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An exploration of the nature of relationship that exists between the surviving HIV positive spouses and their significant others at Gaths Mine in Masvingo Province.

BY
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DEDICATIONS

The project is dedicated to the Lord almighty, and to the most inspirational people in my life. My parents; my father Simon Mugwamba and my mother ChenaiMugwamba, who have moulded me to be the kind of person l am today. My siblings, Catherine, Simbarashe, Tafadzwa and Decent and also my daughters Nyasha and Kimberly. Thank you for the continued support, guidance, understanding and encouragement throughout the study.

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ABSTRACT

The relationship that exists between a surviving HIV positive spouse and their significant other has an impact on the well being and nature of life style the surviving spouses will led. A supportive relationship empowers surviving spouses to lead a positive and full life surrounded by loved ones. The study sought to explore of the nature of relationship that exists between the surviving HIV positive spouses and their significant others at Gaths Mine in Masvingo Province The surviving spouse's positive status seems to have an effect on the nature of relationships that exist between them and their significant others especially in young men and women. Reports have increased from spouses experiencing unfair treatment and injustice in their home setting soon after losing their loved one. An interpretivist phenomenological research approach under qualitative approach was employed which allowed the researcher to dig deep on the experiences of the HIV positive surviving spouses. The target population for this research were HIV positive widows and widowers who lost their loved ones to the pandemic and utilised the outpatient services at the Gates Mine hospital. The sample was drawn through homogeneous purposive sampling .Sixteen participants who were both male and female were selected. A semi structured interview guide was the tool of choice in carrying out the study. Findings from the study uncovered that during their married life, knowledge about their HIV status came about as a result of an event such as illness or a partner testing positive for HIV. There was diversity in the experience of the spouses that lived in sero-positive and sero-discordant relationships during their married life. Intimacy and Disclosure to significant others and children proved to be one of the challenges faced. After the death of a spouse, findings indicated that Blame and shame were amongst the most prominent emotions that were felt. Perceptions of stigma and anticipated discrimination affected how surviving spouses related with other at the funeral as well as long after the death of a loved one. The most prominent explanation of the findings from the study illustrate that social support is an important aspect to surviving spouses especially those with children and living through difficulty and financial trouble. Based on all this evidence the researcher concluded that both partners needed to elevate communication on their problems, integrating their significant other into knowing their statuses. This approach would allow them to stand by each other before death interfered with their lives. This level of interaction allowed the significant others to acknowledge and accept their conditions simultaneously reducing chances of blame, guilt and shame if one of the partners passed away.

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CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 Introduction

This chapter covers important aspects of the study which are: background of the study, statement of the problem, purpose of the study, objectives, and significance of the study, research questions, and delimitations, limitations of the study and definition of key terms.

1.2 Background to the study

Human immunodeficiency virus (HIV) has been known for over 25 years. It affects people in every country in the world. The United Nations estimates that as of 2006 there are 39.5 million people worldwide with HIV. Each day the disease affects more individuals, families and communities. In the U.S., it is thought that up to 1.2 million people are living with HIV.HIV is increasingly recognized as an illness that affects couples and families, and not just the individual; this is because for every person infected with HIV, there is a family and community that are also affected. There are many cases existing of surviving spouse living with HIV and these relate to the significant others either positively or negatively depending on the nature of their condition or the way their significant others handle the information (Crampin et al, 2002). These significant others may include children, relatives from the deceased husband's family or from the wife's family, friends and co-workers. The impact of HIV on the family depends on how the significant others relate to the infected as well as the affected. Also, for some families, knowledge about the HIV infection introduces new information, such as sexual behavior or drug use, about the HIV-infected family member (HEN, 2005).

It takes a lot of effort and courage to disclose an HIV positive status whether one has recently learnt about it or they have known it for a long time. If they manage to disclose the results, it can either unite the family or divide the family (Groenewald et al, 2005).According to Foster & Williamson (2000) when one is in a good relationship with their family, disclosing an HIV positive status to them may lead to an even stronger relationship because the family is likely to be concerned about the person's future and the surviving spouse may find themselves educating the family about HIV. As the family comes to see that one is getting on with their life, and that

their life is still good, their anxieties are likely to ease (Groenewald et al, 2005). Family can be a good source of support depending on the nature of the relationship with them.Studies have also showed that most people disclose their HIV diagnosis to close friends within days of learning the news themselves. Some people are more informed about HIV than others (Foster & Williamson, 2000). A friend's greatest contribution may be simply listening to the one infected.

Another study carried out in Uganda showed that women usually remain as the surviving spouse after the death of a spouse but however are left living with HIV (Mukiza-Gapere and Ntozi, 1995). The study also focused on the impact of HIV/AIDS on how widows have focused on traditional behaviors, such as the role of widow inheritance, where a widow is inherited by one of her husband's brothers or other male relatives exposing women to HIV infection, and the changes in such traditional arrangements due to the epidemics in Uganda (Mukiza-Gapere and Ntozi, 1995). Ntozi et al (1999) established that stigmatization of HIV positive widows following the death of their husbands in Uganda influenced their movements. Widows who faced health challenges tended to leave their marital homes and went back to their natal homes to seek care, on the other hand healthy HIV positive widows had higher chances of remarrying or formed new sexual relationships.

In one study done in South Africa, it was found that HIV/AIDS is claiming lives more in South Africa compared to the Central and Eastern parts of Africa where the epidemic started. According to the Department of Health, (2003), around 5.3 million people have been recorded in statics as victims of HIV only in South Africa. In adults the prevalence of HIV raised from 1% in 1990 to 7.6% in 1994 then to 27.9 in 2003, thus marking a rapid increase in less than a decade. From the 1980s to the early 2000s, the prevalence of the virus escalated by 40% among middle aged people ranging from 15 years to 49 years. A recent study conducted estimated an increase in mortality rate by 2.7% in every 1000 of the HIV positive women between the ages of 30-34in 1996 and 2000-2001. For men aged between 35-39 an increase of 2.6 in every 1000 was estimated, (Groenewald et al 2005). This age-particular increment is consistent with the increase in death rate due to HIV in the late 1990s, estimated from KwaZulu-natal's demographic data (Hosegood et al 2004).Therefore, according to Dorrington et al, (2001), it was estimated that by

2010, 5 to 7 million individuals would be infected if prevention strategies were not put in place to cab for the problem.

In a study done in Zimbabwe it was found that a large percentage of children have become a burden to the extended family especially when both parents are deceased or the other one is alive but not in a condition to provide for the children (Foster, 2000). In the region of Manicaland in Zimbabwe, the rapid increase in the number of parental deaths posed demands that exceed the capacity of relatives to fulfil their traditional role of caring for orphans and triggered the emergence of child-headed households (Foster et al, 1997).

According to Ashford (2006), most HIV deaths occur among the very young. In the majority of sub Saharan African countries, HIV has been found to be the leading cause of death among people aged between 15 and 50(Mulder et al (1994);Sewankambo et al(1994); Todd et al(1997) and Urassa et al(2001).Crampin et al (200), carried out a study and found out that, the mortality rate of spouses of individuals who were sero-positive initially was four times that of spouses initially negative individuals. Survival at 5and 10 years was 87% and 64% among partners from sero-positive individuals, and 96% and 89% among partners from HIV negative individuals, respectively. With those spouses who were still alive after ten years, it was seen that HIV prevalence among spouses of initially HIV positive individuals was four times greater than those who were initially HIV negative.

When a couple has HIV, either both spouses can die or one remains for some years. There is a remarkable increase in the number of young HIV positive surviving spouses which has caught the researcher's interest as to how this population is surviving in relation to their significant others.

1.3. Statement of the problem.

There is an observable increase in the number of young men and women who are left HIV positive following the death of their spouse. The surviving spouse's positive status seems to have an effect on the nature of relationships that exist between them and their significant others. Reports have increased from spouses experiencing unfair treatment and injustice in their home setting soon after losing their loved one.

1.4 Purpose of the study

The study seeks to explore the nature of relationship existing between the surviving spouse to HIV/AIDS and their significant other at Gaths mine.

1.5 Objectives of the study

- To establish the nature of relationship that existed during their marriage life with the HIV status when both spouses were alive.
- To establish the nature of relationship that existed between the surviving spouse and their significant other soon after the death of their spouse.
- To examine the current nature of relationship that exists between the surviving spouse and their significant other.

1.6 Research Questions

- How was the nature of their relationship during their marriage life with the HIV status when both spouses were alive?
- How was the nature of relationship between surviving spouse and their significant other soon after the death of their spouse?
- What is the current nature of relationship that exists between the surviving spouse and their significant other?

1.7 Significance of the study

The study is going to be significant to the following groups of people, surviving spouse, children of the surviving spouse, the relatives of the surviving spouse, the relatives of the deceased spouse, National Aids Council, Ministry of Justice.

Surviving spouse

- The research will bring a perceptive change to the surviving spouse on various beliefs, assumptions, prejudices and discrimination that may become part of their lives and as such facilitate how they can best live and cope with these social and psychological circumstances.

- The research will also allow the surviving spouse understand the dynamics and issues surrounding losing a loved one to HIVAIDS and from such build a foundation based on resilient characteristics.

- The study will also bring to light that it's not only negative experiences that emanate from losing a loved one to HIV/AIDS when assessing their relationship with significant others but rather acknowledge the importance of appreciating other facets of life that are positive about living positively

- The research will also allow the surviving spouse to understand that at times they are not segregated or discriminated against but rather they may self-isolate and self-exclude them resulting in limited involvement with other caring people.

Children of the surviving spouse

- The research will shade light on the importance of children of the deceased's perception of living with their mother/father who will be the surviving spouse and how they relate with him/her will affect the psycho-social functioning of the surviving spouse.

- The research will also be utilized in developing counseling frameworks towards improving the nature and quality of communication between the children and the surviving spouse to avoid family disengagement.

- The research will also be a platform for understanding the psycho-social dynamics that shape the experience of the children to the deceased and how their copying mechanisms' impact on the lives of those around them including their mother/father.

The relatives of the surviving spouse and the deceased spouse

- The research will illustrate the need for awareness raising and conscious raising for the relatives to understand the implications of their relationship on the surviving spouse.

- The study will provide evidence that can be used to further understand the individual lived experiences of the surviving spouse and how these can be a foundation for

understating the bio-psycho-social problems faced by the surviving spouse as well as a platform for developing evidence based counseling for these significant others.

- The research will also bring insight on the various facets of how embracing of the surviving spouse by relatives can be a stepping stone in the life of the surviving spouse and a foundation to build a better tomorrow.

National Aids Council

- The research can be a tool for insight development into the silent aspect of the lived experiences of the surviving spouses infected by HIV, which can then become a tool for developing approaches and strategies that directly impact on key issues in these family dynamics.

- The research will also be a tool for evaluating and assessing how these psycho-social experiences can be utilized into influencing policy makers on dealing with HIV/AIDS issues.

1.8 Delimitations

The research was confined to the boundaries of Gaths mine. The participants to this study were individuals living with HIV who lost their spouses to the disease. The concept of surviving spouse implied individuals that were married to an HIV infected spouse, with them either living with HIV or not and had their partner dying of the illness.

1.9 Limitations

The researcher faced challenges with discussing HIV issues with participants as it was a sensitive topic and participants were reluctant to open up. This provided the researcher with limited information and as such the findings may have been diluted or biased. Therefore, the researcher utilized confidentiality, informed consent and the right to withdraw as significant elements to shape the quality of responses the participants gave. The researcher also found it difficult to gather information that is silent about critical issues in surviving with HIV and relating with significant others, therefore efforts were made by the researcher to build trust and honesty between her and the participants.

1.10 Definition of key terms

Relationship	A binding, usually continuous association between two or more individuals wherein one has some influence on feelings or actions of the other.
Surviving spouse	An individual either male or female that would have lost their partner to HIV/AIDS
Significant others	These are individuals closely related to the individuals who would have lost a partner, with the relationship bound by either blood or kinship.

1.12 Summary

This chapter's main objective was to look at the reasons that compelled the researcher to carry out the study. It considered issues such as the background of the study, statement of the problem, purpose of the study, objectives of the study, significance, the research questions, and delimitations, limitations of the study and definition of key terms with regard to the topic of study. The following chapter (chapter two) dwells in greater detail related literature of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The chapter provides readers with the conceptual framework, it also provides an insight of experience of HIV positive married individual both sero-discordant and concordant positive partners, the experiences immediately after the death of a loved one and lastly the situation long after the death of a loved one to HIV/AIDS. The chapter also provides a theoretical framework and knowledge gap to further the understanding of readers on the research agenda.

2.2 Conceptual framework

The research utilized the conceptual framework proposed for by Crankshaw et al (2012) on how HIV infected individual make decisions that affect the self and others around them. The framework was based on assessing areas such as the overarching structural context, the individual level (both male and female) determinants, couple level determinants out if which the relationship context develops, HIV and decision making in the context of the self and others and lastly the desired outcomes after engaging through all these outlined processes (Crankshaw et al, 2012).

The structural domain was observed as constituting influence in the socio-political, economic (poverty, lack of finance, e.t.c) and cultural and behavioral norms (values, beliefs systems, hegemonic masculinities amongst other variables) (Matthews et al, 2012). This level has significant influence on the decisions that the couple make, this level influences the manifestation of behaviors like intimate partner violence, sexual risk behaviors, gender based manipulation and gender based ideologies that will later govern the relationship boundaries and communications in marriage of both sero-discordant and concordant positive partners (Crankshaw et al, 2012). The framework explains how unequal employment opportunities in South Africa triggered inequality in power dynamics between males and females that resulted in manipulation of women by man (Matthews et al, 2012). Such a framework is essential in

explaining the dynamics that shape interactions in the context of HIV between married individuals, them and their relatives, with their children and the society in general (Chetty et al, 2012)

The framework further elaborates on the individual factors that play a significant role in shaping the experience of the couples in the concordant relationship, sero-concordant and those who would have lost their spouse to HIV/AIDS (Crankshaw et al, 2012). Several factors that were identified to play a crucial role here included aspects of individuality inclusive of the desire to have children, fear of losing a loved one upon disclosure (sero-discordant and concordant positives), fear of living alone without an intimate partner in these that had lost a loved one to HIV, learning the appropriate means of consummating in the relations and the desire to continue the relation or life upon knowing the status of the other partner or death of a loved one to HIV respectively (Chetty et al, 2012). According to Crankshaw et al (2012) HIV information and understanding is very important especially at individual level because it influences most decisions people take in regards to the direction of their relationships with their lover, children and other significant others.

Couple based factors were also identified as an essential part of understanding the general experiences of HIV positive married people (Crankshaw et al, 2012). These couple based factors were identified as mediating factors in the nature and quality of relationship individual experiences upon knowing their HIV statuses. These operate in both male and females spheres of influence of which relationships are built in these contexts and their direction is shaped from these laid foundations (Higgins et al, 2010). Rosenthal and Levy (2010) argued that at this level of interaction, domination and power dynamics in the relationship play a significant role in determining the relational outcomes. Partners may have disputes and challenges if their ideologies on building a family differ based on the influence of their HIV statuses. At this level, interaction may even expand to include relatives and close friends to the couple who may come in as mediators and advisors towards building or destroying the established relationship based on evaluate worthy of the relationship (Jewkes, 2002).

This level discussion may include safe sex practices in open communication relationships, Mittal et al (Chetty et al, 2012) found out that relational factors such as partner violence and manipulation will have a significant influence on sex and sexual related behavior of individuals. Thus regardless of individual capabilities, the interaction that occurs at this level shape a wide range of choices and decisions individual will be exposed to (Rosenthal and Levy, 2010). Partner violence, marital rape, intimate abuse and other elements were identified as cultivated and developed through this level (Chetty et al, 2012). Thus micro level communications and the influence of meso level interactions imparted a significant influence how life of married individuals comes through and matures (Bronfenbrenner, 1979).

2.3 Theoretical framework: Interdependence theory

The interdependency theory was a proposition by Kelly and Thibaut (1978) based on the notion that individual do not exist in isolation from the influence of group dynamics. Van Lange and Balliet (2015) supported the notion with a proposition that individual behavioral, emotional and psychological orientations were a product of the day-to-day interactions that occur as individuals interact at interpersonal and intrapersonal levels. The theory positions people as the core of interaction and outcomes shaped by the socialization that would have occurred (Van Lange & Van Doesum, 2015). The theory was built on four important pillar that explain social behavior, (a) the principle of structure, (b) the principle of transformation, or what people make of the situation (c) the principle of interaction determined by the interacting people (objective features of the interaction) and lastly (d) the principle of adaptation which is base of subjective continuous exposure to the environment that yield experiences that manifest in the form of adaptations to the demands of the environment (Van Lange & Van Doesum, 2015)

Human life is inherently social and as such in the context of HIV/AIDS, individual need as much social support as they can harness hence deprivation of such can trigger bio-psych-social problems affiliated with psychological wellbeing of infected people (Van Lange and Balliet, 2015). The reciprocity in the nature of human interaction affects those who may feel left out or neglected because of a chronic condition negatively (Van Lange & Van Doesum, 2015). More so with the African way of life that is entrenched in the spirit of Ubuntu, it fits in well with the human orientation that identifies human traits as having their origins in interpersonal experiences and the dyadic or group dynamics in play (Kelly and Thibaut, 1978). Hence the source of power,

personal growth and development is the quality of interaction that occur at the social level and cascade down to shape the dialogical self evaluations and appraisal at personal level. (Jewkes, 2002) further articulated that, that is why stigma and discrimination are more powerful forces of destruction to the self compared to self criticism.

The dynamic interaction that occurs between the infected people and the significant other (children, spouse, friends, relatives and other immediate people) has a bearing on the anticipated health outcomes (Van Lange and Balliet, 2015). Therefore under the principle of structure (the situation), understanding of the relationships and interactions underlying a communication and relationship is essential. Most individuals who are HIV positive are generalized under the bracket of prostitutes and as such, these generalizations undermines the reality that led to the contraction of the virus. Therefore the degree of dependence of individuals in the communication determines the conflict resolution strategies that are adopted in dealing with the situation (Balliet et al, 2016). This is evidenced by HIV infected individual who feel like they are worthless and what ever they say may not change their situation, therefore the restrict themselves from making valid contributions in interpersonal and interpersonal communication furthering the depth of their plight through ignorance. The infected and the significant other channel the manner in which communication occur based on their subjective experiences of each other's perspectives (Van Lange and Balliet, 2015; Balliet et al, 2016).

What people make of the situation plays a fundamental role in development of the relationship outcomes. The blame, the shame and the experiences of guilt of the surviving spouse may have a bearing on the subjective interpretations that every other member makes of the situation (Balliet et al, 2016). If an individual show the symptomatology associated with guilt, their subjective expressions may be used against them to interpret the situation, with them identified as the cause of the death or contraction of the virus. Thus when people are grieving it is difficult to control their emotions and display rational behavior that are understood in a similar fashion by almost everyone. Worden (2008) reported that most blame is generated by the way the grieving occurs, some widower or widows may show signs of relief as they grieve, implying that the decease has given them the ultimate freedom. On the contrary the same interpretation from the significant

others may trigger disagreement and conflicts beyond the general behavioral manifestations (Balliet et al, 2016).

The situation and what individual make of the situation becomes an interactions that either triggers conflicts or harness cohesion amongst individuals involved in the situation (Shapiro and Ray, 2012). The subjective interpretations and subjective evaluations of what could have cause the death, the quality of relationship between the deceased and the surviving spouse amongst other variables will be scrutinized by the families and interactions on the spot will emanate from such evaluations (Vandall et al, 2012). If people feel a negative surge towards the surviving spouse, and blame them for the death, elements of respect, cohesion and interpersonal attraction and liking are suppressed and replaced by radical decisions to remove and deal away with the surviving spouse. These kinds of interactions are usual observable immediately after the spouse is buried and the relatives gather together to honor and respect the deceased. The outcomes from these evaluations according to Kelly and Thibaut (1978) cited by Lange and Balliet (2015) become the foundation of all interactions and relationship formation that occur as the surviving spouse leads his or her new life in the context of support from significant other. Adaptation becomes a product of the outcomes of the relationships that would have formulated once a loved one is no longer in the picture and the relationship existing are those now based on direct communication with the surviving spouse (Lange and Balliet, 2015). Adaptations is amongst the surviving spouse will become a function of differences in orientation between people across partners and situations (dispositions), differences in orientations that people would have formulated as a result of specific interaction patterns with the relatives (relationship specific orientations) and lastly norm based interactions that are shaped by the cultural values that people abide to and chose to follow (social norms) as was reported by Erhabor et al (2013) in their cross-sectional survey in Sub-Saharan Africa .

2.4 Experiences of HIV positive married people

Sero-discordance has been on e of the several factors that has magnified the experiences of married people surviving with one partner being HIV infected. These partners are sometimes called mixed serostatus (Shapiro and Ray, 2012). The challenge in these types of marriages as observed by Chingwaru&Vidmar (2016) was the investment and concentration towards avoidance of infecting the other partner presented by the infected partner as evidence by some

couples in Zimbabwe. This diverted attentions impacts negatively on the quality of romance and intimate interaction amongst the Sero-discordant couple. Petronio (2012), argued that fear of transmission resulted in over excising of caution that may trigger stopping of all sexual activities.

In a study that was conducted by Man et al (2013) on sexual risk behavior, marriage and art in Papua New Guinea, the gathered evidence indicated that where HIV status was disclosed amongst the couples, the use of condoms was negotiated for and this was regarded intimate partner communication. This was most prevalent amongst women that had HIV, they reported use of condoms at the beginning of the diagnosis, but evidently as the relationship continued condom use discontinued (Man et al, 2013). Van Lange & Van Doesum (2015), further argued that such a development in intimate relationships was a result of dialoging in the self of the other partner who consequently develops trust and the need to remove protection in the consummated relationship. The discontinued use of condoms was an attempt by the other partner to prove the love that they had, however the decision was most prominent in the rural areas were knowledge and awareness in regards to HIV and health related consequences was low.

The study conducted by the Center for Disease Control (CDC) (2012) in Zambia also supported with evidence that identified correct and consistence in condom use amongst the urban dwells of Zambia. The findings also identified collaboration amongst sero-discordant couples in trying to improve each other as they lived together. However Izum (2007) observed that problems associated with such kind of relations were associated with one partner developing the need to care for the other significantly impacted on the quality of interaction and communication in the intimate relationship. The experiences of care became over exaggerated resulting in reduced intimacy and sexual exploitation amongst the partners in the relation (Sabin et al, 2008). Similar experiences of care were observed amongst sero-discordant partner in Kenya, Canada and China (CDC, 2012).

Gender differences in the need for sexual intercourse was varied amongst women and their husbands in Bangkok, Thailand (Bennetts et al, 1999). Of the 102 HIV infected pregnant women and their husbands, 30% of whom who were negative reported varied desire in engaging in sexual and intimate encounters with their positive spouses. Income manipulation was a factor

that most positive individuals whose role in the family was providing for the family. The evidence identified income discrepancies amongst sero-discordant partners as more compared to that in concordant couples. Males living with HIV were observed to portray a manipulative role if they desire unprotected sex with their sexual partners in marriage (Bennetts et al, 1999). Thus despite their HIV status, man consistently indulged in risk sexual behaviors as compared to the female counter parts.

Paulos (2011) pointed out that intimate experiences are usually good if both individuals are identified positive as compared to sero-discordance. In concordant serostatus the issue was mainly around who brought in the virus, but with both individuals caught in a shared circumstance the implications of marginalizing each other are minimal. Paulos (2011) in the research conducted in Papua New Guinea identified several problems arising as a result of sero-discordance amongst married people. The majority of the interviewed individuals reported that they were not willing to sero-convert their HIV statuses no matter the circumstance and as such some lost total interest in the HIV positive partners (Vandall et al, 2012). The orientation of the relationship without sex led to the development of other problems like lack of interest in communicative behaviors, loss of emotional intimacy and attachment, (Izumi, 2007) psychological and sexual torture on the HIV positive partner in sero-discordant couples (Man et al, 2013) and significant decline in intimate attraction and love.

Man et al (2013) in their study on sexual risk, marriage and ART, they identified that in New Guinea HIV infected report not having been involved in an intimate relationship six months prior to their survey. Marital status was the most important attribute ion determining sexual intercourse indulgence but the evidence suggested that virginal sex even with the use of condoms was low. On the other hand, amongst those sero-discordant couples who indulged in virginal intercourse condom use was very low with 77% agreeing to reduce condom usage as the relation matured further (Hughes et al, 2012). The activities were most inclined towards heterosexual intercourse and no reports on homosexual encountered were reported (Man et al, 2013).

Furthermore disagreements about sustenance of sexual life were observed as the most prominent amongst sero-discordant couples as compared to concordant couples (WHO, 2012). These

disagreements brought in a lot of stress and tension as was observed in a study reported by Paulos (2011) in New Guinea. The major problem was around having biological children without the actual transmission of the virus on the account of the married couple, the feasibility of such was less likely if the female was positive and the male negative (Ware et al, 2012). However intimate abuse was prone if the male was positive and the female negative, the man would demand sex and need for children as a conjugal right as was observed in the rural parts of New Guinea, Kenya and Tanzania (Paulos, 2011).

Spoiled identities due to the stigma and discrimination assigned to having HIV/AIDS emerged as the individuals interacted with society (WHO, 2012). Goffman (2009), argued that spoiled identities were common in the context of concordant couples trough which one of the partners received blame from the other spouse as well as the significant others to the family. The spoiled identity according to Goffman (2009), was characterized by negative labels towards the self, labels that identified one of the partners as the causes of the disease in the family, these constant negative interactions impacted on the being of the individual involved and affected their day o day to functionality as well as their role as a parent, spouse and community member in society.
Not only did blame from other significant other led to the development of a spoiled identity, self criticism that developed from the constant and consistent feedback from loved ones impacted on the being negatively (WHO, 2012). That is individual that had HIV accompanied by low tolerance level faced difficulty in fitting in within the demand of society. Too much criticism and blame mostly found women as victims of relatives' terrene as compared to if the husband having the disease in both concordant and sero-discordant relationship (Man et al, 2013). Intimate partner violence was common as a copying strategy amongst individuals who were exposed to the blame, and this impacted negatively on their identity within the realms of society.

Paulos (2011) in his research on understanding the experiences of sero-discordant married couples in Addis Ababa, Ethiopia, he found out that disclosure of one's HIV status to others was not as easy as anticipated. In both concordant and sero-discordant couples, telling children about their HIV status was a challenging initiative. Parents found it difficult to disclose their health status to the children as this would directly ad indirectly impact on the children's academic performance (Petronio, 2012). The status of the parents was not an easy thing to deal with

especially in the context of developing countries were education and awareness on HIV issues is still restricted, the experience of HIV in the home impacted on the identity of the parents, cascading down to that of the children as the stigma and discrimination in institution like school and the church impacted on the family as a unit.

Disclosure further extended to the extended family to which most of the problems the nuclear family experiences were identified to the extend family members (Paulos, 2011). The context of Ethiopia and other African countries identified the experience of intimate partnership as inclusive of significant family members like the in-laws in determining the course of the relationship. Therefore, the experiences of disclosing statuses to their self as a couple, to their children were different compared to that in addressing the extended family. Mhizha et al (2016) argued that in the early 2000s most couples that had divorces due to HIV incidences were triggered by the interaction between the nuclear family and the extended family. Therefore the role of the significant other cannot be dismissed in decision making processing concerning how the relationship will mature as in the contexts of collectivist African ties and family units governed by such ties (Chingwaru&Vidmar, 2016). Paulos (2011)'s study revealed that a significant of couples did not disclose their status to their immediate families and relatives in most parts of Africa because of the stigma and discrimination attached to the disease.

The experience of knowledge about having HIV was not a pleasant one as reported by married couples in Man et al (2013)'s study. The research observed that marriage was centered on having children in the near future and most young couples with HIV faced major decisions to either have or not have children (Briggs, 2012). Paulos (2011) argued that the impact was not that significant amongst concordant couples as was with sero-discordant couples. Low condom use amongst the inhabitants of Papua New Guinea did not reflect their desire to have children but rather their desire to experience unprotected sex that was amounted to true love(Man et al, 2013). The experiences of learned helplessness and emotional stress impacted most HIV positive couples (Erhabor et al, 2013). This was influenced by feeling of loss of life, the need to secure the future of the children within the short lifespan allowed by the disease, dealing with losses of loved ones to a similar pandemic one would be suffering from, fear of illness and death, uncertainty about the future, anxiety, anger and anticipatory grief amongst other factors (Paulos,

2011). The fear became more generalized in the involved individuals though of how disclosing their statuses would impact the children and close relatives, how the would explain the origins of the disease and at the same time teach their children about abstinence and protection. Cognitive dissonance was felt by the parents living with HIV on how they could advise their children not to contract the same virus they had without triggering stigma and discrimination that would in turn impact on their being and individuality in turn (Briggs, 2012).

Gathered evidence indicated a wide array of emotional states that were presented by couples after knowing their statuses (Higgins et al, 2010). There were differentiated experiences of shame and guilty amongst the couples, and these were observed as emanating from varied sources and causes (Rosenthal & Levy, 2010). Amongst the women of Zaire, Congo shame and guilt was less likely to be presented as a result of their orientation towards sexual health issues. The evidence suggested that in Congo, sex and sexual relationships were affected by war and as such most individual contracted HIV during the freedom and liberation quest, as such most got married with a seropositive status already (Staveteig et al, 2013). The case was rather different in Zimbabwe in which Christian value deterred individuals from being sexually active. Thus with such a perception HIV/AIDS sero-status was equated to promiscuity and infidelity. Most Christian women did not want to be affiliated with such (Chingwaru &Vidmar, 2016).

However, in the same Christian society, males were not significantly impacted on by their serostatus (Staveteig et al, 2013). Evidence suggested violence as a copying mechanism that most man took in areas such as Nigeria, Ghana and Senegal , Rosenthal & Levy (, 2010) also argued that feelings of shame and guilt were present amongst the Sub Saharan region males whose behavior became compensatory and presented an over exaggerated kindness towards their spouses in both sero0discordant and concordant marriage relations

2.5 Life experiences immediately after death of a spouse due to HIV

Immediately after death of a loved one to both the surviving spouse and the significant others was a period of storms and stress (Derlega et al, 2008). People blame each other for the death of the loved one and most evidence pointed on the surviving spouse as the converging point to which al the blame targeted as was further argued for by (Surlis& Hyde, 2001). Mixed emotions

and anger and some element of depression were observable in the manner individual responded to the existential crisis at hand. The negative emotion and the need for catharsis found the surviving spouse as the only source of blame to why and how HIV affected their loved one (Derlega et al, 2008). Some relatives according to Paulos (2011) ignored the probability of the deceased being the one who brought in the virus. The impact was essential overwhelming of it was the mother who survived as compared to the father.

The inability of the deceased and the surviving spouse to disclose their HIV status before the death affected most communications that occurred after the death of a loved one and the post mortem pronounce opportunistic infection due to the immune related illness (Surlis& Hyde, 2001). Some relatives would lay the blame with the assumption that the deceased might not have known his or her status and consequently died of ignorance. Some of the relatives felt disappointment and betrayal due to restricted knowledge of the HIV status of their loved relatives, which was not disclosed to them (Derlega et al, 2008). A similar study that was conducted in northern Thailand indicated that most HIV status was known through funeral proceedings and the surviving spouses reported fear of rejection, segregation, stigmatization and discrimination that was triggered by a sero-positive status (Tangmunkonngvorakul, 2010). Therefore it was their choice with their spouses to keep it a secret to themselves and avoid unnecessary attention.

In a study conducted in Ethiopia by Paulos (2011), he identified that the major problem associated with death of a loved one was explaining the cause to the children. This difficulty was observed in trying to help children grieve their other parent and at the same time telling them that the surviving spouse had a similar disease (Rispel& Metcalf, 2009). (Rispel et al, 2009) argued that it was home wrecking and emotionally disturbing especially amongst adolescent with some knowledge on how HIV was transmitted and how it affected it host. Therefore the perceived inevitability of death of the other parent played a diminishing and depressive role in the children impacting negatively on their psychological wellbeing (Rispel et al, 2011).

In the face of shame, guilty and anger on the innocent surviving spouse, survival was directed towards securing a good future for the children (Briggs, 2012). The participants in Surlis& Hyde

(2001)'s study demonstrated a dire need to survive and an orientation towards accepting and engaging with ART in an attempt to prolong their life and improve the socio-economic standing of their children (Briggs, 2012). Although difficult to deal with the day to day demands of the children and at the same time maintain goo heath habits, most female surviving spouses found aid from their parents and relatives in handling of the children and family needs with such an approach identified as prevalent amongst African family units (Hughes et al, 2012).

In countries like South Africa and Zimbabwe the ground was not even, that are soon after the death of a loved one especially if it was the husband children were taken by the family of their father (Hughes et al, 2012; Chingwaru &Vidmar, 2016). The evidence suggested that most relatives believed the mother was capable of having other men home as this had contributed to the death of the father, but without substantial evidence to support their notion (Rispel et al, 2011). Others claimed that they would not let the mother have their children raised by another men (Mhizha et al, 2016), other believed they had an upper hand in deciding the future of the children as they were strongly related by kinship bonds and surname. Therefore, the practice was observed as victimization and stigmatization of the children and their mother (Erhabor et al, 2013). On the other hand with customary values that hand a younger or bigger brother to the deceased continuing with the sexual role on the surviving spouse in the name of culture "kugaranhaka".

Evidently most people reported loss of property and the valued essential; in the even a loved one had died and had significantly contributed to the home development and growth (Izumi, 2007). Relatives came in and took some of the belongings claiming it was their relative' and should find its way to its actual home, some even attempted to sieve ties with the surviving spouse especially if it was a woman (Whitehead, 1997). The practice was identified as quite popular amongst the natives in the African traditional value system to which the relatives proclaimed rights over what was believed to have belonged to their relative (Izumi, 2007). The concept of "kugovanhaka" at times was exaggerated and left the deceased's family with no property to utilize (Gono, 2015).

In a study conducted by Janoff-Bulman (1979) in characterological versus behavioralself blame, the findings suggested that a significant change in liking and relatedness was observable in in-

laws and other relatives who blame the surviving spouse on the death of the loved one. The rage and intensity in the negative emotions affected their sympathy levels and overlooked the suffering and grieving of the surviving spouse and children to the extent of siphoning every resource the claimed as theirs (Briggs, 2012). The aggression and anger as well as the momentum in over throwing the family from their accumulated resources was observed as a means of dealing with the anger and blame they had targeted on the surviving spouse (Briggs, 2012).

With the death of a loved one, the monies invested in trying to resuscitate the health of the love one, most families would have no money to facilitate the burial and even income to sustain their lives after the burial (Briggs, 2012). Therefore, the friction and actions by the relatives in taking and disregarding the surviving spouse of the little resources that would have left with trigger poverty experiences (WHO, 2013). In some extreme cases some of the children found themselves out of school, some without food like they used to, business and other shared and tittle deeds are taken and in most cases the family becomes disintegrated along with the property (WHO, 2013). The experiences were rather with minimal effects in young surviving spouses that had not children as championed for by Shapiro and Ray (2007) in their study on sexual health for people living with HIV.

Shapiro and Ray (2007) reported the experience of grieving and simultaneously explain the cause of death to significant others in the family as a tiring process. They further illustrated that the cognitive resources and the attention that was needed to give satisfactory answers to all questions by family members psychological burned out the involved individuals. Although Shapiro and Ray (2007) proposed that a rights based approach as in the case of Medecins Sans Frontieres South Africa Khayelitshe Project (2004) which was young adult friendly in dealing with the demands of family member would serve the surviving spouse in talking about issues that triggered discomfort in them, the collectivist nature of African communities overwhelmed such claims as argued from by WHO (2013)'s report on global epidemics. Paulos (2011), argued, that rights based approaches are applicable in Eurocentric contexts were families are not answerable to extended family members in the extent African and Asian countries are due to their collectivist cultural upbringing.

The experiences of losing a loved one, learning about HIV, perpetual divorce feelings associated with losing an intimate partner permanently, anticipation of new intimate partner on the self and those of relation and anticipated use of condoms with new love were some of the factors that psychological imparted on young spouses that had lost a loved one to HIV (Fedor et al, 2013). Foder et al (2013) further articulated that in Malawi knowledge About HIV/AIDS on the surviving spouse and the relatives involved had a significantly positive implication in terms of acceptance of the circumstance. The findings suggested that the conduction was readily accepted amongst urbanites as compared rural dwellas. Rispel, et al (2011), further supported by articulating on the social support and instrumental support that relatives provided with in the USA, Britain and some parts of Zimbabwe towards addressing the existential impact of death in the family and reducing effects death on grieving, hope and anticipation of future.

2.6 Experiences of positive living long after the death of a spouse

The interaction between the individual and the environment is a product of the symbiotic relationship generated by such an interaction (Hermans&Hermans-Konopka, 2010). The death of a loved one triggers a variety of experiences as illustrated by Paulos (2011) in his study on natives of Papua in New Guinea. The most common experiences triggered by the self were self-blame, self-criticism, self-hate, perceived low efficacy and self-esteem. These attributes were prevalent amongst young adults living with HIV/AIDS that had lost a loved one. The experiences of the world through the dialogical self were differentiated across the board (Rispel et al, 2011). Young adults especially the females found it difficult to live with HIV, alone and without a companion but this was deterred by societal expectations of the role of a widow (Rispel et al, 2009). On the contrary males found it easy to move on and find new love and make new emotional investments in life.

Studies conducted by South Africa and Zimbabwe indicated that most of the young adults involved in intimate relations after the death of their loved ones found it difficult to disclose to their new found love about their statuses (Rispel et al, 2009; Rispel et al, 2011; Chingwaru&Vidma, 2016). Further evidence indicated that self-disclosure to others was a decision that individuals had to deliberate on at the level of self and make decisions towards whom they could tell and whom they couldn't. These findings suggested that disclosure was very

difficult when an individual experience fear of losing new found love because of their HIV status. Disclosure of status was high in women as compared to that amongst males (Petronio, 2012). This differentiated self-disclosure indicated that more women felt the need to be truthful and amongst those who did not self disclose, revenge was a motivation behind such. However the illustrated continued feelings of guilt in not telling their new lovers about their statuses. On the other hand, men never showed signs of interest in telling their status, a few who did made considerable efforts to convince the self to do so (Briggs, 2012).

The experience of stigma and discrimination was not only identified as an external factor that was triggered by society (Goffman, 2009). Goffman (2009) argued that the experience of being HIV triggered individuals to discriminate and stigmatize themselves. This was observable in self-isolation, doubting of individual potential to execute and personalization of the pathologies that came with the illness. Most people as identified by Derlega et al (2008) did begin to doubt the self and the potential and capacity to contribute to development and growth of their families and communities because of their HIV statuses. The experience was widely identified amongst young widows who believed that their lives could only be viable if they could find someone who would love and care for them (Derlega et al, 2008).

The experience of stigma and discrimination cannot be separated from the expression of individuality amongst people (Goffman, 200). Stigma and discrimination are cognitive process that impact the general functionality of an individual in the context of other and as such cannot be separated from the totality of experiencing life (Janoff-Bulman, 1979). The evidence gathered in a research by Farmer (2006) proposed that most young adults widowed to HIV found blame on the self as the point of departure before the evaluated what others perceived of them (Jewkes et al, 2005). Some had been socialized into believing that living with HIV/AIDS was a personal choice that they had taken along the course of their lives and they had to live with the consequences. DeMatteo et al (2002) however disputed by saying that the experiences attached to HIV had a significant impact on the cognition oriented towards the self, such experiences altered perceptions directed towards the self and others in the context of living (DeMatteo et al, 2002).

Most individual that had lost a loved one to HIV and AIDS went through a series of deliberations that shaped their overall impressions on the implications of the pandemic on their lives (Ross, 2009). Denial, anger, bargaining, depression and acceptance were identified by Ross (2011) as essential steps that individuals went through before accepting their statuses. Accepting HIV status long after the death of a loved one was on aspect that challenged most surviving spouses. Lozano et al (2013) reported a development in sense of agency and need to accomplish a lot, a motivation that was attached to fear of despair and dying without laying a good foundation for the children (Ross, 2011). Most male figure illustrated a compensatory behavior motivated by the need to over work and accomplish a lot in a short space of time in an attempt to secure a good life for their children as was observed by Paulos (2011) in Papua, New Guinea.

Those that had accepted the seropositive status as observed by findings in USA, United State, Canada and Australia found their way to join anonymous psychosocial support groups that sort to improve their life experiences (Chingwaru&Vidmar, 2016). Evident in Zimbabwe other individual that had lost their loved one due to the pandemic made effort to find new love through radio programs such as Ida anokudawo on Radio Zimbabwe (Chingwaru&Vidmar, 2016). Such levels of disclosure and acceptance indicated that even in developing countries people are becoming aware that HIV does not mark the end of life, but rather a new approach to life that need caution and trust in help provided by others. Acceptance in young adults living with HIV improved their choices and decisions towards life long relationships with other potential lovers as well as a smooth way to disclosing their statuses before they indulged in serious relations (Vandall et al, 2012). Therefore the capacity and ability to self disclose as identified in most participants in Shapiro and Ray (2007)'s study in Malawi indicated that these were significant steps towards the development of a reconstructed self that sort to live in harmony with others and the general universe.

The death of a loved one amongst young adults who were in the early 20s to HIV had several implications on life of the surviving spouse (Harrison & O'Sullivan, 2010). The experience triggered two vital option, with which celibacy, self disclosure and remarrying were some of the available. Harrison & O'Sullivan (2010) reported that some of the surviving spouse were forced to move to new communities because of this circumstance and start over especially if they were

sexual active and in need of a sexual partner (Shapiro and Ray, 2012). The migration signified some element of acknowledging that society had a significant discriminatory effect on the experiences of being and positive perceptual and physical interactions Harrison & O'Sullivan (2010), on the other hand the movement indicated partial acceptance and the need to be involved with others that had no knowledge of the experiences of the individual.

The choices and options HIV infected individual engaged in were observed as life long and posing implications on those they chose to be involved with (Shapiro and Ray, 2012). Some of the participants in Van Lange and Balliet (2015)'s research that had been blindly infected by their partners, suffered discrimination and stigma from their significant others and sent away and had even lost their lives and property, with a feeling of having nothing to lose were identified as dangerous. These individual claimed that they were not ready to disclose and yet they initiated sexual relations with any man or women who showed interest even without a condom because they had a vengeance to satisfy on their minds (Van Lange & Van Doesum, 2015). They saw the world as unfair and as such they did not want to die alone but rather infect all those that showed interest. Some openly suggested and proclaimed their interest in married individuals as their target population for engaging in their infidel acts (WHO, 2013; Van Lange & Van Doesum, 2015; Van Lange and Balliet, 2015). The anger and denial they had motivated them to infect others both innocent and promiscuous.

On the other hand, participants in Worden (2008) acknowledged that they were still young and sexually active. The female population indicated indulgence in sexual activities that were secretive with the desire to quench their sexual appetite. The majority however alluded to self-disclosing of their statuses before indulging in sexual intercourse with their presumed lovers, as well as initiation of condoms in a consistent manner compared to the males in the same study (Worden, 2008). Such evidence indicated that women feel for other and tend to make decisions that are not self centered and egoistic in achieving their sexual motives as compared to what males did. This evidence showed significant differences in how males and females deal with the existential need to survive and how they pass through the stages of grieve and dealing with existential crises as suggested by Ross (2011).

Transformation from the spoiled identity to the reconstructed identity is a process that found most young adults surviving with HIV finally accepting and living with the positive identity (Hoffman, 2013). The findings from several studies carried out in United Kingdom by Hoffman (2013) demonstrated congruency in the manner by which identity transformation occurred. The majority of the individuals that were assessed reported that economic independence opened new doors for acceptance by other family members and society. The findings also demonstrated that most of the individual that had been dishonoured by their families because of being HIV positive made efforts to become rich and economically independent.

The evidence was also support by findings gathered by Driver (2013) which indicated that even after making it in life and reconstructing the self, most individuals still felt the need to return home and rejoin their families and friends that had disregarded them as spouses to their deceased loved ones. The reconstructed self allowed them to forgive and reconcile with the self, it also allowed them to forgive those who had maltreated them and blamed them for the death of their spouses (Butler, 2011). Such an expression of forgiveness and tolerance towards a desire to be involved with other members that once dishonored them indicated that time was a significant factor in improving appreciation of life and self reflection on what actually mattered and what did not (Butler, 2011; Driver, 2013).

2.7 Knowledge gap

The researcher was motivated by the limited availability of literature on the experiences of spouse before and after they lose a loved one to HIV in the context of African collective value system. The research observed literature gaps in addressing and differentiating the circumstances that individual pass through both at individual and family level that in turn influence how they deal with losing a loved one. The totality in the experience of life after losing a loved one is undermined by low investment of researchers of their time and resources towards understanding the decision making and implementation in HIV surviving spouses as they try to deal with every day issues surrounding gender, socio-economic and political circumstances and their interaction with sero-positive status.

Furthermore cases of HIV in the context of mining areas have targeted the spread, epidemiology and lived experiences on the context of HIV, however they have not further looked at experiences prior to losing a loved one to HIV and how one would deal with factors like disclosure, dealing with self and societal discrimination, self isolation and development of a spoiled identity influence by segregator community norms. The transition that an individual has to go through to address issues tied to the spoiled self till they develop a reconstructed self that lives in harmony with society. Further most of the researches that have been conducted across the world do not target the experiences of HIV in the context of collectivism and collective decision making that impact the African surviving spouses. The transgression from reporting to the husband as the center of authority to reporting to the whole family and significant others who feel they have a responsibility over the wellbeing of the individual and the surviving children if they are any. Therefore the complex African setup and family system triggers complication that may hinder or develop the psychological wellbeing of the surviving spouse in the context of African settings in a mine setup.

Further more theories that were used in several studies of similar nature did not quite address the implications of the symbiotic and transactional relationship between the individual and his or her spouse before death, the interaction and relations soon after death and copying after the death of a loved one in the context of inevitable death to the same disease in the long run. Such critical issues were not identified and how they impact on the psychology and social functioning of the being. The defense mechanisms and copying strategies individual chose in trying to live a positive life. Therefore the research sort to capture the silent aspects of the lived experiences ofc surviving spouses, prior to losing their loved one, how the loss impacted on the general function in self and societal created experiences and how they have become who they are because of such experiences.

2.8 Summary

The chapter provided literature reviewed from various researches of similar nature to the study. The chapter also addressed the phenomenon through a conceptual and theoretical framework with the intention of enhancing the understanding of the readers. Lastly the gap in knowledge was addressed. Therefore the following chapter will provide the research methodology.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The following chapter provides readers with the research methodology. Research methodology entitles the pathway or the means and strategy that the research will capitalise on in developing a convincing way to address the tenants/objectives of the research. The chapter therefore addresses on the nature of the research, the research approach, the research design, the target population, the sample and sampling procedure, the development and utilisation of the instrument, data collection procedure, trustworthiness of the research, the ethical considerations, and lastly the data analysis and presentation.

3.2 Nature of research

There are several research ideologies that can be utilised in developing and carrying out a research. These fall under the two broad clusters that differentiates research. These two clusters are the positivist paradigm which falls under quantitative philosophy and the interpretivist and constructivist paradigms that fall under qualitative philosophies. The researcher made use of an interpretivist research paradigm with which she will be critically assessing the phenomenon under study and drawing in meaning and sense from the findings. The interpretivist paradigm helped the researcher understand the emotions, behaviours, cognitions and other presented elements in the context of the participants from the participants' point of view. This was generally an assessment of how participants understand their experiences and how they wanted others to understand them (Hodkinson, 2009; Bordens& Abbott, 2002).

The interpretivist paradigm went further into giving readers an insight into how participants experience their lives in a manner objective to them but subjectively interpreted by the observer independent of the setting. Through the interpretivist paradigm, the research was able to make sense and meaning of the events and circumstances that operated over and below the participants

and how these in turn shaped the experiences of the participants in play. These subjective experiences were also important in shaping the copying mechanisms and strategies that participants embarked on in trying to deal with their selves as well as the society' stigma and discrimination. The interpretivist approach allowed treatment of subjective experiences as science, also acknowledging that the context in which experiences occur was based on the symbiotic relationship between the person and the environment and as such these experiences may never or can be simulated not as objective as in positivist approaches.

3.3 Research approach

A research approach is the overall layout that the researcher used as she developed the whole research. There are two approaches that researchers can maximise on; these are quantitative and qualitative approaches (Bordens& Abbott, 2002). A quantitative approach is one by which the researcher uses objectivity as the central aspect in the development and carrying out of the research agenda. The quantitative approach comprises of aspects such as scepticism, universality on the development and application of methodology, rationale in the structure and generation of the findings amongst other factors, however a qualitative approach that the research used in this research is based on the assumption of subjectivity as a science in its own right. The research made use of an interpretivist phenomenological approach under the qualitative dimension, through which the phenomenon of lived experiences was understood in the context of human development as well as in the face of the relations through which they develop. That is the experiences of people and the way they make sense of these events. Treatment of philosophy as a science, the appreciation of subjective experiences of individuals as a scientific in their context of being should be treated as objective person-environmental functions.

The phenomenological research approach under qualitative approach gives the research a platform for further exploring into the silent aspects of the experiences of the participants by probing for further clarity were its needed. The qualitative approach is a base for understanding people in their context of operations and the subjective responses to the day to day and over the life course experiences. According to Hodkinson (2009) a phenomenological research approach addresses several facets of human experience inclusive of the social, behavioural, emotional, and intellectual and even the physical experience of the world. Therefore the adaptation of the

approach would allow the research to dig deep on the experiences of the HIV positive sero-discordant and sero-concordant couples as they live together, the experience soon after the death of a spouse and the experiences long after the spouse is gone. The qualitative dimensions in this nature of study provides the research with a way to further understand the decisions that the individual, the family, the relatives and other significant others take into consideration in addressing such.

3.4 Research design

The research will make use of an interpretivist phenomenological approach under the qualitative dimension, through which the phenomenon of lived experiences will be understood in the context of human development as well as in the face of the relations through which they develop. That is the experiences of people and the way they make sense of these events can be treated as scientific as it can be. Treatment of philosophy as a science, the appreciation of subjective experiences of individuals as a scientific in their context of being should be treated as objective person-environmental functions.

The phenomenological research approach under qualitative approach gives the research a platform for further exploring into the silent aspects of the experiences of the participants by probing for further clarity were its needed. The qualitative approach is a base for understanding people in their context of operations and the subjective responses to the day to day and over the life course experiences. According to Hodkinson (2009) an interpretivist phenomenological research approach addresses several facets of human experience inclusive of the social, behavioural, emotional, and intellectual and even the physical experience of the world. Therefore the adaptation of the approach would allow the research to dig deep on the experiences of the HIV positive sero-discordant and sero-concordant couples as they live together, the experience soon after the death of a spouse and the experiences long after the spouse is gone. The qualitative dimensions in this nature of study provides the research with a way to further understand the decisions that the individual, the family, the relatives and other significant others take into consideration in addressing such.

3.5 Target population

A target population is the cluster of members that the researcher intends to research on that have the characteristics that suit in the realms of the research. The target population for this research were individuals that utilise the HIV outpatient services at the Gates Mine Clinic, at Gates Mine in Mashava, Masvingo. These are the people that were diagnosed with HIV and lost a loved one to the pandemic. The reason behind such an inclusion and selection criterion for these individuals is, they have the experiences and knowledge of how HIV affects them and the significant others in their lives. The target population will not be discriminated based on gender, ethnicity, race and other demographic characteristics such as level of education.

3.6 Sample and sampling procedure

The sample for the study will be determined by data saturation as the research interviews the intended target populations that constitute the population. The sample was drawn through homogeneous purposive sampling. Homogeneous Purposive sampling entails the use of individuals that have a shared characteristic who are available and accessible but at the same time adequate enough to suit the demands and needs of the research. The sampling procedure will help the research capture the participants that provide the information that is needed to assess the experiences of the sero-positive surviving spouses in the context of a mining setup.

The major reason behind adoption of purposive sampling as the most appropriate is that, the sampling procedure gives every participant who can provide information a chance to participate in the research. This approach opens the doors through which the researcher will eliminate participants that do not provide further clarity from the study, allowing only information that adds value to the research to be captured and utilised for furthering the readers; conceptualisation of HIV positive surviving spouses' experiences with the self and the significant others.

3.7 Research Instrument

Research instruments are diverse and sophisticated at times, there are several research tools that are used in research depending with the design that the researchers would have chosen. In this research, a semi-structure interview guide was used to gather the relevant and necessary

information that makes the research viable, the semi-structured interview guide is a flexible tool that allows the researcher to probe further for clarity, ask questions to the participants utilising the manner in which responses are generated from the presented situation (Bordens& Abbott, 2002). The semi-structured interview gave lee-way to the researcher to add more questions as well as eliminate some questions depending on how they made the research viable and appreciable in the context of the researcher and the researched on.

The instrument provides the researcher with various advantages that help in building a viable research. The semi-structured interview guide is an interactive tool, one that allows both the participants and the researcher to communicate in a more like conversation format but gathering data that facilitates the viability of the research (Hodkinson, 2009). An interview carried out in an environment that is free and comfortable for the participants allows participants to as natural as they can, behave in the everyday manner, think the way they usually do and portray the emotions that they are used to. All these are critical as the researcher notes all these non-verbal cues to build arguments on whether or not the truth was being relayed. The interviews were conducted through focused group sessions and at individual levels with the participants as they can to Gaths Mine Clinic for social support and medical care and treatment.

3.8 Trustworthiness

Trustworthiness deals with trying to come up with a methodology that adequately addresses all the demands of research in a manner that is universally accepted by the boards of knowledge. It is the justification of how and why the research was carried out in such a way, the implications of how the research was conducted will be assessed for their consequences to the quality and outcomes of the research. Trustworthiness is based on assessing the research for credibility, dependability, transferability and conformability All these aspects are used in assessment of the research methodology and the instrumentation and interpretation of results. These attributes secure the viability of and the feasibility of the research. Trustworthiness of the research was achieved through addressing the following tenants listed below:

3.8.1 Dependability

Positivist strategies assess for validity and reliability of the methodology and the instrument (Bastow et al, 2014). Dependability in qualitative research thrives to establish the ability of the research to be repeated over time in the same and different setting using the same instrumentation and methodological approaches as proposed by Bergold and Thomas (2012). Bastow et al (2004) however argues that the nature of truth in qualitative research is subjective even when the environmental conditions are the same. However to address dependability in the research, the researcher will rely on the evidence gathered from the spouses surviving with HIV and cross examine it for consistence in how they answered the semi-structured questions. These questions would give an underlying insight of the truthfulness in silent elements the questions bring in.

3.8.2 Credibility

This trait of qualitative research seeks to investigate the nature and demonstrate the influences surviving spouses have on their individual experiences in the context of others. The descriptive survey design therefore becomes the most appropriate approach in addressing the experiences of spouses as it capture the observable and auditory elements of the experiences allowing the research to make sense and meaning out of the conveyed information (Hodkinson, 2009). Credibility in this instance allows the researcher to determine whether or not the gathered information can be used or not to simulate the experiences of the surviving spouses in the context of others and those around the globe.

The semi-structure interview guide probed for honesty in the answering of the questions the researcher delivered to the participants. This involvement and inclusion of participants in relating with the researcher's overall goal of developing recommendation to authorities that would improve the quality of experiences of the surviving spouses, the participants felt obligated to provide more accurate responses that would address the tenants of the research. The research also consulted other researchers for clarity in the methodological structure and application to improve the data collected and sense making strategies as the research went on (Johnson, 2014).

3.8.3 Transferability

This will seek to establish whether findings may be used to understand the experiences of surviving spouses living with HIV in a different context to that of Gates Mine in Masvingo. In trying to ensure transferability, the researcher will reviewed literature from other contexts against the evidence that would have been gathered from the research, a high magnitude in inconsistencies may resemble exaggeration depending on the information that would have been assessed for (Johnson, 2014). The copying mechanisms may not be the same but the experiences of the surviving spouses may give a base from which other researchers and readers can develop a conceptualisation of how surviving spouses with HIV interact with the world around them.

Transferability lays a foundation through which individuals surviving with HIV can be understood, it is the window through which these experiences can be assessed an understood as the occur in the varied contexts and the impacts they pose on each and every individual that is involved. This will also take into consideration the varying socio-political and economic conditions through which the environment possess to the individuals in question (Adepoju, 2000).

3.8.4 Conformability

The subjectivity of qualitative research makes it difficult to confirm such findings in the context of others in a different environment. The truth in the research is dependent on the experience of the individuals exposed to the circumstance and as such the researcher will make use of the participants to analyse and make sense of the gathered data, with them as part of the interpreting team of the gathered evidence. These participants will help the research develop themes and sub-themes that are in line with their experiences so that the subjective truth can be brought to light in an objective and scientific manner. On the other hand, the theories, research methodology and the objectives were also assessed by other researchers to see if the approaches concurred with the overall goal of the research and could be confirmed in other contexts as a viable way of collecting similar data on lived experiences of spouses surviving with HIV after losing a loved one to the pandemic.

3.9 Data collection

The research will first obtain a letter to facilitate the undertaking of the research from the department of psychology at the Midlands State Univerity. After obtaining the letter, the researcher will go to the senior human resources officer of Gaths Mine to get authority to carry out the research at Gates Mine Clinic in the mine setting. The research anticipates that the processes will take at least two weeks and data collect will be done from there. The research strategy that the research will use will be based on maximisation of visitations by individuals who are on Anti-Retroviral treatment (ART) to take their medication and at this instance she will be assisted by the local personal at the clinic to engage the potential participants for this research. The research will try not to interfere with the treatment seeking behaviour of the clients and as such will only engage participants when the nursing aids have clarified the purpose and nature of research to the partcipants and only when the participants are willing to engage.

3.10Data presentation and analysis

The research will make use of the thematic approach for both the presentation and analysis of the data. The approach implies that the research will gather information from the study sample, put the information into clusters based on their similarities and look up the common grounding that makes the information more similar (Hodkinson, 2009). These themes are developed based on the frequencies of similarity in information, further to that was the development of sub-themes, themes will be information clusters that will fall under the major theme feeding into the major theme and answering the demands of the research objectives to this study.

Analysis of the data was done is stages, that is from the scrambled without logic and structure to the well organised and structured information with perspective. The research used colour codes to highlight information that had the same semantic value, from there, information that pointed in the same direction was developed. The information was then put into categories based on the similarities and differences presented, with this categorical grounding of the information was done. Furthermore, information that proved dominant and prevalent in the research was classified as major themes. Information that had less frequency and but significantly address the needs of the research was placed into sub-themes, these resembled the probing aspect the researcher indulged into as she carried out the research. Lastly the information was presented in

the form of themes, with a descriptive phrase on to support the theme followed by a verbatim to authenticate the phrase and lastly an interpretation on what the provided evidence entailed.

3.11 Ethical consideration

Ethics were observed in an attempt to avoid infringement on the part of the participants as well as guard the researcher against initiating harm to the subjects of the research. The British Psychology Association Handbook (2004) was used as a guideline through which ethics could be drawn. These ethical considerations opened doors for viability of the research. Therefore the following ethics were observed as provided below:

3.11.1 Informed consent

Prior to involvement in the research, the researcher made sure the participants are well conversant with the demands of this research. This allowed the participants to make rational decisions concerning their involvement in the research. Therefore, the research had to establish verbal consent from each and every participant as she engaged them into the research.

3.11.2 Right to withdraw

The research proposed to the participants that they had the right to withdraw from the research if any circumstance led them to feel discomfort. The reservation of the right to withdraw meant that participants would openly and freely participate without being cohered, increasing the likelihood of them being truthful to the researcher.

3.11.3 Debriefing

The research made sure that the participant knew exactly what they were getting into, the intentions of the research and how the information that was gathered was to be disseminated for public consumption purposes. The participants were also debriefed on the progress and stages at which the research was and the intended next move.

3.11.4 Anonymity

Anonymity was observed as a measure to allow the participants to as true as they could be given the fact that their identities would not be publicised not matter what. Anonymity implied that the participants to this research would remain anonymous and their evidence would be coded with codes only known to the researcher for identification. Anonymity opens the ground through

which the researcher could capture the experiences of the surviving spouses with them feeling comfortable to give in the personal experiences and circumstances they are exposed to and how these impact on their being.

3.11.5 Confidentiality

Confidentiality meant that information from this research would not be disclosed to any third part unless if it was the law enforcing agency that needed the records of the participant in question. Confidentiality allows the participant to feel secure and know that whatever they say may not be traced back to them no matter what. With the intention of the research to publish such sensitive material, confidentiality would imply that the participants and the carrying out of the research would be done in confidence and the participants may never meet up as a whole to identify each other later.

3.12 Summary

The chapter provided readers with the research methodology. Factors such as research paradigm, research approach, then design, population, sample and sampling methods, instrumentation, trustworthiness of the approaches, ethics and the data presentation and analysis were well elaborated on.

CHAPTER FOUR

DATA ANALYSIS, INTERPRETATIONN AND PRESENTATION OF FINDINGS

4.1 I introduction

The previous chapter looked at methodology that was used in gathering data to explore the nature of relationship that exists between HIV positive spouses and their significant others at Gaths mine in Mashava, Masvingo. In this chapter, data is analyzed, interpreted and findings are presented. The chapter is focused on the research outcomes from the actual field work done by the researcher.

4.2 Demographic Data

Sixteen participants named A to P where interviewed in this study as indicated in the table below. The participants were HIV positive Widows and Widowers who reside at Gaths mine in Mashava and seek treatment at Gathsmine Hospital.

Table 1: responses to demographic information questions

Participant	Age	sex	Marital status	Educational level	Relationship duration	Number of years since tested positive
A	26	Female	Widow	O level	6 years	2 years
B	30	Female	Widow	A level	4 years	3 years
C	27	Female	Widow	ZJC	3 years	7 years
D	29	Male	widower	O level	5 years	1 years
E	31	Female	widow	O level	2 years	1 years
F	23	Female	widow	O level	3 years	4 years
G	39	Male	Widower	ZJC	3 years	3 years
H	28	Female	widow	O level	3 years	2 years
I	25	Female	Widow	O level	2 years	2 years
J	28	Male	widower	O level	5 years	3 years

Participant	Age	sex	Marital status	Educational level	Relationship duration	Number of years since tested positive
K	30	Female	widow	O level	7 years	2 years
L	33	Female	widow	O level	2 years	1 years
M	29	Female	Widow	Degree	4 years	3 years
N	26	Male	Widower	O level	2 years	1 years
O	34	female	Widow	A level	5 years	2 years
P	41	Male	Widower	Diploma	17 years	6 years

The sample was dominated by females who made up the majority. Furthermore, those who had attained their ordinary level certificate dominated too. The age was around late twenties to late thirties/ and the majority had been married for three to four years with most having known their HIV statuses a year before death of their loved ones.

4.3 Presentation of Results

4.3.1 Major Theme One: Experiences of HIV positive married people

The findings from the study suggested that there were several facets that shaped the experiences of people that were in marriages of sero-concordant and sero-discordant. The findings illustrated that there were variation in knowledge about their HIV status during their married life. The findings also demonstrated elements of secrecy in HIV testing behaviors amongst the married partners. The researcher also identified that disclosure was amongst the burning issues that impacted on HIV positive married people. Lastly intimacy and issues of intimate sexual conditions was a dominant factor that affected the experiences of spouses in both sero-concordant and sero-discordant couples.

4.3.1.1 Sub-theme one: Knowledge of HIV status

The findings demonstrated that the majority of the participants were not aware of their HIV status until after the occurrence of an event such as illness or HIV testing outreach programmes. This is illustrated by these responses:

Participant five:

> *"……..l only got to know that l was HIV positive the time when l fell sick from herpes zoster and was admitted at Gaths mine hospital. The sisters suggested that l get tested for HIV that is how l found out that l was HIV positive……."*

participant one:

> *"……..when l got pregnant with my daughter l went to book for anti natal care at the hospital were l was tested for HIV and discovered l was HIV positive ……."*

Participants seven:

> *"……..my late wife came home one evening crying saying that l had killed her, she had gone for testing and she tested positive for HIV, I wanted to prove to her that l was clean, that is when l went to get tested and found out that l too was HIV positive……."*

Participant thirteen :

> *"……..when my friend and l heard about the new start people who had come to test people for HIV we decided to go and get tested as a group, you know as a woman you don't always know what your husband is doing behind your back. We got tested and that is when l found out l was positive……."*

The findings from the study suggest that knowledge of HIV status of participants came mostly as a suggestion from health personal who advised them to get tested. I few went for voluntary counselling and testing while others tested because their partners had tested positive.

4.3.1.2 Sub-theme two: Discordant testing patterns

The findings from the study demonstrated that the majority of people in marriage at gates mine went for HIV testing as individuals rather than couples. The findings indicated that most people in intimate relationships especially males went for testing in secrecy. The findings also suggested that some acknowledge going with their partners for testing especially if they knew they had contracted the virus. A few of the participants reported going for testing with their partners without prior HIV testing. This is illustrated by the responses below.

Participant seven:

> *"……I went for testing in private without my wife, I wanted to first secure my status before letting anyone else know……."*

Participant nine:

> *"……..there is no way in this hell I was going to just drag my wife with me to HIV testing, after all that I have been through. But situation and health complications forced me to come with her because I had no choice……."*

Participant ten:

> *"……..after realising that I was positive, I just thought well why not just pretend and come with my wife for testing so that she could feel empathetic for me……"*

Participant eleven:

> *"……what?, there is no way am going to bring my husband with me for HIV testing, this is a mine and a lot happens behind the scenes, you want me to disclose myself, aaaaaah why would I do that to myself……"*

The findings may be suggesting that most of the individuals in marriage at Gates Mine go for HIV testing in secret without their partner's knowledge. The findings may also be suggesting that most males where worried about going with their wives without prior visitation to the new

start centre. The findings may be suggesting that the mining environment has a lot of influence on risk behavior development. The findings may also be suggesting that HIV testing is a sensitive issue, and the majority of participants did not want to surprise their spouses.

4.3.1.3 Sub-theme three: Disclosure to significant others

The findings from the study evidence that disclosure to significant others was a burning issue amongst individual in marriage. The findings indicated that most of the participants could not tell their spouses and this even made it worse trying to confront their friends and relatives. The findings illustrated that disclosure to significant others raised a lot of emotions, cognitions and did more harm than good most of the time as was proposed by the participants.

Participant one:

> *"……..I was pronounced HIV positive 2 years before l told my husband about it, l was scared of being blamed……."*

Participant two:

> *"…….Hmmmmmm you know HIV status is a sensitive issue right, if I cannot find the guts to tell my wife, what more my relatives, they will see me as a walking deadman……."*

Participant six:

> *"…….am just afraid of what people will think of me if I tell them am positive, I had lot of unprotected sex with my husband because we are married, so how could l have told him my condition, what would his relatives have said about me……I will just let sleeping dogs lie……."*

The findings from the study may be suggesting that most of the participants knew their HIV statuses but however they were not ready to share with their loved ones. The findings may also be suggesting that such fear emanated from fear associated with rejection and fear of losing trust from their love ones. The findings may also be suggesting that some felt a guilty conscience for having unprotected sex with their love ones without letting them know their HIV statuses.

4.3.1.4 Sub-theme four: Relations with significant others in the face of perceive demise

The findings from the study demonstrated that HIV infection triggered a lot of emotions in terms of relating with the significant other. The findings identified feelings such as guilt, anger, depression, and hate amongst other as dominating the infected persons. On the other hand, the findings identified feelings of empathy; revulsion, sadness and unconditional positive regard as prominent in the significant others. This was illustrated by the participants as stated below:

Participant three:

> *"……..am always sceptical about life and death, what if these pills become scarce, what will I do, I will just die and live my children, I feel angry every time I think about life for my kids……."*

Participant eight:

> *"……yes my loved ones accepted my condition, but I feel they are becoming over empathetic and this is affecting how I relate with them. I cannot live life being pitied all the time……."*

participant nine:

> *"……when I look at my life I feel depressed, I lose track of time and why am still surviving, I hate knowing my children leave in fear that one day I will wake up very ill and die……."*

participant eleven:

> *"……I know am dying and every day brings my death even closer, I just want a good life for my children so I have to keep good relations with friends and relatives for the sake of my children……."*

These findings may be suggesting that most HIV infected spouses live in fear and anticipation of death. The findings may be suggesting that death is a factor that influences how they relate with others, especially when they have young children. The findings may also be demonstrating that psychological problems symptoms such as lack of sleep, extreme sadness, poor energy and lack of optimism are dominant in these people

4.3.1.5 Sub-theme five: Intimacy in the face of HIV

Intimacy was one facet that triggered problems in sero-concordant and sero-discordant couple living together. The participants echoed that the essence of marriage was sexual and social intercourse for life. The presence of HIV in the marriage had more damaging impact on sero-discordant couples as compared to sero-concordant couples. The findings indicated that intimacy triggers other social and psychological problems that couples faced in their marriages. This is resembled by the responses given below.

Participant nine:

> *"……haaa my wife used to say, why should I stay in the marriage, am not positive and you are. I need to make babies and I cannot with a person who is positive, she refused to sleep in the same bed with me for six months……."*

Participant thirteen:

> *"……..i had been married for 5 years and when my husband tested positive and i was negative, he refused to use condoms and said condoms are used by prostitutes, i was powerless and he always forced himself on me……"*

participant ten:

> *"……ever since we tested positive, intimacy had been a problem at home, we almost got divorced with my wife because of this disease. I used to get sex from other women and pretend like I didn't want it with my wife……."*

participant fourteen:

> *"……me and my husband, enjoyed sex and loved each other. We used protection. I married him knowing his HIV status……."*

The findings from the study may demonstrating that after knowing the HIV status of a partner, decisions about intimacy emanate from there. The findings may also be suggesting that most HIV positive spouses are deprived of conjugal rights in their marriages. The findings may be suggesting that some couples are prone to becoming victims of intimate abuse. The findings may

also be suggesting that others are not affected by the HIV status of their partner but rather are willing to take necessary measures to maintain their relationship in shape.

4.3.2 Major theme two: Life experiences immediately after death of a spouse due to HIV

The findings suggested several significant elements that impact life experiences of the surviving spouse immediately after death of a loved one. These experiences were identified to emanate from relationships with significant other, relationship with the children of the marriage and the relationship with the self. From the three broad categories other areas of concerned were seen to emerge with a significant impact on the overall experiences of the surviving spouses.

4.3.2.1 Sub-theme one: Relationship management and reaction of significant others at the funeral

Relationship management at the funeral was one of the finest moments that decided the course of life after loss of a loved one. HIV related funerals were highly observed as centred on blame, feeling of guilt and shame, hate and sympathy. These mixed emotions affected people differently and triggered different reactions towards the surviving spouse. The findings from the study pointed out that blame and hate was more prominent in the majority of participants who reported on experience immediately after losing their loved one. A few reported having been facilitated with social support and sympathy. This is elaborated below:

Participant two:

> *"……it all started at the funeral, my husband' relatives told me that wewere no-longer related. I was no-longer welcome to visit them at their home……"*

Participant five:

> *"…….who could have known that losing a husband would mean the end of my life, my husband's relatives took everything as inheritance immediately after the funeral, they told me to leave the house and go to my parents……."*

Participant eleven:

> *"……I wish he was here to see the love that we are receiving from his family. I didn't expect them to be this kind knowing that I am positive and he had also died from HIV. They embraced us as their own, and my kids are still living a close to normal life……."*

Participant six:

> *"……..everything changed for the worst when I lost him, my son was taken from me soon after the funeral and l am just waiting for me to go too……."*

Findings from the study may be implying that some families are bound together by the presence of both spouses. The findings may also be suggesting that blame and anger may influence development of negative feelings towards the surviving spouse. The findings may also be suggesting that death of a loved one can be the source of vengeance for those left behind. However some of the findings may be illustrating that death can bind people even closer together than before.

4.3.2.2 Sub-theme two: Interaction with the grieving self

The gathered evidence suggested that at the funeral, interaction with the self played a crucial role on how the bereaved responded to death itself. The internal conversations that occurred with the dialogical self had an impact on how the bereaved spouse took and embrace death. Those who knew that they had infected their loved ones, felt guilt and hate towards their self. Other reported feelings of emptiness and felt like something had died inside them when they lost their spouses. Other reported confusion and bizarre feelings of loss of worthy in the face of community and significant others. This was observed in the responses that the participants relayed below.

Participant six:

> *"……..i felt like something deep within me died along with him, I lost the energy and zeal to enjoy life again……."*

Participant five:

> "*…… his death changed me, am no-longer that person I used to be when he was still around. I even struggle with my own self, am always thinking about him and I miss my husband (tears dropping)……."*

Participant sixteen:

> *"……ever since she left I haven't found myself again, it like everything died with her, not even a child to remind me of her. I wish i was the one who died instead of her.*

The findings from the study may be indicating that the participants lost everything with the death of their loved ones. The findings may also be suggesting that constant interaction with the self was more inclined towards negative things. The findings may also be illustrating that the majority of the participants were a little depressed with the loss of their loved ones. The findings from the study may also be demonstrating that some of the participants lost hope for life and are just people with empty hearts.

4.3.2.3 Sub-theme three: Interaction with the grieving off springs

The findings illustrated difficulty in the parents to explain the cause of death to the children. The findings also demonstrated that the majority of the participants were facing challenges relating to the children as they were also deeply affected by the circumstance. The findings illustrated that difficulty was more when the children were young to understand death. The findings suggested that HIV does not affect the family unit only, but rather affects all those close to the family unit. This was demonstrated by the elaboration from the participants below.

Participant four:

> *"……..it was difficult to tell them their mother had died, worse off to tell them it was HIV, they are too young to understand and constantly ask. It depresses me every time they asked……."*

Participant three and eleven:

> *"……explaining where their mother or father is, is the most difficult part of letting the children know about the death of their parent. It pains us and our kids who are young to understand death……"*

Participant four:

> *"……ever since my loved one left me, my children hate me. Something about them changed, they were so close and it affected them. I can't bear to see my children suffering everyday……."*

The findings from the study may be suggesting that disclosure of death to children who are too young to understand death may be the most painful of the death of a loved one. The findings from the study may also be suggesting that the experience of losing either a mother or father was more or less the same, however it significantly affected the children if the deceased was more close to the children compared to the surviving spouse. The findings may be suggesting that children are affected by death in a similar fashion as does the surviving spouse.

4.3.2.4 Sub-theme four: Reaction of community towards the death

Institutional discrimination was one of the most prevalent problems that surviving spouses felt soon after losing their loved ones. The situation was made worse if the deceased was the bread winner of the family. The findings demonstrated that neither the surviving spouse nor the community felt the discrimination although the implications were observable. The findings indicated that HIV related death triggered revulsion and elements of repelling the surviving spouse. This also triggered self alienation from the community in the surviving spouse.

Participant sixteen:

> *"……i felt alone in this world, my friends, relatives and others disappeared from my life when they heard my wife died of HIV……."*

Participant four:

> *"…….they pretended to love me and sympathise with me when they are talking with me, but they started talked about me behind my back, they never include me in any community projects. I just don't know why they couldn't be clear about it……....."*

Participant thirteen

> *"……am just that lost sheep of the community, no one want anything to do with me since the death of my spouse, they do not invite my children to their homes. I have also decided to avoid these people……."*

The findings from the study may be suggesting that communities may spread the gospel of unconditional positive regard and involvement of HIV infected people, but however practices of such may be difficult to attain. The findings may be suggesting that most people up to today are still stigmatising HIV infected people. The findings may also be suggesting that awareness alone is not enough to deter negativity towards HIV infected people. The findings may also be suggesting that HIV infected people may find it easy and pleasant to disassociate with society and live in harmony with their self. The findings may be suggesting silent echoes from the community to eliminate HIV infected people from it.

4.3.2.5 Sub-theme five: Perceptions about long life relations with relatives from the deceased spouses' side

The findings from the study demonstrated that some of the participants were sceptical about relation continuity with the relatives of their deceased loved ones. The findings from the study indicated that most of the participants especially woman were worried about being dishonoured. This was postulated in the evidence presented below:

Participant eight:

> *"……..when he died, I was afraid I was going to be sent out of the house and live in the streets, I had no one and no-where to go……..."*

Participant ten:

> *"……...I was actually told to leave the house when the funeral ended, I told them to back off, I made them realise that I was not as dump as the assumed……."*

Participant eleven:

> *"…….at first the support was there, it all started with a little decline in communication, suddenly they all drifted away from my life and I feel so alone and rejected……"*

These findings may be suggesting that some of the relatives of the deceased were rational beings and did not take advantage of the surviving spouse. The findings may also be suggesting that some of the relatives were aggressive towards the surviving spouse with some threatening to take over the property left behind. These findings may also further our understanding on the implication of death to the surviving spouse and the support he or she may need to overcome the circumstance.

4.3.3 Major Theme Three: Experiences of positive living long after the death of a spouse

The findings demonstrated that several factors shaped the experiences the surviving spouses long after the death of their spouses to HIV. Amongst the observed factors, elements such as stigma and the dialogical self, social support and self alienation, dealing with biologically driven sexual pressure, perceived adaptation to life without a loved one and lastly reintegrating with significant others was amongst the prevalent issues that affected surviving spouses with HIV.

4.3.3.1 Sub-theme one: living through the dialogical self

Interaction with the dialogical self played a significant role in the quality of experiences that the surviving spouse experienced. The findings from the study demonstrated that constant feedback that the person gave to their self influenced their day to day functionality and at the same time posed grave influence on their behaviors they presented in the face of others. The findings illustrated that interaction with the self influenced either positive adaptive approaches to life or in other cases, self destructive behaviors. This was elaborate in the responses the individuals gave as demonstrated below.

Participant three:

> *"……..every day I wake up is reminder of the struggle, I find myself constantly thinking about how my death will come, I just don't want to do anything in life anymore……."*

Participant eleven and sixteen:

> *"……we lost interest in what used to inspire and give flame to our lives, life is not longer fun knowing that death is inevitable anytime……."*

Participant fifteen:

> *"……knowing my status gave me that ginger, that zeal to do a lot in life knowing that am just going to die sooner than expected, why waste chances when I know my life is going to get gone……."*

These findings may be suggesting that interaction that occurs within the self has an important role in determining the outcomes of life of the surviving spouse. The findings from the study may also be suggesting that most surviving spouses believe they are going to die sooner than expected and as such there is no need to engage in lifelong activities. However the findings may also be suggesting that a few of the participants believe that a short span of life was the appropriate source of motivation to engage in whatever activity they could think of because they did not have opportunity for return experiences.

4.3.3.2 Sub-theme two: social support and self alienation

The findings from the study demonstrated that social support and self alienation were two ends to which surviving spouses became oriented towards long after losing a loved one. The findings illustrated that either an individual found him/herself receiving aid from others or total excluded from the rest of society because of their condition. This was observed in the responses they gave.

Participant five:

> *"……I believe if I die my relatives will be there for my children, I come from a good community and I guess they won't leave my children dying of hunger……."*

Participant nine:

> *"……I don't believe in society, I have lost hope in my own kind. They have left me and I believe they consider me the walking dead……."*

Participant ten and sixteen:

> "……..*I know am to die anyway, why then try and create relations with people, I don't want to give too many people stress when I die……."*

The findings from the study may be suggesting that a few individuals still have hop in society as good. The findings may also be suggesting that these people come from different societies and as such their experiences and perceptions of worthy may be differentiated by the societies they are coming from. The findings may also be suggesting that some of the participants believe their death is so important and as such they do not need to create other social relations and create unnecessary pain in so many people when they die. The findings may also be suggesting that self alienation may be a self preservation technique for avoiding negative connotations on the self from society.

4.3.3.3 Sub-theme three: dealing with biologically driven sexual pressure

The findings from the study illustrated that sexual relations long after the death of a loved one was an issue of concern. The participants had various perceptions and perspectives in regards to

sexual involvement at widow or widower level. The findings also illustrate the magnitude of societal influence on individual behaviours of the people involved. This was found prevalent across most participants as elaborated below.

Participant three, four, six, seven, twelve and fifteen:

> *"……hmmmm sexual activities after the death of a loved one is a sensitive area. Most people just judge you and attribute that you started even before your spouse had died……"*

participant nine:

> *"……I don't give a damn about society, it's my body so why bother myself over other people's perceptions……."*

Participants eleven:

> *"……I am sexually active, even when I was not people always had something to say about me. I decided let me enjoy myself after all am going to die anyways……."*

Participant Seven, nine and sixteen:

> *"……I have lost the drive, the spark, the energy to engage in sexual activities with no one who is not my dead beloved……."*

The findings may be suggesting that the majority of participants who were sexual activate knew society had something to say about them. The findings may also be suggesting that even with society on their case they decided to ignore and live life as they saw fit. The findings may also be suggesting that death of a loved one affected the sexual drive in their surviving spouses. These findings may be suggesting that the sexual drive is there, but the motivation and energy to indulge is restricted by the grieving with which these people are stuck in.

4.3.3.4 Sub-theme four: perceived adaptation to life without a loved one

The findings from the study demonstrated that most believed that life was bearable even when their loved ones had died. The findings may be suggesting that most of the people did not believe they could have made it that far without their loved ones. The findings demonstrated that some are even optimistic about life again although percimism was also prevalent in some aspects of life. This was demonstrated by the responses below.

Participant one:

> *"……..after losing my spouse I thought my life was done believe you me……."*

Participant five:

> *"……I guess it the grace of God that is still keeping me afloat, I just hope I will manage as I am doing right now……."*

Participant three:

> *"…….ever since the death my life has never been the same, but I have actually found out what my passion is, I am now more goal oriented that before……."*

These findings may be suggesting that death of a loved one means death of life to others. These findings may also be suggesting that death of a loved one taught the surviving spouse how to survive in a mean world without their aider. The findings may also be demonstrating that death of a love one made the surviving spouses more religious that before.

Sub-theme five: reintegrating with significant others.

The findings from the study demonstrate that re-integrating with significant others was an important part of full experience of life. The findings also demonstrated that no matter how bad the surviving spouse felt about their significant other, they always felt the need to become part of the large group they belonged to. The findings may be demonstrating that these people kept compromising just to be part of the society they grew up in as elaborate by the findings below:

Participant two:

> *"……I would do anything for my family to accept me, I just miss them everyday……."*

Participant three, seven, fourteen and fifteen:

> *"…….without family life is not anything, we have made it, made a lot of money but this is nothing when you don't have belonging……."*

Participant six:

> *"……it only that am alone, I could have asked God for family if it was possible……."*

The findings from these studies may be demonstrating that family is important to everyone. The findings may be demonstrating that even after a person has been shaned by family, they will always have that need to be part of family again. The findings may be suggesting that people fear to leave in isolation despite the efforts they make to avoid confrontation with society and family.

4.4 Chapter summary

The chapter provided readers with the findings from the study. The chapter provided readers with the evidence that was relayed straight from the participants, and an analysis of the findings was provided for to elaborate on the possible implication of the collected data.

CHAPTER FIVE

DISCUSSIONS, CONCLUSSIONS AND RECOMMENDATIONS

5.1 Introduction

The chapter provides readers with the discussion, conclusion and recommendations that were drawn from the research; these were drawn after a critical assessment of elements that played an important role in the lives of those surviving with HIV.

5.2 Discussions of results

The research was successfully conducted and the findings from the interviews conducted are discussed below.

5.2.1 Experiences of HIV positive married people

The findings from the study illustrated that there was diversity in the experience of the spouses that lived in sero-positive and sero-discordant relationships. The findings from the research demonstrated that amongst the most prominent problems that these individuals encountered, knowledge about their HIV status initially was lacking. These findings concured with the pro positions that were made by Shapiro and Ray(2012) who articulated that sero-discordance has been one of the several factors that has magnified the experiences of married people surviving with one partner being HIV infected. This was further supported for by Chingwaru&Vidmar (2016) who articulated that investment and concentration towards avoidance of infecting the other partner presented by the infected partner as evidence by some couples in Zimbabwe. Therefore the implications of such were poor relationship quality and as a result the marriage died off.

There was a problem around intimacy in most sero-discordant couples and most of the participant revealed some degree of wanting to abandon their positive partners as compared to those in sero-concordant relations. Intimacy was one of the prevalent factors the affect most of the marriages and the decisions that occurred in these family units. However Man et al (2013) argued that such an approach was poor rationality, they further articulated that in New Guinea

communication was the most basic and critical element that helped in shaping the outcomes of people in sero-positve relations. The level of appreciation of HIV was however a significant attribute that shaped the experiences of people who were infected and affected with the disease.

Testing for the virus was another issue that affected the minority of the participants, most of the participants reported that they were not willing to go with their partners for testing and counselling.

One of the worse feeling associated with a positive status was disclosure and transparency of the couple to their significant others. This was reported as triggering a range of emotions in other, which also had a significant implication on the relations that were generated by such knowledge. Disclosure proved to be one of the most difficult challenges that individual faced in trying to deal with HIV related issues and relating to other that mattered to them. This evidence was not consistent with the reports that Centre for Disease Control in Zambia gathered. They found out that most couples were willing to disclose to their loved ones and could not tell significant other. They persisted on condomisation and this reduced chances of transmission. On the other hand, Paulos (2011) did not acknowledge this; he believed men were more capable of telling their statuses as compared to women. Woman believed that it was easy for them to be judged as compared to males. However in Zimbabwe and South Africa disclosure of status was high in women as compared to that amongst males (Petronio, 2012).

5.2.2Life experiences immediately after death of a spouse due to HIV

There was a wide range of factors that impacted on the surviving spouse, the children and the significant other following the death of their loved one due to HIV/AIDS. Blame and shame were amongst the most prominent emotions that most women felt if it was the husband that had died. On the contrary, for man the case was different, they did not feel responsible and they were not affected by external validation from the significant others to them as was supported for by Derlega et al (2008). Derlega et al (2008) who further articulated that time immediately after death of a loved one to both the surviving spouse and the significant others was a period of storms and stress.

Most of the female faced challenges in handling how they were related to by the relative and other community member after losing a loved one to HIV. Perceptions of stigma and anticipated discrimination affected their relating with other at the funeral more than it did to the males in a similar situation. The most prominent explanation of the experience was oriented towards blame. People blame each other for the death of the loved one and most evidence pointed on the surviving spouse as the converging point to which all the blame targeted as was further argued for by (Surlis& Hyde, 2001). Paulos (2011) concurred with the findings by demonstrating that immediately after the death, people are influenced by mixed emotions and this influences how they interact and understand death in that instance. Therefore literature that was available supported the explanations of the participants to this study.

The findings from the study also demonstrated that interaction with the dialogical self had more impact on the outcome of self preservation as compared to that that occurred within groups. Individuals who self criticised experienced physical and psychological deterioration in a short space of time after losing their loved ones(Petronio, 2012). Others were in fear of being rejected or sent off from their homes. Some relatives would lay the blame with the assumption that the deceased might not have known his or her status and consequently died of ignorance. Some of the relatives felt disappointment and betrayal due to restricted knowledge of the HIV status of their loved relatives, which was not disclosed to them (Derlega et al, 2008). The impact of the blame was observed as significant, explained by the interdependence theory was the implication of relationship with others and it bearing on emotional stability and wellbeing.

The findings demonstrated that interacting with other whilst grieving proved difficult and it was made worse if the person self criticised and blamed them self for the death of their loved one. The problem proved more prominent in those that actually knew they had a significant contribution to the death of their loved one(Briggs, 2012). One of the most dominant challenges that the spouses reported was explaining the death of their loved ones to the children. This facet was more challenging especially in cases where the off springs were too young to understand death. These findings and the available literature does not adequately explain why death alone is difficult and can be attributed to as the cause of discrimination. Therefore participants in Surlis& Hyde (2001)’s study demonstrated that a dire need to survive and an orientation towards

accepting and engaging with ART in an attempt to prolong their life and improve the socio-economic standing of their children (Briggs, 2011).

5.2.3 Experiences of the HIV positive surviving spouse long after the death of a partner

Most of the surviving spouses reported that long after the death of their loved one, integration with community, other family members and the significant others was a challenged that triggered stress and anxiety. The majority of the participants were sceptical and judgemental to their self in terms of how they were perceived by community. These findings were in line with most research findings that were observed. Literature reviewed that, death of a loved one triggers a variety of experiences as illustrated by Paulos (2011) in his study on natives of Papua in New Guinea. As such problems were pronounced as inevitable based on the mixed emotional experiences. The major breakthrough in psychological wellbeing was observed in those that had accepted their status and the implications of these statuses to their wellbeing(Petronio, 2012). The findings from the researches demonstrated that anger destroyed the majority of people, with most presenting anger that was directed towards the self.

On the other hand, other found themselves with good families and significant other that provided them with all the support and aid they needed. The findings from the study illustrate that social support is an important aspect to surviving spouses especially those with children and living through difficulty and financial trouble. Amongst those who lost their loved ones at a tender age, sexual and intimate issues were a burning concern (Petronio, 2012). The majority were worried about how society would perceive of them if they made efforts to indulge in sexual activities. However evidence illustrated that some acknowledged that they still engaged in sexual related activities but using protection.

Others repressed their feelings of not having their loved ones with them and as such lived like everything was just as was. They were not psychological ready to acknowledge the death of their loved ones. However such repression manifested in situations they experience emotional out bursts that interrupted their day to day functioning.The repression and avoidance of proper grieving was amongst some of the prominent factors that affected the experiences of people living with HIV as relayed by findings from several researches (Rispel et al, 2009; Rispel et al,

2011; Chingwaru&Vidma, 2016). People found it difficult with the situation and as such they resorted to self blame and internalisation of how they felt about their situations.

5.3 Conclusions

The findings and the literature illustrated that experience of people in sero-concordant and sero-discordant relationships were an important aspect of how they chose to live their lives. The findings demonstrated that several elements such as disclosure, trustworthiness, ability to influence the partner to go for testing and counselling was amongst some of the major things that had a significant influence on the marital experiences. However, based on all this evidence the researcher concluded that both partners needed to elevate communication on their problems, integrating their significant other into knowing their statuses. This approach would allow them to stand by each other before death interfered with their lives. This level of interaction allowed the significant others to acknowledge and accept their conditions simultaneously reducing chances of blame, guilt and shame if one of the partners passed away.

Based on the findings and literature, dealing with life immediately after losing a loved was one area of concern to the majority of individuals affected and infected with the pandemic. The findings demonstrated that the individuals had to deal with the feeling at the self level, feeling of their children and feelings of the significant others. Therefore handling these three spheres of influences was an important attribute into developing resilience and strength towards build life. Therefore conclusions were drawn that counselling and social support initiatives can be instrumental in shaping the lives of these individuals involved in such circumstances.

There were several variables that interfered with the life of the surviving spouse long after the death of their loved ones. Amongst these, issues associated with intimacy, relationship with children and significant others, relations with community amongst other several facets played a crucial part in the lives of these surviving spouses. Some self isolated themselves with the belief that society was going to automatically reject them. Therefore from such findings the research concluded that there is need to understand these experiences of surviving spouse using ecological models, try and shape their lives within the realms of both biological and cultural needs. Society should therefore be taught and socialised not to judge behaviors and actions of others without actually knowing the underlying causes of these.

5.4 Recommendations

Recommendation from the study were made to the following clusters of individuals

Surviving spouse

- They need to acknowledge that people have various ways of explaining the death of their loved ones, and as such they should not internalize and be influenced by these perceptions and perspectives that they have no control over
- They should also learn to acknowledge the discrimination and stigma that they may face due to their status and avoid letting it get to their head.
- They may also need to acknowledge the need for counseling and therapeutic services in an attempt to deal with the strains and stresses associated with losing a loved one.
- They should also learn to appreciate commentary from other as constructive criticism and not being judged.
- Also there is need to be involved with other social support groups to facilitate development of resilience and how to become the better people in the face of HIV and AIDS.
- They also need to know that HIV statuses do not qualify them to be a special population and as such they should keep working like any other individual with a chorionic condition like diabetes.

Children of the surviving spouse

- Children should learn and understand that at times relationship between parents are not always rosy and as such parents may need support from them more than they may think.
- Children also need to acknowledge that HIV is not an equivalent of extra-marital cheating but rather there are various facets that play a role in how it may have been contracted.
- Children should learn not to judge their parents but rather embrace and love their parents for what they can give or aid them with to survive.
- Here is need for improved quality of communication between the children and the surviving spouse to avoid family disengagement.

- Children need to know that their parents are also human and mistakes are part of growing up and as such efforts made towards rectifying them is more important.

The relatives of the surviving spouse and the deceased spouse

- Social support clinics for awareness raising and conscious rising for the relatives to understand the implications of their relationship on the surviving spouse.

- There is need to be as supportive as possible and patient even with knowledge on who brought in the pathology to the home.

- The findings also suggested that friends and relatives need to understand that HIV is not contracted by choice at times and as such they should not judge others and also such chronic problems are not planned for.

National Aids Council

- The research is a tool for insight development into the silent aspect of the lived experiences of the surviving spouses infected by HIV, which can then become a tool for developing approaches and strategies that directly impact on key issues in these family dynamics.

- There is need for such boards to take action against people who directly stigmatize others based on HIV status.

5.5 Chapter summary

The chapter provided readers with the discussions, conclusions and recommendation on the implications of surviving with HIV. The chapter deliberated on the research findings through brief discussions of the research questions and the researcher concluded the research findings. Recommendations from the findings were also made which the researcher believes maybe of help.

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APPENDIX A

SEMI-STRUCTURED RESEARCH INTERVIEW GUIDE

I am a student pursuing a Bachelor of Science honours degree in psychology. My name is ChiedzaMugwamba, I am conducting a study in partial fulfilment of my Degree program. The topic of my study is**An exploration of the nature of relationship that exists between the surviving HIV positive spouses and their significant others atGathsMine in Masvingo Province.**

There has been little research concerning the nature of relationship that exists between the HIV positive surviving spouse and their significant others in Zimbabwe and I hope this research will be able to inform various interested groups. The interview will take about 20 minutes. The information will be kept private and confidential and will only be used for research purposes.

Please note:

Participation in the study does not however imply any form of remuneration. It is done on voluntary basis. Your participation is valuable as it will provide some information that will help improve the nature of relationships between HIV positive surviving spouses and their significant others.

Section A: Demographic data

Age: 24years and below [ ] 25- 49 years [ ] 50 and above [ ]

Sex: Male [ ] Female [ ]

Marital status: Single [ ] Married [ ]

Level of education: Primary [ ] Secondary [ ] Tertiary [ ]

Relationship duration: 1 year and below [ ] 2-5years [ ]

6-10 years [ ] above 10 years [ ]

Number of years since tested positive: 1 year and below [ ] 2-5years [ ]

6-10 years [ ] above 10 years [ ]

Section B: Semi-structured guide

a) Experiences of HIV positive married people

1. When did you know about you HIV status?
2. Did you and your partner get tested at the same time?
3. When did you manage to disclose your status to your significant others ?
4. How didyour significant others treat you and your spouse prior to knowing your status?
5. How did you manage your intimate life now that you both knew your HIV status?

b) Life experiences immediately after death of a spouse due to HIV

1. How did you manage relations with others at the funeral?
2. How did you manage your children in the face of grieving?
3. Would you share how relatives embraced the death of the loved one knowing the cause of death?
4. Were there any inconsistencies in the quality of interactions before and after the death of a loved one, how did these manifest?
5. What do you perceive of your relatives from the deceased spouse now that he/she is dead of HIV and you are surviving with HIV?

c) Experiences of the HIV positive surviving spouse long after the death of a partner

1. How have you managed to deal with the stigma and discrimination associated with HIV in regards to you age?
2. Have you, or do you have any form of social support systems that assist you deal with life problems?
3. How do you manage your intimate life regarding your age and other needs?
4. How do your relatives, children and friends take your lifestyle now that your spouse is gone?
5. How do you cope with your status in the light of your other loved ones and how you relate with them?

NB. If the researcher feels the need to probe on areas mentioned arising, she will do so as to capture the finding to be indicated in chapter 4.

APPENDEX B

SUPERVISOR/STUDENT AUDIT SHEEET

STUDENT'S NAME : CHIEDZA MUGWAMBA

SUPERVISOR'S NAME : MR S. MAPHOSA

TOPIC: **An exploration of the nature of relationship that exists between the surviving HIV positive spouses and their significant other at Gaths Mine in Masvingo Province.**

DATE	TOPIC DISCUSSED	COMMENTS	STUDENT SIGNATURE	SUPERVISOR'S SIGNATURE
	Research topic	change		
	Research topic	proceed		
	Project proposal	proceed		
	Chapter one	proceed		
	Chapter two	correct		
	Chapter two	proceed		
	Chapter three	correct		
	Chapter three	proceed		
	Research instrument	correct		
	Research instrument	proceed		
	Chapter four and five	correct		
	Chapter four and five	proceed		
	First draft	correct		
	Final draft			

APPENDIX C

Midlands State University

Established 2000

P BAG 9055
GWERU

Telephone: (263) 54 260404 ext 2156
Fax: (263) 54 260233/260311

FACULTY OF SOCIAL SCIENCES
DEPARTMENT OF PSYCHOLOGY

Date: 26/7/17

To whom it may concern

Dear Sir/Madam

RE: REQUEST FOR ASSISTANCE WITH DISSERTATION INFORMATION
FOR MUGWAMBA CHIEDZA R153006
BACHELOR OF PSYCHOLOGY HONOURS DEGREE

This letter serves to introduce to you the above-named student, who is studying for a Psychology Honours Degree and is in his/her 4th year. All Midlands State University students are required to do research in their 4th year of study. We therefore, kindly request your organisation to assist him/her with any information that she/he requires.

Topic: AN EXPLORATION OF THE NATURE OF RELATIONSHIP THAT EXISTS BETWEEN THE SURVIVING HIV POSITIVE SPOUSE AND THEIR SIGNIFICANT OTHERS AT GATHS MINE IN MASVINGO PROVINCE

For more information regarding the above, feel free to contact the undersigned.

Yours faithfully

pp

N. Ncube
A/Chairperson

MIDLANDS STATE UNIVERSITY
FACULTY OF SOCIAL SCIENCES
DEPARTMENT OF PSYCHOLOGY
26 JUL 2017
PRIVATE BAG 9055
GWERU

APPENDIX D

[illegible] ROAD
GATHS MINE
MASHAVA

7 AUGUST 2017

THE HUMAN RESOURCES MANAGER
GATHS MINE
P BAG 402
MASHAVA

To: Doc Makoni
Cc: Hospital Matron - 1
Please assist accordingly
[signature]
07/08/2017

GATHS MINE

RE: REQUEST TO CARRY OUT DATA COLLECTION AT GATHS MINE CLINIC TO FULFILL THE REQUIRMENTS OF MY DEGREE PROGRAM.

I here by apply to gather information regarding the above mentioned program at your Institution. I am a third year visiting student doing my honours degree in Psychology with Midlands State University

My Research topic is on the attached letter. I ensure that the information gathered will be used strictly for academic purposes and will be kept confidential.

Jour Consideration will be highly appreciated

Yours Faithfully

Mugwamba Chiedza

17/08/17 ⇒ Approved
— AH & Clinic

APPENDIX E

turnitin **Turnitin Originality Report**

final draft by Chiedza Mugwamba

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MIDLANDS STATE UNIVERSITY FACULTY OF SOCIAL SCIENCES DEPARTMENT OF PSYCHOLOGY HONOURS DEGREE IN PSYCHOLOGY An exploration of the nature of relationship that exists between the surviving HIV positive spouses and their significant others at Gaths Mine in Masvingo Province. BY CHIEDZA MUGWAMBA R15300E A DISSERTATION SUBMITTED TO THE FACULTY OF SOCIAL SCIENCES IN PARTIAL FULFILMENT OF THE REQUIREMENTS OF THE BACHELOR OF SCIENCE HONOURS DEGREE IN PSYCHOLOGY GWERU, ZIMBABWE YEAR 2017 SUPERVISED BY : MR SIBANGILIZWE MAPOSA APPROVAL FORM MIDLANDS STATE UNIVERSITY FACULTY OF SOCIAL SCIENCES DEPARTMENT OF PSYCHOLOGY The undersigned certify that they have read and recommended to Midlands State University for acceptance of a dissertation entitled: An exploration of the nature of relationship that exists between the surviving HIV positive spouses and their significant others at Gaths Mine in Masvingo Province. Submitted by ChiedzaMugwamba, Registration Number R15300E, in partial fulfilment of the requirements of the Bachelor of Science Honours Degree in Psychology. SUPERVISOR: ..... CHAIRPERSON : ..... EXRETNAL EXAMINER: ..... DATE: ..... i RELEASE FORM MIDLANDS STATE UNIVERSITY Name of Author : MugwambaChiedza Title of Dissertation : An exploration of the nature of relationship that exists between the surviving HIV positive spouses and their significant others at Gaths Mine in Masvingo Province. Degree in which Dissertation was presented Year Granted : Bachelor of Science honours Degree in Psychology : 2017 The permission is hereby granted to Midlands State University Library to produce copies of this dissertation to lend or sell such copies for scholarly purposes only. The author reserve other publication rights and neither the dissertation nor may extensive extracts from it be printed or otherwise produced without the author's written permission. Signed : ..... Address : 28 Gullane Road, Ivene, Gweru, Zimbabwe Phone number: 0774381966 Email address :chiemugwamba@gmail.com Date : ..... ii DEDICATIONS The project is dedicated to the Lord almighty, and to the most inspirational people in my life. My parents; my father Simon Mugwamba and my mother ChenaiMugwamba, who have moulded me to be the kind of person I am today. My siblings, Catherine, Simbarashe, Tafadzwa and Decent and also my daughters Nyasha and Kimberly. Thank you for the continued support, guidance, understanding and encouragement throughout the study. iii ACKNOWLEDGEMENTS The completion of this research would not have been possible without the support of a number significant people. I would like to thank my Supervisor Mr S. Maposa, for his assistance, guidance and patience during this period. My family, without their guidance, support, andencouragement, the study would not have been complete. The Gaths mine Hospital staff and Authorities for giving the permission to conduct my research at their institution, and lastly theGaths mine community who participated to make my research possible, thank you for sharing your time with me and for your input in shedding some light on various issues which made this study a success. iv ABSTRACT

MIDLANDS STATE UNIVERSITY
FACULTY OF SOCIAL SCIENCE
DEPARTMENT OF PSYCHOLOGY
A GUIDE FOR WEIGHTING A DISSERTATION

NAME OF STUDENT: MUGWAMBA CHIEDZA REG NO: R153005E

	ITEM	POSSIBLE SCORE	ACTUAL SCORE	COMMENTS
A	**RESEARCH TOPIC AND ABSTRACT:** Clear and concise	5		
B	**PRELIMINARY PAGES:** Title page, approval form, release form dedication, acknowledgements, appendices, table of contents	5		
C	**AUDIT SHEET PROGRESSION** Clearly shown on the audit sheet	5		
D	**CHAPTER 1:** Background, statement of the problem, significance of the study, research questions, hypothesis, assumptions, purposes of the study, delimitations, limitations, definition of terms	10		
E	**CHAPTER 2:** Address major issues and concepts of the study, Findings from previous week, relevance of literature to the study, Identifies knowledge gap, subtopics	15		
F	**CHAPTER 3:** Appropriateness of approach, design, target population, population sample, research tools, data collection procedures, presentation and analysis	15		
G	**CHAPTER 4:** Findings presented in a logical manner, tabular data properly summarised and not repeated in the text	15		
H	**CHAPTER 5:** **Discussion (10)** Must be a presentation of generalisations shown by results how results and interpretations agree with existing and published literature, relates theory to practical implications. **Conclusions (5)** Ability to use findings to draw conclusions **Recommendations (5)**	20		
I	Overall presentation of dissertation	5		
J	References	5		
	TOTAL	100		

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