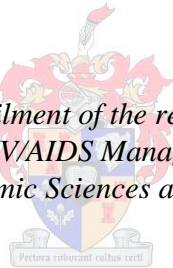


# **The experienced reality of married Shona women; the impact of their husband's sexual practices on them and the relationship**

by  
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Master of Philosophy(HIV/AIDS Management) in the Faculty of  
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## **DECLARATION**

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## **ABSTRACT**

Given the impact that culture has on individuals' behaviour and the relation that behaviour especially sexual behaviour has with the spread of HIV/AIDS, the research took a look at the Shona culture and the impact that the married Shona men and their sexual practices had on their wives and the overall relationship/marriage.

Interviews were conducted with married Shona women with the aim of getting recent information on the Shona culture and the practices of married Shona men so as to establish the levels of risk and the uncover vulnerabilities that are current.

Information obtained from these interviews showed that although the Shona culture promotes certain behaviours amongst married people, some of these practices are being done away with but unfortunately not at a fast enough pace and because of this there is still a lot of work that needs to be done to ensure that risk of infection amongst married Shona couples is reduced and levels of vulnerability are tackled as well.

## **OPSOMMING**

Hierdie navorsingsprojek ondersoek die invloed van kultuur op die gedrag van 'n individu en meer spesifiek, die invloed van individuele gedrag op die verspreiding van MIV/Vigs. Die studie ondersoek die Shona kultuur en die invloed wat die getroude Shona man het op die seksuele praktyke in die huwelik.

Onderhoude is met getroude Shona vroue gevoer ten einde eerstehandse inligting te verkry oor die invloed wat Shona kultuur op die Shona huwelik het en om verder te bepaal in watter mate die getroude Shona vrou onnodig aan die risiko van MIV blootgestel word.

Inligting wat in hierdie ondersoek versamel is dui daarop dat die Shona kultuur nog steeds seker praktyke tussen getroude persone aanmoediging en dat dit nog steeds die risiko van MIV-oordraging verhoog. Daar is weliswaar met sekere van hierdie praktyke weggedoen, maar daar is nog steeds verskeie praktyke wat voortbestaan en wat MIV-oordraging verhoog.

Die pas waarteen kultuur aanpas by die verhoogde waarskynlikheid van MIV-oordraging tussen getroude Shona mans en vrouens is nog steeds te stadig. Sekere voorstelle word in die studie gemaak ten einde te probeer om hierdie kultureel-gedrewe risiko vir MIV/Vigs-oordraging te beperk.

## **ACKNOWLEDGMENTS**

Firstly and most importantly I would like to thank God my almighty father for blessing me with the opportunity to see this program up to the end and providing me with the strength, wisdom and courage necessary to accomplish this. There have been people along the way who made life a lot easier, namely my family which includes my beloved mother who was always there to listen to me and to comfort me when things got too tough and my siblings who have always been there for me. May this be evidence that you can achieve anything and everything you put your mind to as long as you work hard at it and focus and envision the end. A special mention to all the women who interviewed for this research despite the sensitive nature of the topic, without you there wouldn't be a research report. My many thanks go to my supervisor for all the assistance and the University for the Opportunity.

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## **CHAPTER ONE: INTRODUCTION**

### **1.1 Introduction**

The focus of this section of the research is to provide a glance, a picture into the research, by giving an overview on the background of the study, the problem statement, the various objectives of the study, the research methodologies chosen for this particular study, the limitations and delimitations.

### **1.2 Background of the study**

The research aimed to take a closer look at the sexual practices of Shona men specifically and how these practices impacted on the women they are married to and the relationship as a whole. The fascination with this topic and essentially the need to focus on the Shona culture and the marriage relationship stemmed from what was mostly a personal experience on how culture influences behaviour and the potential impact that a culture can have on an entire nations' HIV prevalence rates. According to People of Africa (2007) the Shona people are approximately 17 million and reside mostly in Zimbabwe and Mozambique with a small population residing in Zambia. This large group of people share a culture, the Shona culture.

Airhihenbuwa and Webster (2004) defines culture as 'a system of interrelated values active enough to influence and condition perception, judgment, communication, and behavior in a given society'." Hence within culture one is able to identify key elements that have a bearing on human behaviour such as judgement and perception that influence how an individual or a group behaves. Behaviour including sexual behaviour is influenced in part by culture. Culture involves broadly the behaviour of a society, cultivated so to speak. It is accumulated experiences in a given society and it is these collective behaviours that are learnt in a social setting that makes it social learning (Hofstede, 1997).

It is important to take a closer look at sexual practices and their link to culture and the overall problem of HIV/AIDS. Zeidenstein and Moore (in Gupta, 2000:2) differentiate between gender and sexuality by providing the distinction but still

showing the relationship between the two, “Sexuality is distinct from gender yet intimately linked to it. It is the social construction of a biological drive. An individual’s sexuality is defined by whom one has sex with, in what ways, why, under what circumstances, and with what outcomes. It is more than sexual behavior; it is a multidimensional and dynamic concept. Explicit and implicit rules imposed by society, as defined by one’s gender, age, economic status, ethnicity and other factors, influence an individual’s sexuality”. It is from this background that we get individuals’ sexual practices, these practices stem from an individual’s sexuality which is in turn linked or related to that individuals’ culture. It is this relationship that is going to be explored in the research and the impact it has on the woman in that relationship.

In 2011, there were an estimated 1.8 million new HIV infections in sub-Saharan Africa (UNAIDS, 2012). Despite the figures provided by (UNAIDS, 2012) that show that there has been a decline in new infections, a figure of 1.8 million is still significant enough to warrant further research to increase the body of knowledge to increase the effectiveness of the fight against the spread of HIV/AIDS. The research aims to gain recent and detailed accounts of the sexual practices of Shona men. Ways of life, traditions and beliefs, sexual norms and practices all broadly understood to be part of culture according to UNESCO (2002). The Shona men in the research were married and the researcher communicated with their spouses through interviews. An in-depth look into the sexual relationship between Shona men and their spouses would be beneficial in understanding new HIV infections and also new-borns being born with HIV. The research looked at heterosexual couples due to research and statistics showing that transmission of HIV in sub-Saharan Africa is predominantly heterosexual (Buvé, Bishikwabo-Nsarhaza & Mutangadura ,2002).

### **1.3 Motivation of the research project**

In the case of this study with a targeted interest in the Shona culture and Shona men’s sexual practices, more effective prevention and treatment programmes could be informed by increasing the knowledge base on the sexual practices and by identifying risk factors, vulnerabilities and essentially challenges of these

individuals who are the majority population in Zimbabwe. There are various people who will benefit from this study. The married Shona women whom the researcher will be interviewing will get an opportunity to speak out about their experiences in their marriages. This hopefully will also result in increased openness regarding sensitive topics like sexual relations amongst Shona women. All men, not just the Shona husbands will also benefit from the study as the information gathered will be used to help fine tune prevention and awareness programmes in the area in which they reside. Programme planners and facilitators who work with HIV prevention and awareness will also benefit from the information gathered from the research as they can use the information to add onto their already existing body of knowledge in this area and hopefully result in more effective programme delivery.

#### **1.4 Problem statement**

The problem statement for this research project is an analysis of the experienced reality of married Shona women regarding their husband's sexual behaviour? The Shona culture does not frown upon men having multiple sexual partners and polygamy is part of the culture. This poses an HIV/AIDS risk if one of the individuals in this circle is infected or engages in risky sexual practices. In such a culture, the research aims to investigate further on the extent to which multiple concurrent partners and condom uses exist. Some of the key drivers of HIV/AIDS infection are risky sexual practices. If any risky sexual practices exist within Shona marriages it is vital that more information on is obtained.

#### **1.5 Objectives of the study**

The objectives of the study were:

- To identify the sexual practices of Shona husbands: what are the common practices found amongst married Shona men? How do these practices relate to the spread of HIV/AIDS and also how do they impact the risk and vulnerability of their spouses within the Shona culture context.
- To identify the women's perception of risk: As the information for this study was being obtained from the women who are married to these Shona men,

their perceptions and views on risk posed by their husbands' sexual practices was important. It was also important to discover their perception of risk and to what extent it was high or low and the reasons behind this.

- To establish perceptions and actual vulnerabilities in this relationship: This was aimed at focusing on the aspect of vulnerability, not only for the wife in the relationship but also the vulnerabilities of the Shona husbands that are brought about by their sexual practices and overall Shona cultural influences.

## **1.6 Research methodology**

### 1.6.1 Research design:

Qualitative research design was used for the purposes of the study as the information being gathered mostly pertained to individual accounts and experiences of the participants in the research. This qualitative design would be the most effective in describing the experiences of married Shona women who participated in the study.

### 1.6.2 Target group/population

The information was obtained from married Shona women based in Cape Town which is where the researcher is based geographically.

### 1.6.3 Data sources and collection techniques

This was a qualitative study requiring detailed accounts hence the use of semi-structured interviews with a minimum of 15 women. The rationale behind using semi-structured interviews is that they allow the probing of the individuals being interviewed for further answers.

### 1.6.4 Data analysis and interpretation.

Thematic Content Analysis was used for the purposes of this research assignment. In its simplest form it categorizes the data from the information obtained from the interviews. A thematic content analysis satisfactorily portrays the interview transcripts or any other texts by looking for and identifying the

common themes within that text so as to provide for an analysis (Anderson, 1998).

### **1.7 Limitations of the study were:**

- Time constraints on the part of the researcher. Time constraints affected the researchers' ability to obtain more data from a bigger sample size. When there is a big sample size it increases the generalisations that can be drawn from the research findings.
- There is a possibility that some of the research participants may not have been providing accurate and factual information and given the nature of the topic and information being gathered for this research it would not be easy to identify inaccurate information and this is a limitation.
- Researchers' bias on the topic being researched seeing that the researcher is a Shona woman.

### **1.8 Conclusion**

Chapter one was an introduction of the various aspects of the research paper to give the reader a general overview. Chapter two takes an in-depth look at the topic on sexual practices of Shona men and the impact on the marriage. It is a survey of the literature available on the Shona culture, marriage, sexual practices and the overall influence that culture has on an individuals' behaviour. In chapter three, the actual methodology that was applied in the approach of the research, sampling and overall objectives of the study are looked at in-depth. Chapter four is the reporting of the results and information gathered by the researcher in a clear and concise manner to grant the reader an overall understanding of the results. Chapter five is the concluding chapter where conclusions are drawn and recommendations made on the research topic.

## CHAPTER TWO: LITERATURE REVIEW

### 2.1 Introduction

The statistics that show the situational analysis of HIV/AIDS in Zimbabwe were obtained from a national HIV estimates report (Zimbabwe National AIDS Council 2010/11). According to this report which is available from the National AIDS Council of Zimbabwe, the number of people that were estimated to be living with HIV were 1 242 768 as of December 2012. The estimated prevalence rate in this report stood at 15%, whilst the estimated number of new infections was 58 472. The estimated number of HIV deaths as of December 2012 was 45 6211 whilst the estimated number of mothers needing PMTCT (Prevention of Mother to Child Transmission) was 64 2451. These statistics are a strong reminder that HIV/AIDS is still a huge threat in Zimbabwe.

It is such a frightening picture that, decades after the virus was first discovered, a country like Zimbabwe is still battling to keep new infections down and to reduce the number of AIDS related deaths. Zimbabwe forms part of Sub-Saharan Africa and regional statistics provided by the UNAIDS Global Fact Sheet (2013) approximate that 25.0 million people were living with HIV in 2012. Total new HIV infections for the region were 1.6 million, whilst AIDS-related deaths totalled 1.2 million.

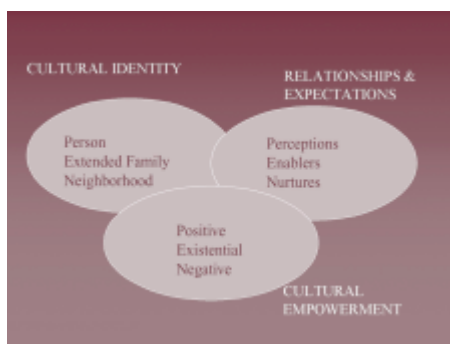
The research study carried out by the researcher, aimed to look at the impact of men's sexual practices on their spouses and on the marriage. It was also carried out to identify if any, the impact/influence that culture has on Shona marriages and how this is influencing the spread of HIV/AIDS by analysing recent cultural practices and norms. This research was aimed at discovering the effects of the Shona culture, men's sexual practices, sexual behaviour in a marriage and the perceived impact that Shona culture has on marriages. The research is aimed at updating the existing information regarding the impact of the Shona culture on the spread of HIV/AIDS amongst married couples. This section purports to explore other research and writings on the current subject.

## 2.2 Shona culture

Mazrui (1986) defines culture and likens it to a system, a system which has interrelated values that are present and active enough in that particular society to influence perceptions, judgement, communication and the behaviour of people. The Shona culture, like many other African cultures, is predominantly patriarchal, meaning that it is a culture that encourages male dominance and female subordination. There has been literature that looked at certain aspects of the Shona culture like the study conducted by Kambarami (2006). The study used Radical Feminism to explain how culture and more specifically patriarchy put women at risk of contracting HIV in Zimbabwe.

Another study by Airhihenbuwa and Webster (2004) has made use of the PEN-3 cultural model, which was developed by Airhihenbuwa in 1989, to guide a cultural approach to HIV/AIDS in Africa. This model was actually used in Zimbabwe in the late 1990s to guide prevention interventions in the country. The model was just the beginning for culture- based approaches dealing with HIV/AIDS in Africa and as such has reiterated how central culture is to our understanding of sexual behaviours within the African context. The model consists of three main dimensions namely cultural identity (person, extended family and neighbourhood), relationships and expectations (perception, enablers, nurtures) and cultural empowerment. The main contribution of the Pen-3 model was in the field of research, as it was able to provide researchers and interventionists with a culture- based strategy to address HIV/AIDS in an African setting.

Table 2.1: The pen-3 Model



Source: Airhihenbuwa and Webster, (2004)

Polygamy in Zimbabwe is allowed by law and is very much a part of the Shona culture meaning it forms part of the societal norms. At its very core, polygamy poses a risk of HIV infection to any partner included in the polygamous relationship. The presence of polygamy within the Shona culture perpetuates the belief that men have a higher need for sex than women and this increased drive or need for sex is acceptable and therefore accommodated among Shona men and women. It is such a belief that results in a Shona woman being expected to be a virgin but her husband could have fathered children already and that is still acceptable. This unequal relationship between men and women fuels the spread of HIV in various ways.

Within the Shona culture there is a negative attitude towards condoms and their use within a marriage. According to Shamu, Abrahams, Temmerman, Shefer & Zarowsky (2012) one of the reasons cited in their research whilst interviewing the pregnant female participants was that condoms are associated with disease, unfaithfulness and lack of trust and love. Another finding of their research was that the women were not in a strong position to negotiate condom use. Some important information that also came to light during their research was that the women were of the opinion that having sex with their husbands was part of a wife's duty, and as a duty they can't refuse their husbands sex. A study on women's ability to negotiate condom use in their relationships showed that they were not empowered enough to demand condom use from their partners due to their subordinate position and little control over what happens in their sexual lives with their sexual partners (Maree, 2010).

According to a study conducted by Joseph and Takesure (2012: 234) "Cultural practices in some remote areas in Zimbabwe still perpetuate gender discrimination and show a strong presence of male dominance through various cultural practices such as marrying off young girls to affluent persons, incest and intra-denominational marriages and the impact of patriarchy on women". The research looked at the dynamics in the Shona marriage and aimed to establish risk factors and vulnerable individuals if any. The studies mentioned in this literature review address different aspects of culture and Zimbabwe as a whole. The research intends to equip readers with a better understanding of the current sexual behaviours of Shona men. Knowledge on culture and behaviour even sexual behaviour needs to be updated regularly because changes occur in individuals, societies and groups.



## **2.3 Sexual practices**

Men's sexual practices are the focus of the research and as such it is important to gain a better understanding of the relationship between culture, men's sexual practices, marriage and the spread of HIV/AIDS. Gender and sexuality are significant factors in the sexual transmission of HIV (Gupta, 2000) and as such it is important to understand both terms and how they influence men's sexual practices in a marriage setting. According to Gupta (2000) gender is a construct that is culture specific meaning there are significant differences in what women and men can or cannot do in one culture as compared to another. "Gender refers to the widely shared expectations and norms within a society about appropriate male and female behaviour, characteristics, and roles" Gupta, (2000:1). The research specifically looked at the Shona culture and how the sexual practices of married Shona men impact their spouses and the spread of HIV/AIDS.

Sexual practices are a part of an individuals' sexuality. Sexuality is a social construction but biologically driven. An individuals' sexuality is defined by whom they have sex with, in what ways, why, under what circumstances, and with what outcomes (Gupta, 2000). There are factors that influence a persons' sexuality and these are mostly derived from society's rules. An individuals' sexuality is influenced by the explicit and implicit rules that society imposes and these rules are in accordance with or defined by an individuals' gender, age, economic status, ethnicity and other factors (Gupta, 2000). Sexual practices are just but one component of sexuality and by realising the interrelationship between culture and sexuality one begins to understand the impact that men's sexual practices can have on a marriage relationship.

## **2.4 Theoretical Framework**

Feminism will be the theoretical framework used throughout the research study. The reasons for this being the study focuses on Shona husbands' sexual behaviour and the impact that these sexual practices have on the relationship and their spouses. The research aims to identify risk factors and vulnerabilities affecting both the

husband and the wife within the broad context of the Shona culture which has been described by previous research as being patriarchal and male dominated.

Feminism is a conflict oriented perspective that is characterised by women's search for liberation from a sexually repressive patriarchal system. Feminism concerns the systematic oppression of women and the historical dominance of men within most patriarchal societies (Haralambos and Holborn, 2008). Feminists generally argue that men tend to monopolise positions of influence and the decision making machinery both in the family and in the wider society much to the detriment of women. The ultimate goal of Feminism seeks to end the oppression and exploitation of women by men, (Haralambos and Holborn, 2008). Great strides have been made towards this goal. Haralambos and Holborn (2008:646) postulate that, "the women's movement and Feminism have achieved considerable success in improving the rights and raising the expectations and self-esteem of women."

## **2.5 Conclusion**

There appears to be room for more qualitative research on Shona men and women and essentially their experiences within the HIV/AIDS context. The majority of the Zimbabwean population is Shona and this research will contribute towards a better understanding of current cultural practices and sexual behaviours that contribute towards the spread of HIV. The next chapter will discuss the research methodology followed in this study. A breakdown of the problem statement, objectives and research approach will be discussed in greater detail.

## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.1 Introduction**

This chapter takes a look at research methodology, and it is important to understand what research is and more specifically what scientific research entails. Research is all about answering unanswered questions and/or exploring that which currently does not exist. This then becomes a very simplified explanation of what research is. What makes research to be scientific research is when it is systematic and methodical (Goddard and Melville, 2004). The research that was conducted was of a qualitative nature in that the information gathered was non-numeric. This chapter goes into more detail as to the methodology used by the researcher and the reasons why that methodology was chosen and how it was conducted.

### **3.2 Problem Statement**

The problem statement of this research was an exploration of the question, what is the experienced reality of married Shona women regarding their husband's sexual behaviour?

### **3.3 Objectives of the study**

The objectives listed below were identified by the researcher to be vital in guiding the research study and ensuring that only the relevant information was obtained. These objectives aided the researcher to obtain the relevant information needed to answer the overall research question.

- To identify the sexual practices of Shona husbands
- To identify the women's perception of risk
- To establish perceptions and actual vulnerabilities in this relationship

### 3.4 Research Approach

The research that was conducted was qualitative in nature. Qualitative research has been defined by Strauss and Corbin (1990) as any kind of research that does not use statistical procedures or quantification methods to produce findings. The definition emphasises the lack of importance placed on figures/statistics. It is quantitative research that looks at prediction and quantities and the generalizations of findings. Strauss and Corbin (1990) claim that qualitative research is used to gain a better understanding of a phenomenon or to gain more information or rather a deeper understanding of what is already known. This definition of a qualitative study fits in perfectly with the current research. It is an in-depth analysis into a phenomenon that is relatively known, but because culture and any aspect of it is never static i.e. it changes with time, an up to date understanding of the dynamics found within the Shona marriage is important.

There are various qualities that differentiate a qualitative study from a quantitative one. A summary provided by Robson (2002) on the differences between the two emphasises how it is the actual concepts used in the different approaches that are quite different. Quantitative uses variables whilst qualitative uses generalisations. Qualitative research is mostly in the form of words whilst quantitative is mostly figures. This means a qualitative research will read more like a story with the element of a human voice or (human element), whilst a quantitative study mostly contains figures and graphs. The other difference between the two approaches is in how the analysis is done. In qualitative research, themes/generalizations are extracted from the evidence/data, whereas in quantitative research the analysis is preceded by statistics, and the relation to a hypothesis.

Taking into consideration the qualities of a qualitative research study and the nature of the research topic where the researcher looked at the experienced reality of married Shona women who were interviewed, a qualitative analysis which provided a detailed narrative or account was best.

### 3.5 Sampling

Sampling is about knowing or identifying the population that you require for your research study. After identifying this population, sampling also involves the process of obtaining a small representation of this population which is the replica of the overall population (Christensen, Johnson & Turner, 2011).

Table 3.1 Sampling criteria and sample characteristics

TARGET POPULATION	Married Shona women
GEOGRAPHICAL LOCATION	Cape Town (South Africa), Harare (Zimbabwe)
SAMPLING METHOD	Snowball sampling, this falls under non-random sampling that the researcher identifies an individual who fits the inclusion criteria and after asks this individual to identify another person or people who also meet the inclusion criteria.
SAMPLE SIZE	Fifteen women were identified and approached for interviews
INCLUSION CRITERIA	<ol style="list-style-type: none"> <li>1. Over 18 years of age</li> <li>2. Belonging to the Shona culture i.e. Shona</li> <li>3. Married, this was either culturally (Lobola was paid), court, church</li> </ol>
JUSTIFICATION/REASONS	The research requires information based on the experienced reality of married Shona women, this was a very specific criteria hence the use of a non-random sample. Snowballing was used by the researcher to cut back on time due to time constraints and also because during the researching period the researcher was going to be in two locations which made obtaining interview

	respondents even more difficult.
Response Rate	<p>Thirteen out of the fifteen people identified for interviews managed to participate. The other two potential participants got cold feet at the last minute, reasons provided for this was the highly sensitive nature of the topic and the interview questions.</p> <p>Response rate was therefore 86.66%</p>

### 3.6 Conclusion

Sampling is a critical part of the research process and as such it is important to ensure that the validity of the research is not compromised by any sampling issues. The following chapter details the information that was obtained from the sampling techniques mentioned.

## CHAPTER FOUR: REPORTING OF RESULTS

### 4.1 Introduction

This chapter provides a detailed report and analysis of the interviews that were conducted. Some of the information has been put into table format to make it easier to read due to the quantity of information obtained during the interviews.

### 4.2 Interview findings and analysis

Question one was, “Are you able to discuss the topic on sex freely? If yes, who are you able to discuss the topic with?” Twelve respondents said yes they were able to discuss the topic freely and only one woman said she wasn’t able to discuss sex freely. The one respondent who said she wasn’t able to discuss sex freely, explained during the interview that her husband was once married before and this was his second marriage so as much as she really wishes she was able to discuss the topic freely, she just can’t bring herself to. There is a breakdown below of the twelve respondents who said yes they were able to speak openly to certain/all people about sex.

Table 4.1 Breakdown of ‘Yes’ responses

Husband	Relatives	Friends	Pastor	Females	Anyone
5	1	2	1	1	2

Table 4.1 shows that five of the thirteen respondents were able to discuss sex with their partners openly. Five of the respondents told the researcher during the interviews that they were able to discuss sex freely with their partners. This is an encouraging finding as it shows that there are married Shona women who are able to discuss sex freely with their husbands. This is a positive thing as it aids discussion around sexual practices for both the wife and the husband.

Question two was, “Do you think it is easy to discuss the topic about sex with your partner? Why or why not?” With this question five respondents opted not to answer the question as they were either uncomfortable or just asked the researcher to move on to the next question. The responses obtained from the participants who did respond are broken down in the table below.

Table 4.2 Question 2 responses:

<b>Answer</b>	<b>Reasons provided</b>
Yes	<p>It is easy to discuss sex with my partner because we have open lines of communication</p> <p>Because he is young and of the new age</p> <p>We can even discuss condomising, although not practiced at times</p> <p>Because we are both young</p>
No	<p>It is not easy because we are taught that it is taboo for a woman to talk about sex. We are taught that if you do then you are a prostitute and our husbands were also taught the same thing</p> <p>Not very easy, my husband is traditional and we never discuss sex</p> <p>It should be easy discussing sex with your partner that way you know what you both like in the bedroom. Yet ‘varume vanonetsa’ meaning men are a problem</p> <p>It’s not easy to discuss with partner because of different backgrounds</p>

The analysis of the above shows that there is a significantly high level of discomfort around this question. This discomfort was enough to stop the other women from answering this question. This says a lot about how sensitive the topic is and also



their level of comfort regarding issues around sex. Of the women who said they were able to discuss sex with their partner, two of the four women brought up age as a factor. This might imply that the younger married couples are more open when it comes to sex. If this is the case a further enquiry needs to be made into this to see if age really is a huge contributing factor to a married couples' ability to communicate openly and freely about sex. Overall the women who were interviewed, and who responded yes to this question, generally thought that the communication in their marriage was important. Good communication skills in the marriage then become a positive factor despite the cultural environment that the marriage finds itself in.

The flip side is that the women who said they were unable to openly discuss sex with their partners brought up a myriad of reasons why. The words tradition and traditional were brought up as barriers to discuss this topic with their husbands. Tradition is defined by the online dictionary Merriam-Webster (2014) as, "a way of thinking, behaving, or doing something that has been used by the people in a particular group, family, society, etc., for a long time", another definition from the same dictionary defines tradition as, "cultural continuity in social attitudes, customs, and institutions". Simply put, when the younger generation of the Shona people, carry out the acts and practices of their parents and their grandparents who preceded them.

Shona men, who are traditional in the sense that their behaviours and/or practices are typical of the Shona culture, would find it difficult to have an open discussion regarding sex. The general feeling that the researcher got from these women who were unable to discuss sex freely, was how they were more concerned about what their husbands would think of them if they pursued the matter and broached the subject more openly in their marriage. The woman didn't want to be viewed as knowing too much about sex or not being submissive enough.

Question 3 was, "What are your opinions on safe sexual practices? Please provide examples". All respondents were of the opinion that safe sexual practices are good in any relationship. The examples that the respondents provided were the ones that were different. Two respondents gave abstinence as an example, having one sexual partner was given by four respondents, contraceptives and family planning pills was

given as an example by two respondents and condom use was noted most as a safe sexual practice as it was mentioned seven times.

The analysis of this question is that it appeared that the majority of the respondents had a good idea of what constitutes safe sexual practices. The only concerning responses were the examples of family planning pills and general contraceptives being provided for safe sexual practices. Family planning pills and general contraceptives can be used to stop unwanted pregnancy but by virtue of taking them it doesn't mean the couple is partaking in safe sexual practices. For example if a wife takes the oral contraceptive but still has unprotected sex and her husband is having concurrent sexual partners then they are both at risk of being infected with HIV. More information regarding what is safe sex and what isn't actually needs to be conducted among married couples because taking contraceptives does not necessarily mean the individuals involved are having safe sex.

Question 4 was, "Are you able to negotiate safe sexual practices within your marriage? Give examples". Four of the respondents noted that there was no need to negotiate safer sexual practices in their marriage because they are married, no one is cheating and/or there is no need for safer sexual practices. Two respondents said what they can negotiate is the use of birth control to control unwanted children in the marriage. Three respondents said, no, they are unable to negotiate; unfortunately not all the respondents were willing or comfortable enough to give reasons why not. For those who did provide reasons, they said that the man is always viewed as right so even when you know he is cheating it is not something you can negotiate in the relationship. Two respondents said yes they can negotiate safer sexual practices in the relationship.

This particular question aimed at obtaining information on the power relations within the marriage relationship of Shona couples. It is one thing to be able to discuss sex openly with your spouse, and a very different thing in trying to negotiate the use of things like condoms or discuss extra marital affairs. The responses received for this interview question seemed to paint a picture of lack of negotiating ability on the wife's side. This then becomes a very dangerous thing especially in the spread of HIV/AIDS. If a married couple are having unprotected sex, and in addition to this one

partner is unable to bring up the use of condoms then what is to stop the spread of disease and infections in the event that one of them strays and has sex outside the marriage? Based on the responses obtained, Shona married women are not yet in a position of negotiation power when it comes to bringing up the practice of safer sex within their marriages.

Question 5 was, "If you answered yes to the above question, to what extent are you able to negotiate this and is it easy?" Only two respondents gave answers to this question, the one respondent said marriage isn't a prison so she has a right to say what she wants and how she feels so it isn't difficult to negotiate this. The second respondent said that it is easier to negotiate for birth control methods as opposed to condom use in the marriage as the husband may feel that she is taking his manhood and believing him to be promiscuous.

The analysis of the above responses is that the shortage of responses to this interview question could be due to a variety of reasons like, the inability of the respondents to completely understand what was being asked of them or the genuine lack of negotiating ability in the marriage for the married women. Either way this is an important note to make for future research into the Shona culture and the marriages influenced by them.

Question 6 was, "Who initiates sex in your relationship? Why is it that person?" Eight respondents said their husbands mostly initiate sex although they sometimes do but it is mainly the husband. Five respondents said they could easily initiate sex and it was something both the wife and husband could do in the marriage. The reasons provided were: they are in the marriage together, as a couple they should both enjoy having sex: sex is about both individuals' needs so consideration has to be made for both and husband wants to be in control hence why he initiates it.

The analysis of the responses mentioned is that the ability to initiate sex in a relationship is affected by the individuals' confidence, level of comfort and power in that relationship. The majority of the women interviewed said that it was their husbands who initiated sex more in the marriage. The individual who initiates sex more is more likely to get their sexual needs met. The opposite might also be true, to

say that the individual who does not initiate sex as often might find themselves with unmet needs.

Question 7 was, “Are you able to initiate sex or refuse sex within your marriage? Why do you think this is?” Seven respondents said they were able to refuse sex in their marriage. Some of the respondents however thought that the second part of the question meant for them to give reasons why they refuse sex and the researcher got responses like “I will be feeling lazy” or “when I don’t feel like it”. The respondents who gave the right responses to the question why they think they are unable to or able to refuse sex gave a variety of reasons namely:

- a) just because you are married doesn’t mean you just say yes to everything,
- b) sex isn’t a one man game,
- c) the church has allowed me to be bold and be able to refuse sex and other things through several teachings,
- d) 12 years ago when I got married I wasn’t able to refuse sex but now I am able to
- e) Yes when it is just the two of us but culture says that I should be inferior to my husband and allow him to dictate when he wants sex.

The other respondents said they were not able to refuse their husbands sex and reasons given were; if I refuse him he will go tell my aunts so I can’t refuse him, I’m not able to refuse him because I don’t have a say in the matter and I can neither initiate

This question was aimed at getting more information on the dynamics of a Shona marriage. To what extent is a married Shona woman able to say no to sex when her husband wants to have it? If an individual is in a position to refuse sex, it also means they will be in a position to protect themselves from unwanted sex and also means they can prevent contracting diseases or viruses especially in a scenario where they suspect the partner of being promiscuous. Unfortunately, for the women who said they were unable to refuse their husbands sex, it means that even in a situation where they suspect him of having extra marital affairs they still have sex with him. To

add on to this; if this same individual is unable to negotiate safer sexual practices with the husband it makes them vulnerable in the event that the husband has extra marital affairs. This in itself is a risky sexual practice which is still prevalent in Shona marriages and needs to be addressed.

Question 8 was, "In your own words, how does the Shona culture define a 'good wife'?" and the responses will be presented as provided during the interviews so as to avoid dilution of meaning or misinterpretation. A breakdown of the responses received is provided below:

Women just have to be silent and accept all that the man does be it good or bad. Give him sex whenever he wants but you can't initiate because it shows you are not well mannered; don't question your husband's actions; can't talk about sex, it's a taboo and you are not well mannered or a whore

A good Shona wife is one who always respects her husband, listens to whatever she's told to do by the husband, respects the husband's family, puts her in-laws before her own family and ,regardless of how your in-laws treat you, it's important to always humble yourself

You do not refuse your husband sex.

A good wife is a hard working woman, decent i.e. wears decent clothes e.g. long skirts and dresses, very submissive and who doesn't disapprove what the husband's family suggest e.g. even if your husband is cheating on you that's not a reason to disrespect him or not to play your role as his wife

A good wife according to the Shona culture is one who is submissive, obedient and doesn't question or challenge her husband's decisions

A very submissive woman who does not ask too many questions and does as she is told.

A good wife is one who respects her husband, washes and cooks for him, gives him sex when he wants it and generally obeys him

Submissive, less of a partner. Being the person that is there to assist and tend to the

husband and his family

Someone that listens and follows protocol dictated by the husbands mother

Cooks, minds her own business and even if she finds out that her husband is cheating she should never voice her opinions about that

Submissive so things like suggesting circumcision or an HIV test being brought up by the woman isn't viewed in a positive light. A woman who brings about such issues is now knowing too much and trying to control the husband

She puts her husband and children first, not her career or herself and even some Shona cultural practices like if she can't have children then her husband can get a second wife and this can even be her younger sister

The analysis of question eight was that the general theme from these responses is that women in Shona culture are to be submissive and men have more control and power. This has a huge impact on the marriage relationship and on the spread of HIV/AIDS in the context of risk and vulnerability. In marriages where these Shona practices and beliefs are upheld, the wife is at a higher risk of contracting the disease due to her inability to influence the situation to her advantage.

Question 9 was, "Who is more faithful in the marriage, the husband or the wife?" Below is a representation of how the interview participants responded to this question. From the responses obtained during the interviews, most women said men cheat more in relationships. There was however one individual who said both and when asked for a further explanation she went on to explain that its now 50/50 as both men and women cheat these days on a more equal basis.

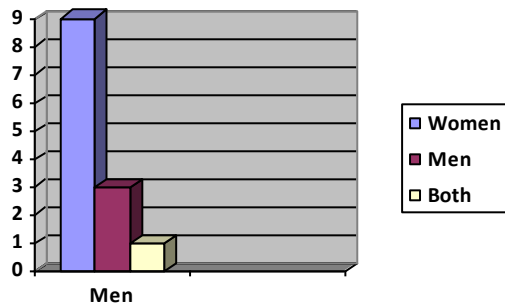


Figure 4.1 A graphical representation of faithfulness in a Shona marriage

The figure above shows the blue block as being bigger; this is the number of respondents who believed women were more faithful in the marriage. Whilst the purple block shows the respondents who thought men were more faithful and the last block in white is the one respondent who believed that it is now the same in that both the women and men are equally able to be faithful in the marriage.

An analysis shows that the responses obtained during the interviews, the women believe that it is the wives who are more faithful hence less likely to cheat as opposed to the husbands. This is also in line with Figure 4.1 (Blue bar – women are more faithful in the marriage), where it was said that in the Shona culture, it is acceptable for men to cheat and it is normal. This normalisation in the Shona culture could potentially be the reason behind a higher number of husbands cheating in the marriage.

Question 10 was, “Can you give examples of Shona cultural practices that affect or have an influence on your marriage?” In response to this question the researcher managed to get a wide variety of responses and examples as well. Of the thirteen participants, only 12 provided responses for this question.

Shona Cultural practices:

Respondent 1 “No matter how angry the wife the gets, when the husband wants sex it should always be given to him”

Respondent “The Shona have a problem of polygamy, which isn’t fair to the wife or kids. My father had three wives and it affected me and this was and still

2 is acceptable in Shona culture”

Respondent 3 “We don’t really follow the culture, we respect it but the rules of the house are observed more than the actual Shona culture”

Respondent 4 “Culture affects marriages in that women are not allowed to say out their grievances and all the blame is put on us women and at times we are asked to accept anything even against our will which may lead to forced love and as a result HIV. If I ask my hubby to put on a condom and the issue is discussed with our elders they may think I’m disrespecting him and that’s uncalled for but thanks to God akandipa murume anonzwisisa but culture yauraya vazhinji”.

The last part of the response was said in Shona and when translated is ‘Thank God because God gave me a husband who is understanding, but our culture is killing a lot of people’

Respondent 5 “Masungiro and Rooro are some practices that had an influence on my marriage in the early years of my marriage. Currently practices that affect my marriage are the duties done by varooro (Daughter in law) at family gatherings that is cooking and cleaning”

‘Masungiro’ is when the wife is pregnant and usually with the first baby, when she is almost due she gets released to her family by the husbands’ family through a ceremony in which two goats are presented. One female, one male goat and the male goat is then slaughtered and eaten there whilst the female goat is presented and given to the wives’ mother. When the ceremony is done, the wife is required to stay with her family so as to learn how to look after the baby and only returns to her husband when the baby is about a month old.

‘Rooro’ is also known as Lobola and is the bride price that a man pays to the wife’s family. In the Shona culture, this is a must and must be paid otherwise the couple will not be recognised as married.



- Respondent 6 “The man being the head of the home and, Getting into his family and therefore being a part of his family and holidays spending them in the rural areas with his extended family”.
- Respondent 7 “Usually boys are trained to be aggressive and there are some things that they are taught not to do when married, for example to cook, clean the house, and do dishes. If you do this when you’re married then 'wakadyiswa'. Therefore chores fall on me the wife as the partner, as he is the man of the house his duty is to provide. Cooking at odd hours”.
- ‘Wakadyiswa’ is a term in Shona that refers to a scenario where the wife is suspected of having used supernatural means like witchcraft through the food she prepares for him to get her husband to do things he wouldn’t normally do otherwise.
- Respondent 8 “Women are not allowed to refuse sex, as it is a priority to give it up if and when he please s, this affected my marriage drastically as when I had given birth, it was mentioned to me how my duty was to my husband and not our son”.
- Respondent 9 “Promiscuity is allowed as all men cheat”.
- Respondent 10 “All men cheat, therefore you should allow for him to stray. And they tend to blame the female saying you were not for fulfilling your duties as a wife and that’s why he strayed. Some women end up feeling like sex objects”.
- Respondent 11 “A woman does not belong to any family when married. From your husband’s side they say you are not from their family hence the children you bear are theirs not yours and from your family they see you as your husband’s family property so you are not part of them anymore. So when an Issue arises instead of taking you in as their own they make you an outsider to their family”

Respondent 12 “Women are expected to slave for the men, a wife has no say on how the home is run because ‘baba ndivo musoro’ and whatever he says goes”

‘baba ndivo musoro’ when translated from Shona means the man is the head

An analysis of the above responses shows that the general message obtained from these examples is that of a patriarchal culture where women are valued less than men. Where a woman’s role in the community, family and marriage is to support men and their family in any way that is deemed fit. In the interviews examples were given of how the wife has to provide the husband with sex, regardless of the circumstances even just after childbirth, and cooking at odd hours because a married man shouldn’t be cooking his own food when he gets home. All of these are examples of how the Shona culture does not empower its women but rather puts a lot of control and power in men’s hands even in a marriage setting. In such a scenario it becomes easy for the spread of HIV to occur due to all these various factors and this especially puts women at risk of contracting the virus. It is refreshing however to know that from the information gathered some of these cultural beliefs are not being strictly adhered to and married partners are finding ways and means to ensure that their own marriage works best for them even if this means not implementing some cultural practices in their home.

### **4.3 Conclusion**

This chapter was a report of the information gathered through the interviews conducted and an analysis as well of this information. The following chapter concludes the research conducted and offers recommendations and limitations of the study.

## **CHAPTER FIVE: CONCLUSIONS**

### **5.1 Introduction**

This chapter is a conclusion of the research paper, and will be providing recommendations for this kind of research and the topics researched namely Shona culture, marriage, men's sexual practices and the impact these factors have on the spread of HIV/AIDS.

### **5.2 Limitations of the study**

One of the limitations mentioned earlier in the study was time constraints. In this regard it is imperative for researchers not to underestimate the amount of time it takes to conduct an interview and the difficulty in obtaining sufficient interview participants who are willing and able to take part especially on such sensitive topics. The researcher could have gathered more information from more participants had there been more time available.

Another limitation which was mentioned in chapter one was credibility of the participants. Credibility in terms of, how accurate the respondents' information would be and to what extent would they be honest and forth coming. In light of this limitation however, there is nothing much the researcher could do to reduce this given the nature of the topic being researched and the ability of human beings to lie. However given that these were interviews and not surveys or questionnaires the researcher would have had the added advantage of being able to read the body language of the participants as well. This is still a very difficult limitation to overcome given the nature of the research topic.

The third limitation which was mentioned was the researchers' bias and this was addressed to try and reduce it to as low as possible by controlling the amount of probing that was done. In an interview setting it is quite easy to steer the conversation in a certain direction/way by use of follow up questions, the researcher tried to limit the follow up questions to a bare minimum and by not pressurising participants who were uncomfortable with some of the interview questions. Although this resulted in reduced responses from the participants it did however reduce the presence of the researchers' bias from the study.

### 5.3 Conclusions

This section looks at the initial objectives of the research and each will be discussed and concluded. The first objective was to identify the sexual practices of Shona husbands: what are the common practices found amongst married Shona men? How do these practices relate to the spread of HIV/AIDS and also how do they impact the risk and vulnerability of their spouses within the Shona culture context. Some of the interview questions were targeted at obtaining this information so as to enable the researcher to gather information and hence conclude how the sexual practices of men relate to the spread of HIV/AIDS and the impact on their wives' risk of infection and vulnerability as well. Information gathered during the interviews brought to light numerous Shona cultural practices that put Shona wives at risk of infection to HIV/AIDS and also how although some of these practices are not as widespread as previously thought they are still in existence at a level that requires addressing to ensure that the Shona married couples' risk of infection and vulnerability is reduced in an aim to curb the spread of HIV/AIDS.

The second objective of the research was to identify the women's perception of risk. Since the information for this study was being obtained from the women who are married to Shona men, their perceptions and views on risk posed by their husbands' sexual practices was important. This objective also involved measuring the perception as either high or low and to uncover the reasons behind this. With this objective it was all about perception of risk, which is basically the belief an individual holds about a potential risk or threat. In this situation it was about the women's perception of risk of HIV infection given their husbands' sexual practices.

During the interviews it was clear that the women who felt or rather believed that they didn't have as much control as their husbands were at risk of disease and infection like HIV or STIs. However, some of the respondents believe that because they are married to their partners and not casually dating them that this reduces the risk of infection. The other reason provided for a low perception of risk was the respondents believing that neither them or their spouses are cheating and because

of this they can disregard safe sexual practices in their marriage as a non-factor and not necessary.

The third objective of the study was to establish perceptions and actual vulnerabilities in this relationship: This was aimed at focusing on the aspect of vulnerability, not only for the wife in the relationship but also the vulnerabilities of the Shona husbands that are brought about by their sexual practices and overall Shona cultural influences. In light of this objective it is important to note the information gathered with respect to vulnerability of both the wife and the husband in a Shona marriage. In marriages where the husband is very traditional and still enforces patriarchal practices the wife is then more vulnerable than the wife of a Shona man who isn't as traditional.

Given the examples noted earlier in the previous chapter, less power is granted to the wife when she is in a traditional Shona marriage and this lack of power affects her ability to reduce her risk of infection which ultimately means she is more vulnerable. A lot more still needs to be done to reduce the vulnerability of Shona women who are married to Shona men and this can be done through the communities. A good example is one of the interviewees who mentioned that through the church and numerous teachings over the years she is now in a position where she can refuse her husband sex, this being something she wasn't able to do in the early years of her marriage. This is an indicator that positive behaviour can be taught and people can learn and change.

## CHAPTER SIX: RECOMMENDATIONS

### 6.1 Recommendations

The problem statement for the research was on how the sexual practices of these married Shona men pose an HIV/AIDS risk in the marriage itself. The information gathered above shows the existence of Shona traditions and practices that affect and influence the marriage. It was brought to light how risky sexual practices such as multiple concurrent partners or sex without protection potentially exist but still there is a presence of female subordination. For the married women who are in these traditional marriages the recommendation from the researcher would be to make the topic on sex and how easily HIV/AIDS can spread more open in places where a lot of women spend time like church and the workplace.

Some married couples are doing away with the negative cultural practices that could easily put them at risk of infection however there is still a strong presence of the old traditions and beliefs that still affects these marriages and it then becomes important for the information on how risk and vulnerability can be reduced in a marriage to be spread. There is still a strong need for people to get information on HIV/AIDS and how certain sexual practices and/or behaviours can potentially put themselves and their spouses at risk of infection. The conclusion for this objective is that a lot of people assume they know all there is to know about HIV/AIDS but some of the information is actually inaccurate or incomplete and such information is just as dangerous as the complete lack of it.

## **6.2 Conclusion**

It is important to always remember that in research that involves sensitive topics and a large human element, it is still very difficult not to leave room for further research. This research met its objectives and managed to gather new information regarding the Shona culture which is very important in the field of HIV/AIDS. The information contained in this document will be used to help researchers, programme managers and the government understand why the rate of infection is not at a lower rate so many years after the virus was discovered and numerous programmes and policies have been put in place to fight it and stop its' spread. All information gathered is important and will surely go a long way in contributing towards the fight against HIV/AIDS.

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### **Addendum 1: INTERVIEW QUESTIONS**

1. Are you able to discuss the topic on sex freely? If yes, who are you able to discuss the topic with?
2. Do you think it is easy to discuss the topic about sex with your partner? Why or why not?
3. What are your opinions on safe sexual practices? Please provide examples
4. Are you able to negotiate safe sexual practices within your marriage? Give examples
5. If you answered yes to the above question, to what extent are you able to negotiate this and is it easy?
6. Who initiates sex in your relationship? Why is it that person?
7. Are you able to initiate sex or refuse sex within your marriage? Why do you think this is?
8. In your own words, how does the Shona culture define a 'good wife'?
9. Who is more faithful in the marriage, the husband or the wife?
10. Can you give examples of Shona cultural practices that affect or have an influence on your marriage?



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## Approval Notice Response to Modifications- (New Application)

04-Dec-2013

CHIMBANDI, Prisca Ruvimbo

Proposal #: HS974/2013

Title: **The experienced reality of married Shona women; the impact of their husband's sexual practices on them and the relationship**

Dear Miss Prisca CHIMBANDI,

Your **Response to Modifications - (New Application)** received on , was reviewed by members of the Research Ethics Committee: Human Research (Humanities) via Expedited review procedures on 26-Nov-2013 and was approved.

Please note the following information about your approved research proposal:

Proposal Approval Period: 26-Nov-2013 -25-Nov-2014

Please take note of the general Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

Please remember to use your **proposal number (HS974/2013)** on any documents or correspondence with the REC concerning your research proposal.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

Also note that a progress report should be submitted to the Committee before the approval period has expired if a continuation is required. The Committee will then consider the continuation of the project for a further year (if necessary).

This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki and the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health). Annually a number of projects may be selected randomly for an external audit.

National Health Research Ethics Committee (NHREC) registration number REC-050411-032.

We wish you the best as you conduct your research.

If you have any questions or need further help, please contact the REC office at 0218839027.

**Included Documents:**

Revised REC Application

Research proposal

DESC form

Revised consent forms

Interview schedule

Revised REC application

letter of response

Revised informed consent form

REC letter

Revised Research proposal