, both military and civilians far exceeded the death toll in battle. Smallpox ravaged the American -Indian societies to the extent that when European soldiers pushed into their interior they found villages filled with dead bodies leading to their victory. Rome also collapsed because of the bubonic plague where ten thousand people died each day at Constantinople (Price- Daly: 2004). This changed in the 20th century with improvements in the medical field, but there is a possibility of reverting to this under the scourge of HIV/AIDS.

The different scholars quoted in Timothy Docking argue that the connection between conflict and violent conflict is far to complex too be 'expressed in simple cause and effect terms'. They suggest that it should be expressed from two perspectives;

1. How the explosion of HIV/AIDS may contribute to further instability and conflict on the continent in the coming years and

2. how instability and violence encourage conditions favourable to the spread of the HIV virus

This research adopted the first perspectives and assumes that HIV/AIDS may contribute to further conflict. However, two ideas emerge from the two perspectives.

That HIV/AIDS is an exacerbating factor that is expanding conditions that breed violent conflict in Africa, and that the impact of HIV/AIDS is an indirect one. The scholars argue that there is a possibility that conflicts can break out from this indirect impact of HIV/AIDS, therefore there is a less likelihood for direct conflict to break out as a result of HIV/AIDS. They also agree that drawing a line between the impact of HIV/AIDS and the possibility of conflict is difficult as all the issues involved are entangled. Dalzell argues that while there are many less direct factors that fuel both problems there are also direct connections in the spread of HIV/AIDS such as rape. Lecleric –Madlala (2006) reports that out of all the people arrested for rape in South Africa, 45% tested HIV positive. The Girl Child Network of Zimbabwe reports that 40 000 cases of rape are recorded every year and most of these are committed by HIV positive men who believe in the myth of the virgin as cure of AIDS.

Three negative impacts are analysed in detail and the first is that HIV/AIDS affects the economy, undermining human capital as it strikes the most productive members of society, those between the ages of 15-45 years that are critical for the development of the African state. It also cuts the tax base and dries up foreign investment, creating an environment where classes, ethnics will struggle over limited resources of the state increasing the possibility of violent conflict (Docking: 2001).

The second impact is that HIV/AIDS weakens the state's social institutions and families contributing to the breakdown of social bonds especially when the breadwinner dies. This leads to an explosion of the orphan population in Africa in an environment with inadequate services for them and growing trade of weapons and therefore makes them vulnerable to exploitation (Price, Daly: 2004).

The third point is that HIV/AIDS depletes state security personnel i.e. the military and police, therefore eroding the state's capacity for internal and external defence against any threat. They report that the military and paramilitary organisations are the main vectors for the spread of HIV/AIDS. Given that it occurs in an already fragile environment, fractured by other impacts, there is a strong possibility of HIV/AIDS causing conflict.

The approach of these scholars is that Africa is still in violent conflict as they argue that the 1990s witnessed a steady climb in violence across sub-Saharan Africa, with the number of states at war or with significant lethal conflicts doubling from 11 in 1989 to 22 in 2000 (Docking: 2001). It is not clear if this reference is made to traditional forms of war which are characterised with interstate conflict or the new forms of war which are made up of intrastate conflict. In essence HIV/AIDS increases the magnitude of the fractures within the African states and therefore exacerbating the potential for conflict.

In line with the same thought, the argument is that warfare amplifies disease, creating ideal conditions for the spread of HIV/AIDS because structures and systems, education, health breakdown. It also spreads as populations migrate to other places as refugees. Scholars argue that while the AIDS pandemic can be linked to the development of a conflict inducing socio-economic environment, there is, however, no direct connection between the negative impacts left in the wake of the disease to war. Dalzell (2007) argues to the contrary, saying that in the case of Uganda, HIV/AIDS can be directly linked to conflict through rebel groups and the military as well.

While the major contribution is that there is an indirect connection between HIV/AIDS and violent conflict, their study was applied to Africa as a whole and not specifically Zimbabwe. The Scholars also talk about violent conflict, which means war, while this study deals with conflict which is understood as an incompatible difference between two or more groups of people. The approach of this research is that HIV/AIDS may contribute to further instability and conflict in families.

2.5. Conflict and HIV/AIDS in Zimbabwe

Literature that discusses conflict and HIV/AIDS in Zimbabwe is very scarce. Price, Daly (2004) discusses the issue of HIV/AIDS and conflict in Zimbabwe in the context of intrastate conflict. They present an indirect link between HIV/AIDS and political conflict in Zimbabwe where the negative impact of the disease is said to be having a destabilising effect on the nation such that politically motivated conflict is inevitable. This issue is included under a broad discussion on HIV/AIDS, state capacity and

political conflict in Zimbabwe. HIV/AIDS is said to be having a negative impact on three aspects, governance, economy and security of the country.

Price, Daly discusses this within the context of Zimbabwe, which is already weakened by political corruption, land distribution crisis, enduring drought and many other factors. The pandemic is one of the issues weakening the already weakened nation. HIV/AIDS becomes one of the threats to the security and stability of the country.

Three negative impacts are analysed in detail, where HIV/AIDS affects the economy, undermining productive capacities of manufacturing industry and agriculture, transport industry, depleting skills as human capital dies, health, and education including the macroeconomic level in Zimbabwe.

The second impact is on governance, where HIV/AIDS is stated among the issues that weaken governance in Zimbabwe such as institutionalised violence, high unemployment, poverty, severe food and fuel shortages, hyper inflation which induces crime rates. A weakened state, together with all negative impacts, increases the probability of politically motivated violence where the environment created encourages the use of violence by competing groups within the population. These groups compete for resource and power.

The third point is that HIV/AIDS depletes state security personnel, i.e. the military and police, therefore eroding the state's capacity for internal and external defence against threat. The scholars report that the military and paramilitary organisations are the main factors or the spread of HIV/AIDS. Given that it occurs in an already fragile environment, fractured by other impacts there is a strong possibility that the disease induces conflict. It is, however, not clear if the disease can generate enough conflict to spark war, but it does generate enough tension to start war. More so the unstable environment has contributed to the migration of many people who also become potential transmitters of HIV/AIDS in countries where they become refugees.

All the negative impacts combine to create an environment conducive for conflict and this is specified as intrastate violence where conflict occurs between political elites, classes and ethnics. According to Price, Daly, the disease has the potential to

encourage the Zimbabwean state to engage in violence against its citizens as the political elites seek to maintain their grip on power in an already weakened state.

While the main contribution is on understanding the threat posed by HIV/AIDS on the security of Zimbabwe and emphasizes the negative impacts and the possibility of conflict. The two scholars are not talking about the already existing conflict at an interpersonal or social level. Price, Daly also discuss the possibility of war, i.e., intrastate conflict while this research is concerned with conflict as a disagreement between two parties and if managed well does not get to the level of violence.

2.6. HIV/AIDS related conflicts in Zimbabwe

Two concepts, conflict and HIV/AIDS related conflicts in Zimbabwe are discussed in this section.

2.6.1. Conflict

There is vast textbook material on conflict and conflict in Zimbabwe. However, reviewing works on conflict gives direction on what is to be resolved and why, while reviewing conflict in Zimbabwe (intrastate) is out of the context of this study. Scholars that contribute to understanding conflict include Wellestein P. (2002), King D. (1981), Adler and Towne (1990) Isenhart and Spangle (2000) and many others mentioned in this section.

Literature indicates that conflict is a phenomenon that has been defined in many different ways by different scholars but all of the theories stem from the understanding that it is a normal, human and natural aspect of life and therefore inevitable. In interpersonal relations conflict refers to behaviour or action, meaning that there is a conflict when a partner ignores another, and when a partner beats another, or simply takes ARVs without informing the other. It is a central phenomenon to basic human interactions. As Dennis King would say, conflict is present as soon as one gets up in the morning, with oneself, as one drives to work, it is inevitable and often continual (1981:13). Loosely defined conflict is a dispute or disagreement and both of these aspects are included in scholarly definitions. Isenhart

and Spangle, describe conflict as a complex phenomenon, whose definition is dependant on specific situations (2000:2).

Some of the many definitions of conflict are given in the table 1:

Table 1 showing definitions of conflict

King (1981:15)	"conflict is an action that incompatible (including thoughts) prevents, obstructs, interferes, injures, or somehow makes another action less likely or less effective"
Fisher et al (2000:5)	"… is a relationship between two or more parties (individuals or groups), who have or think they have incompatible goals".
Adler and Towne (1990:355)	"…an expressed struggle between at least two interdependent parties who perceive incompatible goals, scarce rewards and interference from the other party in achieving their goals".
Isenhart and Spangle (2000:3) mention six definitions from different scholar the 6th are similar to the one above.	1. "…exists because of a real or apparent incompatibility of parties needs or interests" 2. "..occurs when two people cannot agree on the action that one person takes or that he or she doesn't want the other to take" 3. …means a perceived divergence of interests, or a belief that the parties current aspirations cannot be achieved simultaneously" 4. "conflict involves a struggle over values and claims to scarce status , power, and resources in which the aim of opponents is to neutralise, injure or eliminate rivals" 5. "… it is an immediate stage of spectrum of struggle that escalates and becomes more destructive: differences, disagreements, dispute (conflict), campaign, litigation and fight or war".
Kent 1993: 376	Conflict is an incompatibility of interests in a situation with several different possible outcomes
Galtung (1965: 70)	Conflict is described as a dispute or a dilemma "Dispute when two persons or actors pursue the same scarce goal" "Dilemma is when one person or actor pursues incompatible goals"

Drawing from the table 1 common attributes of conflict include competition, though not bound by it (King: 1981), occurring between people or human interactions, involves relationships, is about struggle, awareness of the conflict by both parties (Alder and Towne: 1990).

However, the last definition puts conflict into two categories, that of interpersonal and intrapersonal which are both relevant to this study. Kent (1993) puts these into two categories in which he describes them as types of conflict dilemma and dispute. A dilemma is a case in which an individual is failing to make a choice and a dispute occurs where there are two or more parties whose preferences are incompatible.

According to Kent, conflict can, but does not necessarily, lead to violence, and where there is violence there is underlying conflict. Violence is thus described as doing harm to others in the pursuit of one's own preferences.

While the theories explain the causes of conflict, scholars have identified other sources of conflict though most of those identified are also found in the theories about causes. Isenhart and Spangle (2000) have identified seven sources of conflict and are as follows:

- data where people have different opinions about source, reliability and interpretation of data

- interests where differences emanate from needs or wants

- procedures – over making a decision or resolving a conflict

- values

- relationships- people resist cooperation if there is no trust, lack of respect, lack of honesty or are not listened to

- roles- conflict arises due to expectation for a role or power imbalance

- Communication- conflict often results over how something is said, miscommunication, and unshared information.

Conflict in this study is when two or more people have different ideas, interest, needs, goals and values that obstruct each other. Conflict can also be either constructive or destructive, i.e., when conflict points to a problem or when it leads to a desire to harm others or oneself. HIV/AIDS related issues lead to conflict.

2.6.2. HIV/AIDS related conflicts in Zimbabwe

Literature on the above was not found however, few organisations have included this aspect on their manuals.

2.6.3. Conflict resolution

Literature consisted of mostly textbook material and nothing was found on resolving conflicts in Bulawayo. Conflict resolution refers to strategies that address open conflict in an effort to find agreement to end violence (conflict settlement) and also find agreement on some of the incompatible goals underlying it. In short, it is a process that addresses the causes of conflict and seeks to build new and lasting relationships between hostile groups. (Fisher et al 200:6). To illustrate this point, Wellenstein (2002) says that conflict does not end when conflict behaviour (ignoring one another, fighting) ends but only when incompatible positions are addressed.

Tillet (1999) indicates that there are a number of approaches and styles to conflict resolution including collaboration, mediation and arbitration. He writes about the basic principles underlying the process of resolution process and begins his work by indicating that there are no rigid rules to resolution of conflicts.

He also writes about practical skills needed for resolution of conflicts and these are varied but are based on psychological principles that help facilitate the process. These include the skills that assist the individual to understand themselves, to understand others, to understand interpersonal relations and skills that improve the individual's ability to overcome problems in interpersonal relations.

Isenhart and Spangle write about collaborative approach to resolving conflicts where people work together to find solutions where gains of both parties are maximised. This approach is different from competitive approaches such as intimidation, coercion and litigation which do not address the long term, underlying needs of relationships, organisations or communities. They also discuss mediation and negotiation as important aspects of resolving conflicts.

This study is not concerned about finding methods of resolving conflicts but assessing if organisations resolve HIV/AIDS related conflicts or make an attempt to do that using which aver approach they deem necessary.

2.7. Conclusion

There are many theories of conflict and some of them emphasize on aggression which is violence. These are not relevant to this study. There are others that speak about conflict in general social settings. Many of the causes stated are applicable to HIV/AIDS related situations.

HIV/AIDS related conflicts can been confused with negative impacts of the disease but scholars who studied violent conflict and HIV/AIDS state that the two impact on each other. Scholars also mention that the relationship between conflict and HIV/AIDS is far too complex to be expressed in simple cause and effect. However, this research was guided by the perspective that there was a possible link between the two; HIV/AIDS contributes to further conflict both in individuals and families.

CHAPTER III

METHODOLOGY

3.1. INTRODUCTION

The research is both investigative and descriptive in nature, aimed at assessing organisation effectiveness in the way they respond to HIV/AIDS-related conflict. Qualitative approaches of data gathering such as interviews were used. The research considers FBOs in Bulawayo which are involved in HIV/AIDS intervention. The study began with an investigation of conflicts involved, their form, causes and presentation as this has a direct bearing on methods of resolution and hence the inclusion of this aspect in this research.

3.2. Research Design

A qualitative design was chosen because the research investigates a human social phenomenon where meaningfulness of human situations and behaviour are explored through personal experiences. Conflict as a social issue, cannot be quantified but verified and given meaning in a social context. The method also involves participation in the research field and thus, the researcher interacted with both individuals and group through interviews.

The process began with group interviews with PLWHA and the purpose was to collect information concerning HIV/AIDS- related conflicts based on their experiences. Semi-structured interview questions were designed as a guide of the process of investigating the subjects' experience of conflicts, their response to conflict, assistance given by organisations in resolution of conflicts experienced, thus recommended what they think should be done.

Additional information was sought through in-depth interviews with HIV/AIDS support group supervisors. Semi -structured questions were used to guide the interview and this allowed the researcher to probe detail on issues under investigation. The supervisors were interviewed in order to verify the information given by PLWHA and also give reasons for the causes of conflicts. Similar questions to those of the

focus group were asked to supervisors. However, there were additional questions that sought to understand the reasons behind the responses of both the PLWHA and organisations.

Although interviews with PLWHA and supervisors of support groups were included, the major aim was to understand the effectiveness of organisations in responding to these conflicts. It was assumed that most of the PLWHA are members or beneficiaries of these organisations as such a vital component of HIV/AIDS organisations in Bulawayo.

In-depth interviews were conducted with officials of a small number of organisations. The purpose was to examine if these organisations were aware of the conflicts that exist and state how they deal with them. This ensured comparison of data from the other subjects interviewed.

The interview format was semi-structured and open. The plan provided room for further questions to be asked and developed during the process. This was done to enhance the aims of the study. The researcher approached the subjects with care and consideration because the issues discussed were personal and sensitive as the discussion unfolded the subjects relaxed and spoke more openly. Support group supervisors were interviewed to complement the views of the PLWHA. This group did not speak from their experience except for one participant. Given their experience in conducting support groups they had a great deal to contribute.

3.3. Target group

The population studied included organisations and PLWHA in Bulawayo. Inclusion criterion for organisations was that it had to be classified as faith-based and be involved in HIV/AIDS activities. While for the PLWHA was, belonging to an HIV/AIDS support group. This was done to obtain relevant organisations and that the people involved in the research were open about their status and are thus free to talk about their situation.

A representative sample which resembled the population of Bulawayo was obtained. These included three different groups, 6 PLWHA, 4 HIV/AIDS support group supervisors and 3 organisations. The 6 focus group subjects were selected from one of Bulawayo's low density suburbs, the 4 support group supervisors were from both low and high density suburbs respectively and they all managed HIV support groups in the high density suburbs. The sample chosen was representative because the subjects were drawn from a network of PLWHA- Matabeleland north branch which has a membership of 25 organisations and support groups. Furthermore, all FBOs in Bulawayo have wide range similarities. According to USAID they all use the same principles and have almost identical goals (Mpofu et al 2003:70-2) .They qualify to represent the population because of their membership to the network.

3.4. Sample selection

Sample selection was based on the purposive method. According to Rensburg this method refers to the use of the researchers judgements to select subjects, basing on the researchers knowledge of the population (2000:159). The judgement of the researcher was based on available information, i.e., knowledge of the PLWHA network from which all subjects were identified and chosen. All elements were chosen from a network of PLWHA (organisation) and this group linked the researcher with all elements under study. The network coordinators linked the researcher with their members and also provided a list detailing their member organisations and support groups.

The first group of PLWHA was randomly selected from those already in the list of the network which meant that any of them stood an equal chance of being selected. This was done to avoid biases of organisations influencing the choice and response of informants. Permission to conduct the interview was obtained from the support group supervisor through a telephone conversation. Out of the 22 members of the group only 6 gave their consent to participate in the research. The criterion for selecting participants was on:

- regular attendance of group meetings,
- Being HIV/AIDS positive.

The second group of four supervisors were selected using the snowball technique where the first supervisor given by the network identified other supervisors who qualified for inclusion in the sample. Permission to conduct the interview was sought from the individuals themselves because the PLWHA accords them autonomy. The criteria for inclusion of these were on merits of being:

- trained or experienced with HIV/AIDS issues,

- counsellors,

- supervisors of more that three HIV/AIDS support groups in high-density areas,

- Experienced with FBOs and

- Belonging to the HIV/AIDS network or church.

The main advantage for selecting this group was that they have vast knowledge and experience on HIV/AIDS related situations and therefore, a vital source of information to this study.

The three organisations were selected using a similar method, i.e., snowball technique where the first organisation contacted would identify others who qualify for the sample. This method was used to complement the list provided by the network might not have included all organisations in Bulawayo. In all 3 organisations, the authorities of the organisations i.e. directors were interviewed. The three organisations are involved in psychosocial support activities where they train HIV/AIDS orphans in life skills and care givers on child developmental needs and care for the PLWHA. Eligibility criterion included:

- identification as a faith based organisation,

- use of biblical principles/values or a branch of a church

- And involvement in HIV/AIDS activities.

3.5. Data collection

Two methods were used for collecting data and these were interviews and secondary sources. These were chosen for their relevance in achieving the aims of this study.

3.5.1. Interviews

Interviews were used in this research as a data collection technique most relevant to the study. Du Plooy (2000) says interviews are important for investigating a field where information is not known and detail is needed. The character of these interviews was both in-depth and open because the researcher sought general information, opinions, and facts through the experiences of the PLWHA. Detail was obtained from the supervisors with the aim of finding reasons behind issues such as conflict behaviour and also to understand the response of the organisations to HIV/AIDS related conflicts.

Thus, semi-structured questions, which were open ended, were used to search for new information. These questions only served as a guide, to allow for probing, to encourage the subjects to express their ideas, sentiments, suggestions and opinions in their own words, for purposes of ensuring detail and clarity of issues under investigation. This is supported by du Plooy (2000) who says that interviews are important in that they allow the researcher to obtain detail and fresh information the researcher may not have predicted or anticipated and known.

Some of the main advantages of this approach were that it allowed the researcher to obtain new information, detail, through probing techniques and participants did not have to be literate. Perhaps the major disadvantage was that the method was time consuming and costly because the researcher travelled to meet subjects.

3.5.2. Focus group Interviews

There are many definitions of focus groups and all of them, according to Gibbs (1997), share common attributes. She identifies four common attributes: i) organised discussion, ii) collective activity, iii) social events, v) interaction. These attributes also define the term. Mpofu et al (2003:42) defines them as informal conversations with a group of people ranging between 6 and 12 members where discussions centre on a

connected/related set of questions. Kreuger defines them as "a carefully planned discussion designed to obtain information of a qualitative nature from a predetermined or limited number of people" (In Lewis: 2000). The research adopts both definitions.

The researcher chose this method because individuals who attend support groups are accustomed to group dynamics such that the facilitator did not have difficulty in eliciting information. They were also a cost and time effective method which saved the researcher from incurring expenses of meeting each participant as individuals.

The main advantage of this method as stated by Gibbs is that it "enables the obtaining of several perspectives on the same topic and gaining insight into peoples shared understanding of their experiences" (1997:1). She also adds that a group setting stimulates a more open attitude and active participation especially where participants have common attributes. Focus groups allow the researcher to collect a large amount of information in a short space of time. All individuals who attended the group interview were HIV positive.

The researcher solicited the services of a facilitator who to assist with the interview. The individual was chosen because of his skills in facilitation and ability to promote debate. This approach is suggested by Gibbs (1997) who says it helps to ensure control, effectiveness and efficiency if two facilitators are involved and share responsibilities (notes taking, recording, and facilitation).

The main difficulties encountered were that it was difficult to separate individual from group view and the group took too long to organise. The focus group consisted of 6 people living with HIV/AIDS.

3.5.3. Secondary data sources
This research used material that already exists to obtain information on the issue under investigation. These included official documents, reports, newsletters, and manuals policies. du Plooy (2000) classifies them as secondary sources because information is gathered from documents, reports and manuals of organisations that

have carried primary research in a similar field and is available. Of relevance here is previous research on HIV/AIDS issues in Africa. While there are several advantages of this approach, one of the main benefits is that it serves to confirm data collected because it complements primary data thereby ensuring reliability. This method was useful for the measurement of effectiveness of organisations where an intervention model borrowed from Lederach was used as a yardstick.

3.6. Data coding and analysis

Analysis is closely tied with the collection of data, processing and interpretation of data i.e. the distinction between these processes is slim or 'artificial' (Puttergill: 2000). According to him, analysis begins at data collection and through all stages of processing. Data coding refers to the process of organising data by bringing some structure to it. Data can either be labelled or grouped by putting it into categories. Puttergill says that analysis involves examining the patterns of the data collected. (2000:245-246)

All research subjects were coded in order to hide their identity and promote confidentiality. For the focus group the researcher identified them as participant 1-6 and this was done according to their seating arrangement. The support group supervisors were identified as participant A-D and this depended on the order to the interview. Organisations were labelled A, B and C and this depended on the first to be interviewed.

The data was analysed by narration, explanation and then sorted into themes by observing distinguishable features like 'frequency, direction, power and size of content'. "Sorting of data relies on the creative ability of the researcher to pick specific issues that are representative of the raw data and compare the differing themes as a process of analysis" (Puttergill 2000). The final stage of analysis was interpretation of data which involved drawing conclusions from the sorted data and supporting it with theoretical or situational explanations. The process also involved providing evidence behind stated explanations or 'disconfirming evidence' or 'drawing inferences from it' (Ibid).

3.7. Validity and reliability

Validity involves assessing the subject under investigation and considering it as an independent variable that can be influenced by other factors to give the same response as intended by the research (Van Eeden and Blanche 2000). In this case HIV/AIDS conflict can be confused with negative impact of HIV/AIDS or negative outcomes experienced after one tests positive. These issues were identified by the researcher but looked for conflict in situations where there was unrelenting exchange of words, unending accusations, disharmony, incompatible ideas and decisions resulting in the disruption of normal communication patterns, and a situation where both parties involved knew there was a conflict different from the ones that they have handled before. The researcher made an effort to decipher the subjects understanding of conflict. All these situations are intended to harm the other party and there is usually dissatisfaction with the decision made after that which make one party unhappy and want to fight back. However, the line dividing the two is thin though intervention from both ends will differ greatly.

The findings were reliable because the people interviewed spoke from their experiences and answered all questions. The sample chosen, though representative was too small to represent the general view of all organisations in Bulawayo in the sense that other FBOs could be responding favourable to HIV/AIDS conflicts around them. The participant responses were complemented with secondary data. Furthermore the focus group was drawn from the low density suburb and to include views from all suburbs in Bulawayo the researcher used support group supervisors who manage two or more groups in the high density areas.

3.8. Challenges

The following challenges arose:

I) Three organisations approached were not willing to participate, another one wanted to first familiarise with the researcher and this was going to take too much time and affect the research one. The researcher managed to get three that were willing to participate. Upon further enquiry the researcher discovered that most of the organisations require that their staff members sign a confidentiality note that forbids

them to share information with any outsider. Even if one approaches the management, the same treatment is experienced and they will not disclose reasons for such treatment, besides saying they do not know what I am talking about. The few that were cooperating are the ones that are included in this research though they also operate within the same environment of secrecy.

ii)This also affected the identification of HIV/AIDS activists, (these are people who are outspoken about the disease) since no organisation was prepared to release any name and thus the researcher had to make use of support group supervisors who were beneficial to this research because they are trained in HIV/AIDS issues.

iii) It took a long time to get an independent HIV support group. This group kept diverting discussion to points that mattered to them. However, they were the best source of information because of their ability to share information.

iv) Some of the focus group participants conversed in Shona; as such the researcher relied on interpretations from other people who understood the language. The sense of some points was lost in the interpretation stage.

v) Time constraints affected this research resulting in reduction of the sample size for the sake of convenience

3.9. Conclusion

Qualitative methods of data gathering were used in the research and these included both individual and group interviews. A representative sample was chosen from the population of Bulawayo using purposive technique. The interviews were semi-structured and used open ended questions as guide in order to achieve the main objectives of the study.

CHAPTER IV

FINDINGS, INTERPRETATION AND ANALYSIS

4.1. INTRODUCTION

The research findings are presented according to the following areas: i) HIV/AIDS related conflicts, ii) the response of FBOs to these conflicts, iii) factors hindering response to conflict. For each session primary data is presented according to the findings and interpreted. It was necessary to include the following as part of the analysis: identification of conflict, understanding of conflict, conflict type, sources of the conflict, and response to conflict. A response to HIV/AIDS issues hinges on understanding the sources of conflict, the nature and the kind of issues that sustain them. This approach also tries to fulfil the aims of the research which include the following:

- To explore possible conflicts which might arise from HIV/Aids related issues.

- To explore the interface between conflict and HIV/AIDS

- To examine the response of Christian Aids organisations to resolving HIV/AIDS related conflicts in Bulawayo.

- To explain the most prevalent conflicts in Bulawayo.

4.2. Findings of the study

4.2.1. Primary data on HIV/AIDS related conflict

Depicted below is a summary of conflicts that are related to HIV/AIDS that were extrapolated from the focus group discussions with people living with HIV/AIDS. The group described their experience of conflict and from this causes were identified. Causes also define the conflict and type.

General information of the focus group is shown on the table 2.

Table 2. Showing focus group participants

PARTICIPANTS	Gender	Marital status	Language
1	Female	Widowed	Ndebele
2	Female	Widowed	Shona
3	Female	Married	Ndebele
4	Female	Separated	Shona
5	Female	Married	Ndebele
6	Male	Widowed	Ndebele

The group was asked several questions but a few are considered. They were asked to state their understanding of conflict, explain the conflicts they experienced after testing positive, if any organisation assisted them to handle conflict and if they think it is necessary for organisation to intervene.

4.2.2. Responses of the participants

Below is a summary of responses of the group:

Participant 1:

> Referred to conflict as problem, "udubo lwangehlela' meaning the problem we are talking about befell me, when my in-laws accused me of bewitching their son, who had died of HIV. They kept on increasing these accusations saying that I now want to do the same to their son's children and I kept on arguing with them saying that they were wrong but they insisted and spread the issue to other people and we ended up fighting over ownership of the children as well. She tried to justify herself and solicited assistance from relatives to no avail and no organisation helped and does believe organisations must assist.

Participant 2:

> Did not define conflict and also said that she experienced no conflict

Participant 3:

> Referred to conflict as problem, insult and "ukukhulumisana kubi' meaning unfriendly talk, started because my relatives were embarrassed about my condition and so they did not want me to attend family gatherings in case I started telling other relatives about my situation, I was not sick and insisted that I had no problem with telling them and they got angry with me. We exchanged unfriendly words for a long time". She got well after taking ARVs but gave in to their demands. She said organisations cannot intervene.

Participant 4:

> Refers to conflict as problem and spoke about this in general saying that it happens when one partner blames the other for infecting the other. Arguments such as 'you are the one who has been cheating all along and you have many girlfriends' while the 'woman is also accused of being unfaithful and man don't hesitate to take you back to your maternal home and there is no negotiation about that'. No organisation intervened.

Participant 5:

> Revealed that she got sick and her relatives claimed witchcraft but her mother insisted on going to the clinic because she was already suspecting that she was positive. Her relatives wanted them to try traditional medicine because of their claim. They disagreed over this until the relatives decided to excommunicate them. They only went to an organisation to get food ration and counselling which did not solve her conflict.

Participant 6:

> He said he has not experienced any conflict because he has not revealed his status.

The responses of the participants are summarised in the table 3.

Table 3 showing responses of focus groups on HIV/AIDS related conflicts

Participant	Causes of Conflict	Response to conflict	Should organisation intervene
1	Perception	I fought to justify myself but none of my family members helped me	Yes
2	Did not experience any conflict because she has no links with her in-laws		None
3	Negative behaviour	Give in for their sake	No
4	Attribution/Blame	Asked relatives to intervene, they negotiated with him but he refused to take his wife back. His relatives also could not convince him otherwise	Yes
5	Perception	I was pained by this but we had to ignore them	Yes. Because people die while family members argue
6	He did not encounter any conflicts because he has not revealed his status		No

4.2.3. Responses explained and interpreted

The findings reveal that four out of six people experienced conflict and the conflicts experienced were caused by four different situations. However, two of these said they did not experience any conflict and this indicates several reasons besides the ones given. Participant 2 thinks that conflict can only come from her relatives and this might indicate that she has no understanding of conflict. The response by participant 6 indicates that he has not yet dealt with issues and only believes that conflict is experienced when one reveals their status. This finding indicates that HIV/AIDS related conflicts are not experienced by all people.

Responses to these conflicts differ because all the four participants who experienced conflict handled them in different ways. However, these are not different from the common conflict styles stated by Wilmot and Hocker (1998). An analysis of their response reveals that one used force, the other compromise, competition and the other avoidance. Two of the participants (1 &4) tried to solicit help from relatives but this did not work. It is also important to note that most of the participants (3) want organisations to assist in resolving the conflicts but they did not give reasons for this, and two participants indicated that their relatives could not solve the conflict they faced.

However, three of the responses to conflict i.e. compromise, competition and avoidance do not involve any attempts to resolve conflict or to deal with it but rather creates the likelihood of its emergence in the future as confirmed by Ury et al (1988). Problem solving was attempted by one participant but this did not work. The researcher can only assume the reason for this, i.e., the process was flawed or the conflict did not need resolution but management.

None of the participants approached an organisation for assistance and when the reason was asked one of them said that

> 'they had never thought they could get help from any organisations concerning the conflicts they experienced'.

This statement indicates three issues;

40

i)   that they do not believe it is the duty of the organisation to help in such issues,

ii)   indicates the possibility of other means of handling or dealing with conflict

iii)   Lastly they do not take the issue of dealing with conflicts seriously or simply accepted conflict as one of the negative experiences.

Three participants said that organisations should intervene in the conflicts but could not give reasons why they should do so. This could indicate that they do not know how, or that they are not aware of the consequences of leaving some conflicts unresolved. Two of them responded to the contrary saying that most of the conflicts were personal therefore organisation could not assist.

4.3. Primary data collected from support group supervisors

Four support group supervisors were interviewed to gather information on conflicts that are experienced by people living with HIV/AIDS and to find out if organisations are responding to the conflicts and make recommendations for intervention.

General information of support group supervisors is shown in table 4:

Table 4 showing detail on support group supervisor

participant	Gender	Marital status	HIV status	Focus group numbed	Current employment
A	Male	Married	Positive	3	Coordinator, counsellor
B	Female	Married	negative	4	Counsellor, field officer
C	Female	Not stated	Not stated	3	Training officer
D	Female	Separated	Positive	3	Coordinator

4.3.1. The following are the responses of supervisors:

Participant A:

    talked about many conflicts that he experienced and described how fighting and exchange of words began soon after he tested positive and fell sick thereafter, some of them will not be captured here. His family and relatives excluded him from family gatherings and when he was well they boycotted functions that he arranged. They fought with his wife accusing her of

bewitching him and of being a gold digger. He believes that it is necessary to deal with conflicts because many people die from harassment and neglect by relatives and the best people to solve these are the church. From them they expect much.

He also mentioned situations where conflict usually abounds such as 'the grabbing of property of the positive person arguing that they will die anywhere, husband returns the wife to the family home when wife does not want, refraining from sexual relationship with partner when the partner wants, refusal to test or use protection during sex when the other partner wants" .

Another type of conflict mentioned was that between people and organisations where both parties fail to understand each other thereby creating many dilemmas and negative reactions from the people that are living with HIV/AIDS.

Participant B:

She talked about conflicts emanating from blame and strong emotions. These occur when partners blame each other for infecting the other which results in a series of accusations   when one partner tests positive and the other negative this results in unrelenting accusations; when one partner hides status from the other and is discovered; unremitting word exchanges occur; when one partner takes ARVs in secrete and is discovered, and when the positive person reveals status to relatives and family friends after they had been reprimanded for irresponsible behaviour.

Participant C:

She mentioned many conflicts which are common to all. The first was deposition which occurs when individuals who are HIV positive and the first born children in their families are displaced from their positions (not consulted) in family decisions because they are treated as sick, therefore incapable even if they are physically well. Positions are taken over without consultation. Often the individual is isolated and results in parties involved refraining from talking to each other.

The second was that people tend to use unfriendly terms when talking to, or about, a person living with HIV/AIDS even when there is no sign of sickness. They will say 'Lo ogulayo'- this sick one or 'lo osefile'- the dead one and such discriminatory terms usually sparks various conflicts in families. Such arguments and unfriendly talk creates tension between the parties involved.

She added that churches are more discriminatory than public drinking places. Most people who experience conflict are counselled and they are also trying to improve awareness campaigns so that they dispel suspicions.

Participant D:

She mentioned one conflict which is associated with disclosure which happens when an individual discloses status when the receiving party is not ready to receive such information. Getting a partner to get tested also instigates many conflicts and to this end she speaks about one situation where this occurred. Counselling has helped in some instances. She thinks that the organisations must intervene to address some of the issues that affect them but could not add any more information.

Key findings are summarised in the table 5.

Table 5 Showing response of supervisors

Participant	Cause of conflict	Effects of conflict	People involved	Should organisations intervene
A	Negative behaviour	Common (results fighting, persistent arguments, exchange of words)	Family, friends, relatives,	Yes. Because relatives often do not help. They are part of the problem and somebody must do something especially the church because we expect
A	Structural	Not common (not understanding each other)	Most of the PLWHA	much from it.
B	Attribution/ Blame	Not Common (results in wife battering, accusations)	Partners, husband and wife	Yes. To avoid imminent results, to avoid partners starting new relationships where they do not disclose their status and therefore spread the disease and increase conflict
B	Strong emotions	Very common (results exchange of unfriendly words, fighting, anger, bitterness, silence)	Partner, family members, relatives, family friends	Also because relative do not help because of the stigma associated with the disease
C	Deposition	Very common (isolation, not talking to each other)	Family	Yes, because it lowers the persons self esteem
C	Derogatory language	Common (insults, dehumanizing words)	Family, friends, relatives and society	Yes, because it lowers the person's self esteem, increases discrimination and isolation
C	Secrecy	Very common (gossip, unfriendly words)	As above	Yes.
D	Disclosure	Very common (results in shock, intolerance, anger, violence,)	Partners, family	Yes.

4.3.2. Responses explained

The supervisors had more to say about conflicts than the first group of people living with HIV/AIDS. The reason might have been that each of them is responsible for a number of support groups and therefore have more knowledge and experience with PLWHA. They have become familiar with conflicts that are encountered by the people they serve. Some of the causes of conflicts depicted in the table above are explained below, though some of them are similar to the ones given by the first group.

Negative Behaviour: These include the actions that people do towards PLWHA which are basically harmful or depressing. Negative behaviour presents itself where an HIV positive individual is excluded from family gatherings following accusations of killing the spouse. As accusations and counter accusations increase, the use unfriendly words also increases thereby intensify the argument resulting in conflict.

Structural: In this case, both parties fail to understand each other, thereby creating many dilemmas and negative reactions from the people that are living with HIV/AIDS. This occurs in the following manner:

- When spouse a runs away from a partner after knowing the status without signing divorce papers and the remaining spouse is told by the courts to wait for five years before processing of the divorce meaning that the person cannot move on. One participant said

  I wanted to remarry and they kept telling me that I have to wait because my wife might come back and this was frustrating and you keep paying a lawyer money each year to renew the case/application

- Organisations will give social support for six months to PLWHA when they are sick, they become dependent on this and then they are abandoned. During this period, they are asked to register for market gardening training which will be their source of income and yet they do not want because they were professionals and want formal employment.

Blame: This occurs when partners blame each other for being responsible for bringing the disease to the home. They start asking each other who brought it and

question each others behaviours raising issues of trust and faithfulness. As these questions continue the conflict intensifies and tempers also rise.

Strong emotions: These are usually present in every conflict. They happen after one reveals the status or when a spouse who has been taking ARVs in private is found. An example will be what one participant said

> when I tested positive and my wife negative my parents were angry and accused her of bewitching me and they boycotted my wedding, this started accusations and bad words between the two families and up to now I have no relationship with my in-laws

Deposition: This means that the role/position of the person is taken away. In the Ndebele cultural settings the first born in every family is respected and given the role of making major decisions in the family. However, when this person becomes sick their position is taken away without consultation and even if the person becomes well and starts living positively they are still not recognised. This sparks many feuds in the family especially with the new decision maker.

4.4. Findings on conflict identified by FBOs

Three FBOs were interviewed widely concerning their activities. Among the many issues under investigation, they were required to give information concerning conflicts experienced by people living with HIV/AIDS, awareness to these conflicts, the response including the recommendations for intervention. All the three are involved in psychosocial support activities and their target group are HIV/AIDS orphans and caregivers. The informants included three directors, two male and one female.

Organisations A:

> He said that they were aware of many conflicts and these were caused by empowering a child with information and general survival skills without doing the same with the caregivers/parent. This gap in training is enough to ignite conflict because of the misunderstanding that ensure from two unequal sides. Also that orphans left in the hands of caregivers face many dilemmas because of child developmental needs that are neglected, thereby affecting their wellbeing.

Organisation B:

> He said that most conflicts are caused by blame where one partner infects that other and the infected remains with anger and is unforgiving such that at times they refuse to take care of their husband's children. This results in many conflicts related to the release of death certificates. Wrong perceptions also encourage conflicts, especially where one is suspected to have bewitched a husband after he dies from HIV/AIDS.

Organisation C:

> She was not clear with their conflicts. All these are summarised in the table 6.

Table 6 summaries of responses from organisations

Organisation	A	B	C
Causes identified	Unbalanced training or empowerment programmes	Blame- which causes bitterness, anger. perceptions	They were not very clear about the conflicts experienced but only mentioned that there are many of them that result in children being traumatised
How conflict is dealt with	They refer cases for counselling because they have no expertise on handling such issues.	They have handled only a few of the cases and the majority they refer to counselling and caregivers.	Expect the caregivers to handle conflicts
Recommendations	Programmes must focus on empowering both parties	Someone must handle the conflicts because we have no funding for that	The church must deal with conflicts and create awareness about such conflicts

4.4.1. Findings explained

The organisations were not very clear with the conflicts that they are conscious of and as such almost all of them could not give detail on the conflicts. Two of the conflicts mentioned are caused by the trainings of the organisations while others are caused by problems created by HIV/AIDS. They however, indicated that there are many of them and this statement could mean that they do not know or that conflicts are not an issue that is taken seriously.

The second point is that they pass the bulk of resolution of conflict to other people and these are usually institutions that deal with counselling. The three organisations

also do realise that it is necessary to deal with the conflicts though they need funding, or someone/ institution to do this i. e. the church.

The summary of findings is given on table 7 next page.

Table 7 Summary of findings from all three groups

Respondent	No. of participants	Causes of Conflicts identified	Intervention done	Should organisations respond
Focus group	6	4	In one case relatives tried to help (Participant 3). But non was done by any organisation	Three of the participants said yes, two said no
Support group supervisors	4	8	-Participant A & C indicated counselling and awareness campaigns -Participant B said none -Participant D said awareness campaigns	All the four said Yes
Organisations	3	4	A – refers cases B- deals with a few and passes the bulk to care givers. C- passes the bulk to caregivers.	A - it is necessary B- Necessary but they are not funded to do so. C-not part of their activities

The summary above indicates that there many causes of HIV/AIDS related conflicts. A greater number of the causes were identified by support group supervisors and the reason for this is that they are in charge of more than one support group and therefore meet a lot of people with different situations. Many of these causes were expected from the focus group discussion, but only four of these were identified. This was mainly because they preferred talking about their own experiences. Organisations on one hand were aware of the causes of conflicts but could not give detail of most of the causes simply because they pass the bulk of resolving conflict to other people.

The findings from all three interviews indicate that the respondents explained the causes of conflict. These causes, including other statements, were analysed to identify the HIV/AIDS related conflicts.

4.5. Themes identified, explained and analyzed

The researcher arranged the findings into themes that were selected according to frequency of information, emerging issues including power and size of content. These are discussed below.

4.5.1. Understanding of conflict

One of the key issues indicated by the findings was the different understanding of the term conflict. According to Wilmot & Hocker (1998) if we are to manage conflict we need to understand the descriptions of conflict that people have. Thus we deciphered these from the conversations of the groups and the interviews. It appears the most dominant view is that conflict is 'a problem' and thus they would use the following expressions when talking about conflict:

i)   '*udubo lwangehlela*' (*participant 1, 3,4,C,A*) meaning 'the problem we are discussing befell me'   Other terms they used included

ii)   **'***Salwa***'** meaning we are fought/ fighting (*participant, C, A*)

iii)   Gossip- "they talked about me in my presence yet did not give me a chance to say anything", "they would openly discuss my condition in church and other social gatherings and clearly said they did not want to pray for a dead person" (*participant C*)

iv)   'Ukukhuluma amazwi amabi' 'ukukhuluma kubi' meaning exchange of words, unfriendly words (*participant 1*)

v)   Insult- '*kuselani*' meaning they said this one is already dead', the sick one even if there was no sign that I was sick, '*ngowamaphilisi*'- meaning one surviving on medication (*participant C*)

vi)   '*Asizwisisani*' meaning we do not understand each other (*participant 1*)

vii)   Not talking to each other- they ignored me, simply avoided talking to me, they did not consult, made decisions about my property, children and wife even if I was still alive and capable (*participant A*)

viii)   Suspicion (*Participant C*)

Making sense of the above, conflict is generally seen as a problem. The term thus has a negative connotation because it is associated with or is the source, of all problems or 'the problem' that they experienced and because of conflict they would refer to the negative results of conflict.

One support group supervisor gave the following examples of conflict:

> 'Not talking to each other, isolation, discrimination, rejection, ignoring an individual, gossiping' (*participant C).*

From the statement given, the functional side of conflict is obscured but the image of the word is brought out. Generally, it is understood as bad because these words promote stigmatization of people living with HIV/AIDS.

Two issues can be identified from the above, one of them is that the general understanding of conflict is that of something bad, therefore associated with terms such as 'unfriendly words, suspicion, tension, fight' because these words inform their understanding of conflict. This situation, according to Denis King (1981) promotes the view of conflict as negative. According to him, conflict has two sides the negative and the positive, which he calls the functional side. The second point is that conflict is a problem and there is no reason why that problem is not dealt with. Conflict therefore is more that a misunderstanding, it is framed by people within their own context.

4.5.2. Conflict types

The findings indicate that there are several types of HIV/AIDS related conflicts, that is, the interpersonal, issue based and the structural. The first type occurs between small groups or individuals and in this case between partners, families and extended families. It is generally confined to family units- people who are interdependent. All the supervisors indicated that the conflicts occurred between partners, families, extended family and friends.

These take many different forms, but unlike Alder &Towne (1990) who says they revolve around many issues, the ones identified in the research centre around issues related to HIV/AIDS. It becomes a conflict because of the parties involved.

HIV/AIDS related issues can also be classified as according to type of issues involved. These include derogatory language, deposition, wrong perceptions, negative behaviour, attribution, data, secrecy and disclosure which all define the type conflict.

Structural conflicts are generally caused by systems adopted by HIV/AIDS organisations. These fuel HIV/AIDS related disputes. Organisation A said that they generated conflict by empowering an individual who has tested positive on 'positive disclosure'. This prepares them to talk about their status to other family members or associates and thus the training they receive from support groups.

However, this approach does not prepare the receiving party and most of the conflicts are then triggered by what they term 'destructive disclosure'. Under such circumstances, the response will be negative, the impact equally negative and this creates an environment of conflict. The two parties in this case are interdependent and conflict is generated because of the imbalance of empowerment that is created. It can be corrected by bringing the unempowered individual to the same level with the other party through relevant trainings. Identifying the conflict type enhances analysis of the conflict thus, HIV/AIDS would be effective with clear understating of conflict.

4.5.3. Causes of conflict

The findings indicated many causes of conflict and these included negative behaviour, derogatory language, deposition, perceptions, negative behaviour, attribution, data, secrecy and disclosure. Some participants indicated that conflicts began soon after they tested positive.

> "The conflict started when I tested and was found positive" (4 participants)"

One supervisor said that it begins when trying to get a partner to test, and gave the following scenario:

One woman noticed that her husband was wasting away and she was suspecting that he was HIV positive. She then asked him to go and test and he responded with anger saying what have you seen? you think I have been promiscuous? Even if the woman argued that she was concerned about her husband health, he would reply 'You don't trust me' and they argued about this for a long time till their relationship was strained'. 'It begins when a partner wants their partner to test (*Participant B*).

Another aspect of this dynamic was found by Suzanne Maman et al (2001) studies which proved that there was conflict if a woman underwent a test without the consent of the partner in Tanzania. Those who underwent a test without consent, including positive disclosure encountered verbal or physical abuse. The crucial causes of conflict include testing without consent, wanting partner to test, disclosure of positive status.

There are also other causes of conflict which can apply to general everyday conflict such as attribution, derogatory language, negative behaviour and perceptions. However, studies of interpersonal conflict reveal that conflict is generated by what people make about themselves and others, i.e., their attributions. In this case, one begins to blame someone and then find fault with the person they are in conflict with. People attribute bad things or behaviour to others. However, these conflicts are fuelled by perceptions. Wilmot and Hocker (1998) say that at the heart of all conflicts are perceptions of the parties and these fuels the 'dispute engine'. Perceptions about HIV/AIDS do cause conflict as indicated by the response from the participants.

4.5.4. Conflict and HIV/AIDS interface

An analysis of the issues above indicates that there is a direct link between HIV/AIDS and conflict because it emanates from testing positive, when getting a partner to test, and at disclosure of ones positive status. Suzanne Maman et al (2001) indicate that conflict erupted after women tested without the consent of their husbands. The link is thus situational as it is based on the three aspects mentioned. Mohlahlane indicates that cases of violence, and death were reported in South Africa following disclosure of positive status (2006:340). Violence in social settings indicates underlying conflict.

However, the Human security report (2005) argues that the link is distorted by HIV/AIDS awareness programmes, the provision of antiretroviral care and prevention programmes because they mitigate the worst impact of the disease. However, very few causes were raised by respondents. The interface between the two would have been valid if a reasonable number of respondents mentioned the three aspects.

4.5.5. Responses to conflict
Both individuals and organisations indicated their method of responding to conflict. The responses were all different from the other, Alder & Towne (1990), say that every individual has a way of responding to conflict. These might not necessarily be helpful or non-violent. Individuals said,

> 'I had to apologise to my parents even if I did not know why and what I was saying', (*Participant A*), 'I was appeased with a brand new car' (*Participant D*), 'Gave in, problem solving, ignored' (*participant 3, 4, 5*)

What is deciphered from these statements are the common ways of dealing with conflict which can be explained as accommodating, soothing, compromise, avoidance and consensus. There was only one participant who indicated that her family cooperated with her, this is a common occurrence according to World Health Organisation report (2004).

However, one can comprehend from the statements that the people involved were not happy with the decisions they made but circumstances surrounding them forced them to respond the way they did. However, the first four conflict behaviours do not correspond to resolution but management of conflict. The only person who tried problem- solving did not manage and maybe the contrast could indicate that some of the conflicts have to be managed and not resolved.

All three organisations avoided handling conflict because they referred cases to either organisations involved in counselling or caregivers/parents and this includes conflicts that are caused by themselves. According to Warner (2001) studies on conflict management, this could indicate a low concern of achieving resolution / handling conflict, goals including a low concern for relationships. Both conditions have a negative impact on HIV/AIDS intervention.

4.5.6. Organization inefficiency

The organisations interviewed claimed to be involved psychosocial support activities. This involves taking care of physical, psychological, social and spiritual needs of both the affected /infected. (WHO: 2009) Similarly conflict affects all aspects the aspects of an individual addressed by psychosocial support activities. These aspects are referred to as dilemmas, trauma, and stress infected people struggle with are classified as conflict as attested by research findings. The anomaly is that psychosocial support as stated by organisations do not address all psychological issues therefore the enhancement of the well being of an individual is compromised. Conflict can have both a negative bearing on the 'physical wellbeing, self -esteem, and emotional stability of an individual and thereby affect their capacity to perceive accurately and spiritually'. (Lederach: 1995)

Full engagement with psychosocial activities also means dealing with the various issues that affect the well being of an individual and HIV/AIDS conflict becomes one of them. According to WHO (2009), the aim of psychosocial support is to improve the quality of life of PLWHA and those affected by it.

Organisations interviewed emphasize on social support where they give material things like uniforms, pay school fees, food support to the population they serve and neglect the psychological aspect. As such all dimensions that are intended to enhance the quality of life of an individual, as deemed by psychosocial support are not fully addressed. The point here is that psychosocial support can be a form of conflict intervention. This process begins with an understanding of HIV/AIDS conflict including an appreciation of the effects of these conflicts on individuals and relationships.

4.5.7. The impact of conflict

Many scholars have written about the impact of conflict on HIV/AIDS, but there is a need to consider the impact of HIV/AIDS on relationships. Effects such as rejection, excommunication, divorce, separation, and discrimination which were identified by support group supervisors are divisive. Conflict is associated with bad feelings, i.e.,

anger, sadness, disappointment (Wilmot and Hocker: 1998) which damage relationships and can cause resentment, hostility and at some instances the ending of a relationship.

HIV/AIDS conflict affects, .i.e., "the interactive aspects, interdependence, communication and expression aspects of relationships" Lederach (1995). When one participant was asked how conflict affected him the response was,

> my wife ran away after a meeting with her family, and up to now I do not talk with my in-laws because my parents accused her of bewitching me. (*Participant A*)

When *organisation B* was asked about their thoughts on the effects of conflict they said one caregiver remarked to them that

> I am still angry with him because he is the one who gave me the disease. I will not forgive him, and I do not want to take care of his children.

Crucial to note is that conflict exacerbates the suffering of PLWHA causing harm through discrimination, isolation, separation, rejection, lack of rights. Fear of rejection is one of the issues that stops disclosure of status among women (Kehler et al: 2005) One response was that 'conflict causes discrimination, rejection and isolation' (*participant C*).

However, this harm is not done on PLWHA only but the affected and society as well and this is reflected in a statement which says:

> 'it is important to deal with the conflicts because they strain the relationship or destroy it thereby encouraging involved parties to look for other partners such as girlfriends or small houses spreading HIV and conflict as well' (*participant B*)

Those who discriminate and those who are discriminated against are both vulnerable to the spread of HIV/AIDS, this together with gossip also makes it unlikely that both groups accept the presence of HIV/AIDS in the community (WCC, study document: 1997). The continuance of the conflict therefore makes all parties involved suffer. Even if the organisations have devised support system for PLWHA, as long as the problem of broken relationships remains unsolved PLWHA will continue suffering

Borrowing from Lederach (1995), conflict intervention will involve minimizing the destructive effects of HIV/AIDS conflict by maximising the potential for growth in a person at all levels, i.e., personal (emotional, perceptual and spiritual) and relational (affectivity, interdependence, and interactivity).

4.5.8. Fuelling factors

These were identified from secondary sources and the participant responses. It involves issues that sustain conflicts. The first point is concerned with ethics of HIV/AIDS such as confidentiality. Confidentiality prohibits disclosure of status to any third party but this condition is breeched whether accidentally or intentionally by organisations that give food handouts or support only to people living with HIV/AIDS upon producing confirmation of belonging to an Opportunistic Infection clinic (O.I). These clinics are attended by people who have tested positive and need medical support. An individual's confidentiality is exposed by systems unintentionally and could amount to 'destructive disclosure', gossip if third parties get to know their beloved status accidentally.

The second point is that some of the activities of the HIV/AIDS organisations fuel conflict whereby they empower one party on positive disclosure and other HIV/AIDS information not the other recipient party. This creates an information imbalance and contributes to the negative reactions and conflicts that are experienced by people living with HIV/AIDS.

It is important for intervention measures to pay attention to some of the destructive tendencies of conflict as generated by their programmes to avoid exacerbating the suffering that PLWHA endure. According to Mohlahlane (2006) interventions should pay attention to external oppressive condition because they can thwart a person's coping efforts. Effectiveness of intervention is also affected as one participant said "some of the people will attend workshops under disguise and refrain from contributing when a negative person joins them".

The third point is the perception that people have about HIV/AIDS. In line with the statement that says:

> At the heart of all conflicts are perceptions of the parties that fuel the dispute engine (Wilmot and Hocker: 1998).

There are many fears attached to the disease, such as: describing it as life threatening, incurable, the belief that one will die after contracting the disease. While these statements may be true they have potential of causing destruction in people's lives. Thus, according to Whetten et al (2007) testing positive increases the risk of trauma, depression, and stress. Similarly with the frustration aggression theory, the likelihood of violence increases under such circumstances. The description of the disease in such fearful terms was used in order to scare people from deliberate contracting HIV/AIDS and encourage behavioural change through abstinence. HIV intervention should desist from using scare tactics in order as these have a potential of encouraging retribution reactions on relationships.

Prevalence of such fears in society inhibits disclosure of positive status. Maman et al (2004), mentions fear of partner's reactions, abandonment, panicking of a partner, losing status and fear of marital infidelities being exposed as some of the issues that inhibit disclosure. Fears of disclosure have direct implications on the spread of HIV/AIDS and intervention measures must address such issues as part of psychosocial support. This is important in combating violent retributive behaviour. Biggs (2006), reports that one of the issues hindering disclosure was due to fear of violent retribution.

Studies have also proven that one of the barriers to disclosure was fear of family conflict (Ladner in WHO: 2004, study of pregnant women screened for HIV testing in Rwanda), and fear of conflict with partners (Antelman in WHO: 2004, study on women enrolled in prenatal HIV trial in Tanzania). The response by participant 6 was that 'I have not experienced conflict because I have not revealed my status to my relatives '. This response could indicate that the person is not ready to disclose his status, he has fears, or that he does not want to do so. The next point builds on the aspect of fear.

4.5.9. Implications of disclosure

The findings reveal that conflicts began when one tested positive, i.e., at disclosure of one's positive status. Most of the PLWHA indicated that conflict began after testing positive. Disclosure of ones positive status produces conflict and violence as attested by scholars mentioned above. The tendency therefore, is to avoid conflict by refraining from disclosing ones status. This was revealed in the findings as a cause of conflict happening when a husband takes ARVS in private and is discovered. Access to treatment and care is limited or affected by the impulse to hide status (Kehler and Harvey, Gibbs: 2006) among women in South Africa.

Disclosure of ones status becomes a major risk. The scholars mentioned above attest that disclosure causes severe violence and abuse among women but they do not give statistics to support this. However, Kamenga et al in Maman (2004) argues that disclosure between couples can facilitate sustained behavioural change. Other points suggested by Maman are that disclosure may help an individual cope with psychological discomfort following discovery of HIV positive status and help hem to adopt measures that will promote management of the disease. It is important for intervention measures to encourage the right conflict behaviours through education where dialogue is adopted to promote understanding, resolution and facilitate sustained behavioural change. It is therefore mandatory to take into account the conflicts caused by disclosure including violence and other issues if prevention is to be achieved.

4.5.10. Women suffer most

Some of the conflicts are generated by blame and women are often the ones blamed for spreading HIV/AIDS. It was noted that most of the respondents were women and they indicated blame as the reasons that a man will return them to their maternal home/ or separation.

Mohlahlane (2006) argues that women suffer a triple form of stigmatisation, because of their positive status, for bringing the virus into the family and for trying to leave an abusive partner. One of the issues causing blame among women is the issues of cultural factors that promote the subordination of women. This is more prevalent in

marriage where the woman is expected to submit to her husband (the Christian perspective). Of relevance here is the research (sexual and domestic violence) done by Jim Taylor & Sheellagh Stewart (1991) which found that the Ndebele and Shona custom requires that wives be submissive to their husband who is the head of the home. This perpetuates the woman's vulnerability to blame.

One supervisor said that the surviving spouse, women are the ones often accused of bewitching their husbands. This system depicts a power imbalance which needs to be corrected not through conflict resolution but social justice, (Mayer: 2000). It is surprising that women will face the greater magnitude of blame when studies by Kehler and Harvey reveal that "60% of 80% of all women infected had only one sex partner in their life and all new infection in women occurred in marriage" (2005: 3). One of the issues perpetuating this is the "gendered context of society which defines women as inferior and as the weaker sex including a culture of patriarchy which encourages subordination of women and other control tactics. As long as intervention measures do not address these broad societal issues and the HIV/AIDS conflict generated thereof, effective HIV/AIDS will not be realised.

4.5.11. Lack of awareness
There is lack of awareness about conflicts related to HIV/AIDS and conflict resolution. This is reflected in the response by the three organisations interviewed. While they deal with a large population of people living with HIV/AIDS, they only have few conflicts that they can mention. Organisation A and B talked about 2 while organisation C could not give substantive information about conflict. They cannot resolve what they do not know or are not familiar with. According to Isenhart and Spangle (2000), a good beginning of preventing or managing conflict involves understanding the many sources of conflict and the kind of events that escalate it. Wilmot and Hocker say that to reach management there is need to understand the images of conflict that people have. If there is no deliberate action to understand conflicts related to HIV/AIDS then intervention is impossible.

Even though these organisations might be aware of the existence of these conflicts, they do not see the necessity of dealing with them. The effects of conflict also

indirectly impact on their activities. The point is that conflict disrupts relationships and this is confirmed by the findings.

 The individuals themselves who experience these conflicts do not know what to do about them, they never think of sourcing assistance. When asked why they never asked any organisation, church, individual to help them, their response was that they did not think about that. They said 'the idea of helping others to deal with the conflicts they are experiencing has never occurred to them'.

The aspect of conflict resolution is included in the constitution of one organisation (organisation A). It is part of the policy of the organisation and is written in a broad term, peacebuilding. An explanation from the director was that they are supposed to make peace in the community through the programmes that they adopt. This showed an unclear understanding of what peacebuilding involves or the aspect thereof. While they have this aspect in their document although it is not written with clarify they have not applied it meaningful and purposeful manner.

 ## 4.6. Conclusion
The study revealed that there are different kinds of HIV/AIDS conflicts that are experienced by the people living with HIV/AIDS and some of these arise from testing, upon disclosure of ones positive status and in trying to get a partner to test. These conflicts are mostly interpersonal occurring within family units and are fuelled by structural conflicts and general perspectives about HIV/AIDS. FBOs are aware of these conflicts and some of them are caused by their intervention measures, but they do nothing about the conflicts surrounding the people they serve for several reasons.

PLWHA suffer most from these conflicts but care measures seem to be doing nothing to alleviate suffering. Conflict causes disruption of relationships and breakdown of families and this will eventually increase vulnerability to infection. Limited success will be achieved by prevention initiatives as Chin argues, where he says that infections continue to soar despite the presence of these initiatives (2007:139).

CHAPTER V

CONCLUSION AND RECOMMENDATIONS

5.1. INTRODUCTION

Christian AIDS organisations are an important component of HIV/AIDS intervention initiatives in Zimbabwe and other parts of the world that work to alleviate the scourge of the disease. Many criticisms have been levelled against these organisations mainly because of their delayed, uninformed and reluctant response to HIV/AIDS issues. The aim of this research is not to criticise but improve their effectiveness in responding to conflict related to HIV/AIDS. Building on conflict resolution theories, this research tried to explore the issue of HIV/AIDS related conflicts, explain the causes, their form and nature and identified them among the people living with HIV/AIDS in Bulawayo, supervisors of HIV/AIDS support groups and HIV/AIDS organisations. A response of the organisation to these conflicts was considered using the findings from the two groups and effectiveness analysed using conflict intervention tool adapted from a training manual. Reasons hindering the response of these organisations were investigated using the responses from the interviews and other secondary sources.

The research was based on the assumption that there are HIV/AIDS related conflicts that are experienced in Bulawayo and that organisations involved in HIV/AIDS programmes address these conflicts or respond to them. Conflicts left unmanaged or unresolved have negative implications destroys relationships and this might have repercussions on the spread of HIV/AIDS. However, exploring the response of organisations to these conflicts meant that the HIV/AIDS conflict are identified and explored and thereafter assess how organisations respond to them.

The researcher first collected information through a focus group discussion with six people who are living with HIV/AIDS. It was composed of five women and one male. Three of them were married and their partners are deceased while the other three were not open about their marital status or the whereabouts of their partners. These have opened up to their group about their status.

Data was also collected through in-depth interviews with supervisors of HIV/AIDS support groups. This group consisted of one male and three females, two of them are living positively, one is negative and the other did not reveal their status. Three of the participants are married while one participant did not reveal her marital status. They all supervise several support groups around Bulawayo, which are at times identified and established by themselves or by their affiliate organisations.

In-depth interviews were conducted with 3 organisations. All the three are involved in psycho –social support activities and their target group are HIV/AIDS orphans and caregivers. The informants included three directors, two of them male and the other female. Other data was collected from secondary source such as policy documents, manuals, reports and studies. These groups were asked different questions although there were some that were peculiar to each group though advancing the purpose of the study.

5.2. Conclusions of the findings

1. HIV/AIDS conflicts exist: The research found that HIV/AIDS related conflict does exist in the community and these are generally interpersonal and structural. These were found from the people living with HIV/AIDS, support group supervisors and organisations. There are several causes of these conflicts such as derogatory language, deposition, perceptions, negative behaviour, attribution, data, secrecy, getting a partner to test and disclosure of positive status. These explain the causes and define conflict as well.

Some of these causes apply to general every day interpersonal conflict and this assertion is supported by conflict theories i.e. attribution theory, equity, frustration and aggression theory and relative deprivation. However, these theories fall short of explaining causes like disclosure of one's positive status, getting a partner to test and when a partner wants to test which are directly linked to HIV/AIDS. Some of the latter causes of conflicts were found in secondary sources. To this end, the findings ascertained that there is a thin line separating HIV/AIDS related conflict and general conflict, consequently there is the possibility of a link between HIV/AIDS and interpersonal conflict. It had been assumed at the beginning of this study that

HIV/AIDS conflicts emanate from discrimination, prevention and care but the findings proved otherwise.

2. **HIV/AIDS related conflict is similar to general conflict:** HIV/AIDS conflict presents itself in the same manner as other conflicts, spiralling along the same issues as those of general conflict and this is deciphered in the responses of the participants when describing conflict and explaining the causes. They use words like blame, accusations, exchange of words, derogatory language which intensify conflict through attribution.

3. Conflict spiralling factors: HIV/AIDS is fuelled by many factors in society, by conflicts generated by organisations, patriarchal nature of society and most of all perceptions that people have about HIV/AIDS. Accusations of bewitching a partner or suspecting bewitchment when one falls sick from the disease were mentioned by the respondents.

4. Response of organisations: The study also found that the organisations were generally aware or they knew of the existence of a small number of these conflicts but were not responding effectively to them. These included unbalanced life skills empowerment programmes, blame, anger, dilemma, and those causing trauma. What concerned them most, were those directly linked to their activities which were caused by their programmes. All organisations cited conflicts that were different from each other and all of them were different from those cited by the focus group and the supervisors of support group except for blame.

4.1 Organisations do not respond to these conflicts because they refer cases to counselling organisations or caregivers (responses given by the 3 organisation). They also cannot respond to something they are not aware. They are also not prepared to handle these conflicts because 'they have no funding for such, have no expertise, and want the church to do so'.

4.2. The possibility of responding to these conflicts is inevitable because the aspects that psychosocial support seeks to address are the same aspects that resolution addresses in an individual. However, these organisations emphasize the social aspect

and not the psychological aspect. Even in this social intervention, they do not address relationship issues which form the basis of social interactions. HIV/AIDS conflicts disrupt relationships in various ways and thus the need to address them. As a result, the effectiveness of their activities is undermined.

5. Effectiveness of organisations.

Effectiveness of organisations is undermined by the following factors:

i) Fear of conflict which makes people refrain from disclosing their positive status thereby avoiding conflict though this measure has implications on the spread of HIV/AIDS

ii) Lack of awareness of HIV/AIDS related conflict, lack of initiative to resolve the conflicts by parties involved, lack of information about HIV/AIDS,

iii) Tendency to refer issues for counselling and policies that use broad terms that obscure the aspect of resolving conflict.
Effectiveness was measured using an analysis of the results of findings and conflict intervention tool adapted from a training manual.

5.3. Limitations

There were several limitations to this research and they are as follows:

i) It was not easy to carryout this research because sources for HIV/AIDS related conflicts were very scarce and most of those available addressed the issue of HIV/AIDS and violent conflict in Zimbabwe or Africa. These looked at intrastate conflict and its impact on the spread of HIV/AIDS.

ii) It was a struggle to get Christian AIDS organisations that were willing to participate in the research, those that were approached gave excuses; some that were accessed had a lot of gatekeeping measures inhibiting the researcher from getting information even though ethical processes to overcome this were followed. The researcher thus had to settle for the few that were available though I would have liked

to include organisations that are involved in different activities so as to add variety in responses.

iii) The data collection process was lengthy and time consuming because the organising of focus group discussion took long as some of the people would not turn up as arranged. At one stage the researcher found three people and had to postpone the interview. All of the interviews were generally longer than anticipated because there is a lot of narration about issues of HIV/AIDS, how they got infected, when, what they did after that, etc, before they can begin to talk about relevant information and to most of these people it was an opportunity to talk about their experiences other than fulfilling the expectations of the interview and this made discussions very long.

iv) Time constraints affected the research and as such the researcher had to rush through the data collection process

5.4. Program and policy recommendations

The following are the recommendations suggested and most of these are borrowed from the works of Maman et al 2004 and WHO 2005 while a few were generated from the research findings.

Government

 i) Mainstream conflict resolution into the National HIV/AIDS policy. This is to encourage organisations to adopt this aspect in their activities and especially HIV/AIDS awareness campaigns, prevention and care. It will also increase the effectiveness of organisation and in particular, their response to conflict and thereby fulfil the goals of enhancing an individual's life.

ii) Mainstream conflict resolution, management and transformation into education curriculum of the country to increase awareness and this will assist in improving effectiveness of service delivery by organisation.

Organisations

i) Incorporate conflict resolution, management and transformation into psychosocial support programmes. This enhances the delivery of services and helps both caregivers and PLWHA cope more effectively and enhance the quality of life. This might require involving services of personnel trained in conflict resolution who are prepared to work in the community. However, this will also mean taking deliberate action to enhance the skills of organisation personnel working directly with the community to ensure that such conflicts are identified and dealt with effectively.

ii) In line with this mainstream conflict resolution into life skills training curriculum. It was discovered that psychosocial support involves life skills training for children orphaned by HIV/AIDS and caregivers and all the organisations involved were involved in these trainings. This action will ensure that the community is empowered with conflict resolution skills and increases the network of people who will act as mediators when situations arise. The advantage of this approach is that it relieves the workload of resolving conflicts from the organisations which might not have sufficient time to deal with the conflicts while at the same time promoting community based initiatives of conflict resolution.

iii) Since these organisations work with churches, it will be helpful to train a few individuals within the churches in conflict resolution and other peacebuilding skills so that they will act as mediators or third parties in situations where negative reactions are anticipated. This will help prepare individuals for testing while also preparing the family or partner to receive results and make informed decisions thereby preventing conflicts.

iv) Train counsellors in conflict counselling. The findings of this study revealed that organisations refer cases to counsellors and there is a need to equip these with relevant skills. Important here is engaging both conflicting parties in problem solving that will ensure restoration of relationships. This will assist in dealing with issues of isolation, rejection, discrimination and other social issues generated by the disease. Only one organisation in Bulawayo is involved in conflict counselling where they recognise the need to address both parties in any situation. Their approach seeks to

assist parties who are in conflict to work together in finding a solution to their problem.

v) Institute community based efforts to address conflicts. This involves reviving community based conflict resolution systems, training leaders and community associations in conflict resolution. There are many risks involved with leaving conflicts unresolved including those of violence. This will also equip people with necessary skills to address HIV/AIDS conflict.

Organisations involved in testing and counselling

i) Instigate client initiated approaches to disclosure of HIV positive status such as the use of mediators i.e. trusted friend/persons', church counsellors should be chosen by the client to facilitate disclosure to the partner or family. The WHO (2004) and studies by Maman et al (2000) recommend this as appropriate action to combat the negative repercussion of disclosure of ones positive status.

ii) Train counsellors at testing centres to explore the fears that a person has of the possibilities of conflict arising after the disclosure of positive status and empower the individual to find appropriate ways of managing any eventualities. While this is necessary, time constraints might limit the counsellors from fully engaging with clients but for continuity purposes they can work with relevant referral centres, which are based in communities.

iii) It is important that further research on HIV/AIDS related conflict be done. The findings from this study indicate that there is need to investigate three issues: disclosure of one's HIV/AIDS positive status, getting a partner to test, and issues that hinder partners to test. Some scholars like the ones stated above have discovered issues of violence emanating from disclosure and other HIV/AIDS issues and there is need to design programmes that will play a prevention role. The aspects stated above are:
- Directly linked to HIV/AIDS and there is need to study their patterns and trends among partners and families in Bulawayo and especially conditions that make them poor.

- Study how these aspects increase the spread of HIV infection, including the effects that they have on either of the partners.
- Explore the possibilities of conflict, partner violence resulting from these aspects and study the systems put in place to address these issues.

5.5. Conclusion

This study was intended to explore the effectiveness of FBOs in responding to HIV/AIDS related conflicts. The study began with an investigation of the experiences of the PLWHA in order to understand the HIV/AIDS conflicts. It was established that organisations do not address these conflicts.

In spite of the difficulties of finding informants, the research did find that HIV/AIDS conflicts do occur and present itself differently with every individual though there are some common aspects shared. One major finding was that PLWHA suffer twice: once from the disease and again from the damage to the relationships. HIV/AIDS leads to the disruption/disintegration of relationships and it still needs to be proved if this contributes to the spread of HIV/AIDS. If migration can contribute to the spread of HIV/AIDS so does disintegration of families. The above research may assist organisations to improve their programmes and activities and thus engage meaningfully in the fight against HIV/AIDS.

REFERENCES

Adler, R.B. and Towne, N., 1990, Resolving interpersonal conflicts, in *Looking out, looking in*, USA: Holt, Renehart and Winston Inc.

Boulding, E., 2001, Building a culture of peace: some priorities, *NWSA Journal* 13(2), 55-59.

Biggs, M., 2006, Sexual Violence and HIV: Can we ignore the links? *AIDS Legal Network,* ALQ 2005, 10-14

Byamugisha, G., Steinitz, L. Y., Williams, G. and Zondi, P., 2002, Journeys of faith: church based responses to HIV/AIDS in three Southern African countries, *Southern African Regional Poverty network (SARPN)*, SARPN publication 2008, 1-13

Centre for women global leadership, 2006, Action on Gender based violence and HIV/AIDS: bringing together research, policy, programming and advocacy, Meeting report, *Centre for women global leadership*, Toronto, Harvard school of public health,

Centre for conflict resolution, 2000, Unit 2: History of conflict resolution, *Journal of conflict resolution* 22(2), 342-354

Chireshe, R. U., Makore-Rukuni, M. N., 2003, *HIV/AIDS counselling*, Harare, Jongwe Printing and Publishing Company.

Chetkow-Yanoov, B., 1996, *Social work approaches to conflict resolution, Making fighting obsolete,* Portland, Routledge.

Chin, J., 2007, The AIDS pandemic, *The collision of epidemiology with political correctness*, Oxford, Radcliffe Publishing.

Collins, K. J., du Plooy, G. M., Grobbelaar, M. M., Puttergil, C. H., Terre Blanche, M. J., van Eeden, R., van Rensburg, G. H., Wigston, D. J., 2000, *Research in the social sciences*, University of South Africa, Pretoria.

Dalzell, M., 2007, The AIDS-Conflict Continuum: Is there a relationship between HIV/AIDS and violent conflict in Africa?, *Journal of Business and Public Policy* (ISSN:1936-9794), Volume 1, Number 3 (Summer 2007), 1-15

Docking, T., 2001, Aids and Violent conflict in Africa, *United States Institute of Peace*, Special report 75, 1-12
www.usip.com
Accessed February 2009

Fisher, S., Abdi, D. I., Ludin, J., Smith, R., Williams, S., and Williams, S. 2000, *Working with conflict, skills and strategies for action*, New York, Zed Books Ltd.

Gibbs, A., 1997, Focus groups, *Social research update*, Issue 19, England, University of Surrey.
http://sru.soc.surrey.ac.uk/SRU19.html
Accessed 1 July 2009

Green, E.C., 2003, Faith Based Organisations: Contributions to HIV prevention, *US Agency for International development*, Harvard centre for population and development studies.

Harvey, E. and Kehler, J., 2005, Sex and sexuality in the context of HIVand AIDS, AIDS legal network

Isenhart, M. W. and Spangle, M., 2000, Theoretical perspectives, i*n Collaborative approaches to conflict resolution,* Sage Publication, London.

Kanabus, A. and Allan, S., 2009, The origins of AIDS and HIV and the first cases of AIDS, *AVERT.org*, 7 April
http://www.avert.org/origions.htm
Accessed 31 January 2009

Kent, G., 1993. Analyzing conflict and violence, *Peace and Change*, University of Hawaii, 18(4) 373-398

King, D., 1981, Three cheers for conflict, Personnel 58(1), 13-22

Kreuger, J., 1988, *Focus groups: a practical guide for applied research,* London, Sage publication

Lewis, M., 2000, Focus group Interviews in Qualitative research: A review of the literature, *Action reports E-reports*, http://www.fhs.usyd.edu.au/arow/arer/oo2.htm
Accessed 3 July 2009

Lecreric-Madlala, S., 2005, What really drives HIV and AIDS in Southern Africa, *AIDS legal network(ALQ),* ALQ 2005, 29-32

Lederach, J. P., 1995. *Preparing for peace: conflict transformation across cultures*, Syracuse NY, Syracus, University Press,

Maman, S. and Medley, A., 2004, Gender dimensions of HIV status, disclosure to sexual partners: Rates, Barriers and outcomes, Review paper *World Heath organization,* Geneva, World Health organization

Mayer, B., 2000, Power and Conflict, i*n The dynamics of conflict resolution,* Jossy Bass, CA

Matizizofa, L. and Smith, G. J, The power of information on NGO's in Zimbabwe take up the gauntlet and wield this weapon in the war against HIV/AIDS, university of Cape Town, *Centre for information literacy*, ISBN 13, Volume 1, 502-506

Mohlahlane, R., 2005, HIV and AIDS, gender and power relations: a context of violence, *AIDS legal network (ALQ),* ALQ 2005, 33-37

Merton, R.K, Fiske, M., and Kendall, P. L., 1990, *The focused interview: A manual of problems and procedures*, 2nd ed, Collier MacMillan, London.

Morgan, D. L., 1988, *Focus groups as qualitative research*, London, Sage.

Mpofu, W., Chiremba, W., Kent, D., 2003, *Community Psychology*, Harare, Jongwe Printing and Publishing Company, Zimbabwe Open University.

Opotow, S., 2000, Aggression and violence, in Deutch, M. and Coleman, T., eds, *The handbook of conflict resolution: theory and practice*, San Francisco, Jossy Bass Publishers, 403-427

Parry, S., 2003, Responses of the faith-based organisations to HIV/AIDS in Sub Saharan Africa, *World Council of Churches (WCC),* WCC.

Price-Smith, A.T., and Daly, J.L., 2004, Downward Spiral: HIV/AIDS, State capacity, and political conflict in Zimbabwe, *Peaceworks No. 53*, United States Institute of peace. 1-52

Sathiparsad, R., 2005, "It is better to beat her"; male youth in rural KwaZulu- Natal speak on violence in relationships, *Agenda 66*, 79-88

Schmid, B., 2006, Christianity: addressing or perpetuating the spread of HIV and AIDS, AIDS legal network (ALQ), ALQ 2005, 48-51

Shenk, C. S., 2000, *Mediation and facilitation training manual, Foundation and skills for constructive conflict transformation*, 4th ed., Pennyslavinia Mennonite coalition service,

Taylor, J. and Stewart, S., 1991, *Sexual and domestic violence, Help recovery and action in Zimbabwe*, Harare, A von Gehn and J. Taylor in collaboration with Woman and Law in southern Africa.

The United Nations Joint programme on HIV/AIDS (USAID), 2002, HIV/AIDS in Zimbabwe, *The Synergy Project,* USAID Zimbabwe

Tillet, G., 1999, The conflict resolution process, in *Resolving conflict: a practical approach*, 2nd edition, Australia, Oxford University Press

The Joint United Nations Programme on HIV/AIDS UNADS), 2005, Zimbabwe: a comprehensive review of the epidemiological data, Geneva, *UNAIDS/05.26E*

United Nations Children's Fund, *Methods of Aids in education, a training manual for trainers,* ministry of education and culture, Zimbabwe, UNCEF

United Nations Commission on Human security, 2005, *Human security report*, War and peace in the 21st century, Canada, Oxford University press,

Ury, W., Brett, J. and Goldberg, S., 1988, Getting disputes resolved, San Francisco, Jossey Bass, 3-29

Wellensteen, P., 2002, *Understanding conflict resolution, War, Peace and the global system*, 2nd ed, Sage publication.

Wilmott, W. W. and Hocker, J. L., 1998, Perspectives on conflict: framing effects. In *Interpersonal Conflict*, McGraw Hill, USA

World Health Organisation, 2009, Faith based organisations play a major role in HIV/AIDS care and treatment in Southern Africa, Geneva, *WHO*

World Council of Churches study document, 2004. *Facing AIDS, the challenge, the churches' response*, Geneva, WCC publications,

Whetten, K., Reif, S., Whetten, R., and Murphy, K.L., 2008, Psychosocial influences, *Centre for health, policy, law and management*, Durham, Duke University,

Zimbabwe Human Development report, 2003, Redirecting our responses to HIV/AIDS, towards reducing vulnerability –the ultimate war for survival, *University of Zimbabwe,* ISBN 0-7974-2790-2*,* Graphtec communications.

APPENDIX 1

<div align="center">

University Of KwaZulu-Natal

School of Economics & Finance

M Com Research Project

Researcher: Sikhulekile Faith Moyo 091 3 064 800

Supervisor: Sylvia Kaye 27 31 260 1417

Research Office: Ms P Ximba 031-2603587

</div>

I, Sikhulekile Faith Moyo, am an M.Com student in the School of Economics & Finance, at the University of KwaZulu-Natal. You are invited to participate in a research project entitled 'Christian organisation effectiveness in resolving HIV/AIDS related conflicts: a case of Faith-based organisations in Bulawayo-Zimbabwe.
The aim of this study is to determine how Christian AIDS organisations respond to HIV/AIDS related in Bulawayo.
Through your participation in a focus group/interview, I hope to understand the causes of HIV/ AIDS related conflicts identify the relationship between conflict and HIV/AIDS including the response of organisations to these conflicts. The results of the focus group discussion, together with some interviews, are intended to contribute to this understanding.
Your participation in this project is voluntary. You may refuse to participate or withdraw from the project at any time with no negative consequence. There will be no monetary gain from participating in this focus group. Confidentiality and anonymity of records identifying you as a participant will be maintained by the School of Economics & Finance, UKZN. However, as this is a participation in a focus group, please be aware that I cannot assure that other focus group members will retain confidentiality.
If you have any questions or concerns about participating in this study, please contact me or my supervisor at the numbers listed above.
The focus group discussion should take you about one hour to complete. I hope you will take the time to participate in the focus group

Sincerely

Investigator's signature_____

Date_____

APPENDIX 2

<div align="center">

University Of KwaZulu-Natal

School of Economics & Finance

M Com Research Project

Researcher: Sikhulekile Faith Moyo 091 3 064 800

Supervisor: Sylvia Kaye 27 31 260 1417

Research Office: Ms P Ximba 031-2603587

</div>

CONSENT

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

_____   _____

Signature of Participant   Date

APPENDIX 3

<u>**UNIVERSITY OF KWAZULU NATAL –Interview Questions**</u>

<u>**Researcher:**</u> **Sikhulekile Faith Moyo**

<u>**Research topic:**</u> **Christian organisation effectiveness in resolving HIV/AIDS related conflicts: a case of Faith-based organisations in Bulawayo**

<u>**Interview guide: organisations**</u>

Name (optional) _____Sex:_____

Marital status (optional)   _____

Position:_____

1. Can you give a brief outline of the organisation and its activities?
2. What are the religious principles informing the operations of the organisation?
3. What is the purpose of using these principles and how is prevention to be achieved?
4. How do these principles affect other HIV/AIDS intervention methods
5. Are you aware of HIV/AIDS related conflicts that PLWA face? Probe detail of the   conflicts.
6. How have you handled them and why do you think it is necessary to deal with them?
7. If you have never handled them what is the reason for neglecting them?
8. What makes your intervention approach different from that of the secular organisations?
9. What do you think is the best approach to HIV/AIDS intervention and why do you say so?

APPENDIX 4

UNIVERSITY OF KWAZULU NATAL –Interview Questions

Researcher: Sikhulekile Faith Moyo

Research topic: Christian organisation effectiveness in resolving HIV/AIDS related conflicts: a case of Faith-based organisations in Bulawayo

 Interview guide: Support group supervisors

Name (optional) _____Sex:_____

Marital status (optional)   _____

Position:_____   No. of support groups:_____

1. Give detail of the HIV/AIDS conflicts that you are aware of or that you have handled or experienced

2. Name the ones prevalent in Bulawayo- Zimbabwe?

3. Is anything being done about these conflicts? If not why and if yes why?

4. Do you think it is necessary to deal with these conflicts as part of HIV/AIDS intervention and why?

5. What do you think about the Christian AIDS organisation intervention programmes?

6. How can intervention methods of FBO's be improved?

APPENDIX 5

Researcher: Sikhulekile Faith Moyo

Research topic: Christian organisation effectiveness in resolving HIV/AIDS related conflicts: a case of Faith-based organisations in Bulawayo

 Interview guide: focus group

Marital status (optional)   _____

1. Who is at risk of contracting the virus?
2. Can HIV/AIDS be prevented?
3. What are the challenges that you face after knowing your status? Probe on the financial, social and economic decline of the nation. These are sometimes referred too as negative impacts of the disease
4. What are the main problems that PLWA face?
5. Are you aware of the term conflict?

- Probe on their understanding of this term
- Probe whether they have experienced conflicts before and if these were different after testing positive
- Probe on the kind of conflicts that they have experienced after testing positive/ revealing their status

6. Was there anything done about these conflicts?

  - Probe on whether they were resolved or not
  - How do they feel about conflicts that were never resolved or that they failed to resolve?

7. Do you think it is necessary to deal with these conflicts? Probe on why?
8. Did any organisation assist you in resolving these conflicts?
9. Do you think organisation should help resolve these conflicts? Give reason