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CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

Human Immunodeficiency Virus (HIV) is fast becoming the leading cause of morbidity and mortality in South Africa. It has become an epidemic of immense proportions, affecting people of every race, culture and economic status. The complex social, psychological, ethical and physical problems confronting people with HIV-infection set it apart from any other disease. Since shortly after the time when AIDS was first identified, there has been widescale recognition that persons with HIV-infection and AIDS face a range of psychological stressors, potential adjustment difficulties, and coping challenges.

Katz (1997) indicated that early research on HIV portrayed a picture of severe negative emotional consequences for individuals when notified that they were infected with the virus or had an illness indicative of AIDS. These included reports of alarming rates of suicide attempts and suicide completion among HIV-infected persons. Reports of severe depression, anxiety, somatic preoccupation and guilt following the notification of positive HIV serostastus also came about (Kelly, 1998).

Individuals with the poorest long-term adjustment to their HIV status are often those who had the greatest levels of pre-existing psychological difficulties (Kelly, 1998).

HIV treatment seems to be advancing as recently reflected by promising developments in protease inhibitor drug combination therapies. This may be seen as a basis for hope of a longer and healthier life among persons with HIV, and HIV-related illnesses may increasingly resemble other serious and life-reducing but manageable illnesses (Kelly, 1998).

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This raises the question of whether coping and mental health issues are different for HIV/AIDS than for other severe life-threatening illness. Groomes (1998) cited factors like social support, coping style, and expectations regarding the outcome of treatment, which predict success in handling stressors related to HIV/AIDS, as the same factors that influence success in coping with other life-threatening illnesses. Due to the above-mentioned reasons, Groomes (1998) thinks that there may be some commonalties between HIV/AIDS and other serious illnesses.

However, there are also contextual differences between HIV/AIDS and other serious illnesses. HIV is an infectious illness that has always generated fear based on myths about casual transmission. To date, there are people who still believe that a person can get infected by sharing things like eating utensils and toilets with HIV-infected individuals.

People contracting HIV are mainly young people and face the prospect of declining health and disability at an age much earlier than most people with serious chronic illnesses. They must also confront the fact that they may have contracted the virus during sex, increasing the sense of responsibility and guilt. What complicates matters worse, is the fact that HIV in South Africa and in many other places in the world, is still perceived to be contracted in specific community segments and social networks, like the poor and the socially marginalised. As a result, these people have often experienced sustained, multiple, and repetitive personal losses of acquaintances, friends, lovers, spouses, and other close social network members to the same disease that they now face. There are few other diseases that entail such issues, which complicates HIV-related coping and creates a unique context surrounding HIV/AIDS (Kelly, 1998).

1.2 WOMEN AND THE HIV EPIDEMIC

Women presently constitute the fastest growing group of people diagnosed with HIV in this country. The infection rate was estimated to have increased four times as fast among women than men in 1993, with more women

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presently being infected through heterosexual intercourse. A woman is said to be at least ten times more susceptible to contracting HIV during intercourse than a man. This increased vulnerability is thought to be the result of the higher concentration of HIV in semen compared to vaginal fluid and the possibility that labia are more prone to cuts, tears or sores which give infected semen a route to enter the woman's body (Katz, 1997).

According to statistics released by the South African Department of Health in 1999, the HIV prevalence among women who attend antenatal clinics has risen from 7,4% in 1997 to 22,8% in 1998, a 5,2% increase. Women in their twenties have the highest rates at 26,1% for the 20-24 year age group and 26,0% for the 25-29 year age group. The rates in the older age groups seem to be lower at 19,1% in the 30-34 age group and 13,4% in the 35-39 age group. Among older women HIV-infection rates of 10,5% and 10,2% have been found in the 40-44 and 44-49 year groups respectively. Even more worrying is the prevalence among girls aged 15-19 which has risen from 12,7% to 21% over the same period. As can be seen from the statistics, most increase is recorded among women in the childbearing age (Department of Health, 1999).

1.3 MOTIVATION FOR THE STUDY

Women with HIV differ in many important ways from gay and heterosexual men, and intravenous drug users who have been, for the past two decades, the primary focus of HIV/AIDS research (Sempler, Patterson, Temoshok, McCutchan, Straits-Troster, Chandler & Grant, 1993). Gender differences in the course of HIV have also been documented (Strebel, 1995).

According to Katz (1997), women with HIV are generally more likely than men to have a low income, belong to a minority group, and happen to be less well integrated within the community support systems. The relative inaccessibility of the medical care system to the socially disadvantaged women has been demonstrated by the fact that women with HIV are usually diagnosed later than men (Sempler *et al.*, 1993). These delays in diagnosis have been

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associated with poor prognosis. On average women die two months earlier than men following an AIDS diagnosis (Katz, 1997).

Although women are more vulnerable to being infected than men, as well as the alarming statistics of women with HIV-infection, not much attention is being paid to the seriousness of the problem of HIV in women. The little research that has been conducted in the field mainly concentrated on the effects of being diagnosed HIV-positive, emphasising the negative implications thereof. Berman (1993) is of the view that lives of women living with HIV and those who may be at risk of contacting the virus, depend on greater understanding by the community and more effective responses to women's experiences of HIV. Information on how women cope with everyday life, especially how they manage to stay well despite the diagnosis of HIV, is still very scarce in South Africa.

1.4 AIM OF THE STUDY

The aim of the research is to investigate how black women who are living with HIV-infection experience and cope with everyday life. It will focus on the subjective interpretation of the situation by these women, in an attempt to establish how they manage to adapt to that stressor rich environment.

1.5 AN OVERVIEW OF THE STUDY

The study consists of seven chapters. Chapter two focuses on the literature review on HIV and women. In chapter three, the theoretical approach used in the study is discussed. Chapter four looks at the research process with an emphasis on a step-by-step description of the method of data collection and analysis and chapter five documents the research results. Chapter six contains an interpretation of the study and chapter seven concludes the study.

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ERRATA

Change the word "loose" to "lose" on the following pages

p. 10, line 22

p. 69, line 9

p. 71, line 28

p. 72, line 11

p. 74, line 12

p. 80, line 14 & 15

Change the word "loosing" to "losing" on

p. 17, line 11

p. 72, line 5, 6, 8

p. 80, line 10

p. 82, line 11

p. 11, line 19: "women are" should be "women were"

p. 12, line 21: "legions" should read "lesions"

p. 17, line 25: "reported against" should be "reported by"

p. 17, line 26: "occur" should be "occurs"

p. 25, line 27: "undimensional" should be "unidimensional"

p. 35, line 9: the word "her" should be inserted before "children"

p. 41, line 13: "a individual" should read "an individual"

p. 46, line 6: "a" should be inserted before "friend's"

p. 53, line 10: "hem" should be spelt "them"

p. 63, line 10: the word "a" should be inserted before "few"

p. 71, line 21: "concern and" should read "concern with, and"

p. 85, line 21: "live the way" should be living the way"

p.92, line 6/7: "Hate feelings" should be "Feelings of hate"

p. 96, line 25: "other people" should be "some people"

p. 101, line 7: "a" should be inserted before "daily"

p. 103, line 8: the word "the" should be inserted before "better"

p. 103, line 29: "by another should read "to another"