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Gender nuances influencing HIV/AIDS response in South Africa: The case of Alice Town, Eastern Cape

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ABSTRACT

Unequivocally, gender nuances are believed to provide a fertile ground for HIV/AIDS proliferation. The article discussed gender nuances influencing HIV/AIDS response in Alice town, Eastern Cape, South Africa. Investigating a sample of 33 participants, with 8 involved in in-depth interviews while 25 participants were involved in 3 focus groups interviews, this study followed a qualitative paradigm, an explorative and a descriptive design, and a case study as a specific design. Findings established that women were more knowledgeable about HIV/AIDS than men, though ignorant of their sexual health rights, which motivated their emasculation by men. Moreover, findings revealed that the leniency enjoyed by women in gender empowerment endeavours prompted violence from men. Further, consumption of drugs undermined the response to HIV/AIDS; while child support grants motivated an early sexual debut to teenage mothers, and thereby compromising their HIV/AIDS prevention endeavours. Conclusively, gender nuances need to be addressed if HIV/AIDS will stop being gendered or affecting women more than their male counterparts. This calls for the government and the NGOs to strengthen policies and programmes to educate society on the need to work on and address gender nuances or address the environment that allows their proliferation.

KEY TERMS: gender nuances, HIV/AIDS response, gender inequalities, sexual health rights, patriarchy, emasculation, sexual debut.

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INTRODUCTION

Ubiquitously, a number of studies seem to suggest that gender nuances or the characteristics associated with being a man or a woman are believed to influence the prevalence of HIV/AIDS. However, gender presents itself in different dynamics making it important to investigate how these dynamics or nuances influence people's response to HIV/AIDS in different locales. With increasing spates of gender based violence due to patriarchal driven power differentials and gender inequalities in South Africa, leading to emasculating women's sexual health rights, it is important to discuss the dynamics of gender nuances and how they influence HIV/AIDS response. This is important in South Africa where HIV/AIDS prevalence in South Africa is very high among the general population. Further, the country is refuge to the highest number of people living with HIV in the world and is a refuge to a third of all new infections in the South African region. Since gender is considered to be one of the drivers of HIV/AIDS, this researcher considers it imperative to discuss the influence of gender nuances to the HIV/AIDS response in Alice town, Eastern Cape in South Africa.

BACKGROUND

Although a number of studies have indicated that gender inequalities and differentials influence HIV/AIDS response (Gender Link, 2012), identifying different gender nuances and their influence to HIV/AIDS response in a particular geographical locale is important. This critical in a rural based setting like in Alice town of Eastern Cape with a very high HIV/AIDS prevalence rate. Although HIV/AIDS data segregated into districts is not available, the Eastern Cape Province in 2017 had the third highest HIV prevalence rate of 25.2% after Free State (25.5%) and Kwazulu Natal (27%) (UNAIDS, 2018). This calls for social workers in tandem with other social service practitioners to not only do more research into the underpinning driving the epidemic, but also be on the ground to assist the people in addressing or reducing the impact of these drivers. Education about the drivers of the disease such as gender nuances is critical. This then makes this study both topical and timely.

Perhaps why gender dynamics continue to be strong drivers of the HIV/AIDS could be driven by the fact that gender nuances are complex and sometimes not easily fathomed. This have made them to pose incessant challenges ubiquitously. This could explain their significant challenge to HIV/AIDS control, aetiology, management and the actual battle against infections, in many countries of the world (Klaas, Thupayagale-Tshweneagae, Makua, 2018) Apparently also, the concept "gender" has apparently taken a long time to be adequately conceptualized in individuals' minds (Klaas, Thupayagale-Tshweneagae, Makua, 2018). Perhaps the perfidious and pernicious position posed by the current gender dynamics is that the society has engrained an environment of gender biases in virtually all the structures of the society (Mafa, 2017). This is why this researcher considers the use of radical feminist theory in this paper to guarantee concise efforts to dismantle or restructure these structures to be gender friendly. Conceptually, radical feminism maintains that most societal structures have been soiled by patriarchy and that they are beyond any possible transformation. This necessitates that they are completely dismantled so that they become gender friendly (Smith, 2010). Once restructured or significantly adjusted, a meaningful balance in rights, growth and distribution of resources between men and women can be effectuated (Mafa, 2017).

But, despite the South Africa government relentlessly working to address gender nuances, through implementation of many public gender-based strategies; in tandem with the support of the NGOs and other women empowerment bodies generally, gender nuances continue to present challenges that stifle HIV/AIDS campaign. The many cases of gender-based atrocities, such as rape, have been ubiquitous in the country (Gender Link, 2012). Gender dynamics in light of HIV/AIDS present an environment where the apparently weaker gender (usually women in many developing countries) is left bereft of strong negotiation powers in the sexual arena, amid ignorance of their sexual health rights (Mafa, 2017). This has created an environment where men easily unleash an array of heinous gender based abuses, without presenting any remorse (Mafa, 2017). Perhaps, on the flipside of the coin, the converse could be true, where men become the victims and women the aggressors (Kang'ethe, 2014).

Perhaps, in tandem with the security agents of control working hard to mediate and mitigate episodes of gender-based violence, South Africa should consider alternative avenues to handle them. Apparently, security agents in the police stations are poorly equipped to handle cases of gender-based violence (Retief & Green, 2015). Ideally, traditional chiefs could be empowered by the constitution, or even Provincial governments, to handle the task. This might well reduce burnout among the police officers handling this type of docket. However, traditional chiefs should handle the task with caution to avoid the historical gender bias due to patriarchy (Kang'ethe, 2014). Further, perhaps it would be a plus if societies could learn to seek mediation and arbitration from faith-based organizations who are deemed to be vanguards and beacon of morality (Muñoz-Laboy, Murray, Wittlin, Garcia, Veriano, and Richard, Parker, 2011).

Perhaps it is good to further point out other gender environment that also contribute to escalation of HIV/AIDS. Although child care grants have been instituted as a poverty alleviation instruments in the country, paradoxically,

the adolescent girls due to poverty get motivated to have a child to secure child grant (Gutura and Tanga, 2014). Though this is an unintended consequence, many adolescents experience earlier sexual debut that increases their proneness to HIV/AIDS. Further, there are feelers in the community that overprotecting women from the law enforcement agents is a factor that is prompting anger and despondency from men making them to unleash more violence to women. Further research findings indicate that the culture of substance abuse has an inextricable relationship with prevalence of HIV/AIDS. This is especially alcohol intake that make both parties forgetful observing the requisite prevention ethos such as the use of a condom (Samkelo, 2017).

Problem statement

Painstakingly, South Africa has 7.2 million people living with HIV/AIDS, making it the country with the largest budget in the world for providing citizens with anti-retroviral drugs (UNAIDS, 2018). Gender nuances have been pinned down as possibly pernicious factors stifling the response to HIV/AIDS, with men using their hegemonic patriarchal power to subjugate women and subject them to a constellation of gender-based abuses, such as battering, rape and other emotional and economic abuses (Kang'ethe, 2014). This has been compounded by women's state of poverty and ignorance, especially of their sexual reproductive rights, and by an increased abuse of substances usually by men. Further, the government policy on awarding grants to children appears to be encouraging an earlier sexual debut, especially amongst the girl children from poverty-stricken households before they can learn about sexual reproductive health rights and HIV/AIDS prevention endeavours (Gutura & Tanga 2014). Since gender variables affect the HIV/AIDS response differently, tapping the insights, attitudes and perceptions of selected individuals from Alice town and its environs with regard to gender nuances and how these dynamics affect society's response to HIV/AIDS, may bring to the fore measures to nip these gender variables in the bud, with the hope of upscaling the HIV/AIDS response in Alice town and its environs. The study aimed to gain empirical insights of selected individuals from Alice town and its environs with regard to the question of how different gender nuances affect the HIV/AIDS response in the area. The study was a response to the University of Fort Hare motivation for scholars to scale up their community engagement sessions and marry them with research and publication (Ahmed & Palermo, 2010). The work, therefore, was a result of community engagement sessions undertaken in 2015 and part of 2016 with the aim of investigating the perceptions of selected individuals from Alice town and its environs of how different gender nuances are a bottleneck to the HIV/AIDS response.

METHODS

The study adopted a semi-structured interview guide/schedule with open-ended questions that facilitated different in-depth interviews and focus group discussions with individuals of both gender in different villages surrounding Alice town. With regard to the methods and techniques to facilitate data collection, the study applied a non-probability sampling methodology, specifically a purposive technique. Specifically, only samples that were deemed to understand gender nuances and how they relate to HIV/AIDS response attracted the researcher and his two research assistants. Further, data collection was cross-sectional in nature implying that data were collected within a short period of time. Data were collected in 2015 and part of 2016 and entailed the researcher and his two assistants moving across different villages in a university vehicle.

Data was collected in the Isixhosa language. This did not present any challenge because the principal researcher's two research assistants were both from a Xhosa subtribe. In addition, the researcher and his research assistants sought the consent of the interviewees to audiotape the interview proceedings. These were later transcribed into English to allow succinct analysis in English. Further, both the principal researcher captured gestural cues from the interviews.

The study was allowed through the principal researcher and his assistants obtaining letters of executing community engagements sessions in the area from their Head of Department. The researchers also easily obtained informed consent from the participants whom they had good rapport with. The researcher and one of his assistants, using their skill as social workers, checked and ensured the participants were not emotionally hurt and were ethically allowed to discontinue the process if they felt so. Luckily, none of the participants pulled out.

The data for this study was collected in 2015 and part of 2016 in selected villages surrounding Alice town. Alice town has 42 villages that differ in size and population, with villages near the town tending to be denser population wise than those that were further away from it. Although the researcher chose to gather data from varied sources as much as possible, considering the rules of diversity and coverage, he noted that deeper rural villages lacked data-rich samples to relate gender nuances and their impact to HIV/AIDS response, with those in villages near the Alice town becoming better candidates of data-rich subjects. Perhaps this was because of immense ignorance and low literacy levels among the population in deeper rural areas.

FINDINGS

Table 1: Demographic profile of the participants

Method of data Collection	Organizational affiliation	Participants		Total
		Males	Females	
in-depth interviews	Victoria Hospital	0	1	1
in-depth interviews	University. of Fort Hare Clinic	0	1	1
in-depth interviews	University of Fort Hare (staff)	1	0	1
in-depth interviews	University of Fort Hare (student)	1	0	1
in-depth interview	South African Police Services (SAPs) (Alice Station)	2	0	2
in-depth interview	Alice Victim Support Centre	0	1	1
in-depth interview	Community Leader	1	0	1
focus groups	Alice Hospice	1	4	5
focus groups	Lavela Old Age Centre	2	11	13
focus groups	University of Fort Hare	1	6	7
Total		9	24	33

Although age is an important factor of demographics, the study disregarded it, the rationale being that the researcher was interested in the knowledge component pertaining to the nuances of gender and how they affected HIV/AIDS response. The study failed to achieve gender parity, as 24 women against 9 men participated in the study. This is a notable characteristic of people in Alice town and its environs where women are overrepresented in many socio-economic organs of the study domain. This sends an unfortunate signal of a state of apathy among men in indulging in issues of community participation.

Thematic findings

Four themes emerged from the data, these were:

1. Women displaying more knowledge about HIV/AIDS than men
2. Subjugation of women makes them vulnerable to HIV/AIDS
3. Women's ignorance of their gender rights compromises HIV/AIDS prevention
4. Advancing social welfare grants to adolescent girls encourages earlier sexual debut

Women displaying more knowledge about HIV/AIDS than men

Study findings established that women had more knowledge of, or were more responsive to, HIV/AIDS than their male counterparts. This, therefore, displayed a characteristic of the feminization of HIV/AIDS (Kang'ethe, 2014). The gap, some stakeholders quipped, was unfortunate because it created a forum for conflict that affected HIV/AIDS response. For example, while most women were motivated to know their HIV/AIDS status and to disclose their status for the benefit of elevating their coping mechanism in tandem with strengthening the national campaign, men were dragging their feet to do the same. The following sentiments support the above finding.

The current HIV/AIDS is skewed and suffers the state of feminization. Women are more responsive to HIV/AIDS than their male counterparts.

The knowledge gap between men and women needs to be narrowed. Men are still frustrating women and weakening the HIV/AIDS campaign by their slow response.

The scenario above seems to suggest men's apathy to respond to HIV/AIDS, and therefore acting as a stumbling block to the HIV/AIDS response path by their female counterparts. This has had the effect of feminizing the HIV/AIDS campaign and response (Kang'ethe, 2014).

Subjugation of women makes them vulnerable to HIV/AIDS

Despite South African's policy position to empower women in order for the country to achieve gender parity in terms of equality and equity, the study findings established that men, especially in the rural areas, subjugated women, with the result that women are not able to exercise their sexual health rights. This forms a palatable

environment of compromising women's HIV/AIDS prevention ethos (Mafa, 2017), as well as weakening their HIV/AIDS response.

The following statements attest to this finding:

Men continue to subjugate women because of their culturally ordained power. This has disempowered them in the platform of negotiating for safer sexual practices.

Men use their culturally ordained powers to emasculate the rights of their female counterparts. There has been no level field in negotiating how to adopt HIV/AIDS prevention endeavours.

It is ironic that the state of gender development that South Africa has achieved appears to be a mirage in that, in some quarters, especially in the rural areas, equality and equity are still far from being achieved (Gender Link, 2012). Perhaps, this is because, in many rural settings, like in the study domain, societies are still embracing patriarchal practices that have skewedly allotted power to men at the expense of their female counterparts (Mafa, 2017). This power dynamic has overly and perniciously affected the HIV/AIDS response (Kang'ethe, 2014).

Women's ignorance of their gender rights compromises their HIV/AIDS prevention

Study findings established that many women, especially those in the periphery villages away from the centres of development, are utterly ignorant of their rights. This is ironically despite South Africa enacting strong gender empowerment policies, especially to robustly position the rights of women (Gender Link), in consonance with the gender prescriptions contained in the Sustainable Development Goal number five that envisages a world bereft of gender-based atrocities brought by unequal gender power relations (Mafa, 2017). This has left women bereft of power, control and social muscle to engage in HIV/AIDS prevention endeavours. The following verbatim statements attest to the finding.

Ramifications of poverty and ignorance of women towards their rights have lowered their capacities to negotiate for safer sexual practices with their male counterparts. This heightens opportunities for HIV/AIDS infections.

Women, especially in the rural areas, are taking too long to understand and process their constitutionally gender-based rights. Their economic dependence has dealt them a serious blow in their efforts to stage up their HIV/AIDS prevention endeavours.

Incontrovertibly, the narratives of the findings above attest to the fact that women's ignorance of their sexual health rights has dwindled their capacities to negotiate for safer sexual practices. This is an environment that is likely to motivate different kinds of gender-based atrocities being subjected to them (Gender Link, 2012). Further, this environment leaves them bereft of strength and motivation to battle HIV/AIDS.

Advancing welfare to born children encourages earlier sexual debut

Different stakeholders in the study domain decried the fact that awarding grants to new born babies (Gutura & Tanga, 2014), although with positive intentions of poverty alleviation, was paradoxically counterproductive in that younger adolescent girls never shied from an early sexual debut, motivated by the award of child grant (Gutura & Tanga, 2014). This has seen pregnancy ubiquitously becoming a huge norm in South Africa among the teenagers. This increases their proneness to HIV/AIDS infections. The following verbatim statements attest to the finding:

Teenage girls who get pregnant are at higher risk of contracting HIV/AIDS.

Although with good intentions of alleviating poverty, the child support grant is too small to alleviate poverty. The presence of an additional child in the family aggravates the state of poverty.

The statements above connote a state of irony in that, because of poverty of many households, the child support grant is perceived as an income to the household (Gutura & Tanga, 2014). Incontrovertibly, since an earlier sexual debut heightens the young girls' opportunity to HIV/AIDS infection.

DISCUSSION OF THE FINDINGS

The demographics displayed by the study participants portrayed a skewed dimension, with women overly outnumbering men. This is becoming a characteristic portrayed by many African countries where men appear to shy or are apathetic to many issues of community development. This is critical in that most of these community activities are increasingly suffering a spate of feminization. This has dire implications in the gender development of these domains. The HIV/AIDS platform, for example, appears to suffer most, with women displaying pangs of motivation and response, while men continue to drag their feet in the campaign. This affects the environment of sexual engagement between men and women, resulting in the undermining of safer sexual practices. This has borne the phenomenon of feminization of HIV/AIDS, which is a critical hurdle to a successful response to HIV/AIDS, especially in many HIV/AIDS-ravaged countries, with South Africa leading the pack (Kang'ethe, 2014).

Study findings established that women were either motivated to respond to HIV/AIDS in the study domain or were more knowledgeable than their male counterparts with regards to responding to HIV/AIDS. This characteristic is shared by many in Botswana where men are empirically viewed as dragging their feet in response to HIV/AIDS (Kang'ethe, 2014). This presents some serious developmental lacuna as men, with their well-developed social capital and networks, could add resources and vigour in the war against HIV/AIDS in hard-hit countries, such as Botswana and South Africa (Blecher, Kollipara, Daven, Meyer-Rath, Chiui, Pillay, Abdullah, Borowitz and Taxanxi, 2016).

The absence of men in many development endeavours presents a lost opportunity in that many developments will lack their input, resources and capacities to complement the efforts of women (Kang'ethe, 2014). It is this scenario that has made HIV/AIDS in many Southern African countries, with South Africa and Botswana leading the pack, be viewed as a disease of women, although ironically, it is men who are empirically proved to be huge drivers of the disease, compared to their female counterparts. These countries, therefore, suffer hugely from spates of feminization of HIV/AIDS (Mafa, 2017).

Unequivocally, the subjugation of women's rights has been a serious concern to the discourses of development, and has been behind the rationale for countries moving at a snail's pace in realizing desirable gender equality and equity. Moreover, it is responsible for these countries being slow to justly realize the Sustainable Development Goal number five that aims to empower women and advance their equality and equity to their male counterparts; and the Millennium Development Goal number six that aims to reduce the HIV/AIDS epidemic (Mulaudzi, Phiri, Mataboge, Ngunyulu & Mogale, 2016). The phenomenon is also due to these countries' entrenchment in patriarchy and its concomitant ingredients (Kang'ethe, 2014, 15) as patriarchy bestows immense power to men at the expense of their female counterparts, who face arduous challenge in negotiating for safer sexual practices. Since men have had deeply rooted attitudes that they are decision makers, they have presented a stiff-necked response in considering the rights of women in sexual health (Mafa, 2017). This is gender lacunae that needs to be addressed if the epidemic in countries such as South Africa with 7.2 million people living with HIV/AIDS, is to be won (UNAIDS, 2018).

Study findings established that women's state of ignorance was largely compromising their HIV/AIDS response. This was likely to be driven by their low literacy levels and states of poverty. Men have celebrated this state of women's ignorance by unleashing their patriarchal ordained powers; as well as hiding behind cultural lenses to undermine women's sexual reproductive powers (Kang'ethe, 2014). Since this state of ignorance is a characteristic of many rural areas, where HIV/AIDS is gaining huge momentum in the country (UNAIDS, 2018), it is high time that the government enlists the support of gender and HIV/AIDS knowledgeable NGOs to impart sexual reproductive knowledge to women, especially those in rural areas. However, it would also be important that men are also not excluded in such knowledge packages. Social workers should be on the frontline in educating societies about gender emancipation (Kajiita and Kang'ethe, 2017).

Study findings established that the child support grant policy was by default apparently motivating teenage girls to experience an earlier sexual debut (Gutura and Tanga, 2014). This is pernicious in that most of these young mothers may not have acquired adequate knowledge pertaining to HIV/AIDS prevention. The phenomenon is also injurious because it makes grandmothers of the born babies experience secondary parenting (Kang'ethe, 2018). With HIV/AIDS still ravaging a huge chunk of the adolescent population, issues of an early sexual debut need to be pinched at the bud stage. It would be rational if a cost benefit analysis of the child support grant is computed, for possibly filling up the gaps.

CONCLUSIONS

Unequivocally, the research findings have proved that gender nuances needs to be researched and their impact to the HIV/AIDS response documented. Besides women's ignorance to their sexual reproductive rights; state of gender knowledge gap existing between men and women; as well as adolescent girls motivation to have a child/children to take advantage of child grant, have been established to be some of the gender nuances likely to

increase the HIV/AIDS in Alice area. The Government of South Africa needs to use its social service providers in tandem with NGOs to strengthen the educational campaign on gender nuances and how they influence HIV/AIDS. The campaign should be geared towards achieving gender equality and equity that will hopefully translate to women empowerment. Such an empowerment means women's capacities will be bolstered to expeditiously afford to negotiate for their sexual health rights. Moreover, education and campaign to dilute patriarchal power dynamics is critical. Social workers should feel professionally bound to offer themselves for such educational endeavours. Based on the finding above, it is incumbent upon social service professionals such as the social workers in South Africa, and elsewhere in Africa, through training and education help communities understand different gender nuances and how they derail the HIV/AIDS campaign. Different research undertakings need to carry individualised qualitative and quantitative research on different nuances and how they influence the HIV/AIDS campaign.

CONCLUSION

Different gender nuances continue to derail the success of HIV/AIDS campaign in South Africa. This should propel the government machinery, especially the arm that deals with gender, perhaps in cohort with NGOs, to unleash a nationwide campaign to teach women, especially in the rural areas, of their sexual reproductive rights. This can position them adequately to raise their HIV/AIDS prevention endeavours. The campaign should also enlist the support of men who needs to own how patriarchy continue to facilitate them to emasculate women. Social workers are critical in facilitating training of that nature.

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