Gender and HIV/AIDS: Examining HIV/AIDS communication among black students in heterosexual relationships at the University of KwaZulu-Natal, Howard College Campus

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Dedication

This work is dedicated to my grandparents Mzee Chibwana Kwonewa and Bibi Bora Saidi. The foundation you laid inspired me to handle pressure towards achieving whatever I purposed to do. You achieved far more than others of your generation; way beyond what many of your counterparts would not even dare. Without you, I am no one!

Acknowledgments

Abstract

HIV/AIDS is a prominent health concern internationally. This pandemic continues to be a major disaster throughout Africa. South Africa is among the nations with extremely high rates of people living with the Human Immunodeficiency Virus (HIV). Higher education learners in South Africa constitute a large portion of people affected by HIV. By 2010, Higher Education HIV/AIDS [HEAIDS] estimated that one in four students in South Africa is infected with HIV.

Overall prevalence of HIV among University of KwaZulu-Natal (UKZN) students is 2.4 percent (Higher Education and HIV/AIDS – HEAIDS, 2008; 2010). Current statistics also show that in South Africa, 18.8 percent of the youth are sexually active, including university students aged between 15 and 49 are living with HIV (Human Sciences Research Council – HSRC, 2014). This indicates how serious the HIV epidemic is in the country in general, and in the education sector in particular.

This study presents findings from research conducted at the Durban-based UKZN, Howard College Campus, on March 2015. Based on qualitative research methods, the essential objective of this study is to explore gender relations among black students of African ancestry in heterosexual relationships, in relation to HIV/AIDS communication. Specifically, the study endeavours to establish whether students in heterosexual relationships communicate about HIV/AIDS, in relation with the existing gender relations.

Sixteen UKZN black students, eight female and eight male, formed the sample of the study. The study is informed by three different, but related theories, namely interpersonal communication, social constructionism, and feminist post-structuralism. Semi-structured one-on-one interviews and focus group discussion were used for data collection. The data were thematically analysed and discussed. Results indicate the majority of students 87.5 percent interviewed communicate about HIV/AIDS among themselves. Only a few communicated 33 percent in a gender sensitive way, while the majority 55.5 percent students' communication system is gendered.

The study found that lack of communication, and the existence of this gendered communication among heterosexual partners may put partners at risk of HIV/AIDS infection. The study also shows that there is little understanding on the gender concept and what it

constitutes. This suggests that enough knowledge on gender and HIV/AIDS communication is based on gender equality among students in heterosexual relationships, is an imperative stimulus on HIV/AIDS preventive practices.

Key words: HIV/AIDS, communication, gender, heterosexual relationships, University of KwaZulu-Natal black students, safer sex.

Declaration of plagiarism

I, Latifa V. Njawala declare that:

- This research is my original work.

- This dissertation has not been submitted for any degree or examination at any other university.

- The dissertation does not contain other persons' data, pictures, graphs or other information unless specifically acknowledged.

LATIFA VENANT NJAWALA

_____   <u>15th March 2016</u>

         Signature   Date

Declaration by Supervisor

I hereby declare that I acted as supervisor for this MSS student:

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Dr. Gabisile Mkhize Date

Acronyms

ABC	Abstain, Be Faithful & Condomise
ACU	Association of Commonwealth Universities
AIDS	Acquired Immune Deficiency Syndrome
ARV's	Anti-retroviral
GAF	Gender AIDS Forum
GAP	Global AIDS Program
HEAIDS	Higher Education HIV and AIDS Programme
HEIs	Higher Education Institution
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
PEPFAR	President's Emergency Plan for AIDS Relief
StatsSA	Statistics South Africa
STI's	Sexually Transmitted Infections
UCT	University of Cape Town
UKZN	University of KwaZulu-Natal
UNAIDS	United National Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

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CHAPTER ONE
GENERAL INTRODUCTION

1.1 Introduction

HIV/AIDS is one of the most devastating diseases on the globe. Many families all over the world have been affected, losing their loved ones to HIV/AIDS. It is estimated that over 78 million people have been infected with HIV, while 39 million have died (UNAIDS, 2014). Further reports indicate that globally, 35 million individuals were HIV positive, of which about 1.5 million are estimated to have died from AIDS in 2013 alone. Of these deaths, 1.1 million were recorded in Africa (World Health Organisation-WHO, 2014).

In the same year, an estimate of more than two million people globally were infected with the HIV for the first time, fifteen percent less as compared to 2.5 million who acquired the virus in 2009 (WHO, 2014). While this indicates that infections and AIDS-related deaths are declining, this must not be a reason for complacency. The infection rate and AIDS related deaths have merely declined, but not totally ended. Despite all the gains made in "preventing new infections, sub-Saharan Africa remains severely affected with nearly one in every twenty five adults (4.4 percent) living with HIV/AIDS" (UNAIDS, 2013:30). This suggests there is need to continue researching on how to end this epidemic. The study aims to critically examine the role of communication among students in heterosexual relationships about HIV/AIDS prevention and constructing gender equality relationships.

This introductory chapter provides the background to the study on HIV/AIDS and how women and men are differently affected by the epidemic. The chapter is organized into nine sections, which provide a synopsis of the HIV/AIDS disease, as well as outlining the focus and background of the study. Last but not least the chapter offers a summary the research problem, objectives, study settings, significance and justifications of the study. Furthermore, the chapter elucidates the structure of the dissertation, defines terms used in the study and a conclusion of the chapter.

1.2 Background to the study: Problem outline

The African continent is characterised by a high HIV/AIDS prevalence rate, with a total of percent of the persons tested HIV/AIDS positive are located in the region south of Saharan Africa (UNAIDS, 2014). HIV/AIDS has therefore become "the most threatening challenge

facing the African continent as it causes deaths and orphanages" (Leclerc-Madlala, 2008:1). It also has a "relentless impact on households, the health sector, the education sector, the workplace and the world of business. It reduces life expectancy and constrains economic development" (HEAIDS, 2010:10).

Of great concern to this study is the fact that gender inequalities that exist in many heterosexual relationships create an imbalance of power; a situation that increases HIV/AIDS risk among partners since "power determines whose pleasure is given priority and when, how, and with whom sex takes place" (Gupta, 2000:2). This makes it difficult for those who are powerless to decide what they want when it comes to the issue of sex. For instance, it becomes difficult for partners to negotiate safer sex. Hence, most end up engaging in unsafe and non-negotiable heterosexual intercourse, which may lead to HIV infection.

Women comprise a higher number than their male counterparts due to gender inequality, alongside women being more prone to HIV-infection than men; a fact widely acknowledged in HIV/AIDS literature. UNAIDS (2014:7) noted that fifty nine percent of "women in sub-Saharan Africa are living with HIV/AIDS". The report further indicates that "almost 1000 young women are newly infected with HIV every day; rates that are twice as high among young men in sub-Saharan Africa" (UNAIDS, 2014:7). Mainly, the above is attributed to gender inequality existing between heterosexual partners. Mbugua (2000:5) posits: "there is a perception in many cultures that a woman's sexuality is owned not by the woman herself but by other male members of the family."

This view is also shared by other scholars such as Foreman (2010:10) who argues that "women are still seen as second-class citizens by many men, and in a few countries they still do not have full legal rights." It is further maintained that in such contexts, "women are often seen as property to be bought in marriage and thrown out of the house when no longer needed" (Foreman, 2010:10). Hence even the communication among partners unfolds within the existing power relation, is top down by nature. Unfortunately, that is not happening in many of the relationships; a situation creating difficulties, especially among women negotiating safer sex. As discussed below, South Africa bears the inordinate share of the sub-Saharan African epidemic described in the foregoing.

South Africa is among the worst affected country globally in terms of the number of individuals who are HIV positive. The GAP report provided by UNAIDS in 2014 reveals that in 2013 South Africa had eighteen percent of people living with HIV and sixteen percent of people who were newly infected. Research conducted by the Human Sciences Research Council (HSRC, 2014) found that among all South African provinces, KwaZulu-Natal [KZN] Province had the highest HIV/AIDS infection rate, with a prevalence of 16.9 percent (HSRC, 2014).

Reflecting on the higher rate of the HIV/AIDS infection in the province, Dr. Sibongeni Dlomo, the KwaZulu-Natal Member of the Executive Council [MEC] for Health had this to note "…for South Africa to turn the tide on HIV and related deaths, KwaZulu-Natal must do even more because it is where the epicentre of the HIV burden is" (Mulqueeny, 2013:103). The HSRC statistics and Dlomo's suggestions highlight the seriousness of the epidemic in the province. University students in South Africa are among different groups that are strongly affected by HIV/AIDS. According to estimation made by HEAIDS, in 2010 one in four learners in South Africa was HIV positive.

The UKZN students, also situated within KZN, are no exception. HEAIDS (2008; 2010) established that during the same period the prevalence rate among UKZN students stood at "2.4 percent while 17-24 percent of the students were at risk of HIV infection" (HEAIDS, 2010: 57). Among HIV-affected black students were worst affected, with a total of 4.5 percent compared to other races such as Whites and Indians who jointly have a minute percentage of only 0.5 (HEAIDS, 2008; 2010). This indicates how HIV/AIDS is a massive problem to South African students in higher education institutions, especially blacks of African descent. Even if there were no recent statistics on HIV/AIDS infection rate among university students (at the time of my study); the HIV/AIDS rate of 18.8 percent among South African reproductive age from 15-49 (HSRC, 2014) points to how serious a threat the epidemic still remains. A large proportion of university students are within at-risk age group, hence among those most susceptible to the virus.

To mitigate the continuous effects, infection and reinfection of the HIV/AIDS disease among South African university students and the general public, numerous studies have been conducted. Among them is the study by Mwamwenda (2013) on students' knowledge of

HIV/AIDS and knowledge transfer. The purpose of Mwamwenda's study was to explore the level of awareness among the students in African higher learning institutions on how HIV is transmitted, infected and can be prevented, as well as the impact it has on the sexual behavioural change. Research results indicated that students have enough knowledge to impact their sexual behaviour. The study concluded misconceptions on HIV/AIDS still exist; which calls for further interventions.

In another study, Gobind & Ukpere (2014) established the benefit of evaluating HIV/AIDS programmes within South African universities. The findings of the study point to the programmes which did not consider peoples' needs in terms of class and socio-economic differences, plus its effects on HIV/AIDS. The message, however, excluded some of the above groups. Hence the conclusion there was need for evaluating HIV/AIDS programme to determine the effectiveness of the particular programme.

Muntita, *et al*., (2014) conducted research investigating students' risky sexual behavior at UKZN, aimed at exploring dominant students' sexual behaviors leading to HIV/AIDS. The study found that multiple and concurrent sexual partnerships, unprotected sex, transactional sexual relationships, age-disparate sexual relationships, open sexual relationships, are among the risk sexual behaviors students engage in on campuses. Other factors are alcohol abuse, age, marital status, and gender. The researchers concluded that the information on the effects of those hazardous sexual behaviors must be effectively addressed since the current information seems inadequate.

Furthermore, Twaise *et al*. (2014) conducted research on HIV/AIDS prevalence, knowledge, attitude, perception and behavior among students at Walter Sisulu University (WSU) in South Africa. The objective was to determine whether introduced HIV interventions associated with changed knowledge, attitudes, perceptions and beliefs of WSU students. Promising knowledge, inconsistent condom use, especially when the relationships are perceived as long and stable, as well homosexual practices among students, are among study findings. The study concluded there was need to incorporate HIV/AIDS in the university curriculum to create better awareness of high-risk practices among students (Twaise *et al*., 2014).

Social constructionism associated with 'being faithful' among university students and its implications for their reception of partner-fidelity messages is another study among university students conducted by Mulwo, Tomaselli & Dalrymple in 2009. The goal of the study was to examine the notion of social constructionism of being faithful, as presented in university students' responses to messages encouraging partner fidelity, and sexual practices, particularly concurrent and multiple sexual relationships. The study found that the socially constructed meaning of "being faithful", as a commitment towards matrimonial relationships mainly influenced individual's engagement in multiple and concurrent sexual relationships. Hence, the study called for the improvement of social communication programmes where socially created meanings, beliefs and values could be renegotiated.

As a result, various strategies on preventing HIV/AIDS infection and transmission have been suggested by different actors; among them is communication. According to McPheat (2010:8)**,** the term communication refers to "an art and process of creating and sharing meaning." This implies communication is a dual process of building and exchanging ideas, information and feelings among partners. Hence, communication is important in bringing social change because the meaning of communication itself allows discussions, collective decision and actions. Consequently, "people learn more when they actively participate in conversation than when they passively absorb information from others" (McKee *et al.,* 2004:40).

Thus, to believe the decision made through involvement of the partners in the particular, matters in this study, heterosexual partners are essential and can bring a desirable outcome compared to one-sided decision. The existing communication in most of the heterosexual relationships lacks this element of sharing as a two-way process (Forman, 2010). Their communication is not in the form of a two–way process but rather, one way; and often a man is the one that generate ideas, feelings and information who then imposes them on his female partner. Hence, the need to bring difficulties faced by women to voice what they feel, or prevention of harmful behaviours such as partner unfaithfulness, or men's denial in negotiating safer sex. This results into women's vulnerability to HIV/AIDS.

Nonetheless, most studies and strategies focused on sexual risk behaviours, condom use and students' perceptions on HIV/AIDS, HIV prevalence, knowledge, attitude, perception and behavior among students. Such studies have also highlighted students' knowledge of HIV/AIDS prevention, alongside knowledge transfer, development and health communication. It is on the belief that education based on sexual risky behaviours, forms groundwork towards changes in society. Most researchers focused on education programmes on consistent condom use, abstinence, being faithful, regularly testing and alcohol consuming; to provide a good basis for understanding and mitigating hazardous sexual practices and factors that make students susceptible to HIV infection. Even the studies that touched importance of communication in HIV/AIDS prevention, such as (Dutta, 2011; Gerace & Lazaro, 2006; Govender, 2011; Moodley, 2012; & Servaes & Malikhao, 2005) were not specifically designed for students in heterosexual relationships, but rather, on all students whether in heterosexual or homosexual relationships. Likewise, the studies did not address the issue of gender in communication among heterosexuals in specific ways other than mentioning it along with other factors.

However, until now the harmful sexual behaviours' education dissemination approach has apparently yielded little and unsustainable success on reduction of new HIV/AIDS infections among South Africa youth. The context of these students also needs to be studied. For instance, HEAIDS (2008) reveals that many students interviewed indicated they possessed enough related knowledge. Black students in heterosexual relationships were identified and selected on the basis that risky heterosexual contact is the primary factor for HIV infection among 68 percent university students affected (HEAIDS, 2010; Mutinta *et al.,* 2013). Such measures poses a new challenge towards reframing new approaches for mitigating new HIV/AIDS infections among black students, focusing on heterosexual relationships as less researched area.

1.3 Research objectives, questions and main themes of the study

The main objective of this study was to explore the nature and extent of HIV/AIDS communication among UKZN black students [1] in heterosexual relationships towards promoting gender equality among couples.

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[1] I.e., particularly from African descent within South Africa and elsewhere in Africa.

The study set out to find whether or not UKZN students in heterosexual relationships communicate on HIV/AIDS issues such as safer sex, abstinence, being faithful, condomising and regularly checking. This approach was undergirded by whether the nature of communication was gendered. Hence, the specific objectives and main themes in this research were to:

- Explore the scope and nature of HIV/AIDS communication between black students in heterosexual relationships;

- Investigate gender hierarchies in HIV/AIDS communication between black students in heterosexual relationships;

- Examine factors that hinder or promote HIV/AIDS communication among heterosexuals; and

- Examine ways to encourage HIV/AIDS communication among black students in heterosexual relationships.

The research objectives therefore were achieved by eliciting views of black students in heterosexual relationships, geared towards understanding the following key research questions:

1. What is the nature and scope of HIV/AIDS communication among black students in heterosexual relationships?
2. Are there any gender hierarchies in their communication?
3. What are the factors that hinder or promote HIV/AIDS communication between black students in heterosexual relationships?
4. How can the UKZN black students in heterosexual relationships be empowered to engage in HIV/AIDS communication based on gender equality?

Establishing both the nature and extent of the HIV/AIDS communication is intended to find ways in which communication can be improved to help prevent the transmission of HIV, but also bridging the gender gap and break the silence. It has already been pointed out in the preceding sections that the imbalanced power relations which in heterosexual relationships often follow the contours of gender, increases vulnerability of women to the risk of HIV/AIDS. Vulnerability is compounded by the fact that communication among partners unfolds within existing power relations, which more often than not are top down. Female

partners thus not only often find it difficult to negotiate safer sex, but end up being involved in unsafe heterosexual intercourse which in most cases leads to HIV infection. The study reported in this dissertation thus has a social utility value whose significance for addressing the HIV epidemic is described below.

1.4 Study settings

As it has been established in this study's background, many African countries, especially south of the Sahara, have the highest number of victims of the HIV/AIDS epidemic globally. However, until now the solution, whether medical or social, to mitigate this infirmity is yet to be found. This study therefore focussed on investigating the existence, nature and the role of communication in curbing a further spread of HIV/AIDS epidemic among UKZN black students. The report by HEAIDS (2010) indicates that UKZN black students are within the group of most affected people in South Africa. Both the processes of the study and compilation of resources took place in South Africa.

UKZN is located in the KwaZulu-Natal Province, one of the nine provinces forming the Republic of South Africa. The UKZN was formed in 2004 following a merger of the University of Natal and the University of Durban-Westville. UKZN has five campuses that include Howard College, Westville, Pietermaritzburg, Edgewood, and the Nelson Mandela Medical School. It is a multicultural and a multiracial academic institution (Muntita *et al.,* 2013). The site was preferred for accessibility of the researcher to enter the vicinity and access and recruit research participants by virtue of being a student herself.

In addition, since this research counts only 50 percent of my MA study, I could not secure or be granted any research funds to conduct research off-campus. Moreover, my MA education comprised half coursework, I could not have had enough time to undertake course while travelling to the research field. Based on all these considerations, Howard College Campus became more convenient to me as a student in this campus.

Figure 1.1: University of Kwazulu-Natal-five campuses structure
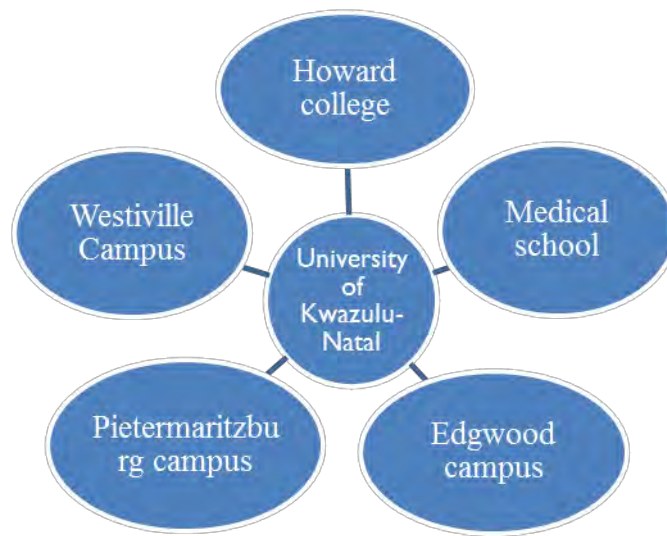
Figure 1.2: University of KwaZulu-Natal according to races
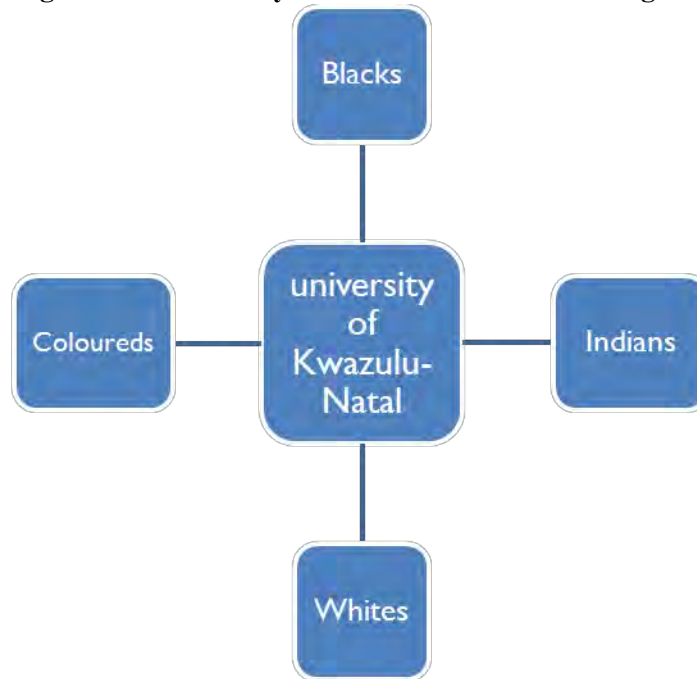
Figure 1.3: Front faces of the two emblematic buildings of the UKZN's Howard College campus, in Durban where the research took place

1. Howard College building   **2. Memorial Tower Building (MTB)**

1.5 Significance and justification of the study

Communication about HIV/AIDS in relation to gender among black students is the part that the previous researchers did not review thoroughly. This research study provides information that has potential to shed light on the issues of equal involvement in HIV/AIDS communication among heterosexual partners. This information is particularly important in that it provides new and better understanding of HIV/AIDS. Recommendations on how communication based on gender equality among heterosexuals would be crucial towards preventing HIV infection and reinfection of partners.

In addition, the study acts as a roadmap for health practitioners and counsellors, who are working on students and general public HIV/AIDS campaigns, gatherings, open discussions and seminars; government and Non-Governmental Organizations (NGO's) policies; all aimed at fighting HIV epidemic, and gender inequality in South Africa. The study's application is also potentially useful among other university departments such as Gender Studies, Anthropology, Sociology, Social Work and Psychology.

1.6 Structure of the dissertation

This dissertation consists of a total of six chapters, following the basic dissertation format comprising: Introduction, literature review, theoretical framework, research methodology, presentation, discussion of findings, and conclusion. This structure allows for not only a comprehensive interrogation of the notion of HIV/AIDS communication among heterosexual

partners within its theoretical context but also the presentation and discussion of findings in a manner that conforms to the normative structure of an academic dissertation. Each chapter opens with an introduction that outlines the objective. The dissertation follows a basic dissertation structure with self-explanatory titles that renders the task unnecessary, not mentioning constraints encountered through word limitation provided for the dissertation.

1.7 Definition of terms

Throughout this dissertation, significant terms whose meaning – depending on the context – may vary and therefore need clarification on proper context and meanings of the terms.

Gender equality-based Communication: is a communication where individuals of both sexes ensure equal participation in the sharing of information, ideas, beliefs, knowledge and collective decision making.

Gender inequality-based Communication: refers to communication that is lop-sided through favouring either males or females.

HIV/AIDS communication: refers to communicating about causes, symptoms, preventions and effects of HIV and AIDS.

Heterosexual relationship: denotes to the sexual relationships between male and female

Institutions of Higher Learning: is a tertiary institution such as a college or university

Gender   is used as a socially constructed concept referring to roles, behaviours and activities performed by a particular person in the society.

Safer sex   From a gendered perspective, safer sex entails the following: sex that does not entail coercion by a man or woman; gentle sex; protecting the sexual partner from sexually transmitted diseases, such as HIV; avoiding multiple sex partners

Black students   refers to the blacks students of African descent within South Africa and elsewhere in Africa.

Howard College   is one of the UKZN campuses

HIV   refers to human immune virus;

AIDS   refers to acquired immune deficiency syndrome. Thus HIV/AIDS combined is used to refer to the weakened immune condition caused by the human immune virus.

1.8 Conclusion

This chapter has laid foundation on which the entire project is built. It has provided background information on the subject matter under study and important research aspects. The chapter was organised into eight sections which address these issues. The next chapter analyses literature on the HIV/AIDS epidemic with relation to prevalence among students in institutions of higher learning. It also reviews various works in communication, gender and how lack of communication and the existence of gender inequality in heterosexual relationships may lead to HIV infection. It mostly focuses on the consideration of the role of HIV/AIDS communication among university students.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This chapter reviews a variety of literature on the HIV/AIDS pandemic and the role of communication in mitigating HIV/AIDS prevalence among students at institutions of higher learning in South Africa. The focus is mainly on the exploration of the role of HIV/AIDS communication among university students. This review of relevant literature also includes studies on the question of gender inequality and its effects on the HIV/AIDS epidemic, particularly among black students in heterosexual relationships. HIV/AIDS communication in the context of this study can be understood as discussing in HIV/AIDS including condom use, safer sex negotiation, HIV testing and counselling, abstinence, and being faithful in monogamous relationships.

The chapter has eight sections. Section one introduces the chapter while section two discusses the HIV/AIDS epidemic among South Africa's youth. Section three highlights the HIV/AIDS pandemic among students at institutions of higher learning in South Africa, while section four presents factors responsible for HIV/AIDS prevalence among this target group. Section five outlines botched responses to the HIV/AIDS epidemic in South Africa, while section six covers the interrelation of gender and HIV/AIDS communication in heterosexual relationships. Sections seven and eight are concerned with communication as a way of HIV/AIDS prevention, and a summary of the chapter.

2.2 An overview of HIV/AIDS and its effects in institutions of higher learning

Apart from poverty and alcohol, the HIV/AIDS epidemic is among the serious challenges affecting students at universities worldwide. UNAIDS (2013) estimated that 0.8 percent of the 15 to 49 years population; 4 million young people from 15 to 24 are living with HIV/AIDS globally. Undoubtedly, a large number of students around the world fall in this age group. The epidemic has become nothing but a threat to health, life, and future of some students' dreams. Gobind & Ukpere (2014) argue that HIV/AIDS is a threat to students' development, which is considered as a source of future skills and knowledge. After an HIV/AIDS diagnosis, some students decide to commit suicide, or drop out of university.

Students' sexual lives in most cases have been surrounded by fear of being infected particularly when safer sex is not practised. In her work *My HIV/AIDS journey as a woman of*

colour in South Africa, Mulqueeny (2013) indicates how people living with HIV/AIDS are discriminated against, and stigmatised. She shares the story of the 38-year-old AIDS-stricken man who was discriminated against, who explained: "I'm left all alone, I have no money or medication, I'm no good, I am not worthy, no one cares about me, no one loves me, I should just die" (Mulqueeny, 2013:62). Mulqueeny & Kasiram (2013) share the same story when they quote one of their research participants who revealed that:

> I experienced stigma from a guy that ran away when I told him I was HIV-positive. When we were making out and he did not have a problem but as soon as I told him my status, then he wanted to go and get condoms and never came back and didn't answers my calls (Mulqueeny & Kasiram 2013:358).

Another participant re-joined:

> We have not disclosed our status to my partner's family because they are negative about HIV- positive people. So we just sit there and listen when they talk about HIV-positive people and think to ourselves if that's what they think about others, can you imagine what they will say and do to us (Mulqueeny & Kasiram 2013:358).

The two stories from people living with HIV/AIDS who experienced discrimination and stigmatisation by closest friends, partners and relatives display how HIV/AIDS is still a threat to many people.

It is under these circumstances that Saint (2004) posits that HIV/AIDS has an impact on social, economic, and psychological prosperity. The discrimination and stigmatisation does not end by being isolated, discriminated against, and stigmatised by the closest people of the HIV-infected individual, but also the government rules and policies over the people living with HIV/AIDS in different countries. Among others is the restriction from entering; staying or residing in some countries (UNAIDS, 2013). According to UNAIDS (2013), a total of 43 countries in various regions globally have imposed this rule. Therefore, even if individuals who are HIV/AIDS positive may be eager to go to those countries it is clear that their dream will be shuttered because of their HIV or AIDS status. The two conditions hampering the progress of young people who are often described as the future of the nation.

Another form of discrimination towards HIV-positive individuals is the introduction of quarantine policies for the seropositive, which is essentially isolating people with HIV/AIDS. Cuba was the first country to quarantine seropositive people in the 1980s (Iliffe, 2006). This policy was introduced in Cuba as a response to the HIV/AIDS epidemic in which the Cuban government decided to diagnosis all Cubans in the country (Johnston, 1992; Perez-Stable, 1991). According to Johnston (1992), the policy compelled anyone diagnosed HIV positive or living with AIDS to move to Finca Los Cocos, a rural village and formal estate and sanitarian located outside of Havana.

Cuba's policy yielded some advantages to the country's struggle against HIV/AIDS. Among others, the policy helped to minimise the spread of the virus as all individuals with harbour in were isolated, it promoted behaviour change as people feared to be sent at Finca Los Cocos, and it also helped to identify other ways of preventing the epidemic (Perez-Stable, 1991). Despite bringing some positive results, the quarantine policy was severely criticised for being discriminative to the people with HIV and AIDS. This is because the policy violated human rights as they are isolated, and their movements were restricted within their own country (Perez-Stable, 1991). Hence, the individuals lacked the freedom of movement and could not work in places they would have wanted to.

The people living with HIV/AIDS in South Africa have also experienced discrimination and stigmatisation from the society as well as the government. In his work *Side effects,* Lesley Lawson (2008) shares the story of South African's first AIDS martyr, Gugu Dlamini from Kwamashu –KZN. According to Lawson, Dlamini was stoned to death after revealing her HIV positive status on World AIDS day in 1998. Lawson further narrates that the case of Dlamini's death was prolonged, delayed and continuously postponed to the point where the police, the media, the activists and the lawyers were all tired of the whole matter regardless of her killers being identified and the she never got justice for her death. The story by Mulqueeny, the quarantine Cuban policy and the story of Gugu Dlamini all demonstrate how HIV/AIDS affects people in various situations. The following section explores the state of the HIV/AIDS epidemic among students in South African universities.

2.3 South Africa and HIV/AIDS among students at higher learning institutions

In spite of efforts by various sectors such as the South African government; President's Emergency Plan for AIDS Relief (PEPFAR), HEAIDS, Higher Education Institution HEIs), The Association of Commonwealth Universities (ACU) has the biggest antiretroviral therapy programme (ARV's) to mitigate the spread of the HIV/AIDS pandemic among youth of South Africa, the permanent solution to the pandemic is yet to be found. Although recent studies on HIV/AIDS such as the one conducted by UNAIDS (2014) showing a decline in HIV incidence and AIDS related deaths, it does not mean that HIV/AIDS it is not a threat anymore. The virus remains to be a big threat and dangerous to everyone particularly the youth in South Africa (HSRC, 2014).

However, because of the large number of people living with HIV/AIDS in South Africa, progress may appear as not encouraging enough. According to UNAIDS (2013) South Africa is among the African countries where in recent years there has been an increase of risky sexual behaviours. As a result, 6.1 million South Africans are infected with HIV, with 370,000 new infections in 2012 alone (UNAIDS, 2013). HIV/AIDS therefore transcends beyond being only a health crisis to include social systems, leaving no sector unaffected (HEAIDS, 2008; 2010).

University students are among the most HIV/AIDS affected groups in South Africa. The prevalence ranges between 2.0-3.4 percentages for male students and 4.7 percent for female students (HEAIDS, 2010) across the provinces. HEAIDS (2010) further estimated that, one in four students in South Africa is infected with HIV and the rates were expected to steadily increase by seven percent, especially among females. The HIV/AIDs prevalence among students in South Africa by province is summarized in the following Table 2.1 below.

Table 2.1 Provincial HIV/AIDS prevalence as per (HEAIDS, 2010:26)

S/N	Province name	Overall (%)	Female (%)	Male (%)
1.	Western Cape	1.1	1.5	0.6
2.	Eastern Cape	6.4	9.1	3.1
3.	Free State	5.3	6.4	4.1
4.	Gauteng	2.2	3.1	1.1
5.	North West	2.2	3.1	1.1
6.	Limpopo	2.2	3.1	1.1
7.	KwaZulu-Natal	3.4	4.7	3.4

HIV/AIDS Institutional co-ordination Unit (HAICU, 2010) estimated that at the University of Cape Town, the number of students who tested HIV/AIDS positive was only thirty. At UKZN the overall HIV/AIDS prevalence among UKZN students stands at 2.4 percent (HEAIDS, 2008). Black African students are mostly affected (4.5 percent) compared to only 0.5 percent among other races—whites, Indians, and coloured (HEAIDS, 2008). The issue of black African students being the most affected by HIV/AIDS virus is not only in South Africa, but is also prevalent even in America. According to research conducted by El Bcheraoui, Sutton, Hardnett & Jones in 2013 on *Patterns of condom use among students at historically Black colleges and universities* revealed that 61 percent of black African students aged 20-24 tested HIV/AIDS positive (Charbel *et al*., 2013).

Surprisingly, this high infection rate happens while the significant amount of research admits that the majority of university students have substantial knowledge on HIV/AIDS. In terms of comparisons based on sex; female students are more knowledgeable than their male counterparts on HIV/AIDS issues, yet as the research exhibits, they are the most affected by this pandemic (HEAIDS, 2012; Mwamwenda, 2013). A review of relevant literature shows a high level of vulnerability to HIV/AIDS among South African university students including UKZN's black student population. This picture calls for more research on students with relation to HIV/AIDS. The question is what are the causes of students' vulnerability to HIV/AIDS? The following paragraph answers this question.

2.4 Why HIV/AIDS prevalence among university students in South Africa

There are various drivers responsible for the continued spread, infection and reinfection of HIV/AIDS among university students. Among others is that the large number of students of higher learning are between the ages of 16-30 years the age which considered as the highest risk of HIV infection (Mulwo *et al.,* 2009). It is maintained that at this particular age, people are characteristically sexually active and compounded with much freedom (Mulwo *et al.*, 2009).Therefore the risk of engaging in risky behaviour is high (Mulwo *et al.,* 2009). Ergene, Figen, Aygen & Ünal (2005) share the same views with Saint (2004) & Mulwo *et al.,* (2009) when they note that many students become more sexually active as they move to urban settings.

Away from their families, they enter a developmental phase during which sexual experimentation and risk taking practices seem appealing. This was supported by Saint (2004:6) who argues that at university "students are brought together in a close physical proximity with no systematic supervision while a large number of them are at their young adulthood and peak years of sexual activity and experimentation". This results into most students to engage in hazardous and un-healthy sexual behaviors that Saint considers as a result of alcohol and perhaps drugs, along with poverty therefore to fuel the HIV transmission among students (Saint, 2004).

Clarifying the same issue UNAIDS (2009) in Gupta (2000) explains that most students enter universities in their late teens or early adulthood, a phase of development when intimate interpersonal relationships are formed and sexual experimentation takes place. Pointing out the students' freedom when they are in higher learning institutions, Phaswana-Mafuya & Peltzer (2005) maintain that students' freedom on university campuses may be the reason for the continuous spread of HIV. When most students go to universities or colleges, they tend to be free from parents, relatives, guardians or siblings who used to restrict their behaviours and actions as well as overseeing forms of relationships.

Therefore most students see this befallen freedom as an opportunity to do all the things which they could not be able to do when they were at home. Correspondingly, some students come from rural areas where many things which they may encounter in towns and cities, where majority colleges and universities are located were not available. Hence they find everything

they see in town new and want to experiment without knowing that some things would cost their lives. Therefore, the statement by Twaise *et al.*, (2014) that among people who engage in HIV susceptible behaviours in sub-Saharan region are university students is validated. (HEAIDS, 2010; Mutinta *et al.,* 2013). For instance, it is noted that students in long and steady relationships do not use condom regularly (Twaise *et al.*, 2014). The assumption is that condom or safer sex negotiation is only for temporary relationship or one night stand sex.

2.5 Preventing HIV/AIDS in South Africa

In dealing with high infection rates and the spread of HIV/AIDS in South Africa, many preventive ways have been introduced and implemented. These include the establishment of HIV/AIDS units on university campuses, introduction of soap operas and HIV/AIDS communication programmes based on entertainment education (EE) *such as Intersexions, Soul City, Takalani sesame, Khomanani and Siyagingoba Beat it!*. Others are *television and radio advertisements, posters, the ABC approach, peer education in schools and academies, as well as male circumcision.* The country also introduced antiretroviral medications to people living with HIV/AIDS. Antiretroviral (ARV's) medications "are group of drugs that inhabit different steps in the HIV replication process 'for the purpose of supressing HIV infection" (Mulqueeny, 2013:70).

All these together helped to change the risky behaviours that lead to HIV/AIDS infection among South African youth. The prevention programmes and advertisements increased students' knowledge of HIV/AIDS and sex and sexual reproductive matters in general. They also resulted in an increase in the use of condoms as well as medical male circumcision for men (UNAIDS, 2014). ARV's also helped to reduce HIV/AIDS related deaths and the development of AIDS-defining conditions hence to improve the quality and life span of the people living with HIV/AIDS (Mulqueeny, 2013).

Although these strategies brought some changes in society on behaviour change and reducing risky sexual behaviours as well as increasing knowledge on HIV/AIDS, some of the above mentioned strategies such as condom use, male circumcision and ARV's on the other side have apparently yielded unsustainable success on reduction of new HIV/AIDS infections (Mulwo, 2012; Magiza & Gumbi, 2014). To begin with, the condom was largely used as an element of safer sex practice. However, there were, and continue to be misconceptions among

the youth including university students on issues regarding condomising and male circumcision. As Leclerc-Madlala has argued, "youth associates condoms and notions of unfaithfulness, lack of trust, lack of love and incompatibility with manliness" (2008:28).

Similarly, some argue that sex with a condom is like eating a sweet while is wrapped; whereas "a sweet is not supposed to be eaten while it is wrapped" (Ntshwarang & Malinga–Musamba, 2015: 104). Such utterances are often used to justify unprotected sex. Another misconception is on abstinence that abstinence lead to virgin disease; the disease associated with girls' failure to have sexual intercourse (Ntshwarang & Malinga–Musamba, 2015). Therefore due to these misconceptions on condom use and abstinence most of the youth are not taking precautions hence they engage in risky sexual behaviors that become an obstacle to HIV/AIDS prevention.

The misconception about the employed HIV and AIDS prevention strategies also apply to male circumcision. Magiza & Gumbi (2014:374) describe that "some of the circumcised males stopped using condoms and other preventive measures thinking that circumcision was enough to protect them against HIV virus". This poses a new challenge of reframing new approaches for mitigating new HIV/AIDS infections among youth in particular black students at institutions of higher learning in South Africa. In terms of ARV's Mulqueeny (2013) posits that ARV's never entirely eliminate the infection in the body of an HIV/AIDS person while technologies such as the new vagina gel, or microbicide only help to reduce the risk of infection but do not entirely eliminate it. Therefore people need to take precautions, because once one gets the virus, it's there to stay (Mulqueeny, 2013).

It is on the basis of the above that this particular study looks on HIV/AIDS communication and gender inequality. This is so because the problem of gender inequality is not yet solved in heterosexual relationships. Taking ARV's, using condoms; abstinence and being faithful in most cases depend on communication and gender power relations existing in a particular relationship. As in many relationships, women are not free to explain their sexual needs hence it is difficult to negotiate safer sex. The following paragraph explains in detail; gender and its relations to HIV/AIDS virus and how existence of gender inequality affects HIV/AIDS prevention.

2.6 Linking gender and HIV/AIDS communication

The interconnectedness of different social aspects of life has resulted in gender issues to interlock with other social traits of life. HIV/AIDS has become a big concern amid scholars including gender activists and feminists. In most reported cases, women including the UKZN black female students are described to be the most infected and affected by the HIV/AIDS epidemic HEAIDS (2008) report indicates that in 2008 2.8 percent were HIV/AIDS positive compared to 1.8 percent of male students. It is against this backdrop that HEAID recommended that, student programs should address "gender and assertiveness, and challenge accepted definitions of femininity and masculinity" (HEAIDS, 2008:11).

The above recommendation effectively implies that the existence of gender inequality between men and women among students may increase susceptibility to HIV infection. This is because cultural norms favour men over women in various aspects of life. Women seem to be voiceless in sexual matters despite being the main sex member. Cameron (1990:4) argues that "even where it seems that women could speak if they chose, the conditions imposed on their lives by society may make this a difficult or dangerous choice". This quotation means that the conversation between partners seems unbalanced, hence creating barriers to the discussion of intriguing topics such as HIV/AIDS and trivialising the women's concerns (DeFrancisco, 2011). In that case it is also possible that the communication about HIV/AIDS and sex issues in general is under men's dominance.

Culturally, women are forced and expected to maintain silence and become subjects of men's wishes as men always want to maintain their patriarchal power in most relationships and families as well as in society (Candace & Zimmerman, 2011). Maltz & Borker (2013:489) argue that "to be socially acceptable as women, women cannot exert control and must actually support men in their control". This can happen even when a woman want to discuss HIV/AIDS issues with her partner. Effectively, this is a manifestation of sexism. Sexism refers to "discrimination within a social system on the basis of sexual membership" (Wodak, 1997:7). It is a part of social norms that men are constructed as dominant and independent while women are less powerful, dependent and passive recipients of the men's orders.

Cameron (1990:4) notes that women are "often explicitly prevented from speaking, either by social taboos and restrictions or by the more genteel tyrannies of custom and practice". This means that culture is a source of women's silence and politeness in sexual matters. Consequently, women's lives are virtually in the hands of men all the time from birth to death, whether in the hands of their male parents, uncles, brothers when they are young, or in the hands of their partners afterwards the situation that limit their freedom in sexual matters. Gupta (2000:3) states that "the unequal power balance in gender relations that favours men, translates into an unequal power balance in heterosexual interactions, in which male pleasure supersedes female pleasure and men have greater control than women over when, where, and how sex takes place". Socially constructed gender roles therefore reinforce women into feminine sphere and men into masculine trait, unintentionally make women act as males' subordinates in many heterosexual relationships.

2.7 Communication for social change

Various scholars have shown the importance of communication in efforts meant to stem the HIV/AIDS epidemic. Some literatures have identified that if well performed, mutual and participatory communication is one of the significant vehicles of social change (Govender, 2011; Moodley, 2012). Participatory communication refers to the communication that allows a horizontal flow of communication and plurality of views and a multiplicity of voices (Servaes, 1996). This definition emphasizes the idea that communication by its nature is a two way process through which people share ideas. It can therefore be argued that communication can prevent sexual partners from being infected with HIV if both partners effectively share ideas and feelings on matters relating to the epidemic.

However, existence of gender inequality between men and women in society has acted against effective communication. Effective communication "requires a two–way process, which is inherently expressive and receptive (The Joint Commission, 2010:1). It is through this process that messages are mutually negotiated until the information is correctly understood by both parties. This suggests that if sharing of information between heterosexual partners has to exist, then gender equality within relationships is a prerequisite.

2.8 Conclusion

This chapter has reviewed literature on issues pertinent to HIV/AIDS and gender in South Africa in general, and among students of higher learning in particular. The focus was to highlight HIV/AIDS communication in higher education sectors, as well as identifying related gender power relations among black students at UKZN.

Literature is vital to research since it helps establish how researchers have dealt with the issue of HIV/AIDS and gender inequality among students in institutions of higher learning. Hence, it paved the way for identifying the gap in our understanding of HIV/AIDS and gender inequality among students in heterosexual relationships at UKZN. Various prevention strategies that have evolved were identified in the review process. These include soapies and HIV/AIDS prevention programmes on condomising, abstinence, faithfulness and HIV/AIDS testing and counselling.

Furthermore, the literature helped demonstrate why HIV/AIDS is still a threat to numerous students in South Africa, despite having enough knowledge regarding HIV/AIDS transmission and prevention (HEAIDS, 2010; Mwamwenda, 2013). While there is a plethora of literature on HIV/AIDS among university students, there is a paucity of studies covering HIV/AIDS communication among black students in heterosexual relationships. Most of the reviewed literatures have focused on students' sexual risky behaviours. Therefore, this study intends to fill in this void by examining HIV/AIDS communication between black students in heterosexual relationships at UKZN. The following chapter covers theories which this study used.

CHAPTER THREE

THEORETICAL FRAMEWORK

3.1 Introduction

Through theory a researcher can be able to highlight the characteristics of variables and constructs pertinent to a particular study. Theory informs a researcher about overriding attitudes and viewpoints within the broader spectrum of the subject matter under study. Bearing that in mind, this study is guided by three theories, which are Interpersonal Communication Theory; social constructionism theory; and feminist post-structuralism. In this study, the triangulation of theory (Neuman, 2006) helped to explore the complexity of the HIV/AIDS epidemic as not only an individual's problem, but also as a social, gendered and feminist concern. This chapter is organised into three sections, with each detailing a specific theoretical framework.

An individual may be infected with HIV/AIDS because of social relations that operate in the society where the individual resides. This could also be related to the ecological model where the discourse advancing that "behaviour has multiple levels of influences, often including intrapersonal (biological, psychological) interpersonal (social, cultural) organisational, community, physical environmental, and policy" (Sallis, Owen & Fisher, 2008: 466). The multiplicity of theories employed in this study is validated by the fact that the study does not only focus on the HIV/AIDS communication but it also explores gender relations among black university students in heterosexual relationships. The use of these three theories, therefore, is meant to address all the key concepts included in this study, which are HIV/AIDS, the role of communication and prominence of gender equality in HIV/AIDS prevention.

3.2 Interpersonal communication theory

According to Dainton & Zelley (2014) interpersonal communication theory is the communication that occurs between two close individuals who are able to provide immediate feedback and utilise multiple senses. On the other hand, Moodley (2012) describes interpersonal communication as a vital tool in bringing social change, therefore it can be anticipated this kind of communication is applicable in heterosexual relationships. The theory

may facilitate prevent heterosexual partners from HIV/AIDS infection and reinfection while promoting gender equality.

On his part, Hargie (2011) asserts that people become who they are as a result of communication interchanges with others. This implies that individuals' behaviours are normally influenced by interactions with other people who surround them. In that sense, if applied to heterosexuals, mutual understanding may create mutual communication that will prevent unnecessary social conflicts, especially those related to gendered unbalanced power relations.

Based on its tenets, interpersonal communication theory became more useful in understanding the communication dynamics between black students in heterosexual relationships. This theory helped to observe the existing gender relations (equality and inequality) in HIV/AIDS communication among students in heterosexual relationships. For the reason that interpersonal interventions "can model individuals' self-efficacy (an individual's perception of his or her capability to deal effectively with the situation) and one's sense of perceived control over a situation" (Singhal & Rogers, 1999:128). The theory therefore allowed the researcher to critically comprehend the real-world stories of participants concerning their sexual relationships, and suggest a means to reconstruct society with fewer gender prejudices. The centrality of communication is foregrounded by Freire's (1970:47) argument that "without dialogue, there is no communication and without communication, there cannot be true education."

Hargie's (2011) two themes, *intersubjectivity* [which entails striving to understand others and in turn being understood by them], and *impact* [which represents the extent to which a message brings about change in thoughts, feelings and behavior] helped in the exploration of the topic. It helped in comprehending participants' understanding of gender roles and HIV/AIDS communication. The concept helps portray communication as a source of awareness and social change. It can therefore be argued that partners' engagement in dialogue is very crucial because it is the only way through which knowledge, feelings and ideas can be effectively learned, shared and implemented.

Mutual communication between sexual partners, therefore, would in turn prevent them from possible HIV/AIDS-related challenges. The theory proved useful in exploring heterosexual partners' behaviours, which often tend to be influenced by cultural backgrounds. Since interpersonal communication theory explains, amongst others, communication of people with intimate relationships such as sexual partners, it was viewed suitable to guide this particular study. Interpersonal communication theory advocates that people's behaviours are changeable, implying there is a hope that one day human beings will have 'another world' within families, societies, nations, and world at large, which will be free from gender biases.

With the knowledge that HIV/AIDS is also a social problem, the researcher thought that in order to have individual as well as joint solutions, the application of social constructionism theory enhance comprehension of social contexts impacting HIV/AIDS issues among black university students in heterosexual relationships.

3.3 Social constructionism theory

The theory postulates that people's behaviours are the result of social interaction (Burr, 1995). As such, anything either negative or positive that happens in the society is constructed by the society itself through social interaction. In addition, social constructionism theory is framed on three ideologies. The first is that human beings are aware of both themselves and their relationships with others. Secondly, people make deliberate choices on how to behave in different situations; and thirdly, behaviours are unpredictable (Crause, 2014).

The above theory proved useful in that it helped appreciate how the topic of HIV/AIDS is surrounded by fear and silence, especially among women. These fears are planted by traditions, customs and other dictates in different societies. For example, women are expected to be polite and obedient to men. This shows that even gendered sexual relationships in society are a result of social interactions, which in most cases are based on patriarchal culture. According to Johnson (1997: 29) patriarchy is "a set of symbols and ideas that make up a culture embodied by everything from the content of everyday conversation to literature and film."

This means that culture is a result of a patriarchal system through aspects which include "male-domination, male identification and male cantered character" (Johnson, 1997: 29). It is through those elements that prompts individuals to define concepts, including HIV/AIDS and

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men's and women's social responsibilities. The concepts entail categorizing feminine as "something very different from being masculine" and 'masculine' to be a paragon of manly virtue such as brave, honest and courageous" (Penelope, 1990:48). This is related to Hartmann's (1980: 22) theory of dual-systems which defines patriarchy as a "set of social relations between men and women which has a material base, and which through a hierarchical outlook, creates interdependence and solidarity among men to enable them to dominate women."

In this particular study, social constructionism theory helped in understanding the fact that gender is not about description of the two sexes: male and female, but it goes beyond that parameter by identifying gender based social responsibilities assigned to each sex. What occurs is "a process of discovery, which can lead to a rewriting of personal experience that gives social changeable causes" (Weedon, 1987:178). The study established that if individuals are socialised in gender equality traits from childhood, the possibility of changing the dominant patriarchy system is high. Based on the perception of sexual activity as a signifying system, it is believed that "through sex, we are able to communicate about non-sexual matters, such as power, hatred, envy, domination and so on (Horrocks, 1997: 108). Social constructionism, thus provided the basis for understanding that sex can mean different things for different individuals, such as obtaining material 'goods', a source of pleasure, a means of recreation and desire, a way of controlling other people, a commodity for sale (Horrocks, 1997 in Mulwo, 2012).

3.4 Feminist post-structuralism

This theory makes an individual "understand existing power relations between men and women as a result of socially coined structures and identify areas and strategies for change" (Weedon, 1987: 183). Furthermore, the theory offers an explanation on where experience originate; why it is contradictory or incoherent; and how it could be changed (Weedon, 1987).

Feminist post-structuralism is relevant to the study as it helped identify gender related issues, including power relations among students in heterosexual relationships. The model believes that the individual's understanding of existing power relations is what brings societal change (Weedon, 1987). This perception has provided a framework to understand the existing gender

power relations among the above students under discussion. The theory also helped identify the originality of the established power relations among heterosexuals. These power relations are mostly socially constructed through gender socialisation agents such as family, religion, school, peers, media and society. Since this study aims at bridging the gender gap between men and women, application of feminist theory helped to find the ways on how gender inequality related to HIV/AIDS communication between heterosexuals, can be moderated or eliminated.

3.5 Conclusion

This chapter has addressed theoretical underpinnings that informed the study. The three theories discussed above were interpersonal communication theory, social constructionism theory, and feminist post-structuralism theory. The application of the above three theories under discussion helped solicit individual's opinions based on individual and social experiences and exploring the interconnectedness of HIV/AIDS communication, gender and other social aspects. Not only did the theories help understand that gender inequality fuels HIV infection among heterosexual partners, they also helped associate other social aspects of life such as a dominant patriarchal culture, economic disparity between men, women, and religious laws.

Considering the fact that we live in a world where almost all social aspects of life are interrelated like for instance culture, religion, education, gender, sex, sexuality, race, class and nationality are all linked in a network of relations. It is therefore rare to discuss culture, religion or education without mentioning an individual's gender, nationality, sex, race or class. In this study the intersections occurred in different ways. First, it proved that lack of communication paves the way to HIV/AIDS infections among heterosexual partners. Consequently, communication intersected with HIV/AIDS, gender and sexuality. In gendered communication, the man is privileged to veto power among heterosexual partners. Mentioning a man and a woman in association with heterosexual relationships displays the interrelation of gender, sex and social relations existing in a particular society. The following chapter explains the methods and methodologies used to collect and analyse the data.

CHAPTER FOUR
RESEARCH METHODOLOGY

4.1 Introduction

This chapter, which addresses the research methodology of this study, includes strategies and design used to collect and analyse data. The study used a qualitative research strategy, in which data were collected through interviews and focus group discussion, then thematically analysed. The chapter is organised into the following five sections: qualitative research methodology, research design of an explorative approach; population sampling applying a snow ball method; semi-structured interview and focus group, discussions followed by the conclusion.

4.2 Qualitative research strategy

This study was conducted using a qualitative research strategy. I chose a qualitative research strategy because it provides an in-depth and interpretive understanding of the social world through learning about people's social and material circumstances; their experiences; perspectives; and life histories through the researcher's interaction with the respondents (Snape & Spencer, 2003). Ritchie *et al* (2003) claims a qualitative approach is a unique tool for studying what lies behind, or reinforces, a decision, attitude behaviour, or other phenomena. Furthermore, Guest & McQueen (2012) view qualitative research as an inductive approach that allows interaction between researcher and respondent; and it is from this interaction that themes can be identified.

Through the use of a qualitative approach, I anticipated to establish patterns of communication, and the reasons behind such communication between black students in heterosexual relationships. As a result, this research method helped the exploration of feelings, values, and perceptions that underlie and influence people's behaviour regarding gender stereotypes. Correspondingly, the stereotypes are inherited from one generation to another, and from childhood to old age within a specific society. This research method also helped to understand that the existing system of gender inequality can be changed. Fox & Bayat (2007:44) posit that "the reality is seen as something constructed by people and only qualitative information gathered in interaction with people allows us to best understand how they make of their everyday world." According to this view, reality seen today on different aspects such as gender is not inborn. Specifically, I used a qualitative approach to explore and

describe participants' understanding and interpretations of various social phenomena that impact health related communication related to HIV/AIDS in a way that captured participant's inherent nature.

The qualitative research facilitated information gathering centred on the participant's communication about HIV/AIDS and gender: their familiarities, knowledge, and perceptions of this pandemic. Hence, to reflect the meaning given by Finn, Walton, & Elliott-White (2000:28-29) that qualitative research is a "non-numerical way to collect and interpret information and it focuses more on human behaviour." The approach was considered the best in this case. This study's data collection methods served the purpose of listening to the voices of students in heterosexual relationships, with regards to examining gender equality and HIV and AIDS communication among heterosexual student partners.

Conducting qualitative research study among the black students also reveal the lack of communication on HIV/AIDS, and related sexual issues promoted by cultural, religious and gendered historical-based concerns that are both individually and socially informed.

4.3 Research design

Research design can be understood as the complete plan a researcher uses to incorporate a variety of aspects of the particular study in an intelligible and rational manner, in so doing, warranting effective redress of the study problem. The research design serves as the roadmap through which data gathering and analysis are done (De Vaus, 2001). There is a plethora of study designs in social sciences, such as action research design, case study design, cross-sectional design, descriptive design, experimental design, exploratory design, interpretive design, longitudinal design, and observational design, just to mention but a few. In this study applied exploratory research design.

4.3.1 Exploratory research design

An exploratory research design could be designed as "social research which explores a certain phenomenon with the primary aim of formulating more specific solutions to the research questions or hypotheses relating to that phenomenon" (Bless & Higson-Smith, 2000: 154). The ultimate aim of exploratory research is to attain broader "understanding of a situation, phenomenon, community or person" (Bless & Higson-Smith, 2000: 41). This

particular study is exploratory as it focussed on gaining an overall understanding of ideas and insights on black students' in relation to gender and HIV/AIDS communication, to elicit the implications of such gender equality and HIV/AIDS prevention.

Through an exploratory design, I managed to understand communication associated with gender relations among heterosexual partners, including the substantial role culture plays in shaping people's behaviour. Gender inequality among heterosexual partners is learned and observed through culture.

4.4 Study population

The target population for this study consisted of 16 UKZN black African students, who were in heterosexual affairs. The students were both male and female. The reasons 16 participants were co-opted in the research was "time, costs and accessibility often prohibit the collection of data from every member or about every item" (Lewin, 2005: 217). This implies sampling of the participants researchers cannot involve the entire society in studying a particular issue.

The term sampling refers to "the technique accounting device to rationalize the collection of information, to choose in an appropriate way the restricted set of objects, persons, events and so forth from which the actual information will be drawn" (Bless & Higson-Smith, 2000: 83). It is the process of selecting few participants from the large population to represent the views of the majority.

The study sample consisted of 16 black students claiming to be in heterosexual relationships. Four females and six males participated in a semi-structured interview. Focus group discussion comprised six participants, of an equal number of three each among the females and males aged between 18 and 30. A variety of reasons for choosing this particular number of participants, was firstly that in qualitative studies research participants are not necessarily selected for their statistical representation, but rather for the information they provide, and the richness of the knowledge they possess (Ritchie, Lewis & Elam, 2003; Polkinghorne, 2005). The researcher ensured that all the participants could offer the rich information and knowledge necessary relevant to the study.

Secondly, I chose undergraduate black students, with specified age limits of 18 to 30 as the study sample because literature reveals that most of the undergraduate university students are enter universities at a transitional period characterised by increased sexual desire, tend to be expressive, yearning to experiment, easily experiment with peer pressure, and experiment with changing socio-cultural norms (Mulwo *et al.,* 2009). As youth, they lack experience in negotiating the terms of relationships which increases chances of engaging in unprotected sex, hence placing them at the greatest risk of HIV infection (Mulwo *et al.,* 2009).

Thirdly, most of undergraduate students also lack experience of urban lifestyle, having resided mostly in rural area previously. In the process of trying to cope with the pressure of urban life such students engage in risky sexual behaviours. Lastly, studies show that in South Africa, black people are most affected by HIV/AIDS in association with gender inequalities. This result from cultural influences that most black females in particular, are not encouraged to converse sexual issues with their male sexual partners.

As explained above, Omoto & Hawkins (2009) postulate that it is normal in most black communities and institutions that females are more culturally silenced than their male-counterparts. Females are often explicitly prevented from speaking about social taboos and restrictions by the more genteel tyrannies of custom and practice (Cameron, 1990). For that reason, this study intentionally excludes other races in order to examine gendered power relations among blacks African descent of both sexes.

Table 4.4.1: Interviewees' Profile

1: FOCUS GROUP INTERVIEW PARTICIPANTS' PROFILE

Names of participants	Age	Sex	Level of education	Country of originality	Partner's age	Partner's level of education	Type of relationship
Anitha	F	31	1st year	South African	32	Masters	Not married
Frank	M	25	3rd year	Tanzanian	25	2nd year	Not married
Saida	M	31	Masters	Kenyan	33	PHD	married
Peter	M	23	3rd year	South African	24	Honours	Not married
Sara	F	23	3rd year	South African	27	Honours	Not married
Hassan	M	26	2nd year	South African	23	1st year	Not Married

SEMI STRUCTURED INTERVIEWS PARTICIPANTS' PROFILE

Names of participants	Sex	Age	Level of education	Country of originality	Partner's age	Partner's level of education	Type of relationship
Aisha	F	24	1st year	South African	26	Graduate	Not married
Baraka	M	26	3rd year	Malawian	23	2nd year	Not married
Fadhili	M	24	3rd year	South African	18	High school	Not married
Faraji	M	25	2nd year	Tanzanian	22	1st year	Not married
Furaha	F	31	1st year	South African	34	Graduate	Not married
Hamad	M	24	2nd year	Nigerian	22	High school	Not married
Imani	M	23	3rd year	South African	20	3rd	Not married
Jafu	M	30	1st year	South African	36	Graduate	Not married
Mariam	F	22	1st year	South African	24	2nd year	Not married
Zuwena	F	26	3rd year	South African	28	Graduate	Not married

4.5 Sampling method

This study applied snowball sampling to select the participants. Snowball sampling is a non-probability method conducted in phases, whereby in the first phase the researcher approaches a few individuals from the study population. Those few individuals then act as informants and identify other members, such as relatives and friends from the same population and categories to be included in the sample (Fox & Bayat, 2007). The first informant was asked to introduce or refer the author to other respondents who possessed the required information and knowledge study requirements.

The selected participants provided data which represented the views and opinions of the intended study population. The reason for choosing this type of sampling method is that it was not easy for the researcher to identify the students who were in heterosexual relationships, coupled with the willingness to talk about their intimate sexuality trends. Through connections among colleagues and friends, it was possible to identify individuals who met the eligibility criteria of the study. This was possible because students know each other as some of them are classmates, roommates or friends. However, the method has its shortcomings. Initially participants were reluctant to participate in the research interview. This was because most participants were concerned about disclosing their HIV status.

4.6 Methods of data collection

This study employed the following two major data collection methods, namely, semi-structured interviews and focus group discussion.

4.6.1 Semi-structured interviews

The term 'interview' is defined as "face to face encounters between the researcher and the informants directed towards understanding informants' perspectives on their lives, experiences or situations as expressed in their own words" (Tylor & Bogdan, 1998: 77). It can also be understood as "any person-to person interaction either face to face or otherwise, between two or more individuals with a specific purpose in mind" (Kumar, 2011: 144). Bless & Higson-Smith (2000:155) view an interview as a data gathering method based on a series of questions relating to the subject matter under consideration. Casley & Kumar (1988) maintain that semi-structured interviews are the most preferred means of qualitative data collection because they accommodate a free flow of ideas.

The above method hence helped to create a free environment for interviews which in turn helped to gain students' insights on how they perceive gender and HIV/AIDS communication, the obstacles on HIV/AIDS prevention, and the way forward for eliminating gender inequality in the prevention of HIV/AIDS among students. As a result, interviews were audio-recorded using contemporary audio-recording devices in the form of a smartphone and an iPad.

4.6.2 Focus group discussion

The term focus group is defined as a type of "strategy in qualitative research in which attitudes, opinions or perceptions towards an issue, product, service or programme are explored through a free and open discussion between members of a group and the researcher" (Kumar, 2011:128). The concept is also viewed as "a semi-structured group interview conducted by a skilled facilitator' (Bless & Higson-Smith, 2000:154). According to Bless and Higson-Smith (2000), a properly organised focus group consists of between four and eight participants who are interviewed together. Casley & Kumar (1988) assert that focus group discussions are capable of fully capturing and studying attitudes and behaviour patterns that other modes of data gathering may cannot. This method helps to identify specific information which can be compared and contrasted with information gained in other interviews (Dawson, 2007). The method also "provides an opportunity for participants to learn from each other and perhaps to resolve important dilemmas with which they are confronted" (Bless & Higson-Smith, 2000: 110).

In this particular study, six members participated in one session of focus group discussion that was held at Memorial Tower Building G (MTB) Room G 86. Discipline of African Languages. Focus group discussion is preferred as a means of data collection in this study because, as proposed by Bless and Higson-Smith (2000: 110), it affords research participants an opportunity "to discuss the issues in question with each other," for one person's ideas may set off a whole string of related thought and ideas in another person. Similarly, one of the participants may disagree with, and question the remarks of, another".

Therefore, this method of data collection was important to the study in that it allowed for free-flow conversation-type throughout the discussion. The method also helped participants provide detailed responses on the flows of communication between partners. Furthermore,

the method helped to explore detailed experience and historic information about black students in heterosexual relationships with regard to the HIV/AIDS communication. The respondents got opportunities to express their opinions and strategies towards redressing unequal gender communication, and how HIV/AIDS communication could be promoted between sexual partners.

The focus group discussion method proved to be useful in exploring black students' daily lifestyle with regard to HIV/AIDS communication since "many African cultures rely on small groups for decision making" (Bless & Higson-Smith, 2000:112). As with interviews, focus group discussions were audio-recorded.

4.6.3 Researcher's Role

My role in interviews as a researcher in this study was listening to the hidden and silenced voices of the black African students at the University of KwaZulu-Natal, Howard College who were in heterosexual relationships. My involvement was both as an insider and outsider. Being a Tanzanian national with different originality as some of the participants that were interviewed, such as South African, Malawian and Kenyan directly put me in a position of an outsider. Therefore, I was not familiar with the cultures and life experiences possessed by some of the interviewees who are in heterosexual relationships. This placed me in a difficulty of understanding the diverse cultures, a factor which put me in a risk to violate some cultural norms of some interviewees in the research process if I would not be observant.

On the other hand I was an insider for being a student at the UKZN and being in heterosexual relationship (married). Consequently, the role as an insider helped me to provide rich information to the researched area. As I was fully informed about the issues researched on the context of historical, education, gender, HIV/AIDS and cultural experiences of the black African students in South Africa and beyond who were in heterosexual relationships. Although, had some limitations considering the fact that HIV/AIDS and sexual issues are regarded sensitive topics to the many African societies. However, being in heterosexual relationship (marriage) for ten years now and as a black African student with African descent had the advantage of acquiring more information based on my knowledge.

4.7 Data analysis

In qualitative research, analysis is a continuous process that informally begins during data collection. Qualitative analysis begins with the researcher engaging in a thorough process of reading the transcripts repeatedly to enhance familiarity (Ullin *et al.,* 2004; Blanche *et al.,* 2006). Data analysis started informally by listening to the interviews clips at the end of each day of data collection in order to establish the strengths and weaknesses in my questioning techniques. Next, the interviews were transcribed, by so doing, marking the beginning of my data analysis.

In order to manage the vast quantities of data produced from the transcriptions, the study used thematic analysis to sort it into meaningful units (Braun & Clarke, 2006). According to Braun & Clarke (2006), thematic analysis is a qualitative analytic method comprising patterns or themes embedded in the data, and reporting on the emerging themes. Through re-examine of the transcripts, patterns emerged. Further analysis resulted in a process of merging related sub-themes into main themes, as well as the splitting of those themes that were too complex. The purpose was to ensure that participants' views which were relevant to the study objective/s were fairly represented.

The thematic approach analysis is also a useful approach for answering questions about the salient issues for particular groups of respondents, or identifying typical responses (Green & Thorogood, 2004). Through this method of analysis the respondents provided their cultural and personal information, which helped the researcher to gain the necessary insights into the study issues. The data was coded in order to identify the themes, followed by a research analysis.

4.8 Reliability and validity

Reliability and validity comprise significant principles in research. Fox & Bayat (2007) and Babbie & Mouton (1998) maintain that reliability and validity in research can be obtained through trustworthiness and authenticity. According to them, the researcher has to build trust with the respondent, based on authenticity on the researcher's side. In this study, these characteristics were obtained through consent form in which the respondents were given enough information about the whole process of study. Validity and reliability of my research

was also ensured by maintaining a logical relationship of research objectives, research questions, and the method used in collecting and analysing data.

4.8.1 Reliability

Babbie & Mouton (1998) defines reliability as a matter of whether if a particular technique applied repeatedly to the same object, it would yield the same result each time. According to Ary *et al*., (2010: 236), reliability is the degree of consistency which measures determine. To ensure reliability, audio-recording was supplemented with jotting additional details on the notepad. For those who were not comfortable with audio-visual recording, the interviews were recorded in a field book.

4.8.2 Validity

Validity refers to the degree to which a test or research method accurately measures the construct of interest (Pittenger, 2003). It is the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration (Babbie & Mouton, 1998). Ary *et al*., (2010: 235) advocate that validity should be viewed as a characteristic of the interpretation, and use of test scores, which are not and end in themselves. This is important, according to the authors, since a test that has validity in one situation and for one purpose, may not be valid in a different situation or for a different purpose. Bearing in mind ideas proposed by Ary *et al*., (2010), this research used specific theoretical frameworks. (i) Interpersonal communication theory. (ii) Social constructionism theory; and (iii) Feminist post-structuralism theory to construct an interview guide which helped facilitate interpersonal communication aspects regarding HIV/AIDS between students in heterosexual relationships.

4.9 Ethical issues

To ensure ethical concerns were maintained throughout the study period, first and foremost the author sought permission from the UKZN competent authority to carry out the study, which was granted. Through explaining the scope of the study, and explaining the rights of the participants, the author managed to build trust with the respondents. Bless & Higson-Smith (2000:100) elaborate that "The consent must be informed, in the sense that the participant must be aware of the positive or negative aspects or consequences of participation, thus by explaining the positive and negative aspects of cooperation can be negotiated."

Bless & Higson-Smith (2000:100) further state that "participation in research must be voluntary and people can refuse to divulge certain information about themselves". Eliciting relevant information was achieved by ensuring participants understood the overall objective of the study by being given opportunity to read and sign the consent form before participating in the interview. University of KwaZulu-Natal (2005:5) refers informed consent as "giving permission without coercion by an individual with full knowledge and understanding of the implications of giving such permission."

Furthermore, ethical aspects of the study were ensured by guaranteeing all participants both privacy and confidentiality regarding all information they would divulge during the course of the study, which includes data collection, analysis and production of the final report. Higson-Smith (2000:100) maintains it is important to assure participants that information tendered would be treated with utmost confidentiality; the subsequent data would only be used for the stated aim of the study; and that no other individuals would have access to the collected data, unless stated otherwise.

4.10 Limitations of the study's research methods

The aim of the research design was to plan and construct the research project in a way that ensures the ultimate validity of the research findings. This dissertation employed qualitative methods, an explorative research design, semi-structured interviews, and one focus group discussion. Lastly, the information collected was analysed through a thematic analysis to attain a significant conclusions and recommendations. These methods expanded the actual issues that needed to get addressed regarding gender and HIV/AIDS communication among heterosexual partners. The methods also detailed a variety of information that was required on the importance of communication in heterosexual relationships.

Although the research methods have shown many advantages in this research, they also had their limitations. For example, the use of semi-structured interviews and a focus group discussion as the method of data collection, limited data collection. Many students got scared by the research topic entitled: *Gender and HIV/AIDS: Examining HIV and AIDS communication among black students in heterosexual relationships*. This was especially the case concerning the sexually intimate aspect of HIV/AIDS and heterosexual relationships.

Many of the participants feared they would be asked to reveal their HIV or AIDS status, despite being assured repeatedly both in the consent form as well as during the interview sessions that they would not asked to disclose their HIV/AIDS status. The participants were scared also to participate in the research because, according to their culture since issues surrounding sex are private.

4.11 Conclusion

The chapter explored research strategies employed in data collection, sampling and data analysis. The chapter was organised into 11 sub topics. It is noted that, the sensitivity of the research topic, financial and time factors were the three aspects that put the study within the limit of non-empirical method. The following two chapters cover the presentation of the data and discussion of research findings.

CHAPTER FIVE

FINDINGS AND DISCUSSION

5. 1 Introduction

This chapter covers the presentation of the data and discussion of research findings. The discussion is based on the themes that emerged from the data collected from both interviews and the focus group discussion. After introducing each theme, participants' responses are presented in this section, followed by my analysis which I then link to previous literature. The study found that 87.5 percent of the students interviewed communicate about HIV/AIDS and safer sex. Of which, only 33 percent whose communication built in gender equality while the majority 54.5 percent their communication system is gendered.

Furthermore, it was found that they also discuss about STD's and pregnancy however, 13 percent of the participants shared a reason behind their communication on HIV/AIDS and safer sex negotiation was due to the fact they are blood donors. Additionally, the study found out those partners, that is; 93 percent of the participants who are not in marriage, showed a much more liberty to communicate with their sexual partners about HIV/AIDS and safer sex issues compared to the 7 percent participants who are in marriage. This was evidenced by one of the female who is in marriage for ten years now.

More to the point, the study found that 12.5 percent of the participants admitted not communicating about HIV/AIDS and 25 percent do not negotiate safer sex. With subject to the trends in gender power relations on HIV/AIDS communication among heterosexual partners, the study yielded mixed results: Among 87.5 percent of the participants who said they do discuss about HIV/AIDS, only 33 percent of the participants indicated that there is equal power relations between partners and on other hand the majority for example, 54.5 percent participants indicated to be gendered that is to mean that their communication systems within a relationship is one sided.

What is more is that the study found that 93.75 percent of the participants revealed that they had satisfactory understanding about HIV/AIDS communication. As it was with the HIV/AIDS communication, the same percentage of 93.75 percent students who participated in this study exhibited a profound knowledge on safe sex. While there was overall

acknowledgement of some problems in HIV/AIDS communication between heterosexual partners, 99 percent in both focus group and one by one interview agreed that HIV/AIDS communication is very important not only on prevention against HIVAIDS infection, but also in avoiding conflicts in the relationships. There are those whose communication built on principles of gender equality which are 33 percent and others 54.5 percent whose relationship surrounded by gender inequality.

In this study 93.7 percent of male indicated dating women who are younger than them, higher level of education than them and who are not working while 99 percent of female participated in the research were dating or married to the males above to their age, income and education. The themes emerging from the focus group discussion and interviews are discussed simultaneously. These findings are summarised into four main themes, presented in Table 4.1 below.

Table 5.1: Themes emerging from the findings

Themes	Sub-themes
HIV/AIDS communication in heterosexual relationships	• Understanding of HIV communication • The 'safer sex' concept • Prominence of HIV/AIDS communication
Nature of HIV/AIDS communication	• Gender inequality-based communication • Gender equality-based communication
Challenges to HIV/AIDS communication and gender equality	• Cultural beliefs and practices • Religious dogmas • Economic dependency
Promoting HIV/AIDS communication and gender equality	• Engagement in health programmes • Gender socialisation • Empowerment of women • Male involvement • The use of role models

5.2 HIV/AIDS communication in heterosexual relationships

In this study, participants were asked if they communicated with their partners, specifically on the issue of HIV/AIDS. The study found that HIV/AIDS communication among black students in heterosexual relationships occurs. Many participants interviewed in focus group discussion and semi structured interviews indicated they did communicate with their sexual partners about HIV/AIDS. For instance, when asked if she communicates with her partner about HIV/AIDS, a female participant replied: "Yes we do, as often as we can; it is the thing we always talk about. It is just like a must, to speak about HIV/AIDS" (Zuwena, Interview; March, 2015). This response provided depicts the existence of HIV/AIDS communication among students in heterosexual relationships. However, further data analysis indicated that not all participants took the HIV/AIDS topic seriously. This was evident in the focus group discussion when a female participant was answering the question as to whether she and her partner communicate about HIV/AIDS. She responded: "We haven't gotten there, my partner and I do talk about HIV/AIDS but it's just a joke for us, when someone is coughing we say you got it. So it's not serious to us (Furaha, Focus group discussion; March 2015).

Furaha's response may imply that HIV/AIDS discussion is only for the partners who are sexually active, and if they are not sexually active there is no need to discuss HIV/AIDS. Contrary to this view, it is crucial for partners to communicate about HIV/AIDS prior to having sex. Communication about HIV is essential as it "…empowers people by providing them with knowledge and understanding about specific health problems and interventions" (Muturi, 2007:81). This implies that through communication people learn, discuss and find the solutions to the diverse problems they encounter, including HIV/AIDS. It is important to be well informed about the HIV epidemic. In health matters, communication is used to inform, educate, and encourage behavior change while promoting healthy behaviors and lifestyles (Muturi, 2007:81). As Troth & Peterson (2009:197) note: "communication may serve as a bridge between the individual's cognitive awareness of the health risks imposed by unprotected sexual intercourse and the implementation of a risk-reduction strategy, such as consistent condom use, in early sexual relationships." In some instances, consistent condom usage tend to occur only among partners at the initial stage of a sexual relationship.

Some of the participants reported not communicating about HIV/AIDS. The findings about HIV/AIDS communication among married participants interviewed revealed that married partners hardly engage in HIV/AIDS communication. This was demonstrated in focus group discussion by one of the female participants who had been married for 10 years. She stated: "We don't talk about HIV/AIDS and condoms. It just doesn't work to the married partners and it is unacceptable in marriage" (Furaha, Interview; March, 2015). Another female participant supported this view:

> I understand, because she is in married. Marriage is a long term relationships. That's why they don't communicate. Because communicating about sexual matters or using condoms among married is a taboo in some societies. But in South Africa you have to communicate and go for test often. It is not the matter of test once and keeps quiet because the issue of HIV/AIDS in South Africa is very serious (Aisha, Interview; March, 2015).

Furaha's and Aisha's perceptions of HIV/AIDS communication and condomising are supported by Foreman, (2000:10) who argued that: "Condoms are not needed in relationships where both partners are proven to be negative and each can be sure that the other is faithful". Thus, if sexual partners trust each other, and at that particular time they have tested negative, the conviction is there is no need for condom use. This indicates that communicating about HIV/AIDS particularly negotiation of safer sex and condomising is only for couples who are not married, or in committed relationships.

In general, negotiation of safer sex and condom use among couples of African descent is absent in marriage. This state of seeing marriage as a safe place has led some students to view marriage as a possible solution to HIV/AIDS prevention (Moodley, 2012). It has been argued that: "If young people made a decision to get married earlier, once they were settled in an established relationship, the risk of unprotected sex, multiple sex partners, and sex before marriage would be prevented" (Moodley, 2012:79). Thus marriage is assumed to be a safe place as it is often characterised by commitment to each other.

However, being married or in a stable heterosexual relationship, as suggested above is no guarantee against HIV infection. Foreman (2000:9) suggests that "much HIV transmission occurs within long-term or 'serious' relationships." This might be a result of the perception

that people in marriage are faithful and trust each other, and therefore do not need condoms. Omoto & Hawkins (2009) regard the above mentioned perception as a risk factor for HIV/AIDS infection among married people. He argues that married people's safety depends on how faithful they are in the relationship.

5.2.1 Understanding HIV/AIDS communication

In this study, the majority of the participants revealed that they had satisfactory understanding about HIV/AIDS communication. This included participants who reported not communicating about HIV, and others who communicated but not in a serious manner. This was revealed when the participants were asked about their understanding of HIV/AIDS communication. According to Faraji:

> HIV/AIDS communication is about how it spreads, how you protect yourself, knowing its risks, and that it spreads through sex; and understanding the dynamics of the rest, therefore it is about to remind each other, it's just like a casual thing (Faraji, Interview; March, 2015).

Zuwena, another participant, defined HIV/AIDS communication as "communicating about HIV/AIDS stuff. In terms of status like the effects or how we can abstain", communication is paramount (Zuwena, Interview; March, 2015).

The definition provided by Zuwena was supported by a female participant, Saida, who reiterated that, "[It is] communicating about HIV/AIDS and related stuff such as safer sex and it is important partners to communicate because it reminds each other about the dangers" **(**Saida, Focus group discussion; March, 2015).

In addition to understanding HIV/AIDS communication, the participants viewed it as the means for solution to the partners' conflicts, in addition to understanding one's partners' feelings and opinions on HIV-related matters. This is expressed by Frank, thus:

> [HIV/AIDS communication is] being able to talk with your partner, address and resolve issues. Talk about future and being open to each other. I understand that if someone talk and other just listen you won't be able to know what she or he is thinking (Frank**,** Focus group discussion; March, 2015).

By looking at the definitions provided by the respondents on the concept of HIV/AIDS communication, it can be put forward that most of the definitions did not include gender issues despite being among the vital aspects in communication between sexual partners. HIV/AIDS communication is achieved when two people reach mutual understandings. It would be unjust to discuss HIV/AIDS communication without talking about safer sex. Safer sex is best achieved through HIV/AIDS communication. Heterosexual partners have to negotiate safer sex in a way that each one would be able to freely share his or her opinion. In this study, participants were also asked about the meaning of safer sex.

5.2.2 The 'safer sex' concept

As it was with the aspect of HIV/AIDS communication, the majority of the participants in this study presented profound knowledge on safer sex. This feature is highlighted when one of the participants delineated this aspect: *"Safer sex is using condom and other protective measures and being faithful"* (Imani, Interview; March, 2015). However, another participant disputed such reasoning, instead arguing as follows: "Safer sex means being faithful, because you can say 'condom' but what happens if you don't have a condom?" (Aisha, Interview; March, 2015).

It is evident that in addition to safer sex as implying condom use, participants regarded being faithful as a means of safer sex as well. The emphasis on faithfulness raised by Imani and Aisha as the main means of safer sex was disputed by a female participant, who argued: "For some of us who are still exploring [trying to figure out whether to commit to a sexual relationship or not], condom is ok but being faithful is for long relation partners" (Mariam, Interview; March, 2015). This view was supported by Moodley (2012:77) who argues: "There is no need to be faithful as long as condoms were used." This notion of young people being sexually active is highlighted by another participant, as follows: "In no way can we make young people to abstain because sex is everywhere. Is no longer a taboo or hidden thing currently; we see it in movies, internet and television" (Peter, Interview; March, 2015).

Moreover, another participant shared the same sentiments that safer sex includes condom use. She argued that:

> Faithfulness will not keep you alive. The world is full of everything. Not talking about condom you are risk taker. For example, there is on-going TV show called intersexions, a lady put the condom in her husband's bag who was travelling. When the husband asked about why she is putting a condom in his bag, a wife replied; I love you but in case you are attempted please use condom. So, apart from love, faithful go an extra mile (Furaha, Interview; March, 2015).

This alludes to the fact that faithfulness has to go with other prevention methods, such as condom use.

Another participant viewed the concept 'safer sex' as a prevention strategy against HIV/AIDS. Saida explained: "Safer sex to me is taking precautions such as abstinence and condom use, whenever I decide to have sex I use a condom because I don't want to die" (Saida, Focus group discussion; March, 2015). It appears to this participant that safer sex means using condom alongside abstaining. Another participant had a different perspective, defining safer sex as not trusting anyone. She argued that: "safer sex to me is you don't have to trust anyone. When you date someone you don't know, you have to protect yourself by using condoms" (Hamad, Interview; March, 2015).

Overall, for the majority of the participants, safer sex was equated with using condom during sex, abstaining and being faithful. Mulqueeny (2013:70) posits: "The HIV-virus may be freakishly clever, but you can outsmart it by using a condom if you're sexually active and abstaining from sex until you're ready." However, for others the use of condoms "symbolised lack of trust, and others understood condom use as a gamble with life" (Mulwo, 2012).

Various views offered by the study participants regarding safer sex demonstrate that students understand the meaning of safer sex. These findings commensurate with findings from other studies such as of HEAIDS (2008; 2010) and Mwamwenda (2014), that students had vast knowledge of HIV/AIDS-related issues. However, it should be stressed that HIV/AIDS and safer sex go beyond using condoms, being faithful and abstinence; as many respondents seemed to suggest. Richardson (2000) points out that even before the advent of HIV/AIDS there were other issues like avoiding unplanned pregnancy, sexual harassment or rape, all of

which were equally important to safer sex. This implies that safer sex goes beyond the boundaries of condomising.

A similar perspective is presented by top female Tanzanian musicians, Rehema Chalamila, alias Ray C, raising controversy by insisting: "It is better to have HIV/AIDS than drugs."[2] She reasoned that it does not take long to discover one is affected by drugs, which is different in HIV/AIDS, which may take time to establish in an infected person. In some instances people only discover someone they know is HIV-positive or has AIDS, only when at death's doorstep. Similar perceptions are prevalent in South Africa, particularly among students; it is common to hear people say that HIV/AIDS is just a disease like any other; there is nothing serious or so special to worry about. What people should worry is a disease like cancer, or epidemic diseases, such as Ebola. Even though such thinking should not be encouraged, it is useful to encourage people to accept those who are infected and affected by HIV/AIDS because these two scourges are also among the most stigmatized condition, yet affected people commit suicide while some are either abandoned or murdered by their partners.

To this end, it is imperative to let people know that they can live with the syndrome if they get tested for HIV and take treatment. This may help console many HIV or AIDS affected individuals, thus saving them from taking their own lives. Moreover, it helps to break stereotypes and stigmas surrounding this syndrome. Truth may be told it is easy for a person to say: "I have cancer or diabetes" than to say: "I have HIV or AIDS. Therefore, encouraging those who are HIV-positive as a normal condition may help many affected individuals come out, get tested, talk about i, and take treatment associated with HIV or AIDS.

However, for those who have lost their beloved ones, or suffering from HIV or AIDS, would agree that these conditions are still among the most hazardous diseases to be feared currently. According to UNAIDS (2012) one in five people living with HIV or AIDS in Nigeria and Ethiopia are suicidal by virtue of being either condition. The report further indicates that 52 percent in Zambia, 53 percent in Rwanda and 56 percent in Kenya were verbally abused because they were known to be HIV-positive or have AIDS (UNAIDS, 2012). With this in

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[2] http://georgem.co.tz/showthread.php?t=60517

mind, no one should relax just because the pandemic has preventive measures that enable affected individuals to live longer if they take good care of themselves.

The HIV/AIDS problem is still at large, with death looming for those affected; whether it happens within a short period of time or not. It is also true that not everyone has enough or accurate information about HIV/AIDS, or have access to ARVs and the much needed nutritious food for HIV infected people. The 2014 GAP report indicates that "only two out of five people living with HIV have access to antiretroviral therapy" (UNAIDS, 2014:1). In a situation like that HIV/AIDS may not be very different from among other diseases considered most dangerous.

Apart from HIV/AIDS and safer sex, the participants revealed that they also talk about reproductive health issues including pregnancy and sexually transmitted infections (STIs). A female participant disclosed: "We also talk about unplanned and early pregnancy, kind of condom we use, contraceptives and STIs" (Jafu, Interview; March, 2015). Surprisingly, some participants indicated they were more concerned about pregnancy rather than HIV/AIDS, as one of the participants contended: "We also use condom to protect against pregnancy and HIV/AIDS, but HIV/AIDS is the last thing we consider" (Hamad, Interview; March, 2015).

To some students HIV/AIDS is not considered a threat. This lack of concern about HIV may be a result of advances in medication, as suggested by UNAIDS (2014:1): "Acquiring HIV no longer means certain death." To this end Mulwo (2012) illustrates that whether or not through HIV/AIDS, sexual partners will still die, therefore there is no need to worry about the epidemic at all. Some students suggested that HIV/AIDS is the disease of the poor; hence belonging in the upper-class excused these learners from being HIV/AIDS infected (Mulwo, 2012). However some people still hold a myth that HIV/AIDS might not be a reality, hence it does not exist (Mulwo, 2012).

5.3 Prominence of HIV/AIDS communication

Pertaining to the importance of HIV/AIDS communication among black students in heterosexual relationships, majority of the participants 99 percent underlined the need for HIV/AIDS communication as crucial in preventing partners from contracting HIV/AIDS and

averting unnecessary conflicts. In line of this aspect, various opinions were raised. A female participant argued as follows:

> Communication is important because HIV/AIDS is a serious issue. It also prevents hazards or mistakes from happening. It prevents a lot of misunderstandings and raise awareness because people don't want to protect themselves and stay away from the disease" (Mariamu, Interview; March, 2015).

Another participant voiced the following:

> Gender equality starts with communication between you and your partner. But if you don't communicate with your partner it is even worse when it comes to the issue of HIV/AIDS. People must make sure that they communicate, especially the guys because they cheat every day. Therefore to promote equality communication; if he sense for me and I sense her and we talk smoothly, we don't argue, for me it is enough (Furaha, Focus group discussion; March 2015).

That is to say communication among partners is vital. If partners develop the behaviour of communicating from the beginning of their relationship, it might help to ease communication about other complicated issues like HIV/AIDS, since communication is already part of their daily lives. The importance of HIV communication was also reiterated by another female participant who ventured the following:

> HIV/AIDS communication is important because I don't want to die. Taking ARV's all of your life time; it's just don't work for me and South African men cannot be faithful, so we really need to talk about it. It's also important to talk about HIV/AIDS because I keep telling my friends that it's so painful seeing someone dying with something which you didn't know. So it's better to know that you will die while knowing the cause for your death (Anitha, Interview; March, 2015).

Participants also stressed that communication is particularly crucial in serious relationships such as marriage since there are so many marital responsibilities such as rearing kids. Gendered communication between partners may pose a risk if partners are not careful, and the only way to mitigate HIV/AIDS is to converse with each other. A married woman participant stressed the following:

> Communication is important because HIV/AIDS is even worse among married people. For me is more even *worse* because I have got kids. I have to think about them also! You can't just assume that your partner is faithful because people are travelling and you never know when he or she may get tempted, so it's important to talk about it (Furaha, Interview; March, 2015).

This view was supported by another female participant who added:

> It is very important for married people to have constant conversation. For me, in marriage HIV/AIDS is not only the issue of faithful. It is the result of many things such as unsolved conflicts, because it's what sometimes makes partners to cheat (Aisha, Interview; March, 2015).

The above assertions highlight the significance of communication, especially based on gender equality. It shows that communication can successfully play a key role in resolving conflicts in relationships. Through communication, partners may make collective decisions to avoid contracting HIV. It is in light of such a mind-set that DeFrancisco (2011) argues that when partners avoid communication, there is a vast possibility for conflicts to arise. In stressing the importance of communication between partners, a male participant volunteered:

> Yes, HIV/AIDS communication is important; it helps to avoid conflict. HIV/AIDS epidemic and gender inequality can be prevented through communication, because it helps individuals to voice their impatient concerns. Where there is involvement in communication between partners, there is high opportunity on sharing information between partners. Also HIV/AIDS is something which can happen to anyone so you have to discuss. I have seen people dying! I had this fear; every year I do test three times. *But we don't go together…!* (Swaumu, Interview; March, 2015).

It is in such a circumstance where communication is seen as "interaction that helps communication participants to gain the utmost benefit by engaging in an effective process with practical goals" (Morrell *et al*., 2012:64). This view was supported by a male participant reporting that HIV/AIDS communication is very important because, "it enables us to know one another and where we stand, as well as making things clear among partners" (Fadhili, Interview; March, 2015). This stance was supported by another male participant who argued:

"HIV/AIDS communication is always important because it keeps the relationship healthy, especially for partners whom one of them is HIV/AIDS positive (Hamad, Interview; March, 2015).

Likewise, another male participant recommended that:

> Couples must communicate about HIV and other transmitted diseases because it's good to know what your partner is going through. A relationship is a long-term plan and it is important for partners in every discussion they have to think about their future (Jafu, Interview; March, 2015).

In a focus group discussion, for example, one of the female participants expressed concern, appealing for less wife battering if partners shares information about their sexual frustrations rather than remain silent.

In response, a male respondent replied:

> Yes! It is important because lack of communication can cause conflicts in the relationships, which can make a partner to cheat for the reason of healing the hurts existing in her or his current affairs. Furthermore, knowing your partner's HIV/AIDS status is important since it helps in protecting you and your partner from HIV infection" (Anitha, Interview; March, 2015).

It is for this reason that Durden & Govender (2012: xxii) argue as follows: "Communication is an essential element of HIV/AIDS prevention, treatment and care". In line with this matter, another male participant provided a lengthy account that not only depicted the existence of communication in their relationship, but also the decision they make when a communication breakdown occurs between them. He added:

> I can tell you that I and my partner do not communicate well; so somehow you feel like you are broken. So if I feel that way I do find someone… Although I can understand that she is still young, she is not aware of some things and I am older now; I am studying at university so I have broader thinking. There are some times when I call her and tell her that I need her, and she says she can't; she is with her mother. Because she still lives with her parents and due to that she can't see me around, so I get broken and find someone to sleep with (Baraka, Interview; March, 2015).

In relation to the issue of gender inequality, the response from Baraka indicates patriarchal control behaviour that most men have in relationships. For instance, as it is shown above, that Baraka uses patriarchal control to justify his cheating based on the availability of a woman and a communication breakdown. This decision can put partners at risk of HIV infection. It is better that they have free communication whereby a woman, just like a man, can make her own choices.

5.4 Nature of HIV/AIDS communication

Examining the nature of HIV/AIDS communication among black students is essential to the study. The nature in this study refers to gender power relations between men and women with regards to HIV/AIDS communication. The researcher found two broad categories, gender inequality based communication (a top-down approach), and gender equality-based communication. Most participants reported being aware of the top-down communication, while a few reported being familiar with gender equality-based communication.

5.4.1 Gender inequality-based communication

In this study, gender inequalities in heterosexuals' HIV-related communication tend to operate in three different ways. The first was through the age gap among partners; males being older in comparison to their female counterparts. Secondly, likewise, the difference in education level; with men being more educated than their women partners. Thirdly, gender inequalities being more prevalent in terms of income levels, with males generally earning more. The above differences in age, for example, is labeled as gender inequality since "age difference between partners is a form of power imbalance in relationships, particularly in patriarchal societies where age and seniority are of considerable importance in social life" (Langen, 2007:188). This implies that "in relationships where one partner is relatively older than the other, the younger member is bound by tradition to honour, obey and submit to the authority of the older partner" (Langen, 2007:189). A woman must respect a man even if he is younger than her.

Likewise, if a man marries a young woman, it is not a problem but rather, a symbol of power, but if an older woman marries a younger man, it become an issue in society (Langen, 2007:189), as apparent below:

Many women enter into a relationship with the mind that people senior to themselves in age or rank should always be treated with deference or respect and that failure to show them the prescribed forms of etiquette, or to carry out their reasonable requests, may be regarded as reprehensible and punishable.

This is what it means to be a woman in a patriarchal society. For a woman to be socially accepted she should not exert control in a man or woman relationship; she must actually support the thinking that men are in control (Maltz & Borker, 2013). Hence, by supporting men in their control, women perpetuate the unequal, gendered status quo. It is within this situation that Johnson (1997:30) articulates the following: "To live in a patriarchal culture is to learn what's expected of us as men and women, the rules that regulate punishment and reward based on how we behave and appear."

To a certain extent, my personal experiences reflect on this dissertation's topic. Before my wedding ceremony, my wish list for my husband-to-be was as follows. I prioritized age, in which I wanted a man who was older than me. In terms of education, I desired a man more educated than I. And based on income, I craved for a male who had a sustainable and bigger income than mine. I also considered height, in which I wanted my future husband who was not my height, but taller than I. In practice, I was fortunate enough to find a spouse with all the desired criteria. Regarding age, my husband is 6 years older than I; on education, he was a Master's degree holder while I had only a Bachelor's degree when we got married. With respect to income, my husband served as an assistant lecturer at university, earning a sustainable, considerably high income, while I depended mainly on my education loan.

In line of this, however, I had a feeling that based on these differences, I would respect such a man not only by virtue of being my husband, but also because he was older, educated, wiser, and financially more sound than I. These were among the aspirations my society constructed in both and women around me. In my case I have grown up observing that all my female relatives, in addition to my parents and neighbours, aspired to the same expectations as a societal ideal. All along I did not realise that these were elements undergirded by gender inequality. Each aspect I desired in fiancé, had repercussions in our culturally-based gendered social inequality; reflected in the HIV/AIDS communication where females were subservient to males by virtue of economic dependency. More often than not, heterosexual female

partners tend to go along with risky sexual practices that may predispose them to HIV and AIDS, to be discussed at length in this dissertation.

Fig 1.1 Image showing gender inequality relationship

[3]

In this study the issue of gender inequality-based communication is highlighted by Furaha when she said: "It is not easy to speak with my boyfriend about HIV/AIDS. Men don't like to come out on this issue; when a woman introduces the topic on HIV it is seen as being disrespectful" (Furaha, Interview; March, 2015). According to Mbugua (2000:6), the above mentioned mentality "impedes open discussions between the sexes and limit people's chances of achieving a mutually trusting and satisfying relationship". In a patriarchal society, an older person must be respected and men in that case get respect in most aspects since they occupy most senior positions in society. The issue of gender inequality was highlighted by one of the male respondents when he said:

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[3] https://cassandracomplexblog.files.wordpress.com/2015/07/genderequality.png

I just bring some sought of topic and we always talk. If she brings a topic I will see if I will be in the position to speak and then I say yes and we will discuss. If I am not in the mood we talk about it (Jafu, Interview; March, 2015).

It is evident from such scenarios that it is difficult to reach a collective decision on HIV/AIDS, because men have power over women to decide what they (men) think is right. However, in most cases women become victims of HIV/AIDS because they cannot voice their thoughts and opinions. These findings are supported by Forman (2000:7) who argues: "women cannot insist that their partner wear a condom during intercourse and women cannot prevent their partners from having sex with other partners." This power difference between genders is symptomatic of social construction, in which men are social constructed to be dominant and assertive while women are expected to be inferior and submissive. Gupta (2000:3) posits that:

> The unequal power balance in gender relations that favours men, translates into an unequal power balance in heterosexual interactions, in which male pleasure supersedes female pleasure and men have greater control than women over when, where, and how sex takes place.

Women are the ones who suffer the most from these imbalances of power. The extent of gendered relationships is highlighted by one the female respondent when she reported: "HIV/AIDS topic brings fear to sexual partners. When you speak about that issue, a lot of questions come such as why are you talking about this? Are you sleeping with another man?" (Aisha, Interview; March, 2015).

Gender inequality as it is argued that the adverse effects on relationships tend to lead to HIV infection among heterosexual partners. Foreman (2010:7) points out: "Men's behavior and attitudes drive the HIV/AIDS epidemic." Furthermore, he suggests:

> Men tend to decide the circumstances and form of sexual intercourse. Most women cannot insist that their partner wear a condom during intercourse and women cannot prevent their partners from having sex with other partners.

This perspective was also provided by another female participant who responded that,

> Even if we have got this 50/50 in human rights when you go to your man is always above you. Men are always the problem. It's not easy to speak to men about HIV/AIDS and condomising

because in African society condom is a taboo especially to married people. Women are always undermined by the culture rules and norms" (Zuwena, Interview; March 2015).

In circumstances like these mentioned by Forman, when there are gender inequalities among partners it is difficult for them to discuss HIV/AIDS matters, including safer sex, since the man decides what should be done. These gender inequalities between men and women sometimes lead males to exercise violence towards their wives in order to demonstrate their power. For instance, it is claimed that,

> Many men are violent towards women. They beat them or rape them and sometimes kill them. A half all suffered violence at the hands of their husbands or a sexual partner. Rape of strangers occurs, but most rape among most or all women say that they have is either within a long term sexual relationship (marital rape) or a woman a man has recently met, when he believes she owes him sex because he has bought her a drink or a present or spent time with her (Foreman, 2010:11).

Masculinity is one of the reasons behind the unending violence and gender prejudice in the society. Masculinity is unquestionably central to the question of violence due to the fact that in many instances men are the perpetrators of violence. The overwhelming majority of violent offences of all kinds is committed by men (Egger, 1993). In addition, the violence is often executed by men over women and even when it is targeted at fellow men; it is frequently done to prove their manhood. Men use violence to achieve control over women and defend their 'manhood' against other men (Maurice, 2013; Morrell *et al*., 2012). Violence mostly occurs when men feel inferior, hence alternatively they choose violence to demonstrate their power. Thus violence is the result of men wanting to show their superiority and control to their fellow human beings; precisely women (Connell, 2002). Egger (1993) argues that other factors of violence such as alcohol are minor compared to masculinity.

5.4.2 Gender equality-based communication

Although the majority of participants 54.5 percent reported gender inequalities in communication, some of the participants 33 percent reported gender equality-based HIV/AIDS communication. Research participants reiterated that openness and cooperation were the most important aspects in relationships as they help pave the way for collective dialogue. The importance of openness is highlighted by Saida when she said:

We both open up about it [HIV/AIDS]. So it's much easier for us to discuss such issues. Even when one of us is positive we will find the way of dealing with it. We also deal with blood donation, so it's much easier to engage on such communication together. It also depends on how it's started; it can be him or me. We're very open to each other, we're just like friends. It doesn't necessarily be him who starts the conversation, [it's] whoever (Saida, Focus group discussion; March 2015).

In this respect, openness and friendship between partners is noted as the signs of gender equality in heterosexual relationships. In a gender equality relationship, partners share issues without the other being undermined. Another female participant also supported Saida's view and added that; "we take turns to initiate conversation, sometimes him and sometimes me. I can start a conversation and she can also start because it important to communicate because nowadays it's good to know your status" (Aisha, Interview; March, 2015). The same applied to Aisha's response that both have equal opportunity on HIV/AIDS communication, hence to signify the existence of gender equality.

Fig 1.2 the state of gender equality relationship
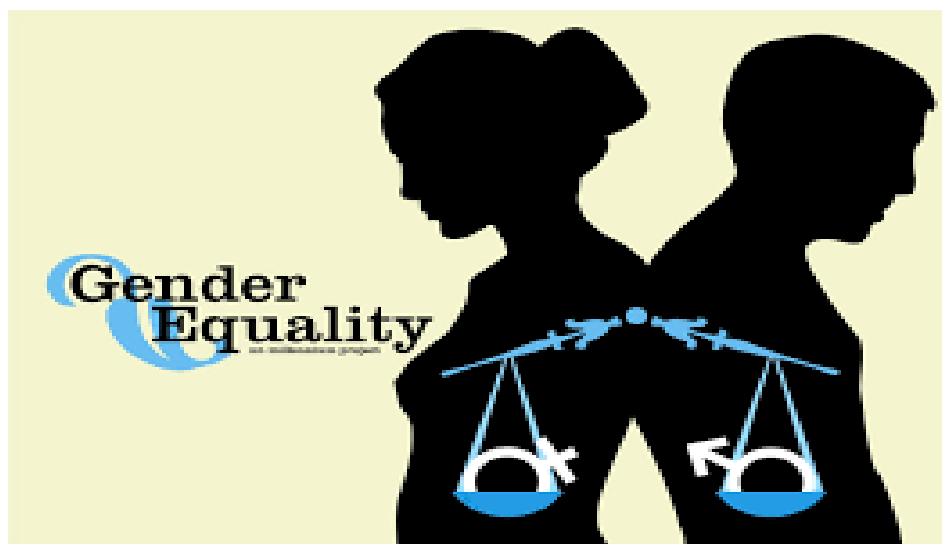
5.5 Challenges to HIV/AIDS communication and gender equality

This section identified four main obstacles causing lack or scanty communication, and gender inequalities among partners out to negotiate safer sex. These factors included culture, religion, inadequate knowledge on gender, and economic dependence.

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5.5.1 Culture beliefs and practices

Blundell (1994: 27) defines culture as an, "integrated process through which people identify themselves in relations to pattern of life histories, experiences, actions, and artefacts." During the focus group discussion in which participants discussed whether they do communicate about HIV/ADS, a female participant described the following:

> Ooh! Not really, women have to be obedient to their men despite being oppressed because some societies such as Zulu and Indian do not allow communication about sexual matters. So some women tend to tolerate men's patriarchal behaviour of controlling women because they want to fit in the society" (Sara, Focus group discussions; March 2015).

Due to socially constructed rules, women tend to be silent even if they want to speak out against unequal treatment. Culture has already silenced them under the umbrella of obedience to their husbands or partners, as a sign of a good woman. Mbugua (2000: 2) identifies this culture of masculinity, stating that "traditional notions of masculinity lead men to engage in risky sexual behaviors such as multiple sexual partners and to assume positions of power vis-à-vis women, including negotiating for sex". Men use masculinity to justify their sexual behaviors as uncontrollable. In this study it was found that culture hinders communication among partners by giving men more power, respect and ability to do anything, including decision-making over sex. Forman (2010:10) stresses the following:

> Men's sexual behavior is deeply rooted in the cultures they grow up in. Boys grow up believing that it is 'natural' for men to have frequent sex and that having many sexual partners is a sign of virility. Girls grow up believing it is their 'duty' to satisfy men. Both men and women perpetuate these attitudes: men by the examples they give, and women by accepting them.

Thus according to the cultural perspective, women are created for the purpose of fulfilling men's sexual desire and it is their obligation to continue maintaining this culture. Consequently a woman turns out to be man's property since he can make a woman to do anything he wants. This resembles lack of equal power relations in couple's affairs. In addition, if there is no equality among partners, negotiating safer sex will be difficult because a woman tends to follows the orders of the man unquestioningly. Gender inequalities between men and women may lead the man to apply violence on his partner to prove his virility. In this respect, "culture should not be an excuse to perpetuate patriarchal practice" (Morrell *et*

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al., 2012:54). Such tendencies break women's silence over their sexuality, as suggested by Morrell *et al*., 2012 (2012) towards owning up to sexual experiences.

5.5.2 Religion dogmas

Schlehofer, Omoto & Adelman (2008:412) define religion as "a set of organized practices and beliefs established by tradition and conducted in a central place of worship." This study established that religion is among the reasons for partners' silence, infrequent and top-down communication. The United Nations Children's Fund (UNICEF, 2003) argues that in many places a culture of silence surrounds HIV/AIDS. Most religious groups have interfered with efforts to promote sexual health by assuming a silence attitude towards sexual education, and opposing promotion of HIV preventive methods (Saayman, 1991; Pfeiffer, 2004). In most cases this silence is caused by religious values that associate HIV with immorality. Due to the stance taken by religious groups it becomes difficult for the worshippers to negotiate safer sex, including the use of condoms.

One of the female participants highlighted the difficulty of using protection during sex in the following comment: "Our religion (Christianity) does not allow couples to use condoms. We are not even allowed to talk about it since it is not allowed by our church" (Flora, Focus group discussion; March, 2015). This implies that being religious can increase chances of acquiring HIV since religion endorses abstinence and being faithful, and discourages condom use. According to Mulqueeny (2013), the association of HIV/AIDS and immorality has caused discrimination and stigmatization in churches, especially when individuals reveal their HIV/AIDS status.

Such perceptions highlight the impact of religion on HIV communication since people may not talk openly about HIV for fear of stigmatization. However, on the other hand, religion teaches responsibility and moral uprightness, and can be used as vehicle in the promotion of positive HIV-related prevention messages and sexual practices (Moodley, 2012). This implies that religious values of being faithful, abstaining and sex after marriage, thus preventing heterosexuals from engaging risky behaviour.

5.5.3 Gendered economic dependency

Economic dependency of women on men is a key challenge for gender equality in relation to HIV/AIDS communication. When women are dependent on men economically, they may not be able to communicate about HIV/AIDS and negotiate safer sex. It is likely that some women fear should they introduce the HIV/AIDS topic or request condoms during sex; they will be abandoned by their partners. This aspect was highlighted by a female respondent who stated the following: "I just can't speak with my partner about HIV/AIDS because I am afraid he might break up with me; something that will be a disaster to my life, since I depend on him almost everything!" (Zuwena, Interview; March, 2015).

In a situation like that described by Zuwena, it is beyond doubt that this woman is not capable of introducing the HIV/AIDS topic to her male partner. It is under this circumstances that Forman (2000:10) posits: "As long as women are dependent on men, men will offer money or presents to get the sex they want and women will offer sex to get the resources they need." Economic dependence may force women to engage in sex without initiating HIV communication as they fear losing their source of income. Economically vulnerable women are highly dependent on men's financial contributions and are thus less likely to succeed in negotiating protection, and to abandon relationships they perceive as risky (Jewkes, Levin & Penn-Kekana, 2003).

5.6 Promoting HIV/AIDS in engendered communication

As in previous studies on gender and HIV/AIDS, this study also aims to reiterate means to protect students in heterosexual relationships in this respect, at the same time bridging the gender gap imbalance among them. The findings from the study point to the fact that the respondents had various views that they thought necessary to stamp out gender disparity in HIV/AIDS communication. These include engagement in health programmes, gender socialisation, and empowerment of women, male involvement, and use of role models.

5.6.1 Engagement in health programmes

It was noted from the participants' responses that they are a number of ways that could be used to promote HIV/AIDS communication. Zuwena was of the opinion that HIV/AIDS communication can be promoted through participation in health programmes is like donating blood. She highlighted this, thus:

It's him who starts the conversation because he is a donor. He always says I must know my status. But I think he is doing so because he is a donor. If he wouldn't be so, maybe he wouldn't do that too much. I think the communication is very good but most of the time it comes from him, not me. I just rely on him because he is a donor (Zuwena, Interview; March, 2015)

Regular involvement in donating blood encourages partners to discuss HIV/AIDS. Partners who work on different health programmes, such as blood donation' are likely to take precautions related to HIV and AIDS. Encouraging people to volunteer to donate blood would help partners know their status and take necessary precautions. It appears that individuals who donate blood are well equipped with health information related HIV/AIDS.

5.6.2 Gender socialisation

According to Lorber (1994:119), gender socialisation is "how we, as individuals, learn to become members of various gender groups." As one of the agents of gender socialisation, the family is a vital agent. This study established that if a person is raised in a gender equitable family from childhood, the individual has the potential not only to get used to the concept, but also to practice it. According to Imani, a male participant:

We do talk about HIV/AIDS and STIs. With me, is a bit different because I treat my partner as a friend. I think, because I am coming from the non-patriarchy family, both my parents have equal rights and share responsibilities in everything, including cooking and washing the dishes and clothes. The same to my mom, she does almost everything that is regarded as men's work. Hence, I had grown up seeing my parents respect each other and share everything (Frank, Focus group discussion, March 2015).

The above statement implies that a gender equality-based family can act as a tool for reconstructing this notion. Imani's learned his gender equality in relationships from his parents. This indicates that a gender equitable world is possible. Lorber (1988:101) argues that "Today, fathers are taking care of little children, girls, boys are wearing unisex clothing and getting the same education, women and men are working at the same jobs." It is important for males, especially, to be socialised in a manner that respects females and views

them as equal partners. Such a relationship makes it easier for partners in a relationship to communicate about HIV without fear.

5.6.3 Empowerment of women

Research participants were of the view that empowering women was a notable strategy that could be implemented in order to promote HIV/AIDS communication. Aisha highlighted this view when she said: "Empower women; they will know their rights. If women can't stand for themselves, then they are at risk of getting HIV. So to me, empowerment it is ok" (Aisha, Interview; March, 2015).

Empowerment is the process and outcome of a situation where people feel a greater sense of worth and personal control, besides recognizing that they can participate with others to influence conditions that affect them (Homan, 2004:10). Through empowerment, powerless and silenced people, especially women, can advocate for their views and needs to be heard, thus gathering the courage to decline unprotected sex. Freire (1970) believes individuals have the capacity for reflection, conceptualizing and critical thinking in decision making, for both planning and for social change, only if given an opportunity. Communication, therefore, should be empowering, horizontal and giving a voice to marginalized or ignored members of the community. This implies empowerment occurs when communication is reciprocal (Cardey, 2006). It is through sharing information that people can learn and change. According to Charlie & Caubergs (2007), empowerment provides greater independence and capacity for self-determination, as well as means to allow individuals to broaden their opportunities, influence social change, move towards a fair and equal society in particular, in relations to men and women.

Ideally, communication should therefore comprise dialogue and participation for the purpose of creating cultural identity, trust, commitment, ownership, and empowerment (Kincaid & Figueroa, 2009). This form of empowerment affords voiceless women the power and ability to express their feelings to their male sexual partners fearlessly. Dialogue is an act of creation; it must not serve as a craft instrument for the domination of one person by another (Freire, 1970). This implies gendered partners should have power to speak their mind. That is one way to share ideas on HIV/AIDS prevention. When two opposing poles of dialogue are thus linked by love, hope and mutual trust, they can make a collective decision (Freire, 1970).

5.6.4 Male involvement

In the interviews, participants mentioned involving men as crucial in improving HIV-related communication between partners. Aisha highlighted this notion by stating: "If we want to have a successful result in fighting against HIV/AIDS and gender inequality, we have to include men" (Aisha, Interview; March, 2015). Male inclusion in HIV communication was deemed imperative by HEAIDS, as follows:

> HIV awareness programs should strive to involve males, learning from successful projects such as Engender Health's Men as Partners programme at other institutions, which promotes equitable relationship norms and encourages males to know their HIV status and take responsibility for limiting partners (HEAIDS, 2008:11).

Participants also suggested HIV/AIDS communication and gender equality could be improved on by creating a friendly environment between partners. In this respect, a female respondent articulated the following:

> Let him open up, create friendship. Tell him that you are more than friend; my lover, my husband. If that won't work, get another man who has a good relationship [with his wife] to explain to him [Anitha's husband] that this is us, this is my friend. If there is a young person who can tell them, that it is not about our dad or our forefathers, this is about *us*! Life style has changed… (Anitha, Interview; March, 2015).

Another participant made his recommendation by pointing out the following issue of gender imbalance between men and women:

> Open discussion would be useful, although it's hard sometimes to make men listen, especially when they are mixed with women. But when they [men] are different, it's much easier to deal with them on their own. May be if they hear other men, it might help to change them (Saida, Interview; March, 2015).

Gender AIDS Forum (GAF)[4] argues: "If we work with men and boys, we must enable them to see, confront and resist their own power over women and girls" (Power Talk, 2005:2). It is easier to redress gender inequalities in society if men are actively involved in the process.

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[4] A Non-Governmental Organisation which established in response to the gendered impact of HIV/AIDS.

"Both men and women are disadvantaged by gender inequalities in society; neither men nor women can live their full and rich lives in such societies" (Rabe, 2014:160). They are all victims of a gendered social system. Forman (2000:10):

> Most men who treat women as equals find that their lives are more rewarding and less stressed: at a personal level, instead of a servant, they have a partner for a wife, and at community level they benefit from the insights and strengths that women bring.

It is clear that men have more to benefit from an equal society that a gendered society. It is for this reason that men should be involved in efforts to end gender inequality and improve HIV communication.

5.6.5 The use of role models

Gibson (2004:136) refers to a role model as "a cognitive process in which individuals actively observe, adapt and reject attributes of multiple role models." This implies a role model is an inspirational or motivator from whom one can learn and emulate desired behaviours. In a similar manner, to counteract men's dominance and empowering women, another participant suggested there was need for open talk shows on the mass media in which couples that have established mutual communication can share their experiences with students. She suggested: "Gatherings are the solutions. Maybe invite the famous couples and tell us what and how they communicate in their relationships. And we must have some fun!" (Furaha, Interview; March, 2015).

This notion of having fun while imparting important knowledge can be achieved through entertainment education (EE). Singhal & Rogers (1999:117) have referred to EE as the "intentional placement of educational content in entertainment messages". Use of EE to improve HIV/AIDS communication is ideal as having the potential to achieve desired social change (Singhal & Rogers, 1999).

Ideally, students' partners could emulate other role models who look similar to themselves, but successful in their relationship. Sealy & Singh (2010) posit that role models are important since they help to construct individual's identity. In the ensuing conversations, however, some respondents alleged there was no solution to gender inequality. A male participant

responded: "I don't think there is *any* gender inequality among heterosexuals, and I don't know if there is anything that can be done about it" (Fadhili, Interview; March, 2015). Fadhili was among the participants with limited knowledge on the gender spectrum, highlighted by the following statement: "I thought gender it's all about boys behaves this, and girls behave like this, we never gone that far like relating gender with relationships."

The above depicts participant responses which paint a clear picture of limited knowledge on gender issues, depicting limitations on the very material. Some responses gave the impression it is possible some participants did not understand the concept of gender at all. This lack of knowledge points to the importance of providing education on gender issues. It might be possible that men mistreat women without knowing that their behaviour amounts to gender discrimination.

5.7 Conclusion

Generally, gender inequality is likely to lead to poor or no communication between heterosexual partners with relation to HIV/AIDS due to the patriarchal nature of the relation. Religion, culture and economic dependence are among factors that nurture gender inequality, leading to males assuming they have the upper hand when it comes to sexual practices, with disregard to the hazards associated with HIV and AIDS. Majority of the student participants reported that they communicate with their partners about the risks of HIV/AIDS. However their communication on HIV/AIDS is not always shared communication. In most cases it is men who decide whether they should communicate about HIV/AIDS in relation to practising safer sex or not. According to the study findings, it was also established that effective changes could be implemented by engaging in activities like involvement in health programmes; women's empowerment; gender socialisation; and involving men in HIV/AIDS prevention programmes. The above activities are crucial towards eradicating gender inequality and enhancing communication about HIV/AIDS between sexual partners.

CHAPTER SIX
RECOMMENDATIONS AND CONCLUSION

6.1 Introduction

Chapter six provides recommendations that is policy and further studies recommendations and also offers a conclusion of the entire study.

6.2 Recommendations

During the course of the study, the researcher was able to identify various issues that need to be given more pragmatic and academic focus. Thus, the study has two sets of recommendations, which are policy recommendations and recommendations for further studies.

According to the research findings, the study established that there is a need for UKZN as an institution to develop a forum to educate students on the importance of participatory communication between couples in heterosexual relationships as a means of HIV/AIDS prevention. Ideally, the above university's Students' Services Unit should be staffed with personnel equipped with skills in health communication, so that they can nurture students to value both mutual and frank communication between partners. The question of gender should be tackled openly and consistently to equip university students – both male and female – in handling their heterosexual practices towards averting the rapidly mounting cases of HIV and AIDS not only on Howard College Campus, but also on the other four UKZN campuses.

Concerted campaign toward addressing issues related to HIV/AIDS prevention at UKZN, as well as raising awareness among both female and male students, with a special focus on the former since women are more vulnerable to HIV infection from a health perspective as well as a cultural viewpoint. The university should also come up with policy guidelines in the above respect concerning the specific areas of HIV/AIDS with a strong emphasis on gender concerns, which is currently lacking in the current outdated University of KwaZulu-Natal HIV/AIDS Policy (2005). In addition, practical measures should also be taken to ensure

concerted efforts will go specifically into the practical implementation of HIV/AIDS policy recommendations, *beyond lip service.*

Furthermore, this study identified the need to explore practicability, through intervention approaches to curb HIV/AIDS incidence at UKZN campuses. In addition, further research should include other races other than that of blacks of African descent, to establish how their communication patterns exist between heterosexual partners. In the process, UKZN could borrow a leaf from recommendations advanced by Sallis*, et al.,* (2008) concerning behavior change by supporting both policies and an environments that supports students' health choices; socio-cultural norms which endorse choices; and both motivation and education towards making the right choices.

This study established that students interviewed were not sufficiently knowledgeable about gender in relation to HIV/AIDS and sexual relationships. To reverse this trend, programs should be introduced to raise awareness of gendered concerns that fuel risky sexual behaviour among heterosexuals. In the process, attention should be paid on aspects that contribute to the spread of HIV/AIDS, such as culture, religious beliefs, alcohol abuse, verbal violence, as well as physical violence such as rape, all of which are characterized by gender inequality affecting females disproportionally. As Foreman (2000:11) advance the following: "HIV/AIDS prevention depends on equal gender status."

6.3 Conclusion

The study was able to establish that HIV/AIDS communication among heterosexual partners can be used to prevent HIV/AIDS transmission in heterosexual relationships. This study found that horizontal communication between partners creates a platform for behavior change. It allows sharing of information and making collective decisions on a particular matter. Generally, the interpersonal communication theory, social constructionism theory and feminist post-structuralism theories establishes the basis for interaction among the partners. It also provides the possibilities of reconstruction that can be of greater effect on heterosexuals' students to reconstruct their inherited gender inequality background to gender equality.

Under South Africa's pervasive patriarchal culture, a black woman is expected to fulfil her black male sexual partner's requirements, regardless of whether the sexual practices involved are safe or not. For example, a female participant admitted it was not easy for women to

negotiate the issue of HIV/AIDS, let alone suggest condom usage for protection purposes. Men tend to deem such requests as disrespectful; a common response in the strongly male-controlled nation. In contrast, females are expected to fulfil every sexual whim of her man. Nor can a woman curb her boyfriend from having sex with other females. Gupta (2000:3) postulates that:

> The unequal power balance in gender relations that favours men, translates into an unequal power balance in heterosexual interactions, in which male pleasure supersedes female pleasure and men have greater control than women over when, where, and how sex takes place.

Such practices only serve to fuel the HIV/AIDS pandemic, besides continually perpetuating gender inequality among blacks of African origin.

This study was about *gender, and HIV/AIDS: Examining HIV/AIDS communication among UKZN, Howard College black students in heterosexual relationships.* The aim was to explore HIV/AIDS communication among black students in heterosexual relationships. It also aimed at reviewing the gender relations among heterosexual partners with the aim of establishing whether heterosexual partners communicate about HIV/AIDS as a step towards prevention of possible transmission of HIV. Generally, the study found that the majority of the students in heterosexual relationships do communicate about HIV/AIDS. On the other hand, study also found the existence of both gender *equality* and gender *inequality* based communication among heterosexual partners. Due to such observations that *some women* are nothing more than recipients of men's orders, some recommendations were made on how to mitigate HIV/AIDS transmission and to promote gender inequality among heterosexual black students.

Primary Source

Interviews and focus group discussion

Focus group discussion held on 20th March 2015 at MTB G. 86. Discipline of African Languages.

Hassan, Focus group discussion; March 20 2015

Frank,   Focus group discussion; March 20 2015

Anitha, Focus group discussion; March 20 2015

Saida,   Focus group discussion; March 20 2015

Sara,   Focus group discussion; March 20 2015

Peter,   Focus group discussion; March 20 2015

Interviews with black UKZN students held from 13th to 30th March 2015 at Howard College.

Zuwena, Interview; March 13, 2015

Mariam, Interview; March 13, 2015

Baraka,   Interview; March 15, 2015

Hamad,   Interview; March 18, 2015

Imani,   Interview; March 20, 2015

Jafu,   Interview; March 20, 2015

Fadhili,   Interview; March 22, 2015

Faraji,   Interview; March 25, 2015

Aisha,   Interview; March 27, 2015

Furaha,   Interview; March 30, 2015

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APPENDICES

Appendix I: Ethical clearance

UNIVERSITY OF ™
KWAZULU-NATAL

INYUVESI
YAKWAZULU-NATALI

18 December 2014

Mrs Latifa Njawala 213572040
School of Social Sciences
Howard College Campus

Dear Mrs Njawala

Protocol reference number: HSS/1638/014M
Project title: Gender equality and HIV/AIDS: Examining HIV/AIDS communication between heterosexual students' partners at the University of KwaZulu-Natal (UKZN) - Howard College

Full Approval – Expedited Application
In response to your application received on 9 December 2014, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL.**
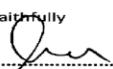
Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

....
Dr Shenuka Singh (Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

Cc Supervisor: Dr Gabisile Mkhize
Cc Academic Leader Research: Professor Sabine Marschall
Cc School Administrator: Mr N Memela/ Mbali Buthelezi

Humanities & Social Sciences Research Ethics Committee
Dr Shenuka Singh (Chair)
Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Telephone: +27 (0) 31 260 3587/8350/4557 Facsimile: +27 (0) 31 260 4609 Email: ximbap@ukzn.ac.za / snymanm@ukzn.ac.za / mohunp@ukzn.ac.za
Website: www.ukzn.ac.za

1910 - 2010
100 YEARS OF ACADEMIC EXCELLENCE

Founding Campuses ▬ Edgewood ▬ Howard College ▬ Medical School ▬ Pietermaritzburg ▬ Westville

Appendix II: Gatekeeper's letter

UNIVERSITY OF ™
KWAZULU-NATAL
INYUVESI
YAKWAZULU-NATALI

23 September 2014

Ms Latifa Njawala
School of Social Sciences
College of Humanities
Howard College Campus
UKZN
Email: 213572040@stu.ukzn.ac.za

Dear Ms Njawala

RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal (UKZN) towards your postgraduate studies, provided Ethical clearance has been obtained. We note the title of your research project is:

"Gender Equality and HIV/AIDS: Examining HIV/AIDS Communication among Heterosexual Student Partners at the UKZN-Howard College".

It is noted that you will be constituting your sample by interviewing and conducting focus group discussions with black undergraduate students on the Howard College campus.

Data collected must be treated with due confidentiality and anonymity.

Yours sincerely

MR MC BALOYI
REGISTRAR

Office of the Registrar
Postal Address: Private Bag X54001, Durban, South Africa
Telephone: +27 (0) 31 260 8005/2206 **Facsimile:** +27 (0) 31 260 7824/2204 **Email:** registrar@ukzn.ac.za
Website: www.ukzn.ac.za

1910 - 2010
100 YEARS OF ACADEMIC EXCELLENCE
Founding Campuses: ▪ Edgewood ▪ Howard College ▪ Medical School ▪ Pietermaritzburg ▪ Westville

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Appendix III: Informed consent document

Dear Participant,

My name is Latifa Njawala. I am a Masters' (MA) student in the School of Social Science, studying at the University of KwaZulu-Natal, Howard College Campus. The title of my research is: Gender equality and HIV/AIDS: Examining HIV/AIDS communication between heterosexual students' partners at the University of KwaZulu-Natal (UKZN). The aim of the study is to examine HIV/AIDS communication between heterosexual students' partners. The study does not seek to know whether these partners are infected or not infected of HIV/AIDS. Such question will not be asked. The study seeks to know about HIV/AIDS communication (if the partners talk about HIV/AIDS in their relationship). This study hopes to determine whether students in heterosexual relationships communicate on HIV/AIDS issues with their sexual partners. Therefore, I am interested in interviewing you so as to share your experiences and observations on the subject matter.

Please note that:

- You will NOT be asked of your HIV/AIDS status.
- The information that you provide will be used for scholarly research only.
- Your participation is entirely voluntary. You have a choice to participate, not to participate or stop participating in the research. You will not be penalized for taking such an action.
- Your views in this interview will be presented anonymously. Neither your name nor identity will be disclosed in any form in the study.
- The interview will take about one hour.
- The record as well as other items associated with the interview will be held in a password-protected file accessible only to myself and my supervisors. After a period of 5 years, in line with the rules of the university, it will be disposed by shredding and burning.
- If you agree to participate please sign the declaration attached to this statement (a separate sheet will be provided for signatures)

I can be contacted at:

School of Social Sciences, University of KwaZulu-Natal, Howard College Campus, Durban.

Email: lnjawala@yahoo.com/213572040@stu.ukzn.ac.za. Cell: 0773 170 881.

My supervisor is Dr. G.P. Mkhize who is located at the School of Social Sciences, Howard College Campus, and Durban of the University of KwaZulu-Natal. Contact details: email Mkhizeg2@ukzn.ac.za, Phone, number: +27 31 260 1114.

The Humanities and Social Sciences Research Ethics Committee contact details are as follows: Ms Phumelele Ximba, University of KwaZulu-Natal, Research Office, Email:ximbap@ukzn.ac.za, Phone number: +27312603587.

Thank you for your contribution to this research.

Declaration

I…………………………………………………………………… *(Full names of participant*) here by 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 with draw from the project at any time, should I so desire. I understand the intention of the research. I hereby agree to participate.

I consent / do not consent to have this interview recorded (if applicable)

Signature of Participant   Date

…………………………   ………………………………

If you agree to participate in this study please provide your full name and signature.
I,_____ have agreed to participate in the interview survey,
Date: _____Signature:_____

Appendix IV: Interview and focus group schedule

This interview and focus group schedule mainly focuses on the individual responses in the interview and focus group. This study basically focuses on individual (between heterosexual students' partners) experiences on the HIV/AIDS communication.

Dear Participant,

My name is Latifa Njawala. I am a Masters' (MA) candidate in the School of Social Science, studying at the University of KwaZulu-Natal, Howard College Campus. The title of my research is: *Gender Equality and HIV/AIDS: Examining HIV/AIDS Communication between Heterosexual Students' Partners at the University of KwaZulu-Natal-Howard College.* I am interested in interviewing you so as to share your experiences and observations on the subject matter.

Please note that:

- Your participation is entirely voluntary. You have a choice to participate, not to participate or stop participating in the research. You will not be penalized for taking such an action.
- You will NOT be asked about your HIV/AIDS status.
- Your views in this interview will be presented anonymously. Neither your name nor identity will be disclosed in any form in the study.
- The interview will be recorded if you consent to, if not, will not. Your responses will be written down in a note book.
- The interview will take about one hour.
- There cord as well as other items associated with the interview will be held in a password-protected file accessible only to myself and my supervisors.

I can be contacted at:

School of Social Sciences, University of KwaZulu-Natal, Howard College Campus, and Durban.

Cell: 0733 170 881.

Email: lnjawala@yahoo.com

213572040@stu.ukzn.ac.za

Appendix V: Interview questions

1. How old are you?

2. Are you male or female?

3. What is the year of your study? What is your major?

4. Are you in heterosexual relationships? For how long you have been together?

5. What is your partner's age?

6. What is the level of education of your partner?

7. Are you both students at UKZN? If not a student at UKZN, what does he/she do? Where?

8. Do you discuss HIV/AIDS issues with your sexual partner? How often do you talk about HIV/IDS? Why?

9. How is this communication or conversation about HV/AIDS shared between you both? Briefly, how does it flow? (Please explain)

10. What do you understand by communication/HIV/AIDS communication? Is communication significant in a relationship? Why?

11. What do you consider as safer sex? Do you and your partner talk about safer sex?

12. Do you and your partner have same/different opinions about safer sex and HIV/AIDS?

13. What can be done to promote HIV/AIDS communication based on gender equality among heterosexuals

14. What can be done to help reduce/prevent HIV/AIDS infection between heterosexual students' partners?

15. What other important sexual issues do you talk about in your relationship (that can be of help), if any?

16. Is there anything you would like to include on this topic/conversation?

17. Do you have any question for me?

Thank you for time and your contribution to this research. Again, your identity will be kept anonymously. Also, all the information you provided will be kept confidential and only used solely for this research.

Thank you!

Appendix VI: Research budget

Item	Estimated Cost (ZAR)
Research collection instruments	1000
Printing, photocopying and binding	2000
Local transport and communication	500
Editing	2000
Grand total	**R 5,500:00**