

**A study at the Bishop Lavis Rehabilitation Centre
into the perceptions of personal sexuality of women
with disabilities following a stroke**



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*“The world has never yet seen a truly great and virtuous nation,
because in the degradation of woman the very fountains of life
are poisoned at their source”*

LUCRETIA MOTT (1793 – 1880)

Speaking at the first Women’s Rights Convention, 1848



ABSTRACT

The aim of this study was to understand and describe the factors which affect the manner in which women with physical disabilities as a result of stroke, perceive and feel about their own sexuality. The need to explore these issues stemmed from the fact that the staff at the Bishop Lavis Rehabilitation Centre (BLRC) was concerned that sexuality issues were not being addressed within their stroke rehabilitation programme. Qualitative research methods were utilised with the researcher choosing the phenomenological approach, and semi-structured interviews with the use of an interview guide were conducted with a maximum variation sample of eight participants.

Common themes and sub-themes that emerged include 1) the role of a woman as caregiver/homemaker; 2) the concept of sexuality; 3) loss of self worth was directly related to loss of functional independence; 4) decline in / absence of sexual desire and intimacy with growing older; 5) reluctance to form new intimate relationships due to experiences prior to the stroke; 6) availability of adequate reproductive health services; and 7) stroke prevention.

The results of this study revealed that participant's perceptions of sexuality and coping with changes in sexuality following stroke were mostly influenced by life experiences, physiological changes, psychosocial influences and coping mechanisms prior to the stroke, while environmental and physical factors following the stroke influenced these perceptions to some degree. It was therefore concluded that programmes aimed at addressing sexuality issues within the stroke rehabilitation programme at the BLRC have to be designed and tailored according to individual client needs.

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1 INTRODUCTION

Sexuality is an area that has generally been neglected or dealt with in a superficial manner within rehabilitation programmes for people with disabilities (Wesolowski & Zencius, 1994). Cole (1991) states that sexuality is as critical as any other activity of daily living and should be given equal priority within the health care setting.

Sexuality has long been an area of concern to the service providers based at the Bishop Lavis Rehabilitation Centre (BLRC), as none of the rehabilitation programmes for people with disabilities offered at the centre address or make provision for dealing with issues of sexuality. An initial study of issues of sexuality was conducted at the BLRC during 1998 (Dreyer, 1998) where a homogeneous sample of three women, who had suffered a stroke, participated in a focus group that followed a semi-structured interviewing format. The findings indicated that the participants demonstrated positive attitudes towards their own sexuality with regards to how they feel about themselves, relationships with others and sexual behaviour, while concerns raised by the participants were that of heightened libido, positioning during sexual intercourse, and contraception and the implications of pregnancy. The findings of that particular study could not however, be utilised to form the basis of the development of a programme(s), as the study was limited. In addition, the effect of societal norms, cultural practices and religion on sexuality, and especially sexual behaviour, were not explored fervently. Therefore, recommendations that emerged from the study indicated that further research on the topic, with a heterogeneous group of women, would be required in order to effect the development of a suitable health promotion programme to address sexuality issues of, and with, women with disabilities following a stroke.

The Occupational Therapist indicated that, as most of the rehabilitation clients attending the BLRC had suffered a stroke, these clients' needs remained a priority, particularly the needs of the women who had suffered a stroke. Of the total number of clients who received occupational therapy treatment at the BLRC during 1999, 47.1% (n = 157) had suffered a stroke (see **Table 1**), while 58% (n = 74) of these clients were women.

Table 1: An analysis of the Bishop Lavis Rehabilitation Centre Occupational Therapy clients from January through December 1999

CONDITION / DIAGNOSIS	(n = 157)	
	No.	%
Cerebrovascular Accident (CVA)	74	47.1%
Other (including TB, COAD, visual impairment, Parkinson's Disease, CP/paediatric cases, epilepsy, etc.)	20	12.7%
Psychological impairment	15	9.6%
Arthritis	13	8.3%
Back conditions	10	6.4%
Head injuries	8	5.1%
Hand injuries	6	3.8%
Spinal cord injury	5	3.2%
Amputations	4	2.5%
Burns	2	1.3%



The rehabilitation programme for stroke clients at the Bishop Lavis Rehabilitation Centre (BLRC) follows a multi-disciplinary approach involving Occupational –, Physio – and Speech Therapy intervention. A client is initially assessed by the Occupational – and Physiotherapist who plan a treatment programme based on the client's abilities and limitations, prognosis for recovery and recovery process to date, as well as the client's felt needs and aspirations. The rehabilitation programme focuses on sensory, motor, visual, perceptual, psychological and communication aspects, and their impact on functioning. The length of individual rehabilitation programmes is dependent on the client's progress with treatment and prognosis for further recovery.

Acute clients are initially treated at the rehabilitation centre due to the need for the rehabilitation gym facilities, but most clients receive a mixture of rehabilitation centre and home-based treatment. The treatment programme commences with a minimum of two sessions per week and this is tapered down systematically with more responsibility placed onto the client and family and, eventually upon cessation of "active" rehabilitation, the client

has the option of joining a support and/or maintenance exercise group at the centre. Psychological treatment is not addressed as a separate entity, but is interwoven with treatment as a whole and usually entails listening to issues of concern voiced by clients and providing emotional support as well as practical solutions, if appropriate. However, should a specific client require in-depth counselling and further psychological support, he/she is referred to the Lifeline support centre based in Bishop Lavis. Speech therapy intervention is provided on an ad hoc basis by undergraduate speech therapy students, upon referral by the rehabilitation centre staff, who liaise closely with the rest of the rehabilitation team. Most stroke clients participate in treatment with undergraduate occupational – and physiotherapy students, with direct supervision from their respective therapists.

2 PROBLEM STATEMENT

The service providers at the Bishop Lavis Rehabilitation Centre were unclear as to what the sexuality needs were of clients who attend the Centre, and accordingly were unable to implement appropriate programme(s) in this regard.

3 PURPOSE

The purpose was to determine the factors that affect the manner in which women with disabilities who attend the Bishop Lavis Rehabilitation Centre perceive and feel about their own sexuality. This information would be utilised by the rehabilitation staff at the BLRC to assist with the process of developing appropriate programmes/services to address the sexuality issues of women with disabilities.



4 LITERATURE REVIEW

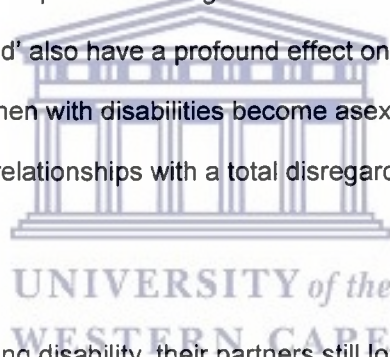
4.1 Female Sexuality and Disability

Sexuality spans biological, psychological, social, emotional and spiritual dimensions, and includes sexual behaviour and functions, as well as awareness of one's body (The Sexual Health Network, 2000). Sexuality is a form of expression that starts at birth and continues throughout one's life. " It begins with us and our relationship with ourselves and extends to our relationships with others. Our relationships with ourselves includes how we feel about ourselves as a person, as sexual beings, as men and women, and how we feel about our body and how we feel about sexual activities and behaviours. Our relationships with others may include friendship, emotional intimacy, love, and/or sexual activities. We are all sexual people regardless of disability or illness and we have a right to live a fully sexual and satisfying life." (The Sexual Health Network, 2000).

The culture and society, in which we grow up and live, influence how we feel about our sexuality. Our attitudes to sexuality are also strongly influenced by what our parents think of sex, what our friends think and the sexual behaviour of those around us. According to Fine and Alter (1996), some women believe that sexuality should be hidden and disguised, while others feel that it should be openly displayed. Some women are proud of their sexuality, some take it for granted and others may be ashamed of it.

There are various issues and concerns that shape and characterise female sexuality, and these issues include relationships with partners and the need for companionship and intimacy, as well as dealing with conflict, power issues and even jealousy within relationships (Goosen & Klugman, 1996). In addition, sexual intercourse is linked to needing to be close to and intimate with your partner. It is a common assumption however, that women with disabilities have no sexual feelings and are considered to be asexual (Fine and Asch, 1988; Morris, 1989; Lonsdale, 1990; Goosen & Klugman, 1996). Furthermore, women with disabilities may experience a double oppression because of sexist assumptions about women in addition to assumptions based on their disability (Fine and Asch, 1988; Lonsdale, 1990; Campling, 1981). There are also indirect factors that may affect the expression of sexuality and developing of relationships, such as inaccessible buildings, limited educational and employment opportunities and lack of transport facilities.

Lonsdale (1990) states that " the expression of sexuality and the participation in sexual relationships is an integral part of self-image and an important means of creating feelings of self worth". She is of the opinion that, if a woman becomes disabled, she is evidently obliged to re-assess her self image, and the older she is, the more considerable this process of re-assessment is likely to be (Lonsdale, 1990). Furthermore, as Western society places such a high premium on women's physical appearance, and women are required to conform to an image which is based on certain sexual, physical and behavioural stereotypes (Lonsdale, 1990), Morris (1989) states that some women will become even more self-conscious of their bodies following disability. According to Fine and Asch (1988), self concept research has found that negative self concept was less related to one's level of disability than to one's gender, with able-bodied women reporting more negative feelings than either disabled or non-disabled men. Morris (1989) states that "as in all areas of our lives, the effect on our sexual relationships and how we feel about ourselves depends to a large extent on the circumstances before our injury". The constraints of a sexual identity as 'disabled' also have a profound effect on the sexuality of women with disabilities and many people assume that women with disabilities become asexual overnight, being 'abnormal' with an inability to have 'normal' feelings and relationships with a total disregard for their sexuality prior to disability (Morris, 1989).



Although many women have found that following disability, their partners still loved them and stood by them, many have also experienced divorce and difficult relationships (Morris, 1989). According to Lonsdale (1990), "Happiness in their marriages did not prevent them from feeling considerable pressure to be good homemakers, not letting their disabilities interfere with their being good wives and mothers". Some women were however, very happy to be on their own or some women have just not regarded a sexual relationship to be an important part of their lives, while for others, disability may bring on isolation and loneliness (Morris, 1989). There are also various barriers to forming new relationships after disability such as societal attitudes and lacking the personal confidence to form a new relationship and breaking down stereotypes.

Women with disabilities are often considered to be unfit as sexual partners, and moreover unfit to be mothers (Fine and Asch, 1988). It is also not unusual for certain disabled women to think that they are unable to become pregnant merely because they are disabled (Mda, Schneider and Lagadien, 1996). Many women with disabilities

interviewed by Fine and Asch (1988) spoke angrily of the unavailability of adequate counselling on sexuality, birth control, pregnancy and childbirth from either gynaecologists or rehabilitation professionals.

Li and Yoshida (1998) state that although a substantial amount of literature regarding sexuality related to individuals with disability exist, very little of it is directed towards women specifically, and most of what is available is directed to medical doctors and also usually exists in a western context. As the available literature indicates that disability could effect changes in sexuality, it seems imperative that issues regarding sexuality are dealt with in an appropriate and adequate manner. Wesolowski & Zencius (1994) found that in many rehabilitation programmes for people with physical disability, issues of sexuality are ignored or dealt with in a superficial manner. According to Cole (1991), "Sexuality ... should be integrated into clinical settings that focus on the rehabilitation needs of people with disabilities". He expresses the notion that sexuality is as critical as any other activity of daily living and should be given equal priority within the health care team. Garden (1991) states that the quality of life of survivors of stroke, brain injury, spinal cord injury and multiple sclerosis may be improved through comprehensive rehabilitation programmes that address issues of sexuality. Such a comprehensive programme would be in accordance with the shift towards health promotion programmes for people with disabilities as outlined by Rimmer (1999). According to Rimmer, health promotion programmes for people with disabilities has been a neglected area of interest in the general health community, but there is evidently a move towards and increasing effort by health care providers and consumers to establish higher quality care for people with disabilities. He states that the aims of health promotion programmes for people with disabilities include maintaining functional independence, providing opportunities for leisure and enjoyment and enhancing the overall quality of life by "reducing environmental barriers to good health" (Rimmer, 1999). In addition, Rimmer (1999) was of the opinion that a greater emphasis should be placed on community-based health promotion initiatives.

4.2 The impact of stroke on sexuality

Garden (1991) states that most of the research concerning clinical sexual changes following a stroke has focused on the frequency of intercourse, libido, erection, vaginal lubrication and orgasm. In this regard, Zasler (1991) has indicated that cerebrovascular accidents have been proven to alter sexuality in many ways, such as decreased libido, erectile dysfunction, ejaculatory dysfunction and decreased frequency of vaginal intercourse. Vaginal

lubrication in post-stroke females is evidently frequently inadequate and may result in painful coitus (Garden, 1991). According to Zasler (1991), post-stroke depression may also contribute to the high incidence of sexual problems, while anxiety regarding having another stroke during sexual activity appears to be commonplace.

According to Frye-Pierson and Toole (1987), depression due to loss of physical function is frequently the cause of sexual problems following a stroke, leading to decreased desire, fatigue and less caring gestures. Strauss (1991) states that many people with disability as a result of a neurological disorder do not have the capacity to move beyond the apathy and depression that stagnates them cognitively, emotionally and physically. Lowered self-esteem can also lead to a lowered libido, while the potential to form relationships requires a degree of self-esteem (Frye-Pierson and Toole, 1987; Strauss, 1991). In addition, fear that a person who had a stroke is no longer a sexual being, and the fear of inability to perform, could cause difficulties with sexual performance. Role change after a stroke, (e.g. not being able to perform daily activities as before) can also lead to sexual problems as the person with disability may feel to be a burden and experience a loss of control over his/her life. Furthermore, physical limitations after a stroke may pose some problems for sexual intercourse, and in this instance both parties may have to learn to explore alternative positions for sexual intercourse (Frye-Pierson & Toole, 1987). Strauss (1991) emphasises that communication ability is very important in forming social and sexual relations, and in this regard, cognisance has to be taken of communication, perceptual and visual difficulties experienced when faced with a neurological disorder.

4.3 Research and Women with Disabilities

According to the Integrated National Disability Strategy (1997), women with disabilities, and in particular black disabled women, have been identified as a vulnerable group that has experienced high levels of exclusion from the social, economic and political environment. As South African society is considered to be very patriarchal and discriminatory, and the social role of women is largely defined through “motherhood and homemaking”, women with disability experience more discrimination than other women as they are perceived as being unable to live up to the demands imposed by society (INDS, 1997). One of the components of the research agenda for a national co-ordinated disability research in South Africa (Bhagwanjee and Stewart, 1999) is that appropriate research is required for ongoing planning and development of relevant and innovative interventions for people with disability.

One of the key imperatives mentioned is that of a paradigm shift in approach to disability research, namely that it is not possible to produce meaningful research without the partnership of the people with disabilities who are the focus of the research.

4.4 Research on Female Sexuality and Disability

A study was conducted by Aloni, Schwartz and Ring (1994), which investigated the sexual function of 13 women post-stroke who had been admitted for rehabilitation. These women and compliant partners were interviewed twice, namely close to admission and 6 to 12 months later, while the questionnaire included items regarding desire, excitement/lubrication, orgasm and menstruation. Aloni *et al* (1994) found that sexual function disturbance was not related to severity of neurological impairment, while the most prominent finding was a decline in desire associated with superficial sensation disorders and disturbed lubrication. It is pertinent to note however, that the study concluded that “desire” appeared to have an independent mechanism not related to other parameters of sexual functioning or neurological findings.

Buzelli, Di Francesco, Giaquinto and Nolfe (1997) embarked on a study aimed at investigating sexual life following a stroke where 139 stroke patients admitted to a rehabilitation unit were interviewed on admission and then again one year later about their sexual lives. The Beck scale for depression and the Functional Independence Measure were also administered. The study revealed sexual decline as a consequence after suffering a stroke, but neither gender nor the injured hemisphere accounted for the sexual decline. Lack of correlation was also found with age, education, extent of disability and depression. In addition, the study agreed with Finger (1993) that “psychosocial issues rather than medical ones account for the disruption of sexual functioning in stroke survivors”. According to Buzelli *et al*'s (1997) findings, the primary variables in this regard were 1) fear of relapse; 2) the belief that sexual life belongs to healthy people; and 3) a “turned off” partner who complained of a lack of excitation or even horror.

While a fair amount of literature exists on reproduction and disability, it is predominantly about men with spinal cord injury and deals with physiological issues substantially more than psychosocial issues (Nosek, 1996). Nosek (1996) furthermore states that so little has been researched in the area of sexuality related to women with

disabilities, a national (American) study of women with physical disabilities was embarked upon and conducted over a 4 year period from 1992 to 1996. The study examined a broad range of issues in an attempt to understand all the various aspects of sexuality “from the point of view of the woman with disability” (Nosek, Rintala, Young, Howland and Chanpong, 1997). The study was conducted in two phases with the first phase being a qualitative interview study of a small sample of women with physical disabilities. Themes were identified and categorised from the data, and a questionnaire was developed representing all the primary themes for use in the second phase of the study. These questionnaires were distributed to the participants, which also included able-bodied women in order to compare experiences. Primary themes that emerged from phase I were 1) sense of self, 2) relationship issues, 3) sexual functioning, 4) abuse, and 5) general and reproductive health. With the assistance of a wide range of health care providers and consumers, the research team developed a questionnaire that represented these primary themes. During phase II, the researchers identified 1150 women with physical disabilities throughout America who volunteered to participate in the study or who were recruited through independent living centres. Two copies of the questionnaire, which included 311 questions, were sent to each woman, one for her to complete and one for an able-bodied female friend to complete. A total of 946 women responded (504 had physical disabilities and 442 did not) and the findings were as follows: 1) limited opportunities exist for women with disabilities to establish romantic relationships; 2) self esteem in women with physical disabilities is more strongly influenced by social and environmental factors than by the fact of having a disability; 3) women with physical disabilities have as much sexual desire as women in general, but not as much opportunity for sexual activity; and 4) women with physical disabilities encounter serious barriers to receiving general and reproductive health care.

While the Nosek (1997) study regarding sexuality issues of women with disabilities was evidently groundbreaking, Whipple, Richards, Tepper and Komisaruk (1996; 1997) have conducted empirical studies to broaden the knowledge base of sexuality issues of women with spinal cord injuries. Whipple *et al* (1996) states that in contemporary society sexuality is seen as an important aspect of health and personality functioning, and it enhances quality of life, fosters personal growth and contributes to human fulfilment. Their study, which looked at sexual response in women with complete spinal cord injury, had a quantitative and qualitative element, with the former focusing on sensori-motor and perceptual responses to vaginal and cervical stimulation. The qualitative

element focused on sexuality and relationship experiences of the women with complete spinal cord injuries. The research team chose a phenomenological approach, as this approach permits emerging data to be described through the uniqueness of the experiences of the participants. Whipple *et al* (1996) continues to explain that this methodology was used to expand the depth of understanding of sexuality and relationship experiences. The preliminary results indicated issues such as shelving of sexual interest with energies focused on maintaining / regaining salient physiological functions such as mobility, re-evaluation of the meaning of sexual pleasure and the poor quality of sexual education received from health care professionals. The final results of this qualitative study were published in 1997 (Whipple *et al*) and it was reported that the phenomenological approach was utilised because of its “respect” for the uniqueness of human experience. Events and relationships were therefore described from the participants’ personal perspectives.

4.5 The Phenomenological Approach

Finlay (1999) has indicated that there has been an explosion of interest in qualitative research over the last decade, in particular phenomenological methods, which seek to “understand, describe and interpret human behaviour from the perspective of the person being studied”. Finlay (1999) states that as researchers seek to capture rich meanings, the status of reflective, subjective understandings has increasingly gained ascendancy. While phenomenological studies are not easily generalisable to larger populations, they enunciate important messages about individual’s unique experiences. Finlay discusses six common principles of the phenomenological approach, which include 1) describing, not explaining why meanings arise; 2) accepting and valuing individual’s expressions without judging; and 3) a focus on the life world or milieu.

Patton (1990) states that a phenomenological inquiry focuses on the essence of a person’s experience of a phenomenon, where the phenomenon could be a relationship, an emotion, a programme or even a job. Simply put, a phenomenological inquiry focuses on how we put together the phenomena we experience in such a way as to make sense of the world. Descriptions of experiences and interpretations are so intertwined that they often become one, and thus “Interpretation is essential to an understanding of experience and the experience includes the interpretation” (Patton 1990). There is therefore no separate reality for people in their experience of a phenomenon, as there is only what they know their experience is and means. However, Patton (1990) indicates

that an additional dimension that differentiates a phenomenological approach from other approaches in qualitative inquiry is the “assumption that there is an essence or essences to shared experience”. These essences are the core meanings that are mutually understood through a phenomenon commonly experienced, i.e. the experiences of different individuals are bracketed, analysed and compared to identify the essences of the phenomenon. Therefore, in contrast to generalisability, a phenomenological enquiry assumes a commonality in human experiences (associated with a set phenomenon) and rigorously searches for those commonalities when analysing unique experiences (Patton, 1990).

4.6 Conclusion

There is limited literature available on the effect of stroke on female sexuality, and particularly a dearth of research on women’s perceptions of their own sexuality following stroke. The available studies and literature on the impact of stroke on sexuality (Frye-Pierson and Toole, 1987; Zasler, 1991; Garden, 1991; Strauss, 1991; Finger, 1993; Aloni, Swartz and Ring, 1994; Buzelli, Di Francesco, Giaquinto and Nolfi, 1997) have shown that women present with physiological changes such as lowered libido and decreased vaginal lubrication, while other factors that influence sexuality include post-stroke depression, fear of another stroke, poor self esteem due to changing roles, feelings of being a burden with a loss of control and physical limitations. As this study endeavours to understand sexuality issues from the personal perspective of women following stroke, and it is unclear as to what may emerge, the phenomenological approach appears to be best suited for capturing the richness and uniqueness of the participants’ individual experiences.

5 AIM

The aim of this study was to explore and describe the factors which affect the manner in which women with disabilities as a result of a stroke, attending the Bishop Lavis Rehabilitation Centre, perceive and feel about their own sexuality.

6 OBJECTIVES

The objectives of the study were as follows: -

- 1) To determine what the women with disability understood by the term "sexuality";
- 2) To determine how these women perceived and felt about their own sexuality;
- 3) To determine if, and understand how, their disabilities affected their perceptions and feelings about their sexuality;
- 4) To determine and understand other factors which might affect and influence these perceptions and feelings about their own sexuality;
- 5) To review the outcomes of the study with the rehabilitation staff and research participants, in order to formulate a plan of action towards addressing sexuality issues of women with disability attending the BLRC.



7 METHODOLOGY

7.1 Study design

This was a qualitative, namely a phenomenological study, with an inductive analysis theme. A phenomenological inquiry focuses on descriptions of what people experience and how it is that they experience what they experience (Patton, 1990; Finlay, 1999). In this study the phenomenon explored was “*sexuality*” of women following a stroke. As sexuality spans across biological, psychological, social, emotional and spiritual dimensions, and is complex by its very nature, it was of importance to describe and understand this phenomenon from the perspective of the women themselves. With an inductive approach “the researcher attempts to make sense of the situation without imposing pre-existing expectations on the phenomenon or setting under study” (Patton, 1990). Inductive analysis therefore means that patterns, themes and categories emerge out of the data rather than being imposed on them prior to data collection and analysis.

As very limited literature regarding the issues of sexuality of women following a stroke exists, this research study was formative in nature, as its aim was to develop an understanding of sexuality issues as a basis for the development of a programme(s) to promote the health and enhance the quality of life of these women. Whipple *et al* (1997) indicated that, during their phenomenological study of sexuality and women with complete spinal cord injury, participants were “viewed as experts on their own sexuality”, and were asked to describe their experiences from their own perspectives/personal views. Therefore, given the formative nature of this study, the available literature, the complex nature of “sexuality”, and the need to capture the personal/unique experiences of women with disability post-stroke, a qualitative study design was deemed the most appropriate for the research question.

7.2 Definition of terms

Sexuality: A complex interaction of biological, psychological and social factors that develop over a lifetime. The social aspects involve culture, family, peer influences and societal expectations, and biological involvement includes innate characteristics such as hormones, health, anatomy and physiology. Psychological factors include feelings, experiences and personal meanings.

Cerebrovascular Accident/Stroke: CVA is a complex dysfunction caused by a lesion in the brain. It results in an upper motor neuron dysfunction that produces hemiplegia or paralysis of one side of the body, limbs and sometimes the face and oral musculature that are contralateral to the hemisphere of the brain that has the lesion. In addition, the person may present with neuropsychological, communication and/or perceptual impairment.

Model of Disability: This study was guided by the social model of disability. Within the South African context, the disability rights movement views disability as a human rights and development issue. This is in accordance with the social model of disability, which is based on the belief that the circumstances of people with disabilities are socially created phenomena and has little to do with the impairments of people with disabilities (INDS, 1997). The social model of disability emphasises two aspects, namely the shortcomings of society in respect of disability, and the abilities and capabilities of people with disabilities (INDS, 1997).

7.3 Setting of the Study

The Bishop Lavis Rehabilitation Centre (BLRC), which forms part of the Bishop Lavis Community Health Centre (CHC), offers a comprehensive rehabilitation service for people with disabilities, who reside in Bishop Lavis and the surrounding areas. An Occupational Therapist and Physiotherapist staff the Centre, along with volunteers from the community, as well as undergraduate students in occupational – speech – and physiotherapy. The Centre is housed in a separate building approximately 200 metres away from the CHC. Besides the individual rehabilitation programmes, support and/or activity groups are run from the centre, and the staff plays a broader role in the community with regard to education and training in respect of health promotion.

7.4 Study Population

The population of this study was all the women with disabilities, following a stroke, who attend(ed) the Bishop Lavis Rehabilitation Centre. As mentioned earlier, the majority of clients treated at the centre are women who have suffered a stroke as indicated by the 1999 statistics (see **Table 1**).

7.5 Sampling Plan

The researcher made use of purposeful sampling which means that a small group of information-rich cases were studied in depth (Patton, 1990). In this regard, qualitative inquiry particularly focuses in depth on relatively small samples, selected purposefully (Patton, 1990; Hudelson, 1996). Patton (1990) explicates that, while the logic and power of probability sampling depends on selecting a truly random sample that will allow for confident generalisation, the logic and power of purposeful sampling lies in selecting information rich cases for study in depth. Information-rich cases are “those from which one can learn a great deal about issues of central importance to the purpose of the research” (Patton, 1990).

The sampling strategy for this study was that of maximum variation sampling (Patton, 1990; Hudelson, 1996) as there were diverse characteristics within the study population and this form of sampling aims to capture and describe the “central themes or principal outcomes that cut across a great deal of participant or programme variation”.

The Occupational Therapist at the BLRC assisted the researcher in the selection of information-rich cases, as she has (and continues to) worked closely with the study population. Johnson's (1990) model for selecting such cases was utilised to select the participants. According to Johnson (1990), there are two sets of criteria for selection, firstly theory driven characteristics and secondly personal characteristics such as current involvement in the [culture] phenomenon under study and an ability of the participant to relay information from his/her own perspective. Factors that were taken into consideration with the first set of criteria, particularly with a view to maximum variation, were age, marital status, socio-cultural background and extent/severity of impairment as a result of the stroke such as paralysis of affected limbs, mobility and independence in daily living tasks. In respect of the second set of criteria (Johnson, 1990), it was particularly important that the participants did not present with significant speech/communication deficits.

7.5.1 Sample Size

A sample of 8 women was selected for the study (see **Table 2**), with the Occupational Therapist assisting in the selection of participants (as mentioned above). According to Patton (1990) “there are no rules for sample size in qualitative inquiry”, but sample size depends largely on the purpose of the inquiry, what will be useful and have credibility and what can be done with available time and resources. Patton (1990) furthermore states that in-depth information from a small number of people can be very valuable, particularly if the cases are information-rich.

7.5.2 Generalisability

By including in the sample individuals who have had different experiences, it was possible to more thoroughly understand variations in experiences whilst also investigating commonly shared experiences. It is therefore important to note that the researcher was by no means attempting to generalise findings to all groups of women with disabilities attending the BLRC, but was looking at elucidating significant common patterns within the variation. Methods used by others (Rousso, 1981; Morris, 1989; Lonsdale, 1990; Nosek *et al*, 1997) who explored similar issues regarding women with disability have endeavoured to describe and make known the experiences of women with disabilities rather than generalise their findings to all women with disabilities. It is within such a context that the researcher attempted to construct a plan of action to address issues of sexuality for women with disabilities attending the Bishop Lavis Rehabilitation Centre using these few women’s experiences as mere building blocks in a process that should be ongoing and dynamic.

7.6 Data collection methods

The data was gathered by means of the researcher conducting individual semi-structured interviews using an interview guide (see **Appendix A**) developed in accordance with the study objectives (Patton, 1990; Hudelson, 1996). The individual interviews covered the first four objectives of the study and were all conducted within the participants’ home settings, barring two that were conducted at the centre. The researcher conducted all interviews, with each individual interview recorded, with permission, and subsequently transcribed ad verbatim. While the researcher has a fair amount of experience in conducting qualitative interviews, initial guidance and feedback on the first three interviews was received from her Supervisor, Ms. K. Rendall-Mkosi.

Once a preliminary analysis of the data generated during the interviews was completed, a discussion group was conducted with all the participants with the objective of formulating a plan of action towards addressing emerging issues associated with sexuality (fifth objective). The purpose of the discussion group (See **Appendix B**) was twofold, firstly to reflect on the interview process, viz. finding out how the participants experienced the interview sessions and whether it was of value to engage in such discussion. Secondly, the purpose was to determine whether issues that emerged from the study (a broad overview of outcomes was presented) should and/or could be addressed within the rehabilitation programme, and if so, what would be the best practical manner to address these issues. Participants were assured that no individual, confidential issues were to be mentioned during this session. All but one of the participants attended this discussion group, and the Occupational Therapist based at the BLRC acted as a co-facilitator. The session was recorded on tape (with permission), while the researcher made additional notes based on observations and issues emerging during the discussion.

7.7 Analysis

The interview data was analysed by means of inductive analysis which means that patterns and themes that emerged from the data itself were identified (Patton, 1990). This analysis was conducted by following a stage-by-stage process, as set out by Burnard (1991), which involved a process of finding patterns and developing category systems from the data, and eventually developing broad themes.

According to Patton (1990), evaluator credibility in the analysis process is of importance with regard to ensuring intellectual rigour and professional integrity and, as there are no simple formulae for analysis in qualitative research (Patton, 1990; Hudelson, 1996), a qualitative analyst has to return to data over and over again to ensure that the findings reflect the nature of the phenomenon being studied. This constant reflection on the data was adhered to by the researcher throughout the analysis process as well as during the reporting phase.

Two methods were utilised in order to guard against researcher/systematic bias and ensure rigour and validity in the analysis process. The first method involved presenting the raw data (transcripts) to two colleagues who were requested to generate broad categories for the data set independently, i.e. without seeing each others' or the

researcher's list (Burnard, 1991). The generated categories were compared and discussed until a final set of broad categories, as well as possible sub-categories, was agreed upon (see **Appendix D**). This method of using multiple analysts is termed *analyst triangulation* by Patton (1990). The second method utilised, as described by Patton (1990), is another form of analytical triangulation, namely asking the participants to review the findings. Patton (1990) states that researchers can learn a great deal about the accuracy, fairness and validity of their data analysis by having the participants react to what is described. Given the issue of confidentiality in respect of the individual sexuality and other issues that emerged, this was achieved by presenting the description and analysis of individual data to six of the participants, and taking cognisance of their feedback and response to accuracy or otherwise of the description and interpretation. In addition, during the discussion group broad themes were presented to seven participants who were given the opportunity to respond to the description of the data.

Finally, the results were compared to relevant literature on the phenomenon being studied as a rudimentary means of methods triangulation (Patton, 1990) in order to add a further element of rigour to the analysis process.

7.8 Ethics

Informed consent for participation in the study was obtained from the participants and they were assured of confidentiality and the preservation of anonymity. Participants were also informed that they had the right to terminate the interviews at any stage or refuse to answer any questions posed.

7.9 The Issue of Language

Most of the interviews, as well as the discussion group were conducted in Afrikaans, while the data was also analysed in its original language. Findings were however reported with relevant quotes translated into English with an attempt to lose as little as possible of the true essence of the participants' "voices".

8 RESULTS

8.1 Description of Sample

Table 2 depicts the multi-variate nature of the sample in respect of partner status, culture/religion and level of independence, while the ages of the participants range from 27 to 66. The three younger participants have young children who need to be taken care of and the older participants have adult children and grandchildren. All

Table 2: Sample Characteristics

Participant	Age	Marital/Partner Status	Religion / Socio-cultural Background	Level of independence (see key below)
1	38	Single, no boyfriend	Christian, adopted as child	3
2	45	Divorced, common-law husband	Christian, traumatic life events	2
3	64	Married (second husband)	Staunch Christian	1
4	53	Married (second husband)	Muslim, previously a Supervisor	3
5	65	Married	Muslim, had own business previously	2
6	27	Single, no boyfriend	Christian, had a Muslim boyfriend	2
7	66	Married	Christian, husband very religious	1
8	66	Widow	Christian, lives on own	1

Key: Level of Independence

(The researcher who is an occupational therapist utilised her functional assessment knowledge and skills, as well as the available information on all participants to devise the levels of independence stipulated below.)

1 = Independent in all activities of daily living (ADL)

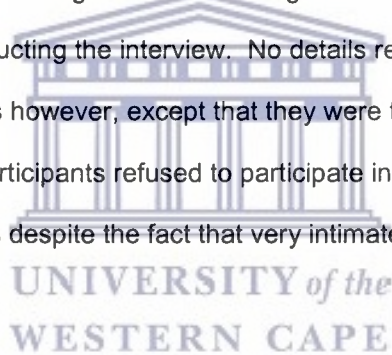
2 = Needs some assistance with ADL, independent in most

3 = Needs assistance with most ADL, dependent in some

participants have a working class background and present with a low socio-economic status being dependent on a State pension or disability grant. Education was limited to basic and primary level of education with the exception of one participant who had a secondary level of education. Most participants had completed active rehabilitation (two were still receiving active treatment), and three participants attended an exercise/maintenance group at the BLRC. While the site of the neurological lesion had not been a factor when selecting the sample, it was noted that all eight participants had coincidentally suffered a right-sided stroke with resultant left-sided neurological impairment.

Given the very personal and sensitive nature of the research topic, the researcher found it important to introduce herself to and meet the participants individually at a session prior to their interviews. This was done to set the participants at ease and promote trust, as well as to gather some background information and determine where participants would feel most comfortable conducting the interview. No details regarding the nature of the interview topic was divulged to the participants however, except that they were told that it was fairly personal and involved their disability/stroke. None of the participants refused to participate in the study, and all participants spoke freely throughout the interview sessions despite the fact that very intimate and personal issues were discussed.

It was the researcher's experience that there was a great deal of sadness woven into most of the interview sessions, with at least four participants being extremely tearful almost throughout their entire interview sessions. The level of openness and giving of information without reservation was remarkable. In certain instances however, it was noted that family members had no regard for personal privacy of the participants. In one instance a husband said that he would like to sit in on the interview (and proceeded to do so), while his wife did not appear to be taken aback by this. It made for a very interesting, if not difficult interview session. In other instances family members or partners would linger around staring at the participant, and had to be requested to grant a degree of privacy during the interviewing session.



8.2 Description and Interpretation of Findings

As the aim of this study was to explore perceptions of sexuality, it was important to firstly place the participants into context, their background, the milieu in which they live and function, information regarding their strokes and how they experienced this incident in their lives. The findings are thus reported in two sections, namely pertinent issues regarding the participants themselves, to give the reader an understanding of what the factors are that makes the participants who they are, and secondly specific issues related to sexuality of these women are presented. (Please refer to **Appendix C** for the full original transcripts of the interviews.)

8.2.1 PART A

A.1 The role of a woman

The role of a woman was seen as taking care of the household, and having and caring for children.

“It is to look after the house and to have children and so on.” (38 year old, 2 young children, single)

“The woman actually carries the responsibility of the household and such things.” (66 year old, widow)

In one instance a participant indicated that a good woman is one who takes good care of her husband and children, and in this manner she feels assured that he will remain loyal to her.

“I do everything for him, if I can do it. Then he says that he will not have another wife as good as I am, a good wife. Very good. A good wife is when you look after your husband. You keep him clean, neat... you see? I raised his children, four children...adopted, I raised them...” (64 year old, married)

In certain cases, responsibility was often extended to adult children (who require financial or emotional support), the extended family (such as an ill parent), the grandchildren (grandmothers take care of the grandchildren) and to taking responsibility for the tragedies that occur within the extended family.

“I had my father-in-law in our home. He also had a stroke. I took care of him and my little children...you as the mother have to take care of all those things.” (65 year old, married)

“My brother is appearing in court today (on a murder charge)...I am very concerned about him” (45 year old)

However, there were individual cases where the women have carved out an existence beyond these parameters, e.g. starting a business, going to Mecca on a pilgrimage and investing a deceased husband's pension money.

"I started a house-shop and I was a hawker broking with fish. I fetched the fish in Hout Bay, Kalk Bay and then sold it by the roadside...and so we started it, and I expanded from there. My eldest son, he helped me." (65 year old, Muslim, married)

"Pension money (received after husband's death) is not much, but I invested it, so that I can, every six months, then I get some interest and so on." (66 year old, widow)

A.2 The impact of social, economic and cultural factors

All participants came from low socio-economic backgrounds with religion reportedly playing an important role in their upbringing and the manner in which they have developed value systems. Some of the participants have experienced extremely traumatic life incidents for example, one participant's daughter was murdered with an axe by a jealous ex-boyfriend and her brother murdered her niece. Other similar instances, although possibly not as extreme included removal of (loss of) children into foster care by the welfare department allegedly due to an abusive relationship between father and mother, being terrorised by a dagga-abusing brother, and a daughter alleging that she was raped by the father of her baby.

In respect of economic empowerment, two of the participants had never been in paid employment, four had been previously employed in menial or labourer type duties and one had worked her way up to become a supervisor in a specialised industrial field, while one (as mentioned previously) had developed her own business. None of the participants were employed in any capacity at the time of this study, and all were either in receipt of a State disability grant or pension.

A.3 Reasons for suffering a stroke

Some of the participants were of the opinion that the stroke was a punishment or admonishment from God, and others cited physiological reasons for suffering their stroke such as a blood clot, stress and not complying with taking high blood pressure medication.

"I accept this is a punishment for me...I accept my stroke if it's - I must be punished like this." (53 year old, Muslim)

"The father of my baby is Muslim. I followed other gods, so God came and reprimanded me, but I believe that I will be healed." (27 year old, Christian)

"I actually did not have any rest (following husband's death). I think that that is the reason why I had the stroke and then uh...I also did not use my blood tablets, my high blood pressure tablets." (66 year old, widow)

While it was initially interpreted that all participants were not entirely aware of the physiological reasons for and/or cause of their strokes, the discussion group session revealed that there was a clear awareness of medical causative factors.

A.4 The experience of life following the stroke

The participants experienced a change in their lifestyle in respect of being less outgoing than before, loss of friends, loss of the ability to *"get up and go"* (mobility), loss of life roles (those with younger children lost their mothering role and have to depend on others to perform most of these tasks), and finally less responsibility for household than taken previously. Those who presented with mild neurological impairment reported initial frustration, but their lives did not *"change much"* following the stroke.

Others with more pronounced impairment, especially in respect of mobility, voiced frustration, anger and sadness, with a loss of control and confidence within themselves. One participant stated that one of the most frustrating issues for her was *"Not being able to satisfy"* herself as well as her husband. *"I want to satisfy him."* (Refers to outgoing lifestyle experienced previously.) *"I wish I can just get up and say 'come let's go' like we used to..."* (53 year old, severe physical impairment). There was also a pervasive sense of loss of autonomy and personal independence associated with more pronounced physical impairment. As one participant put it, *"I am a very independent woman, but since the stroke I got to depend on a lot of people...I just used to get in my car and go."* (53 year old, severe physical impairment), while another stated that she was *"very heartsore because I can now do nothing that I would like to do."* (38 year old, severe physical impairment). Independence was verbalised as

being able to live “*alone with my children*” (38 year old living with mother), “*go back to work*” (53 year old, severe physical impairment, employed premorbidly) and financial stability. Those with younger children, expressed a desire to be a “*a mother for [her] children*”(27 year old mother of two), namely wash their clothes, bathe and dress them.

The loss of independence also brought about feelings of helplessness and being a burden to caregivers, with a concomitant low perception of self.

“*I’m useless now...I feel I’m a burden to my husband and children now.*” (53 year old, severe physical impairment)

“*I don’t feel good at all...I [previously] felt like a person, because I could do everything. Now she [mother] has to do everything*” (38 year old, severe physical impairment)

A.5 Coping strategies following the stroke

Some participants were rather resolute about accepting the stroke as just another event in the course of their lives. As one participant stated: “*I take it this way, ‘what must happen, must happen’, maybe according to God’s will for one’s own good*” (66 year old, widow, Christian), while another stated that she has to be “satisfied” with and “accepting” of her situation particularly after she has seen others who had suffered a stroke being more severely impaired than herself.

Religion (both Christian and Muslim faith) also appeared to play a distinct role in coping with their lives and the stroke, particularly the belief that God will “*give you the strength to get through this*” (65 year old, Muslim), “*If you worship him he will bless you*” (64 year old, Christian) and “*the Lord will heal me*” (27 year old, Christian).

It was found that of those with older children and grandchildren had very good family support systems with their adult children’s achievement in life and these children’s concern for their mothers seeming to play a big role in fostering a positive self-esteem. Some participants stated that they were happiest with their family around them. It is also pertinent to note that the BLRC is seen as a place to get away from the home setting if the situation at

home is not favourable. As one participant stated *“I wouldn’t mind going [to the BLRC] every day”* (38 year old, living with her mother).

In respect of coping mechanisms, one participant stated that *“One has to talk about issues”* (65 year old, good family support), while another stated that *“It is almost as though I am hiding my problems. People can’t read me.”* (45 year old, extremely traumatic life history)

8.2.2 PART B: SEXUALITY ISSUES

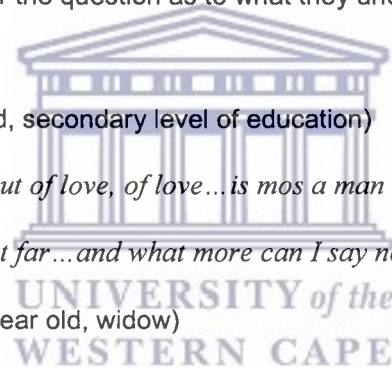
B.1 Understanding of the term “sexuality”

The participants invariably struggled to answer the question as to what they understand by sexuality. Responses included: -

“What a question hey?” (53 year old, married, secondary level of education)

“Love? Or what? Am I saying this wrong... Out of love, of love... is mos a man and a woman’s relationship that. Yes, if you love your husband, then you go that far... and what more can I say now?” (66 year old, married)

“Is to ... have intercourse with a man” (66 year old, widow)



B.2 Body – and Self Image

Those with milder physical impairment appeared to have minimal difficulty with body image, while there was also an element of having to just accept their current presentation (as explicated above under *Coping Strategies*).

“I feel like I always have towards my body. Sometimes I forget I had a stroke.” (45 year old, comparatively mild physical impairment)

“I just believed that I will become well again because I was not born this way, so I reckoned that I came this way (into the world) and that way I will leave again. I just had to take good care of myself.” (66 year old, completely recovered)

The level of acceptance evidently stems from seeing others who had also suffered a stroke presenting with very severe impairment in relation to themselves, but also relates to accepting that God brings certain things upon one to either test, admonish or punish a person.

“Then I accept when I see others, when I see others, they maybe also had a stroke. They can’t talk. Then I feel ‘Thank the Lord that I can talk’, and so that is why I am so satisfied and accepting – that is how I feel deep in my heart.” (64 year old, married, Christian)

Those with more pronounced physical impairment, although having concerns about their body image, were seemingly more distraught about their loss of function as a result of the impairment and subsequent loss of independence and mobility, change in lifestyle and lack of autonomy. The feelings of being a burden and worthless appeared to contribute further toward a lack of self-esteem and self worth. Self worth has been negatively affected by a significant loss of independence, change in lifestyle and loss of friends following the stroke.

“It does not feel good to me. I am telling you now, I was so pretty and dressed well and so on. But now it’s almost like a change. I still have nice clothes and so on, and I still dress like I did that time, understand? But for me it feels now that, because this arm hangs like that...now it almost looks to me I feel oldish you see? I don’t feel like before anymore.” (27 year old)

“I don’t feel good at all because I can’t do what I want to – doing machine work and housework and so on.” (38 year old)

“But I mean, before the stroke, It wouldn’t have been anything to just jump into the car and go with them. But now it takes me a time to get to the car...to get in, it’s like...I’m keeping them behind. That’s how I feel. I may not be a burden to them but I feel I’m a burden....” (53 year old)

B.3 Libido / Sex Drive

Most participants spoke of a “dead” feeling in respect of sexual desire and the most prominent reason cited was “age” followed by the stroke. Individual participants cited additional perceived reasons such as having borne too many children (woman with 12 children), removal of the uterus (64 year old) and a deteriorating relationship with husband (65 year old, Muslim).

“The feeling by me is dead. I am no longer the woman I used to be, you see, due to the age and probably also the stroke.” (64 year old, married)

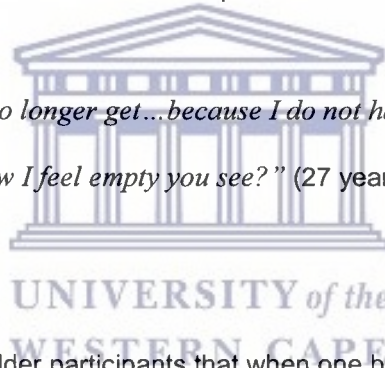
“Before that I used to be like a normal young girl (and young man) must be...loverboys and so on, but when I became fifty I started to switch off. I don’t know, but with me it just happened that way. I was no longer wanting that type of life.” (66 year old widow)

“I do not feel like sex at all. I feel nothing below – I do not have the desire to have sex. Before the stroke it was alright, but it is almost like everything is dead inside, inside my whole body, but not entirely now though, just on the one side.” (38 year old, single)

“It was nothing for us to have sex (previously), but it is almost like you have to work yourself up first (following the stroke).” (53 year old)

The youngest participant reported no loss in sexual desire, but reported a sense of emptiness due to having no partner.

“My nature and feelings are still there, but I no longer get...because I do not have a boyfriend close by me, I mean like a man close by me ...around me, now I feel empty you see?” (27 year old)



B.4 Sexual Intimacy / Intercourse

There was a common perception among the older participants that when one becomes older, sexual intimacy and/or intercourse is no longer a part of one’s life. The stroke appeared to play a minor role in the decline of sexual intercourse in these older women.

“We have always been sleeping together previously, but now that we are aged... now we don’t worry much...we don’t worry with each other any more, because we are too old...I now have to allow my children that type of life.”

(64 year old, married, 12 children)

“...and now I am mos old, now it is altogether finish...I am in that age bracket that I don’t worry anymore.” (66 year old, married)

It is of note that some of the husbands did not appear to perceive that old age means an end to sexual intimacy, but that it is the women who assert the fact that they are *“done with those things”*. On further questioning, it was established that of these women decided by themselves to stop with sexual intimacy.

"I do not allow him to touch me...to touch and rub...tomorrow in the future then he wants to ...he is still a man and I am a woman. Those feelings are dead my me." (64 year old, married)

Other external reasons cited for a cessation or decline in sexual intimacy/intercourse were impotence of the husband, that of being put off sex due to alcohol abuse by the husband and the type of relationship experienced with husband. Participants indicated that they just made themselves to accept and become used to the situation, i.e. lack of intimacy. The act of sexual intercourse was considered by one participant as being "dirty" or sordid and there was mention of fear of HIV/AIDS, but it is of note that the latter was voiced by two of the older participants (64 and 66 year old). One participant stated that they are not engaging in sexual intercourse due to fear of her having another stroke or cardiac arrest.

"I got this irregular heartbeat and I tire very quickly...I'm tired very quickly...but otherwise my heart is fine. But there's just this one ...we didn't ...there's just this one sex problem. It's not actually a problem ...I dunno...I think we're too scared to do it." (53 year old, married, Muslim)

This participant also stated jokingly that her husband had said that he would not feel right "to have sex with half a woman." and the participant's response was "I shrug it off. I won't keep it against him". However, she also stated that "it won't break us up, not having sex...it's not something that will keep the marriage together, not in our life. We're so used to it already." Further clarification obtained from this participant revealed that both she and her husband have come to terms with the sexual situation and were focusing their energies on more pertinent issues in their lives such as dealing with financial and transport difficulties, her cardiovascular condition, and continuing rehabilitation to further improve her level of functioning.

One participant (45 year old, common law husband) indicated that her sexual relations have continued as before the stroke, with the experience much the same as prior to the stroke. But she was concerned whether her partner still viewed her as being the same as prior to the stroke.

"When he touches me I am like any other woman ...when he wants to be intimate and so on. No I do not (have any problems with intercourse) and would rather tell him where I am hurting or so." (45 year old)

She stated however, on further probing regarding the physiological responses during intercourse, that lubrication is decreased and she no longer manages to achieve orgasm, which she attributes to the stroke as well as her "change of life" (menopause) that occurred after the stroke.

The youngest participant spoke about sexual mistrust and infidelity, stating that it is easier for a man to sleep around unobtrusively, while it is much more difficult for a woman to do so.

B.5 Relationship with husband / partner

Type of relationship

Of those who were married, they described their relationships in terms of having a good understanding, "he understands me and I understand him", being "like brother and sister" (64 year old, married) and with intimacy not really being important: "We were not affectionate ... also not always kissing...but we understand each other" (66 year old, married, Christian) and "No were not actually much in that line [intimacy], but we had conversations and so on and made jokes about this and that." (66 year old, widow)

One participant (45 year old) stated that, following the stroke, her partner took on more household tasks, while another 's partner left his job "to look after" his wife (53 year old). One of the older participants stated that she felt lonely after her husband's death and when asked what in particular she misses about him, she stated that: "When he used to come home from work I always waited that he should ask for tea. That is all that I miss about him." (66 year old widow).

Lack of support from the fathers of participants' children

Participants who were no longer living with their partners were fairly unhappy about these partners' lack of financial support or concern for their own children. This sentiment was however, contradicted by participants' belief that these fathers wanted to see or care for their children, but were kept away by other external factors such as the participants' family members.

“The income I get is too little. He wants to bring money, but [my mother] does not want him here. Now what must I do? I don’t even know where he lives.” (38 year old, single, living with her mother)

“The thing is this, he really wants to come to his child, but now my brothers, they do not want him here. They said that they would hurt him if he comes here. They said that if he comes here, then he has to bring money, because they smoke (cannabis).” (27 year old, living with her family)

Rejection

One participant stated that her partner treated her *“like a dog”* prior to the stroke because he *“probably wanted to get rid of me”*, and on the very same day that she was discharged from hospital, after fetching her and taking her home, her *“mother chucked him out of the house, put all his things into a bag and said he must take his things and leave”* (38 year old, single, living with mother). This same participant later stated that *“he left and never came back again”*. Further questioning of this participant as to what the actual reason was for him leaving, she stated that *“I don’t know, but as I now understand, they say he has another girlfriend...he called me once to our home and he said ‘...he will never marry, because he is waiting for me... until I am going to be alright one day.’ He is waiting for me to come right...then he will marry me.”*

Another participant stated that, *“When I was alright then I was everything. But when I became like this so they became tired of me. So it was said that they [boyfriend's family] can’t look after my child...and I can’t live there anymore, because they can’t look after me...So I said, ‘then I will go home, but you must just remember, you are going to support your child’”* (27 year old, young children, living with her family).

Uncertainty

One participant (45 years old) who had been living with her partner for approximately five years, and had a child from him, was concerned about the fact that he was not as yet divorced from his wife and felt uncertain as to whether he will continue staying with her in the long term. In addition, the fact that she has had a stroke made her feel even more uncertain as to how he feels about her. She stated that at times she just wants to tell him *“to go”*,

but then *“thinks again ... weeps over him, over him, when he is gone.”* Furthermore, this participant evidently took the responsibility of reminding her partner about going to see the lawyers about his divorce *“before he lands in trouble”*. In addition, this participant expressed concern for her partner's psychological well being as he had been retrenched.

Mistrust

One participant's (65 year old, Muslim) husband evidently thought that she was pretending she had a stroke in order to 'force' him into taking more responsibility or give assistance within the home setting. Another participant stated that, although she *“still loves her boyfriend”* and *“knows that he loves her very much”*, she also stated that she *“does not know what he does on the other side”* (27 year old, living with her family).

B.6 Forming new relationships

One participant, whose partner packed up and left shortly after she returned home from the hospital, stated that she *“will probably never take a man again one day”* as she *“doesn't know what that man will do to [her] one day. That is why [she is] satisfied to live with [her] children...to live alone, that [they] can be away from everyone.”* She added: *“I have been through too many things. I kept him clean and all and now he leaves me just like that, so I will never take a boyfriend again. If I again a boyfriend ... that will do the same. That is why I do not like other men to live here.”* (38 year old, living with mother)

Another participant also stated that *“at that point in time, she was no longer interested in ... will not just take a boyfriend again...he should have mos stood by me now. Especially now that it is like this now and while I am struggling so, he should have supported me ... I will not take another boyfriend, because all are the same.”* (27 year old)

One participant (66 year old, widow) stated that she *“never formed friendships with men”* and has formed very close relationships with female friends her age since her husband's death.

B.7 Contraception

Two participants spoke about the use of contraception, with the one (38 year old) having recently decided to stop and reported that her general mood state has lifted since no longer taking the injection. Her mother was taking responsibility for this aspect of her life, which was not the case prior to the stroke. The other participant stated that she was not using anything at the time, but had used contraception only once following her stroke, even though her doctor had advised her that it would be fatal for her to have any more children due to her condition. In this context, she stated that *“I have to make a plan to have myself sterilised”* (27 year old).

8.3 Discussion Group Results

Given the researcher's observation of the participant's difficulty with abstract concepts, the session unfolded by firstly asking the participants about their experience of the individual interviews, and secondly going through each of the broad themes that emerged and trying to generate some discussion around these issues. Finally, the BLRC stroke rehabilitation programme was discussed with participants and they were asked whether any new elements or additions need to be made to the existing rehabilitation programme, and at what stage within the programme. As mentioned previously, all but one of the participants managed to attend this discussion group. It was noted that some participants, particularly the older ones, spoke with ease, while it was more difficult for some to contribute without extensive external prompting from the researcher. There was however, a fair amount of mirth and laughter when connections were made with others within the group. Another aspect that is of importance to note, is the fact that these women struggled with analysing and then synthesising their experiences in relation to what could be done to address certain issues. The discussion group therefore did not yield the desired outcomes / expectations as planned.

8.3.1 Feedback on experience of the individual interview sessions

Participants stated that *“it was good to talk to someone, bringing out that which was held inside”* (64 year old, married) and that *“many times one wants to talk to someone and you don't know who you can talk to because you can't trust anybody”* (53 year old, married). Others stated that they *“felt good about it, because I do not have company at home”* (38 year old, single) and *“It was very nice”* and *“I was relieved after our talk (was going through a difficult period at the time) I hardly ever have someone to talk to”* (45 year old, common-law husband).

There appeared to be a need for participants to speak generally about themselves, their lives as well as their respective families, and particularly about any difficulties and/or problems that they were experiencing.

8.3.2 Secondary Prevention

There was also talk among participants as to their medication and measures to prevent a second stroke by taking medication regularly and having regular check ups. One participant (27 year old) stated that she was not taking any medication, although the cause of her stroke was due to high blood pressure, and most participants urged her to attend the Community Health Centre for a check up to see whether she requires any medication.

8.3.3 Financial Issues

All participants complained about the meagreness of the disability grant, which was R540, 00 per month at the time. While it was evident that some had avenues for getting extra money/help from their extended families, others just had to make do with their monthly grant/pension. Participants wanted to know where they could apply to have their rates and taxes lowered on the basis of being disabled and being in receipt of a State grant.

8.3.4 Perceptions / views on the stroke rehabilitation programme at BLRC

Participants stated that the rehabilitation programme was (had been) good and helped them to improve their physical functioning as well as levels of independence. The Occupational Therapist asked the participants what therapy meant (means) to them, breaking it down to addressing physical, psychological and social needs. Most participants felt that psychological aspects had not been addressed adequately in the rehabilitation programme. Those who attend a weekly exercise/maintenance group stated that they enjoyed the group sessions and the company of others. Upon asking whether they were of the opinion that something similar to the individual sessions conducted by the researcher needs to be brought into the rehabilitation programme, the participants were unable to give a definite answer making vague comments such as "*it is good to chat*" and "*nice to have people around you*". The Occupational Therapist was requested to give an overview of the type of groups running at the BLRC, so that the participants could establish whether they would be interested to attend any of these groups. Relevant groups mentioned were that of the maintenance group, stroke support group, activity group and

aerobics group (linked to non-communicable diseases). Four participants voiced an interest in joining the stroke support group and their details were recorded by the Occupational Therapist.

When the researcher asked the participants when would be the most appropriate time to address/talk about sexuality issues within the rehabilitation programme, most stated towards the end of the rehabilitation programme. The reason cited was the fact that it should happen after clients have completed most of their active rehabilitation, *“because then you need someone to talk to”* (53 year old). Most participants also appeared to favour a group setting as opposed to individual sessions.



9 DISCUSSION

9.1 Composition of the Sample

While the sample characteristics fulfilled the criteria for maximum variation as set out in the sampling plan, it is of note that all eight participants had coincidentally suffered a right-hemispheric stroke with resultant left-sided neurological involvement. The extent/severity of impairment and level of independence were criteria for selecting the sample, and not the site of the neurological lesion. However, it is important to review the impact this phenomenon might have had on the outcome of the results of this study. In most people, the right hemisphere has a greater capacity to process visual and spatial information, and is called the 'emotional brain' while the left hemisphere is dominant for all language functions (Grieve, 1993). Damage to the left brain therefore results in difficulty in processing information (verbal and auditory, receiving and expressing) and to the right brain results in visuo-spatial impairment and indifference (Trombly, 1989). Although not formally assessed, none of the participants presented with gross visuo-perceptual deficits, while all participants were able to communicate without any difficulties and relay information from their own perspectives. Cognisance has to be taken of the fact that a person with a right-sided stroke lesion (left-sided neurological involvement) could present with indifference, lack of self-awareness and denial of disability (Grieve, 1993; Trombly, 1989). However, a study by Buzelli *et al* (1997) found that the site of the neurological lesion did not account for sexual decline following stroke.

9.2 The Nature of the Interviewing Session

All participants spoke with candour, with at least four participants being extremely tearful almost throughout the entire interview session. It would appear that the interview sessions provided these women with an avenue to vent feelings of sadness, fear, anger, frustration and despair. It appears that psychological issues have been addressed minimally or not at all during the rehabilitation programme, as most participants have already completed active rehabilitation. During the discussion group the latter was confirmed when participants voiced the opinion that psychological issues had not been addressed adequately within their respective rehabilitation programmes.

9.3 The Concept of Sexuality

The participants had difficulty explicating what sexuality means, and this could most likely be linked to their perceptions of their role as women and the influence of religion, as well as the fact that most of them have had limited schooling. Without exception, all participants indicated that the role of a woman is predominantly seen as taking care of the household, bearing children and caring for her family. According to Cousins (1996), in South Africa, women are generally responsible for "caring for and about others", including looking after others' feelings, as South African society is considered to be very patriarchal and discriminatory with the social role of women largely defined through "motherhood and homemaking" (INDS, 1997). The outward focus of their roles in serving others thus detracts from focusing upon themselves, who they are and what they think and feel about themselves, of which sexuality and expression of sexuality forms part. Lonsdale (1990) states that expression of sexuality is an integral part of self-image and an important means of creating self worth. Sexuality is therefore a form of personal expression that starts at birth and continues throughout life, and involves physical, emotional, social and intellectual aspects of one's being (Fine and Alter, 1996).

All participants indicated that religion plays an important role in their lives, both of the Christian and Muslim faith. The researcher is of the opinion that the role of religion is an important factor in understanding the participants' feelings and expressions of sexuality or rather lack thereof. Meintjies and Marks (1996) state that we are faced with the fact that all major religions (within South Africa) postulate that women's primary role is that of wife and mother. Meintjies and Marks (1996) have come to the conclusion that most religions define women's sexuality as "disruptive and dangerous", and for this reason, women's sexuality has to be contained by specific rituals and rules resulting in great conflict and guilt about experiencing sexual pleasure or using contraception. Furthermore, the religious message that women's roles are confined to those of caring and nurturing has in fact left many women with feelings of guilt and responsibility towards others, rather than responsibility for themselves. Thus, the psychosocial and religious influences on the perception of the role of women appear to have impacted on these participants' view of themselves as having to serve and care for others with minimal consideration for their own personal needs.

9.4 Self worth and self esteem

As mentioned above, religion has a great impact on how women view themselves within society (Meintjies & Marks, 1996), and the fact that of the participants believed that their strokes were a punishment or admonishment from God, further exacerbating feelings of guilt and low self worth. In addition, Cousins (1996) states that women's experience of low social status feeds back into feelings of powerlessness and low self-esteem. The researcher is therefore suggesting that most of these participants already had a low perception of themselves as women prior to the stroke, and the stroke has in most instances exacerbated those feelings of low self worth. The participants who presented with pronounced physical impairment as a result of the stroke, along with a significant loss of independence and control over their lives, clearly displayed evidence of low of self worth, characterised by feelings of worthlessness and being a burden to caregivers. Frye-Pierson and Toole (1987) state that role change after stroke could lead to sexual problems particularly as the person with disability feels a burden and loss of control over her/his life. One participant's husband stated that he "*would not feel right to have sex with half a woman*" and the participant replied that she "*won't keep it against him*" if he feels that way. Her response appears to stem from the fact that this participant was of the opinion that not having sex would not lead to the breaking up of their marriage, as it was built on more than just sex. Nevertheless, the researcher is of the opinion that, given this participant's verbalisation of feeling a burden and worthless, she in all likelihood has experienced a marked decrease in her self-esteem following the stroke.

The study by Nosek *et al* (1997) established that self-esteem in women with physical disabilities is more strongly influenced by social and environmental factors than by the fact of having a disability and/or impairment. It was therefore not surprising that these participants, apart from one, were generally not perturbed about their body – or self-image as much as they were about their decreased functional ability. This is viewed in the light of the embodiment of the women's role as a functional one (as carer and nurturer), and therefore loss of functional independence seems to take precedence over physical appearance. However, the body image factor could also be attributed to the fact that right-sided lesion stroke clients tend to demonstrate indifference with a loss of self-awareness (Grieve, 1993). The youngest participant indicated however, that she no longer feels as physically attractive as before the stroke, stating that she feels "*oldish*", implying that old age is likened to unattractiveness.

9.5 Sexual Desire and Sexual Intimacy

All the older participants reported experiencing a “dead” feeling in respect of sexual desire prior to the stroke with a possibility of exacerbation of this lack of sexual desire following the stroke. This loss or lack of sexual desire ties in strongly with the fact that these women also had a common perception that old age signifies an end to sexual intimacy. It was difficult to determine however, whether the reasons for these changes were physiological (due to the ageing process and/or stroke), by personal choice, socio-culturally learned or a combination of all these factors. Aloni *et al* (1994) concluded in their study of female sexuality following stroke that “desire” had an independent mechanism not related to other parameters of sexual functioning or neurological findings while other studies (Morris, 1989; Finger, 1993; Buzelli *et al*, 1997) have shown that factors prior to disability tend to have a greater influence on sexual desire and activity than the disability itself. While it has been documented that a decline in sexual desire and activity is evident following stroke (Zasler, 1991; Buzelli *et al*, 1997), Finger (1993) and Buzelli *et al* (1997) have found that psychosocial issues rather than medical factors account for the disruption of sexual functioning in stroke survivors. Morris also states that the effect of disability on sexual relationships depends largely on circumstances prior to the disability. It has been documented that in many societies older women are not expected to be interested in sex (Beake, Zimbisi and Stevens, 1996), particularly when they have undergone menopause. Most of the older participants have in fact implied that they were “*too old*” for sexual intimacy and that it was left up to younger people to lead “*that type of life*”. Other factors that influenced sexual intimacy were related to the type and quality of relationship held with husband, impotence of husband, alcohol abuse by husband and fear of HIV/AIDS. The researcher would like to indicate that it was two older participants who are no longer sexually active who voiced concern around the issue of HIV/AIDS, while it was not mentioned by any of the younger participants. While attitudes towards sexual intercourse and the experience of sexual pleasure were not explored at length, one of the older participants indicated that she has never “*really liked this sex business*” and regards the act of sexual intercourse as “*sordid and indecent*”. Although this participant could not explain this opinion on further questioning, it is of note that she has had a staunch Christian upbringing, and as mentioned earlier, most religions view women’s sexuality in a negative light (Meintjies & Marks, 1996).

There were however some participants, who reported a decline in sexual desire as a consequence of the stroke. More specifically, this appeared to be due to superficial loss of sensation, lowered self-esteem and directing

energies toward other facets of life in respect of coping. Zasler (1991) indicates that it has been proven that decreased libido is likely following a stroke, while Aloni et al (1994) found that a decline in desire following a stroke was associated with superficial sensation disorders. Buzelli *et al's* study of sexual life following a stroke (1997) also revealed a sexual decline as a consequence after suffering a stroke, while a lowered self esteem due to loss of independence could also lead to a lowered libido (Frye-Pierson and Toole, 1987). One participant, whose sexual relations have continued as before the stroke, reported an inability to achieve orgasm and decreased lubrication, ascribing the latter to be as a result of her stroke as well as “*change of life*”. This is in accordance with what Garden (1991) found to be the common clinical sexual changes following stroke, which include decreased vaginal lubrication and ability to achieve orgasm, while vaginal dryness is also one of the (less common) features of menopause (Beake *et al*, 1996). Another concern of this participant was not knowing how her partner feels about the fact that she had a stroke and how that influences his feelings towards her, signalling a difficulty with open communication, which appears to have been present even prior to the stroke.

Only one participant stated that she and her husband did not engage in sexual intercourse because of fear of relapse, as noted by Buzelli *et al* (1997) and Zasler (1991). This participant and her husband have reportedly come to terms with their sexual situation and were focusing their energies on dealing with her cardiovascular illness, attempting to improve her level of functioning and coping with financial and transport difficulties. Results of a study by Whipple *et al* (1996) on women's sexuality following spinal cord injury revealed a similar phenomenon where sexual interest was in fact “shelved” with energies focused on maintaining/regaining salient physiological functions such as mobility. The youngest participant reported that there has been no decline in her sexual desire or ability to experience sexual pleasure. Her primary concern was however, regarding sexual mistrust, as she believes that it is easier for a man to be sexually unfaithful than for a woman.

9.6 Contraception

While one participant (38 year old) indicated a recent decision to cease taking any form of contraception, another participant stated that she was at risk of a second stroke or losing the baby should she become pregnant again, and has to make “*a plan to have herself sterilised*” (27 year old). The latter participant was not using any contraception at the time of the interview. While this participant has a responsibility to adhere to precautions /

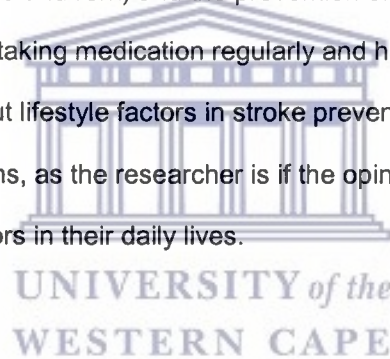
measures in respect of her medical condition, it is not known what reproductive health services are available at the Bishop Lavis Community Health Centre / Family Planning Clinic for women with physical disabilities. Women with disabilities who were interviewed by Fine and Asch (1988) spoke angrily about the lack of adequate counselling on birth control, pregnancy and childbirth, and during a study by Whipple *et al* (1996) participants reported that sexual education received from health care professionals was of a poor quality. Another area of concern, although not explored at all during this study, is the issue of having PAP smears performed on a routine basis, especially for the older participants.

9.7 Forming new intimate relationships

There was a reluctance on the part of those who were single to form new intimate relationships and this was as a result of their previous partners' lack of support or desertion following the stroke, as well as the nature of the relationships with these partners prior to the stroke. One participant's partner had evidently "*treated her like a dog*" (38 year old, living with mother) prior to the stroke, reportedly because he "*wanted to get rid of [her]*". It appears that she suffered a degree of emotional abuse associated with humiliating gestures by her partner, and yet she did not ask him to leave at the time. Motsei, Moore and Goosen (1996) state that emotional abuse leads to a diminished self worth and independence, and could result in an inability to fight back due to poor self-esteem. This particular participant stated that she desired to be independent and live on her own with her children, but lacked the resources, support system and functional ability as a result of the stroke to be able to do this. One participant (66 year old, widow) stated that she had never been interested in other men apart from her husband and therefore was not interested in forming new relationships with men. She indicated that she missed her husband, and upon asking what it was that she specifically missed, she stated that it was his arrival at home from work and then asking for tea, "*that's all*". From the information relayed by this participant, it would appear that her life virtually revolved around caring for her husband and the household. As a housewife, this woman's self esteem was reinforced by appreciation for her duties as a wife and homemaker (Cousins, 1996). Following her husband's death, however, this woman has discovered her own sense of independence and contentment, having made many new (female) friends, being financially independent and plotting her own course in life.

9.8 Group Discussion

Most participants appeared to favour a group setting to discuss issues of sexuality, as opposed to individual sessions. However, as the participants presented with different backgrounds, life experiences, degree of impairment following the stroke, coping mechanisms, etc. it would appear that a group setting is possibly not the most feasible option when trying to address sexuality and related issues. The participants responded positively to their experience of the individual interview sessions, and it appears that there was a general need to talk about themselves, their families and any difficulties/problems they were experiencing. Most participants felt that issues related to sexuality need to be addressed towards the end of the rehabilitation programme, and this can be understood in view of energies being directed towards regaining independence initially within the programme (Whipple *et al*, 1996). Other issues that emerged from the discussion group were accessing information on financial issues (such as rate and taxes rebates and rent) and the prevention of a second stroke (health promotion). While participants were aware of taking medication regularly and having regular medical check ups, they appeared to have limited knowledge about lifestyle factors in stroke prevention. Of particular importance is the impact of stressful life events and conditions, as the researcher is of the opinion that most of the participants have to contend with constant extreme stressors in their daily lives.



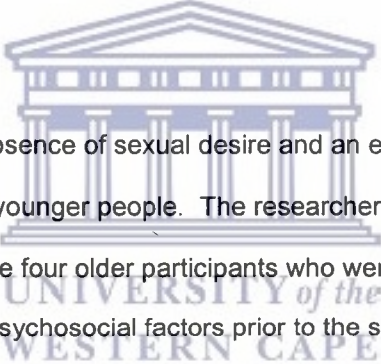
10 LIMITATIONS OF THE STUDY

In respect of the data collection method of using the interview guide approach, Patton (1990) has stated that the weaknesses of this approach includes the fact that salient aspects of the phenomenon may be inadvertently omitted and interviewer flexibility in wording and sequencing questions could result in different responses from different perspectives. In respect of the former, it became evident during the analysis phase that certain aspects could possibly have been explored further, such as 1) factors that influence individual perceptions and feelings about sexual intercourse and sexual pleasure, 2) how long after suffering the stroke did participants first recommence with sexual intercourse, 3) partners' specific reactions / behaviour when participants suffered the stroke, 4) when did sexual intimacy become an issue following the stroke, and 5) the role of HIV/AIDS and other sexually transmitted diseases. The researcher is of the opinion however, that these aspects do not discredit the final outcomes of this study, but are salient aspects that could be explored in order to further improve the understanding of sexuality issues of women with physical disabilities attending the BLRC.

One possible limitation in respect of interviewer flexibility in wording and sequencing questions, may be the fact that with some interviews the researcher commenced the interview by posing the question of *understanding of sexuality* and in other cases *views on the role a woman* (see transcripts in **Appendix C**). It is of note that the interviews that commenced with general female issues appeared to immediately put the participants at ease with the discussion seemingly taking a natural flow, while anxious reactions were noted when the first question posed was about the participant's understanding of *sexuality*.

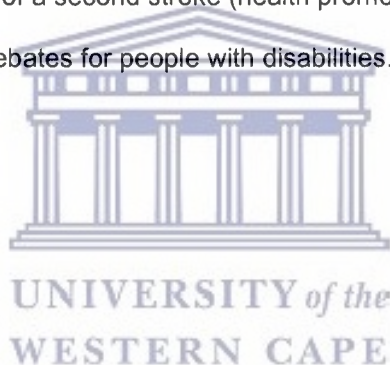
11 CONCLUSION

The results of this study have revealed that, because the participants perceived their roles as women primarily as that of caring for and taking responsibility for others, with little consideration for themselves, they invariably do not regard themselves as sexual beings or give expression to their own sexuality. Religious stereotyping and the patriarchal nature of society have been identified as possible reasons for this occurrence. It is apparent that participants presented with low self worth prior to suffering their strokes, and in most instances these feelings of low self worth have been exacerbated following the stroke. The greater the loss of functional independence, life roles and control, the greater the feelings of worthlessness. Body and self image were not regarded as important issues of concern, given the perception of the life roles of women that are focused around functioning as a carer and nurturer, loss of functional ability and independence were more significant to the participants than changes in physical appearance.



Growing older was associated with a decline/absence of sexual desire and an end to sexual intimacy with the notion that sexual intercourse is "reserved" for younger people. The researcher is of the opinion that the decline in sexual desire (and intimacy) in the case of the four older participants who were all over 60 years of age, is most likely a combination of both physiological and psychosocial factors prior to the stroke. Other participants indicated a decline in sexual desire following stroke associated with superficial sensation loss, decreased self-esteem and directing energies towards other facets of life in respect of coping. While only one participant indicated that she and her partner were not engaging in sexual intercourse due to fear of relapse, of those engaged in sexual intimacy, one experienced no physiological changes and another decreased vaginal lubrication and an inability to achieve orgasm. A lack of open communication in respect of partners' feelings and perceptions of participants following the stroke was also reported. The reluctance of those without partners to form new intimate relationships was closely associated with the negative experience of relationships prior to the stroke, as well as partners' lack of emotional and financial support following the stroke. Attitudes towards sexual intimacy and the experience of sexual pleasure, as well as the issue of HIV/AIDS and its influence on sexuality were not explored sufficiently. In respect of reproductive health, it is unclear whether facilities for adequate counselling on contraception and other reproductive health issues is available at the Bishop Lavis Community Health Centre / Family Planning Clinic.

In conclusion, the participants' perceptions of personal sexuality and coping with changes in sexuality following stroke were largely influenced by factors prior to the stroke. These factors include life experiences, physiological changes, psychosocial influences and coping mechanisms prior to the stroke. The degree of physical impairment and changed life circumstances following stroke have however, also influenced perceptions of sexuality. In conclusion therefore, the participants' perceptions of sexuality following stroke were mostly influenced by life circumstances prior to the stroke, while environmental and physical factors following the stroke have influenced these perceptions to some degree. Programmes aimed at addressing sexuality issues of women with physical disabilities following stroke therefore have to be designed and tailored according to individual client needs. In addition, it appeared that the psychosocial component of the stroke rehabilitation programme at the BLRC was not adequately addressed and required a critical review. Other issues that emerged from this study that need to be addressed by the BLRC are the prevention of a second stroke (health promotion) and assisting people with disabilities to access information on financial rebates for people with disabilities.



12 RECOMMENDATIONS

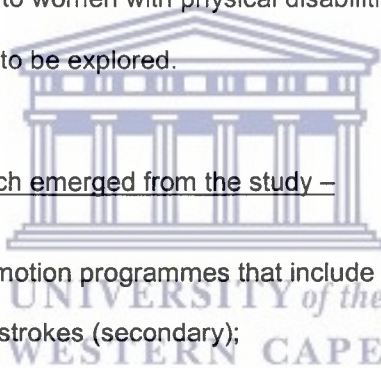
- As strategies aimed at addressing sexuality issues need to be uniquely tailored according to individual needs, all factors pertaining to sexuality emerging from this study need to be taken into consideration by the staff at the BLRC when planning to address these issues.

- The treatment of psychosocial aspects within the existing stroke rehabilitation programme at the BLRC needs to be reviewed in order to determine ways to improve the manner in which psychosocial needs of clients are addressed.

- The reproductive health services available to women with physical disabilities at the Bishop Lavis Community Health Centre / Family Planning Clinic need to be explored.

- Issues not directly related to sexuality, which emerged from the study –
 - The need for development of health promotion programmes that include education on stroke prevention (primary) and prevention of subsequent strokes (secondary);

 - The need for accessing information on financial issues such as rebates for people with disabilities in respect of rates, rent, etc.



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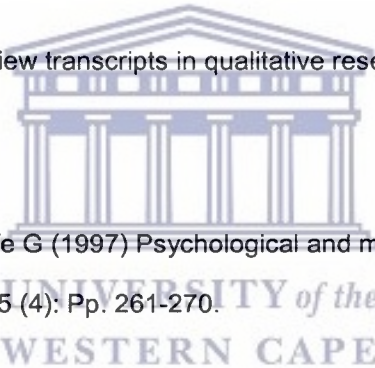
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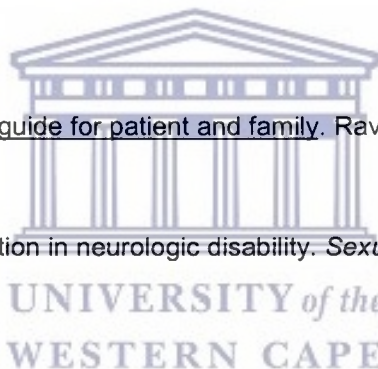
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14 ACKNOWLEDGEMENTS

- This study is dedicated to the women with disabilities who participated in this study. The researcher is of the opinion that these women displayed amazing courage, strength and perseverance under dire and extremely difficult circumstances related to their socio-economic situations, life roles and events within their lives, as well as having suffered a stroke.
- My thanks and appreciation to the staff at the Bishop Lavis Rehabilitation Centre for affording me the opportunity to embark on this project with them. Thank you to Occupational Therapists, Alison Esbach and Shabira Parker, as well as Lynne Watson, Physiotherapist.
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- Thanks to Heidi Ismail for transcribing the tape-recorded interviews, and to Mark Oosthuizen for use of his mini-cassette recorder.
- Heartfelt thanks to my husband, Peter Skei, who provided a constant, never-ending source of emotional and moral support, as well as technical support where required.
- Thank you to God for giving meaning to existence, and who expects us to serve each other as best we can.



APPENDIX A

- **Interview Guide**

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INTERVIEW GUIDE

What do you understand by “sexuality”?

Wat, volgens u, beteken seksualiteit/vroumens wees?

How do you feel about your own sexuality?

Hoe voel u omtrent u eie seksualiteit/vroumens wees?

Has your feelings/perceptions about your own sexuality changed after your disability?

Het u gevoelens omtrent u eie seksualiteit verander na die stroke?

Why do you feel this way about your sexuality?

Hoekom voel u so omtrent u seksualiteit/vroumens wees?



What is your life like present and how do feel about yourself? Has it changed in any way following the stroke?

Wat is u lewenswyse op die oomblik en hoe voel u omtrent uself? Het dit enigsens verander na die stroke?

What are your feelings about having children/being a mother? Has this changed following your stroke?

Hoe voel u omtrent ma wees/kinders he? Het dit verander na die stroke?

APPENDIX A

How do you feel about your body? Has it changed in any way following the stroke?

Hoe voel u omtrent u liggaam? Het dit verander na die stroke?

Tell me about your relationship with your husband/partner. Has it changed in any way following the stroke?

Vertel my van u verhouding met u man/metgesel. Het dit enigsens verander na die stroke?

Tell me about your upbringing. How did this influence your views about yourself and sexuality?

Vertel my van hoe jy opgegroeï het. Hoe het dit jou gevoelens en sienswyse omtrent seksualiteit beïnvloed?

How do you feel about and experience physical intimacy and sexual intercourse? Has your experience changed following the stroke?

Hoe voel u omtrent fisiese toenadering en seks? Het dit verander na die stroke?

What are the issues, if any, that we have discussed in this session that would like the Bishop Lavis rehabilitation centre to help address?

Watter aspekte van wat ons oor gesels het, indien daar eniges is, sou u graag wou hê die Bishop Lavis sentrum moet help aanspreek?

APPENDIX B

- Discussion Group

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APPENDIX B

DISCUSSION GROUP on 27/09/00 – PARTICIPANTS OF STUDY

Purpose of Discussion Group:

- To reflect on the interview process, viz. How did participants experience the interview sessions, what they felt like during the sessions and whether it was of value to engage in such discussion.
- To determine whether issues that emerged from the study can be or need to be addressed in the rehabilitation programme, and if so, how and what the best practical manner would be to address these issues

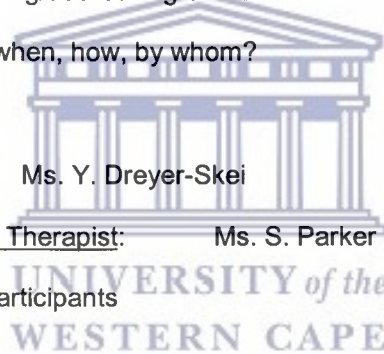
Expected Outcomes:

- Suggestions/ideas for tackling/addressing of the issues that emerged
- Suggestions in respect of when, how, by whom?

Discussion Facilitator/Researcher: Ms. Y. Dreyer-Skei

Discussion Co-Facilitator/Occupational Therapist: Ms. S. Parker

Participants who attended: 7 of the 8 participants



Broad themes emerging from the data set presented to participants

- Role of woman centres around home, children and taking responsibility for all that goes with this
- Loss of independence, autonomy – various levels of dependence on others
- Reasons for stroke (religion, pressures)
- Role of religion and relationships with God
- Acceptance “tevredenheid” of situation
- No sexual relations due to “dead feeling” because of old age, previous disappointments, fear of second stroke
- Lack of openness in discussing issues with partners pertaining to the stroke, particularly intimacy, body image and feelings



APPENDIX C

- **Full transcripts of interviews conducted**

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TRANSCRIPT OF INTERVIEW WITH PARTICIPANT NO. 1

RESEARCHER: -----, wat beteken vroumens wees vir jou?

PARTICIPANT 1: Dit is om na die huis te kyk en om kinnars te het en so aan .

R: U praat nou van kinders het ne? het u enige kinders?

P1: Ja, ... Ek het een van myself en een aangeneem.

R: Hoe voel u oor ma-wees?

P1: Ek voel nou nie lekker oor die sakie, van ek kannie vir hulle lekker hanteer nie.

R: Hoe bedoel u nie hanteer nie?

P1: Soos ek hulle eerste hanteer het nie. Vir hulle was en so aan...en saam hulle bietjie rondloop en uitgaan nie.

R: So hoe het dit alles verander nadat u 'n stroke gehad het?

[Pause]

P1: Alles,....sommers alleste raak vir my,ek het nie lekker nie

R: U't wat nie lekker nie

P1: Ek lewe nie lekker nie.

R: Lewe nie lekker nie?

P1:[nods]

R: Ok. Se vir my hoe is u lewe nou nadat u die stroke gehad het?

P1: 'k lewe baie annerste nou. Issie soos dit eers gewees het nie. Van, hoe kan ek nou se,... almal is nou amper so teen my. Ek hettie iemand om mee te geselsie of misien, of vir my te kan helpie , of so nie...behalwe my ma nou. [tearful] Ek word sommers so rond en bond gestoot. [crying while talking] Ek kannie myself defend nie, nou...ek het n broer by die huis, wat baie ombeskof is...

R: U't 'n wie by die huis?

P1 : n broer...

R: n Broer?

P1 : Hy stoot my innie rondte en hy skel my ma . Hy vloek lelik en alles daai en ek kan dittie hou nie.

R: Was hy altyd so voor die stroke ook? Hmm uh [shakes her head]

R: So watter rol speel, speel jy nou by die huis? Wat doen jy by die huis?

P1: Sit maar daar innie kamer en luister musiek... offie TV aan en so aan . Ek oefen 'n bietjie. Kinnars uit die skool uit kom , da oefen ons, eet ons klaar , oefen ons klaar en dan loep ons innie rondte of so.

R: Hoe het dit verander van hoe jou lewe was voor die stroke? Vertel my bietjie van hoe jou lewe was voor die stroke.

P1: My lewe voorie stroke, het ek baie vrinne gehad. Baie het opgesien vir my. Ek het vir hulle omgee ... so aan,... maar nou 's ek so , nou't ek niemand om my nie.

[Pause]

R: Hoe voel u oor u liggaam op die oomblik?

P1: Ek voelie lekkerie, want ek kannie doen wat ek wil doenie.

R: Wat is dit wat jy nie kan doenie?

P1: Masjienwerk doen en huiswerk doen en so aan.

R: Hoe het jy gevoel oor jou liggamm voordat jy die stroke gehad het?

P1: Ek het gevoel soos 'n mens, want ek kan alles gedoen het. 'k het my ma gehelp daar waar ek kan en so aan. Nou moet sy alles doen.

[Pause]

R: Jy's nie getroud nie ne? Het jy 'n boyfriend?

P1: Nee

R: Het jy n boyfriend voor die stroke gehad ?

P1: Ja

R: Vertel my so bietjie van wat gebeur het.

P1: Kind se pa...Toe ek mos innie hospitaal gele het ne?,...

R: Toe jy in die hospitaal gele het?

P1: Ja. Toe het hy my kom haal by die hospitaal ... en toe ek by die huis kom, hoe kan ek se, almal't gese ons het saam gelewe ne?, toe het my ma vir hom uitgesit, sy goed in sakke in gesit en gese, hy moet die goed vat en dan moet hy gaan. Toe se ek vir hom " Nou as

dit so is en dan moet jy maar gaan” ...en toe’s hy weg en hy’t nooit weer gekommie . Hy’s net eenkeer weg. Hy worry nie eers met die kinnerse, niks.

R: Hoe laat dit vir jou voel?

[Pause]

P1: Ek voel baie sleg daaroor, ...maar ek kan niks doen daaromtrent, want my ma... Dis mos nou nie my huisie, dis my ma se huis.[pause] Ek het gedink dis beter as ek miskien , ...as hy miskien vir my kan help miskien met.blyplek vir ek en my kinner, dat ons aaiders op onse own is, van ek kannit nie meer hou in die huisie.

R: As ek mooi verstaan het julle, het julle by ...voor die stroke by jou ma gebly?...en na die stroke het jou ma vir hom gese, hy moet sy goed vat en loop?

P1: Ja, ...hulle’t gestry...en toe ... point my ma in sy gesig en toe wil hy my ma klap. ...Toe se my ma, hy moet sy goed vat en dan moet hy gaan. Toe gaan hy en nou,...hy support nie eens die kindtie. Die, die geld wat ek ma kry, da moen ek nog kind support en alles.

R: Hoe laat dit alles vir u voel omtrent...verhoudings, of verhoudings aanknoop, met ander manskens?

P1: Sal seker nooit weer eendag ‘n man vattie.

R: Kan u dit net gou-gou weer herhaal asseblief?

P1: Ek sal seker nooit weer eendag ‘n man in my lewe kan kry nie....Nie kry nie, ... ek willie ‘n man, sallie weer n man in my lewe kan vattie .Sal aaiders los, maar nie n man weer in my lewe nie.

[Pause]

R: Hoekom voel jy so?

P1:Van ek weetie wat daai man eendag aan my ook gaan doen nie. Daarvoor, ...ek is nou tevrede om saam my kinner eendag te bly,...alleen te bly, dat ons weg van almal is. [tearful] Want dit lyk, my ma raak ook nou al nou al moeg vir ons .

R: Se gou weer?

P1: My ma raak moeg vir ons...

R: Sy moeg vir julle?

P1: Sy raak m ... moeg vir ons.

R: O, sy raak moeg vir julle.

[Pause]

R: Ek wil net weer mooi verstaan, hoekom se jy jy sal nooit weer n man...in jou lewe wil he nie?

P1: Omdat ek ongelukkig daarmee is, vir my kinnners...Ek soek eerder blyplek vir ons, dis al. Dat ons kan in ons plek kan bly van almal af.

R: Se jy 'n blyplek?

P1: Vir ek en my kinnners...Van my broer is te ombeskof ...en ek kannit nie hou meer nie.

[Pause]

R: Vertel my bietjie van hoe jy grootgeword het.

P1:Ek het bietjie swaar grootgeword...Want, ...my pa't gewerk hier in, hoe's die plek se naam nou weer?, in ... Soutrivier. Nou elke Vrydag dan moet ek onse geld gaan haal , ... supportgeld gaan haal. As ek huistoe kom en ek hettie geld nie, dan slaan my ma vir my of sy laat ek buitekant slaap. Dan't my ouma, my ouma't nog gelewe daai tyd, dan se my ouma, " Wag, gaan le daar. Nou more-oggend , dan staan jy vroeg op , dan kom le jy agter agter my rug. So't ek maar swaar deur aangegaan en aangegaan. Is amper so te se , my ma het amper niks van my gehou nie,...so.

R: Hoe het dit vit jou laat voel?

P1: Dit het my baie seer laat voel , want[cries softly] hoekom moet ek dan al die vuilwerk doen?...en hulle twee sit nou net lekker. Hulle lewe lekker en as ek elke keer pakkry en al daai klomp dinge. ...Toe't ek vir n tyd by my auntie gaan bly. Ek het my werk en so gekry...en toe daarvan af , toe se sy ek moet huistoe kom, want toe weet sy mos nou ek werk ...se ek moet huistoe kom. Toe gaan ek huistoe, toe werk ek . My paypakkie . toe, elke week vir haar gebring . Vanhoekom, sy't gedrink. Sy't geweldig gedrink...en ek moet al die dinge so deurbring. In die aande , by die huis kom , moet ek nog kos maak en huis skoonmaak , wasgoed was , so, so aan [pause] Tot ek eendag besef het. Hy wil toe saam my getrou het, maar toe wil sy nie he ek moet saam met hom trou nie. Toe los ek maar alles af. Toe gaan ek na my anner auntie toe gaan ek toe daar weg, toe gaan bly ek daar...en hulle het vir my gesorg. Ek het maar gwerk en gwerk hier vir die huis. 'k't gee my geld af. So. is amper so, ek was net goed vir my ,...my geld gewees,maar...sy wassie meer lief ...sy wassie lief vir my nie en so, tot nou toe. [crying, very difficult to hear what is being said]... Wanneer hulle uitgaan, dan le ek maar in die kamer, so alleen in die kooi...niemand om my nie ... ek ...as aan met wat ek wil he en wat ek moet doen...Gelukkig , is daam hier oorkant my, dan kom die ander meisie dan vra sy my wil ek pap he, is ek honger, ...of wat wil ek he...dan help sy vir my wat ek wil he, tot nou toe. Ek kannie meer die lewe vattie...en nou wat ek so le , nou se hulle , ja , ...nou se my ma, nou se my ma, ja, hy't my getoor dat ek so isNou, my antie gese, gisteraand gebel ...en toe se sy, sy gaan my kom haal , twaalfuur ...maar nou se sy [her mother] ek kannie ganie, want ek moet hier wees, in die hospitaal en al die klomp dinge, maar sy se, is mos nie vir lank nie. Sy gaan my net so bietjie daar hou, laat ek n bietjie kan ...afkom , maar nou weet ek mos nie wat gaan hulle nou makie... of ek nou gaan , of wattie.

R: So hoe voel jy oor besluite?. Jy praat nou van besluite wat jy self wil maak, soos na jou auntie toe gaan . Voel jy jy kan nog self besluite maak vir jouself?

P1: Ja, ek sal se, ek kan gaan, maar ek wil eerste vir julle vra , of ek kan gaan. Ek wil nou nie uit my eie uit gaan nie. Verstaan nou?...Ek wil eerste vir julle vra, of ek kan nou kan gaan , vir 'n maand of so. Kan ek maar daar gaan bly, kom ek nou weer t'rugWant dit lyk vir amper, sy, hoe kan ek nou se?...sy wil my nie meer hier he nie en as ek gepay het, sy sal nie eens vir my se,” Hier's jou geld.Gebruik die geld en vat die geld en sit dit in jou kas nie” Ek kry nie eens n sent van my eie geld nie. Is mos nou nie mooi nie...en as die kinnners wil geld he, dan se sy ,”Gaan, ek hettie geld nie”, verskree sy vir hulle...Sit ons maar daar innie kamer, sit en huil, ek en die kinnners.

R: En hoe laat al hierdie goed vir jou self voel?

P1: Dit laat my baie hartseer voel...

R: Se gou weer?

P1: Dit laat my baie hartseer voel [Pause]...Annerdag kon hulle my vra toe'k vir hulle kon g'gee het. Vra my ma oek . Ek het alles 'k het betaal. Die lig, rent en alles....nou vandag werk hulle so met my.

R: Ons het netnou gepraat oor jou liggaam. Hoe voel u omtrent u liggaam teenoor ander mense?

P1: Ek voel baie hartseer, want ek kan mos nou niks doen wat ek wil doen nie. Ek kan net opstaan en sit en le en bietjieie oefening doen en so aan .

R: Hoe voel u omtrent fisiese toenadering met mense?

P1:.....Nee, wanneer ek nou mensae om my het, dan voel ek nou n bietjie oraait, maar [starts crying] ...as hulle net so wegraak, dan voel ek net so.... dan voel so alleen[cries while speaking]...

R: Dan voel u weer?

P1: ...Alleen...

R: Alleen?

P1: [nods]

R: Hmm...

[pause, cries silently]

R: Hoekom dink jy is u boyfriend weg?

P1: Ek sallie weetie...ek sallie weetie , rerig warie, maar soos ek nou verstaan , se hulle ja, hy het n anner meisie, maar ...hy't my eenkeer gephone daar na onse huis toe, toe sit my ma die phone in sy gesig in neer, toe phone hy weer toe se hy "Ja ...hy hoor so baie stories dat hy getroud is en alle klomp dinge, maar hy sal nooit trou nie, want hy wag vir my... tot ek reg is eendag, maar ek dinkie ek sal weer man vattie .

R: As ek mooi verstaan, hy't gebel om te se hy gaan nie trou nie , hy wag vir?...

P1: Hy wag vir my om reg te word

R: Hmm... Hoe verstaan u dit? Wat bedoel hy daarmee?

P1: Kan maar so se, hy wag tot...tot wanneer ek n bietjie reg is, dan gaat hy nog met my trou en dan gaat ...maar ek dink nie ek sal weer vir hom...Hom trou nie.

R: Dink u hy wag dat jy heeltemaal reg is? Hy sal nie so met jou trou nie, of hoe?

P1: Ja , hy wag tot ek mos weer heeltemaal reg is...maar, ek sal nooit een dag meer met hom trou nie.

R: Hoekom voel u so sterk oor die feit dat u nooit weer sal trou of n boyfriend wil he nie?

P1: Ek het te veel dinge deurgegaan al...tot nou toe ...ek kan nooit eendag weer

R: Jy se jy't te veel ? , dinge? ..deur...gemaak? wat se dinge is hierdie?

P1: Soos ek nou hier is het ek nou....

R: Ekskuus?

P1: Ek se, soos ek nou hier lyk, het ek te veel dinge deurgemaak. Ek het hom skoongehou en alles en nou los hy my net so, so ek sal nooit weer boyfriend vattie. As ek nou weer boyfriend, gaat daai ene dieselfde doen. Daarvoor hou ek nie van ander mans hier te bly nie.

R: U se u het al baie bingede deurgegaan en soos u nou lyk...Vertel my bietjie meer daarvan

P1: Ek het vir hom te veel gedoen ...en nou ...sal ek nou moet , nou wat ek so lyk traai hy nie eens om sy eie kind te kom kyk nie ... of kom te vra hoe gaanit nou moet hulle nie. Hy weet nie eens die kinnars was tweekeer omgestamp al hierso met die kar nie [crying loudly]...toe wat hy....kom se die kar het hom omgestamp...hy't van die kant af gekom...gestap, toe stamp die kar hom om en toe weer n taxi...

R: In die pad het n kar hom omgestamp en toe weer n taxi? Hoe oud is u seun?

P1: ----- [Pause]

R: U't gese u boyfriend het u kom haal by die hospitaal? Voordat hy weg is, was u intiem met hom gewees?

P1: Nee, ...Hoe meen u nou?

R: Het u ooit omgang gehad of sex?

P1: Nee, nie so nie.

R: Hoe voel u omtrent ...sex of omgang?

P1: Nee,...ek voel tog , ek voelie meer daarvoor nie.

R: U voel nie meer daarvoor nie? Hoekom nie?

P1: Kyk, ek gebruik mos inspuiting mos nou...

R: Hmm...

P1: ...nou dit lyk amper als stoot binne in my. Ek voel niks onderlangs nie.

R: Ja. So u is op die inspuiting en u se u kan niks voel onder nie? Praat u nou van plesier voel?

P1: Ek praat van,... ek... kry nie lus vir... seks of so nie.

R: Hmm...Het dit nou verander na die stroke?[pause] Hoe was dit voor die stroke?

P1: Nee, voor die stroke was dit oraait. Soos nou gewone mens wat omset het met n boyfriend, maar nou is dit als, is nou amper so , alles is dood binne in.

R: As u praat van alles is dood, is dit net die gevoel, die physical gevoel of praat u van binne in u?

P1: Binne in my. Hoe kan ek nou se...binne in my hele liggaam , alles is dood, dood, ...maar nou nie heeltemal , net in die een kant hoor .

R: O...[pause]

P1: Ek het vir my ma gese, ek wil die inspuiting los, toe het my ma gese , sy gaan nou vir hulle gaan se. Toe't sy vir hulle gaan se , maar nou, van gister af, nou voel ek weer, hoe kan ek nou se, amper soos lewe in my in , so, nou wat ek die inspuiting gelos het.

R: Is dit? Wanneer laas het jy n inspuiting gehad?

P1: Twee maande t'rug.

R: En hoe gereeld het jy dit voorheen gehad?

P1: Tweekeer. Hoe sal ek nou se?, ...elke tweede maand.

R: En u't nou self besluit om op te hou om die inspuiting te neem?

P1: Ja...

R: En se gou weer vir ons wat is die verandering? Hoe voel dit nou vir u?

P1: Dit lyk amper is nou lewe in my , binne in my, so.

R: Hmm..Voel u beter of voel u , u kan hier onder ook voel?

P1: Ja, ek voel alles is nou oraait.

R: En hier binne in?...So wat u eintlik se dit prikkel daar , weer n bietjie? U kan n bietjie voel?

P1: Ja..

R: Hmm...Was jy voor jy , die stroke, ook op die inspuiting gewees?

P1: Hmm-mm, pille.

R: Hoe het dit gekom dat u oorgegaan het na die inspuiting toe?

P1: ...By die hospitaal...Toe se my ma vir hulle, hulle moet my altyd n inspuiting gee, want ek gaan miskien die pille vergeet . toe se ek “nee , ek kry, ek dink dan nog aan pille, hoe kan ek die pille vergeet” Sit hulle my op die inspuiting.

R: Nou jy het genoem nog voor die stroke , het jy by jou, ma gebly , ne?, nou op die oomblik klink dit vir my asof u ma baie...besluite neem vir jou, jy’t dit self ook genoem

P1: Ja...

R: ...nou vertel my so bietjie , voor die stroke, was dit die selfde gewees?

P1: Dit was dieselle , ja. _____, as hy daar kom , dan word hy weggeja en so aan.

R: Ekskuus, kan u dit gou net weer herhaal?

P1: Ek se hy was, hy’t ook maar swaar gehet, as hy daar kom , dan word hy weggeja.

R: Die boyfriend nou?

P1: Ja. Suffel te , met ander woorde te se, my ma het niks van hom gehou nie.

R: En in terme van besluite, hoe het dit gewerk voor die stroke? Het jou ma ooit dan baie van die besluite geneem soos sy nou neem?

P1: Hmm-mm, niks nie.

R: Niks nie?

P1: Sy wil, sy wou gehad het ek moet met n ander outjie uitgaan , maar ek meng mos nou nie, hoe kan ek nou se?, ek het mos nou nie, ek was mos nou nie lief vir hommie...

R: Hmm...

P1: ..en met anner woorde , die outjie outjie was getroud en hy't klomp kinnners ... en sy is so n mens, as iemand , as hulle hiernatoe kom, wat miskien vir jou geld gee, dan is jy baie goed. Hy was getroud en hy't kinnners gehad en as hy daar gekom het hy altyd vir my ma geld gegee. Nou die kind se pa het nou nie vir my ma geld gegee nie, want hy nou nie, amper so te se, hy't nie vir my gekoop nie, so . Nou die outjie, altyd as hy kom en dan gee hy my ma geld, dis amper so te se , my ma was baie lief vir , vir geld. As hy kom, dan se hy... dan se my ma “ O, hier kom my kind alweer. Hy gaan nou vir my geld gee” Nou gee hy my ma geld en dan gaan hy weer. Toe't ek vir hom, een dag toe se ek vir hom. “ Jy moenie vir my ma geld gee nie, want my ma... is baie lief vir geld. Eendag dan gaan jy suffer omdat fout. Toe se hy “ Nee, ek hou vir haar net daar waar ek vir haar moet hou”, maar nou , ek weet nie wat nou aangaan nie....My ma raak moeilik as sy nie geld hettie...en nou , die kind se pa wil hientoe kom want hy weet...ek werk. Die inkomste wat ek kry is te min.hy wil geld bring, maar sy wil hom nie hier he nie. Nou hoe moet ek nou maak? Ek kan mos nou niks daarteen doen nie...en ek weet nie eens waar hy bly nie, niks.[pause]

R: Hmm... Wat dink jy sal die beste wees vir jou en jou kinders ...op die stadium?

P1: Die beste vir my is dat, ek voel ek wil, ek wil alleen wees saam my kinnners . Ek willie nog met anner mense is nie. Ek wil alleen wees met my kinnners.ek. ek willie eens my ma om my he nie, ...maar die meisie wat ek aangeneem het, ek kry haar baie jammer,want sy word so verskree en geslaan en die klong, my boer, hy skel so lelik en hy vloek haar uit en al daai klomp dinge. Sy's maar nog baie klein. Hy se vir haar nou die dag se hy vir haar sy's n hoer en die kind is so klein, sy ken nie eens van n man nie.

R: Hoe oud is sy nou?

P1: Sy's vyf jaar oud....Al kan ek net n plek kry. Ek het, ek het klomp niggies wat na my kan kom kyk. Ek meen een of twee wat daar kan om my kan net dwaal, wat nou by my kan bly. Ek sallie worry nie....maar ek voelie meer om by my ma te wil wees nie.

R: Dink jy as jy nie meer by jou ma gaan bly nie gaan dit, ... jou sienswyse verander van jou boyfriend en van ander mans.

P1: Ek sal nou sien, maar ek sal nou nie toelaat dat hy daar kommie , verstaan u nou?Ek kan nou , n hoe se mens nou weer ?...n ...by die poeliese laat weet...hoe se mens, daai ding kry. As hy daar kom, dan moet hy net gaan. Hy hoef nie eers vir my te sien of niksie, want hier kan ek nie eens my oefeninge reg doen nie, ek kan niks lekker doenie, want hy rook dagga en al daai klomp dinge en ek kan dit nie meer hou nie.

R: Wie rook dagga?

P1: My broer.

R: U broer? Maar ek het nou gepraat van u boyfriend. As u nou op u eie bly, met die kinnars, as u nou op u eie was, of nie by u ma nie, hoe sou u dan voel in terme van u boyfriend?

P1: Nee, hy moet net as hy kom, dan moet kom en die kinnars se geld gee en dan moet hy net weer gaan, dis al.

R: Hoekom voel u so sterk dat u niks met hom te doen wil he nie?

P1: Hy't my soos n hond behandel.

R: Se gou weer?

P1: Hy't my soos n hond behandel. Hy't nie vir my reg behandel nie. [pause] Vandag is ek opgetrek.

R: As u se hy't vir u soos n hond behandel, wat, wat het gebeur? Is dit nou voor die stroke? Hoekom se u, u boyfriend het u soos n hond behandel?

P1: Ja, nou toe ek, toe ek so kort die stroke gekry toe, sit ek daar buitekant op die, daar voor die deur, toe se ek vir hom "Ek voel ek kry so benoud. Wil hy nie vir my bietjie beach toe vat of so nie"...en toe vra ek vir hom, toe se ek vir hom, "Gee my geld, ek wil my n sucker koop" en toe koop ek my n bak suck... suckers en toe sit ek toe sit ek op die stoel en terwyl ek nog so sit toe prop hy die, die suckers so in my mond in en my mond seerkry en ... toe se ek ek willie meer he nie toe gaan sit ek anner plek in die jaart in, onner die boom en toe kom hy, toe vat hy die water gooi hy sopnat moet die water, toe se hy my "Sien jy, jy wat nou beach toe wil gaan daar'so, daar's nou lekker koel, afgekoel, toe klim hy in sy kar en hy ry.

R: Vertel my van die verhouding. Hoe lank het u, was hy jou boyfriend gewees? Hoe lank het julle... hoe lank was julle bymekaar?

P1: Vir omtrent hoe lank nou?...Vyf, vier jaar.

R: Het hy die hele tyd ingebly daar by, by u?

P1: Nee, hy't eers by sy ma gebly. Net vandat die klein kind gebore is, toe kom bly hy daar.

R: En hoe het hy vir jou behandel gedurende daai tyd?

P1: Hy't my reg behandel. Hy't gewerk en hy't sy pay gebring en hy't alles reg en as hy sy pay gebring het dan se hy, "Kom ons moet die skuld uit, nou moet ons eers weer die skuld betaal en al daai klomp dinge" My ma't nie eens so n sent gehad om skuld te betaal nie. Hy't al die skuld betaal en na daai, dan koop ons nou die kos en so aan.

R: Het jy ook gewerk?

P1: Ja, ek het ook gewerk.

R: Wannier het hy dan vir jou begin behandel... soos n hond , soos jy se?

P1: Nou kort voor ek die stroke, wat ek so kort die stroke gekry het.

R: Voor of na?

P1: Voor

R: Hoekom dink jy het hy so beginne aangaan?

P1: Ek weer amper seker hy't n girl, n anner girlfriend gehad . hy wou seker ontslae word van my. [pause]

R: Jy't my vertel dat hy n argument gehad het met jou ma?

P1: My ma ja...

R: Dink jy dis die rede hoekom hy weg is?

P1 : Ek dink so ja, want hy wil nog daar gebly het en toe se my ma hy moet gaan.

R: Hoe lank nadat jy t'rug is uit die hospitaal is hy weg?

P1: Hmm, sommer daai selle dag.[pause]

R; As jy nou dink aan die centre hierso?, u kom mos eenkeer n week ne? Nou hoe voel jy omtrent die feit dat jy hiernatoe kom en exercises doen en so aan. ?

P1: Hmm, ek voel oraait, want ek het nog ,nog laasweek , toe se ek daai mense, “ Om net uit daa... kind se pad uit te bly, ek mind nie om elke dag te kom nie”

R: Uit wie se pad uit?

P1: Uit my broer se pad uit....

R: Hmm...

P1:...mind ekkie om elke dag hientoe te kommie.

R: En die mense wie jy hierso ontmoet?

P1: Ek voel lekker same hulle.

R: Hmm....Is daar nog iets wat jy my graag wil vertel oor jou, vroumens wees en hoe jy voel?

P1: Nee

TRANSCRIPT OF INTERVIEW WITH PARTICIPANT NO. 2

RESEARCHER: Wat volgens u beteken vroumens wees?

PARTICIPANT 2: Volgens my is dit dat 'n ... mens voumens is dat 'n mens jou huiswerk wat jy moet doen in al jou dae ... jou pligte wat jy moet nakom in die huis in daarvoor voel ek somtyds frustrated hoekom ekkie als doenie wat ek gewoonlik kon doenie man . Dit is dit.

R: Wat het jy alles gewoonlik gedoen?

P2: Huiswerk en crochet werk het ek gedoen. Dis als wat... die werk het ek als gedoen, daarvoor , daarbinne is nog n klomp...wat ek klaargemaak het vir my kinders, rokkies en jersey's en daait ek gemaak ... moet een pennetjie [short laugh]

R: Hoe voel u nou dat u nie alles kan doen wat u voorheen kon doen nie?

P2: Ek kan nie self se hoe't ek eintlik rerig voelie, want ek neem dit net op dat ek maar die Here is bekend daarmien en ek moet nou net tevrede wies. [starts crying, carries on talking while crying] Voel ek het altyd ... uitgaan en gaan werk...as ek uitgaan en gaan werk toe nie... Ek het altyd my ma gehelp voordat ek die stroke gekry het, toe help ek my ma vir twee jaar, en toe kry ek die stroke. My ma se my....ek is gesond daam, maar my ma is geworried oor my ... se ek , “ nee ek is nie geworry , ek is geworried oor ma” [still crying]

R: Waar is u mammie, waar bly sy?

P2: In Kersboom straat Bonteheuwel.

R: Wat is u verhouding met u ma?

P2: Baie eensaam ek kan nie eens My ma kannie meer loop tot hier nie, nou moet ek gaan tot daar. [cries softly]

R: Hoekom kan sy dan nie loop tot hier nie ?

P2: Ma's oud . Ma's eighty odd ... eighty nine, eighty seven [Pauses]

R: Is dit vroe rondom u ma wat u so baie hartseer maak op die oomblik...?

P2 My ma't...

R: ...of is daar ander goed?

P2 : ... baie huislike probleme , maar my ma vat dit ... nie so ligitig nie , maar ek neem dit meer swaar op. Ons se baby broer kom vandag voor , Hy't my suster se kind doodgemaak.Hy's nie reg wys hierbo nie , maar hy was 10 jaar onder Valkenburg , toe hou ek hom altyd hier. Die Vrydagaand toe kom hy nie huistoe nie , toe maak hy vir ----- dood. Ek is baie bekommerd oor hom oek.

R: Wanneer, was hierdie Vrydagaand?



P2: Hm hm, Is twee jaar t’rug..., hy kom vandag voor.

R: Wat het gebeur?

P2: ----- het ook foute gemaak, sy was ses –en –twentig. [sobs] ... ses- en-twentig jaar oud. Hy het vir haar doodgemaak.[silence].

[Pause]

R: Kom ons gesels oor,oor,u lewensrolle. U’t nou genoem u’s n dogter, u’s daar vir u ma ne, dan ook natuurlik vir u n suster wat jy ook al genoem het. Vertel ons n bietjie van al die rolle wat u moet speel op die oomblik.

P2: Oppie oomblik is dit dat net my huis...lewe is , is oraait , maar nou net na my man nie meer werk, nie werk nie, is dit dat hy voel eensaam en asof hy kan niks bydra nou nie en nou voel hy frustrated, nou gaat hy saam met vrinde. So. Gisteraand toe kom hy one o’ clock in toe maak , is die lig aan , skrik ek wakker voor daai, toe sit ek die lig aan. Toe hy kom toe klop hy by die venster , toe maak ek oop , toe’t hy anderkant gesit ... vir n vriend, maar ek glo nie is vrinne vir hom nie. Nou ek kan hom nie elk tyd se “ dit is nie jou vrind nie, hy moet self dink daarvoor.[pause] Ek maak die kooi op en ek ...was die skorrelgoed, maar ek droe dit nie affie , dit droe homself af daar in die dingesse. Ek maak kos ook nog,maar ek kan nie die artappels skillie, dit kook ek nou in die water... met die skil aan .Ywe moet hy gereeld skil vir my dat ek kan optjop met die een hand.Blikkiegoed moet hy oopmaak en in die yskas sit wat hy die vorige dag gaan gebruik.

R: Is dit anders van u lewe voor u, voor u die stroke gehad het?

P2: Baie annerste maar ... issie eintlk ‘n las vir my nou nie.

R:: Vertel my van u lewe voor die stroke, al die goed wat u gedoen het?

P2: Ek het gaan werk en as ek uit die werk uit kom, dan doen ek saans my enige ruite en huis skoonmaak wat ek nou wiet dat dit mooi kan lyk en nou gaat ek weer werk toe die next dag , nou dis nou minner, nou sit ek elke tyd my werk so uit., ..Maandags tot Vrydag.Sondags dan gaan ek kerk toe, maar ek glo ek kan weer in die koor sing. [starts to cry] ...Ek kan weer in die koor[cries loudly - speaks while crying] ...ek...weer in die choir sing... daars my boeke.

[Participant fetches books to show them]

[Pause]

R: Hoekom raak u so hartseer as u praat van die kerk?

P2:[crying while speaking] Ek het altyd ...gesing ...in die koor en ...[hard to hear as she is crying all the time] ...sit ek altyd my kind...

[pause]

R: Vertel my bietjie van die kerk.

P2: Ek het altyd Donderdagaande kooroefening toe gegaan. ..Woensdagsaande en dan sing ek in die koor en Sondagsoggende [still sobbing]...ja...ja...die kerkmense kom hier, maar hulle is nou baie besag met ...met ander werke nou. Sal miskien vanaand kom.

R: Hoe belangrik is die kerk vir u?

P2: Baie belangrik, want my saligheid moet ek uitwerk.

R: Wat moet u uitwerk?

P2: My sielsaligheid werk... moet ek uitwerk. Hoe't ek self aanpas in die natuurlike lewe....My kinders het ek altyd so grootgemaak...aldou maak ek 'n fout oek in die lewe in, dat hulle kan na sien, maar hulle moet vorentoe strew.

R: Vertel my van u kinders.

P2: Die kinnere is nou vir twee jaarannermaand kom ons voor, dink ek, kom ons voor, want hulle was vir twee jaar weggeneem nog voordat ek die stroke gehad het, want...want eintlik , is hulle nou by foster parents , hier, in die Melkbosstrand. Ek verlang hulle moet huistoe kom, want hulle se, die kleintjie se as ek daar kom “Hm...Ek het n double bunk by die huis...[laughs]...ek het n groot kooi by die huis. Toe se ek “Ja,ek het dit vir hulle gekoop, wat ek nou my eerste disability kry”.

R: Vertel my hoekom u kinders weggeneem is in foster care?

P2: Eintlik was dir n stoeiery tussen my en die boyfriend mos gewies en toe kom die van vir my, ons is nie gewoont baklei nie nou, ek is bang hy gaan vir my slaan enmekaar seermaak . Nou, nou skellery worrie ek nie oor nie, maar die geveg wat kan losbreek. Toe kom dit so dat die van verby kom, die poeliesvan...

R: hmm

P2: ...en ek keer hulle voor...en hier wat hulle binne kom, hulle's niks te doen moet my nou meer nie hulle vat net die kinnere. Ek dink nee...hier wil ek die poeliesvrou slaan .Ek wag nou sy gaat die dinges roep of die man wegvat of iets nou, laat hier kan stilte kom, toe vat sy net die kinnere weg. ...en hier hardloop ek hier uit na die ...by die kerkmense toe hier in die Bonteheuwel laan. Ek nou, wat ek huistoe kom, se die man vir my “Jou kinnere is weggevat” ...toe huil ek...en hier se ek, kom die next dag, jy moen nou saam moet my gaan gaat haal, vir hulle gaan haal. ..wat ek ...ons by daai vrou kom, toe's die kinnere nie daar nie, ek weet nie waar's die kinnere...ek gaat hier by Bonteheuwel centre by die poeliesstasie, hierso ...gaan daar. Hulle se gaat Lavis toe...die mense wat die kinnere gevat het. Ek wietie wie die mense issie, maar die man weet wie die mense is. Hier gaat ons Lavis toe. Hier kom ...toe se ...toe se sy,” Dis klaar in die social worker se hande. Jy moet nou wag tot julle voorkom”...E-ek wietie , want die man skel vir my oor die kinnere, ek skel vir hom. Toe's dit nie meer oor bakleiery nie, toe's dit oor kinnere wat ons skel...ja...toe kom ons toe voor en nou moet ... toe se die magistraat moet maar, sal maar nou net geduld het en wag vir twee jaar wat om moet gaan.Ek gaat werk toe vir my ma, help toe my ma, ek gaat toe nie na my werk toe nie. Ek dink toe, ek moet elke tyd moet die hartseer gaan werk. Ek willie,maar as ek in die oggende, my ma vra” Is jy die kinnere gesien?” as my ma eers so gevra het, dan kyk ek uit by die venster. Ek wil aaidere niks se nie. Ja...

R: Vertel my van u kinders?

P2: Hulle's groot , dit is nou, ----- word nou...vier jaar oud Nov...hm, March maand , die sewe-en-twintigste, Mei, Mei, word hy vier jaar oud en ----- word nege. ----- word nege. Hulle's oulik. Hulle sing in die kinnerkoor oek en sy blaas flute, maar die oudste ene verstaan nie nou vir my nie, want sy vat dit so, is deur julle wat die kinnere weg is...

R: Hoeveel kinders is daar ?

P2: Hulle's drie.

R: Vertel my van die oudste ene.

P2: Die oudste ene is hm in Milnerton. Sy't skoolgegaan . Sy't laasjaar September die skool gelos. Ek dink nog sy gaan na my kyk. Toe se ek “ Waarvoor los jy die skool? Gaan skool toe . ek kan nog werk of iets doen nog vir myself. “ ...en hier se sy “ Nee, mammie , ek gaan by die huis bly”Nie lank nie , toe trek sy Milnerton toe, na die pa toe...en hy, sy kry n werk daar .sy't standerd ag, maar sy werk in n fisheries.Ek se toe, ek neem die boeke skool toe, handboeke. Ek dink die meneer gaan my help of iets se nou. Die meneer vra net hoe oud is sy.Ek se sy word twintig ...toe dink ek , ag, jy se niks, nou ek gaan maar nou huis toe ...maar sy's oulik. Sy kyk mooi agter haar. ...maar hulle willie he ek moet hm...ek moet hm... moet die baby se pa uitgaan nie, maar die kind kan mos nie vir die ma se nie man. Ek wietie hoe ek dit het nie.

R: Van watter baba praat u nou?

P2: Die -----, die vier jaar oud kind. Die man wat ek saam mee bly, is sy pa.

R: Hoe voel u oor ma wees?

P2: Ek voel hmm...is,is,is,...om n moeder te wees, jy moet jou pligte na kom . Vir my is dit niks, vir my... hoe kan ek nou se...dis niks om vir hulle te help nie, huis skoon te maak of niks om dit te doenie. Dis n vreugde vir my. Ek, ek rakie moeg nie.

R: So, u gevoelens oor ma wees, het dit verander nadat u die stroke gehad het.

P2: Ha a [no]

R: Hoe voel u oor die man?

P2: Ons is amper soos broer en suster. Is geskellery en dan's dit weer lag. Onmiddellik sommer na die praterie. Issie iets wat ons...word kwaad. Ons doen nie sulke dinge dat ek nou lank kwaad of so moet wiesie. Ek was nou net kwaad vanoggend nou gewies omdat hy gisteraand laat ingekom het ...maar die anner kind het gese, die outjie het hom kom haal, gese “ kom sit n bietjie by ons...ons weet jy's nou lonely en daai”.

R: Hoe is u verhouding?

P: Is... um... goed kan ek se.

R: Vertel my bietjie daarvan?

P2: Eintlik is dit.dit...uhm... as hy uit die werk uit kom , hy help my , hy doen als wat ek wat ek moet doen, dan raak ek kwaad daarvoor dan se ek, “nee gaan sit daar buite!,ek doen die werk” of so... hy maak maar so kos of so aan.

R: Het die verhouding enigsins verander nadat u die stroke gehad het?

P2: Eintlik doen hy meer wat hy voorheen gedoen het. Hy't nooit die huiswerk... hy't eintlik die huiswerk gedoen wanneer hy nou weekends af, dan doen hy die vloere miskien nou vir my, of so,...maar nou wat ek die stroke het, doen hy baie,...baie.

[Pause]

R: Geen, geen... fisiese closeness... en sexuele goed nie?

P2: Eintlik uh,... ek weet nie of dit change of life is nou nie , wat oek al nie, maar ek word nie meer siekie, nie ek is gedoen, uhja...

R: Wat is die fisiese verhouding , met u boyfriend, ...met u man?

P2: Hm... ja is alright hm , net miskien , nou sal hy nou miskien fout sien nou ,wat ek nou nie moet doen nie of so nie, ja..maar verder doen ek als wat hy ... dingesse, maar ek weet nou nie hoe is ek teenoor hommie...hoe sien hy nou vir m.... in watter lig sien hy miskien vir my nie, ek weet nie wat in sy gedagte miskien loop nie.

R: Hoe sien u uself op die oomblik in daai lig?

P2: Ek...goed, ek sien my goed want ek is altyd netjies ek is nog steeds dieselle. Ek hou nog altyd van dinge wat ek gedoen het en so aan... aantrek en als.

R: So hoe voel u omtrent u eie liggaam ... nou na die stroke?

P2: Ek voel hm,soos altyd geweldig teenoor my liggaam... ek meen.einlik, ek se nou nie maar, ek 'n... somtyds vergiet dat ek n stroke gehad het,... dan vergeet ek..

R: Is daar enige verandering, in u hm seks wat u het, nou ,as wat u voor die stroke gehad het?

P2: Ja maar, maar nou as my gevoelens kom, maar hy's oekie een wat wat vrouerig is nie, maar as hy nou vat aan my of,...is ek soos enige ander vrou as...as hy vat aan my of so aan.

R: En u liggaam,het u enige enige probleme ...tydens seksuele omgang?

P2: Nee...nee ek het nie.Niksie.Ek sal eider vir hom se waar't ek seerkry ,of so.

R: En wat is sy response?

P2: Nee, hy's, Hy's alright, ...hm nee hy voel oraait..

R: Is daar enige iemand anders met wie u ' n baie intieme verhouding het?

P2: Nee man, ... moet mansmense hou ek baie van .Mansmensvrinne, maar as ek sien hulle raak uit die mate uit ennn... onmiddelik raak ek upset,... raak hulle oek kwaad dan se hulle “Jy hou vir jou nes ‘n mansmens. Jy’s al saam moet die mansmense.” Dan se ek .” Ek sallie meer moet julle worry nie.... Ek hou baie van mansmense. Vroumense,vroumense stry gou moet my.

R: U het genoem die kinders is weggeneem toe dit lyk of u en u man besig was met ‘n stry of ‘n bakleiery of wat ook al. Hoe is u verhouding op die oomblik in terme van stryery en bakleiery?

P2: Hy wag nou . hy wag nou net tot die kinders nou huis toe kom. Hy se mos nou, “Hulle’t gese vir jou twee jaar, ne?”, hy se ja, twee jaar. Ha-a. Ek wag maar hulle moet huis toe kom, want as die klonkie kom dan gaat le hy, ...dan gaat le die klonkie daar by hom innie kamer, want hy’s nou tussen ons... mens kan sien , ja

R: Bedoel u die kinders kom visit nou en dan...

P2: Ja

R: ...by u , hierso by die huis?

P2: Ja.,Sarags kom hulle,party Sarags, as ons hulle gaat haal, maar laas Sarag, toe was ----- in koor oefening toe kom ----- alleen....en toe bring my dogter, my dogter het gekom en toe haal ek maar weer vir hulle.

R: Nou wat praat hy van twee jaar.Gaan hy twee jaar wag voordat hy weer, ...wat?

P2: Die kinders huis toe kom.

R: Oh...Ok...Maar in terme van u verhouding , wil ek nou weet, is daar nog steeds soort van n bakleiery en stryery en daai tipe van goed?

P2: Nee niks soos dit nie.

R: Nie soos voorheen nie, die gewone?

P2: Ja

R: Hoe, ...as u nou moet dink aan hoe u voel oor u verhouding met, met wat is sy naam nou weer . Hoe sou u dit *describe*?

P2: Eintlik, Hm hy’t vanoggend gese “Jene my eier is koud, wat ek nog sukke dinge moet deurmaak... Wat..Nee man, jy moet gaan man....en dan dink ek weer...treur ek weer oor, oor hom, as hy nou weg is , of loep, of wat oek al

R: Waaroor het U gepraat met hom dat dit,...

P2: O, gistraand wat hy laat inkom.

R: O., oor die algeheel, hoe voel oor die verhouding met u man?

P2: Goed.

R: Kan u my se hoekom?

P2: Want hy het sy goeie punte en, en ...sy slegte punte ook, maar wat ek oor bekommerd is... ons moet eintlik trou..., maar tien jaar, se maar nou meer as tien jaar, loep sy vrou weg. Sy vrou het geloop moet twee twins het hy, en twee kinnners, twee sette kinnners. Die een meisiekind, is die baby en die linge is in die mirrel en dan, die oudste ene is n seun...maar hy se, hy't gehoor van sy seun is innie moeligheid, maar hy wietie waar nie. Hy hoor maar by mense. Toe laasjaar, toe kom, hier n lawyer, hm, of n ding en toe se hulle ...hm, die vrou wil seshonderd rand 'n maand he,...die vrou is daar in kaffer land of iets soos dit. Hy se,nee, die vrou moet halfte kinnners vir hom gee en halfte kan sy kry. en gaatie almal daai geld gee nie en die geld wat hy kry,daai tyd toe werk hy, is net genoeg vir hom om te lewe vir die kind, kinnners en hy't 'n vrou nou oek nog gevat en al die. En hier... se die lawyer, die lawyer gaat hom weer laat wiet,...toe't hy 'n brief gekry van die lawyer,sy lawyer ennie ennie....Athlone. En toe se hulle hom ...laat tien, die 10de Januarie moet hy daar wees want hulle wil iets praat of so iets,maar toe werk hy,toe werk hy nog., toe se ek, "Nee man!, jy moet gaan", ek kan nou nie vir hom dwingie, "jy moet gaan, daar", Athlone toe. Toe se hy, sy werk is meer van belang. Toe se ek, nee man!, daai is meer van belang man !Jy moet, hmm, daar by die mense wies....

Hy se"Hulle kan my nog 'n brief ... stuur, hulle kan my nog n brief stuur. Toe se ek, "Nee man, daai besigheid moet klaar kom. Toe se ek wanner gaat hy, wanner? Hy't nou nog nie gegaan nie.En hy sy die lawyer in, in Athlone.Ek se hulle gaan jou een nag net kom opskep. Hy se"Jy moenie se is ek wat hier le nie". Ek se,"Ek gaat se, ek gaat skrik, dan se ek hier's hy"

R: Waar't u gewerk?

P2:Vir 20 jaar vir Nu Tools in die Epping. Ons het hacksaw blades en pliers gemaak, maar hulle het different name nou bygekry en anner mense het oorgekoop en nou, toe gaan werk ek vir Goetterman in die Epping Vyf jaar vir hulle gewerk en toe hmm, twee jaar vir Bunny Licks in die Heins Road. Daar het ek twee jaar gawerk.

R: Wanneer u die stroke geky het, toe was u by Bunny Licks ?

P2: Nee, toe werk ek by ma. Toe werk ek vir ma ...vir ma gewerk.

R: Vir u eie ma?

P2: Ma ja, daar gehelp. Vir ma was en so. Wasgoed was dan se ek, ek het baie gedoen, ek kan nie glo nie, ek het so baie gedoen nie. Is min wat sal doen wa ek gedoen het, ja...

R: So nou verstaan ek hoekom u voel of vroeer gese het, dat u voel u kannie meer vir u ma help nie.

P2: Hmm...

R: Ok, omdat u al hierdie goed vir u ma...

P2: Hmm

R: ... gedoen het?

P2: Hmm ja...

R: Ok....Hoe is die situasie nou daarso?

P2: Nee, ma's bly, so as ek aankom en dan se ma" Het jy my kind gaat kyk, het jy my kind gaan kyk?, so se my ma vir my. "Ekke wag vir jou. Ek wag jou al lankal." Ek was laasweek en Saterdag daar....wat gaan met my broer gaan gebeur nou nie, hoe ma nou gaat voelie, ja...[cries]

R: Wat is dit wat vir, vir jou die hartseerste maak as jy aan daai vraag dink?

P2: Because van Denise was so lief vir my ma [cries while talking]...die een wat dood is....Sy't altyd met my gepraat, sy se " Antie [brother] bly vir my se hy gaat my doodmaak" Ja...ek het maar probeer om daai moeilikhede te keer, maar toe hou ek hom hier. Toe se ek " Bly hier, bly hier, moenie afgaan nie. ", dan wil hy net afgaan, ...ja...Toe kom hulle nog die nag vir my haal, wat dit gebeur het. Toe le sy innie huis. ...Haar ma het weggehardloop. Die neighbours kom, toe se hy " Nee toe vat die mense klaar vir hom weg poeliesstasie toe."

[Long pause]

R: Vertel my van hoe u grootgeword het.

P2: My kurke wat ek het, my ma het dit saam., nou ons het skoolgegaan. My twee susters, twee oudste susters het gewerk.Hulle het altyd vir ons aan, mooi aangetrek, maar ons moet wag vir die end vannie jaar voor ons kan klere kry ...ons kry nie deur die jarie. Ons moet mooi kyk na daai skoene of daai rokke, ja...Eintlik was ek vier jaar oud toe ons Bonteheuwel toe getrek het. My suster het vir my en my anner suster dieselle aangetrek Ja, ek skoolgegaan, sesde vlak gewies, daarvandaan toe't n ...ek was sestien jaar, toe gaan werk ek, want my anner suster trou, twee susters wat vir ons sorg, gewerk het, het getrou en toe moet ek gaan werk. Toe gaan werk ek vir Nu Tools, daar waar ek twintig jaar gewerk het.

R: Wannet u beginne boyfriends sien?

P2: Sewentien, agtien, agtien jaar oud, toe het ek n boyfriend. Ek was...twintig, toe kry ek my eerste kind, toe kan ek nie gewag het nie, toe moet ek trou. My ma's even na die boyfriend se huis toe, Ooo hete, ons gaan nou pakkry nou, nog altyd pakkry, ah ah...Toe trou ek '77, .n...'74 trou. Toe trou ek. Toe trou ek ja, toe gaan bly ek innie Welcome Estate, daar't ek gebly...vier jaar, toe bly ek innie Welcome Estate hier oorkant...toe trek ek n jaar na my ma toe, toe kry ek n huis innie Mitchell's Plain in, ja...Daar't ek sewe jaar gebly, innie Mitchell's Plain, toe kry ek mos my dogter, my oudste dogter. Sy sal nou agt en twintig gewies het. Sy was dertien...Hulle't gekap moenie byl hier,...sy was vermoor, in die huis.

R: Sy was dertien toe sy doodgegaan het?

P2: Ja, sy was dertien. Hulle tweetjies, toe's sy hulle ouderdom. [pause] Ag hene, is weer [son's] se dinges. Hulle tweetjies, was dieselle ouderdom. Die was net drie maande voor die tyd, haar dood en die ene is -----, wat my broertjie doodgemaak het...

R: Oh...

P: Hulle twee is niggies.

R: Waar bly die een nou?

P2: Sy's geskei.

R: Wanneer is u weg van u eerste man af?

P2: Na drie jaar tyd, my man was drie jaar weg, toe verloor ek my kind. Sy is nou tien, tien jaar dood...Drie jaar was hy weg, toe kry ek die boyfriend langsaan hm, mies Petersen –hulle, my neighbour. Toe gaat ons vier jaar , of ... minnerre uit voor ons traai om toe te[mumbles]....sy kinnere kom al amper toetstyd kom hulle amper by die huis aan.

R: Shoe...Dit is nou die boyfriend met wie u nou nog steeds is.

P2: Hmm

R: Hoe lank is u al nou by mekaar?

P2: Vyf jaar...ses, ses , vyf of ses.

R: Hoe lank is u nou al geskei?

P2: Ek is nie lank geskei nie. 'k het vier jaar, of drie jaar, dis seker die.....'92 het ek...geskei.

R: So u't 1992...geskei?

P2: Ja wan, want hy was tien jaar geseperate wat ons...

R: Voordat u geskei het?

P2: Ja, hy't gewag ek moet hom los en ek , hy... toe kry ek n brief van die coloured affairs, ek het gegaan sover, toe se ek vir myself , “ Nee ,ek gaan nie jou los vir vyfrand nie. Jy kan mere betaal wat ek jou kan los” Toe los ek hommie. Toe gaat hy in vir die skei, toe betaal hy eenduisend – vyfhonderd. Nou wil hy die kin he, maar ek issie geworried nie. Solank ek my moederpligte nagekom het. Ek het klaar gesorg.

R: Is daar nog iets wat u vir my wil vertel het. ?

P2: Eintlik is dit nodig dat hy moet skei aaidere as ek hiervan nou, as ek trou. Hy moet aaidere maar loep as hy nou voel. As hy nie voel hy is vir my nie, dan moet hy...

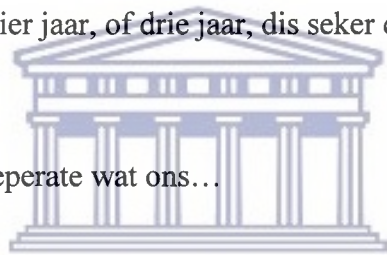
R: Hoekom voel u so?

P: Nee, ek voel so , want hy kan net doen wat hy wil , want hy kannie n vrou wat ekke nou issie,... ek het nou oek gese, ek is nie soo wat enige vrou nou issie... daam , ek is bereid om alleen te bly.

R: Wat bedoel u as u se , u is nie soos n ander vrou nie.?

P2: Nee, ...wat my betref, ek is nou verlam en so. Ek wietie hoe hy nou voel daarvoor nie.Hy is ook maar tevrede daarvoor, hy kan vir my so se, maar... ek wietie .

R: So wat u se is , hy se vir u, hy's ok daarmee, hy's tevrede daarmee...



P2: Ja...

R: Hoe voel jy in u hart?

P2: Ja wan , want as hy nie kan skei nie, vir my kan trou daaroor nie dan wiet ekkie, want ek is nou al lank so al, lank... so lewe ek saam met hom... vyf jaar..

R: Hoe lank het u nou al die stroke gehad.

P: Mei maand laas jaar [1999].

R: Praat u daam daaroor?

P2: Ja ons praat daaroor,maar. Dit gaat gou en ons makie tyd in lekker te sit en gesels daaroor nie.

R: Die tye wanneer u wel gesels daaroor ne,hoe gaan die gesprek? Wat word bespreek?

P2:Jy se nou net jy...als wat dan oor moet praat , is nou oor en klaar, dis verby, nou moet ek hom weer remind. O, ek wietie so mooi nie. Kannie hom elke tyd remind daarvan nie. Net so goed, ek trou dan vir hom, nie hy vir my nie.

R: So u het die begeerte dan om .. te trou?

P2: Ja..

R: En wat is sy response?

P2: Hy wil trou, trou hy's...maar hy makie planne dat hy kan vry van daai vrou af issie.

R: Wat se hy vir u, wat is sy storie.

P2: Sy storie is dat die mense moet nou plan maak vir hom. Hy't nou klaar gegaan tot by hulle.Ek se , issie die mense nie. Hulle kyk...hang van jou af. Jy moet voet, planmaak dat jy daar kan uitkom.ek se , "As ek nie busfare hettie, ek loop tot by n plek. Jy wag nou tot jy klomp geld het, dan gaan jy toggie, dan gaan jy... dan kom daar iemand , dan neem hulle jou anner plek, dan gaan jy anner plek.Hy is so verdoem. Hy laat hom gou ommie bos of aanie neus lei of enigeiets.

R: Hoe lank gaan dit vat om die storie uit te sort?

P2: Ek kan , ek kan selfie se nie.Ek meen , hy issie n persoon wat, wat wat aanwoordelikheid soos daai op hom he nie. Is amper soos ek het n nog n kind innie huis wat ek aan moet nog altyd aan dink. My anner kinner het ekkie bekommernisse, einlik nou oppie oomblik eintlik nie.

R: Hoe gaan u die hele storie aanpak , aan die einde van die dag?

P:Ek sal hom seker n tyd gee, wanner hy geld het om te gaan tot daar. As hy nie sy ding kan uitsort nie, dan moet hy maar verby...dan, dan as hy nog altyd aan daai vrou miskien is , of wat oek al.

R: Is dit wat hy vir u gese het?



P2: Ja, ja

R: Hoe laat al die goed vir u voel?

P2: Oo, ek wietie, somtyds dan sing ek maar of iets, net om te vergiet van al die klompe dinge, want is te veel om oor te dink.

R: Hoe voel u as u moet gesels oor al die goed wat u moet deurgaang?

P2: Nou net as my priester nou hier kom en so aan, dan gesels ek nou wat voorkom, maar ek issie een wat geselsie

R: Hoe hanteer u al die goed wat u deurgaang?

P2: So rof en wat oek al. Ek is baie wild en so dat, dat ek amper soos my probleme wegsteek of wat oek al. 'n Mens kannie sien wat ek het aan nie.

R: Dink u dis gesond?

P2: [Breaks down and cries – comforts participant]

R: Dankie vir u tydjie, baie dankie ne?



TRANSCRIPT OF INTERVIEW WITH PARTICIPANT NO. 3

RESEARCHER: Mevrou, wat volgens u beteken vroumens wees, seksualiteit?

PARTICIPANT3: Dit is iets, wat jy nou, wat jy nou kan...dan maak jy kos, jy maak die plek skoon, en so... seks is oek is wanneer jy by jou man slaap, daai's iets, daai's oek iets.

R: Kom ons praat van die eerste gedeelte wat u gepraat het van soos van kosmaak en plek skoonmaak en so aan. Wat is mevrou se rolle op die oomblik?

P3: Seker...se daai wat ek doen...

R: Hmm...

P3: Huis skoonmaak, wasgoed regpak, kaste...dis al wat ek nou doen.

R: Doen mevrou dit op die oomblik?

P3: Oomblik ja, nou ek traai om dit te doen. Dit maak of die hand kom nou reg.

R .So wat mevrou nie vir my se nie, dis wat mevrou voor....

P3: Voor...

R. ...die stroke

P3: ...Voor die siek , ja...voor die siek gedoen het. Voor ek siek geword het het ek altyd daai gedoen. Altyd huis skoon gemaak en ja nou traai ek dit weer om te doen, maar my hand is seer.

R: Hmm

P3...probeer om dit te doen, maar die hand moet regkom.

R: So hoe het dit alles verander nadat u die stroke gehad het?

P3: Nee, dit het verander net so lat ekkie kan toilet toe gegaan het nie en vir myself kan gehelpit nie, dan moet dogter my help, -----, sy help my altyd, maar later van tyd toe help ek myself. Sien ek om myself te help...

R: Hmm.

P3: ...om toilet toe te gaan, self, alleen, toe try ek, toe sien ek nee ek kan dit doen, want 'n mens kan dit doen.

R: U se u try ook, bietjie skoon te maak en so aan...

P3: ...maar ek kan nog nie skoonmaak nie...Lekker self was nie, kook nog nie...nog daai probeer.

R: Hoe laat dit vir mevrou voel?

P3: Ek nou dink. Dit laat my, Ok, sleg voel, as jy nie vir jousef kan help nie, laat my baie sleg voel.

R: Hoekom voel u sleg?

P3: Ek kan nie myself help nie ...ek kan nie myself was nie.

R: Hoekom is dit belangrik vir mevrou.

P3: Dis belangrik because ek laaik om te was ...nou was ek my, maar vir myself was, vir myself moet ek was.

R: Is dit baie anders nou?

P3: Dis nou baie anderste. Wat ek so..... Dis nou anderste, nog altyd nie dieselfde nie, daarvoor is dit anderste.

R: Hoe voel dit mevrou as u nie so alles self kan doen nie?

P3: Ek voel baie sleg, baie sleg... [softer] ...baie sleg, maar met , so met die siekte wat daar is ...want as jy die tweede keer,... Sondag was daar een wat twee strokes gekry het en hy's baie jonk. Eerste een, was hy soos ek. Tweede een, hy kan nie pratie. Tweede een is baie sleg. Ek is bang vir daai. Ek willie sit nie. Willie sit nie want sy kan voel die been.... Daai is verby ...is verby. [softer].. Is verby.

R: Hmm... maar u se hy kom nou...?

P3: Hy kom nou reg met die hand ja...baie mooi kom hy reg.

R: Hoe voel u oor die feit dat u so mooi regkom nou?

P3: Ek voel nou bly...Ek voel nou bly ja...ek kom nou reg. Als vat tyd. Moetie haastag wees nie ...als vat tyd.

R: Ek gaan nou van hmm... die storie van as vroumens, is ook om met u man te slaap...

P3: ...te slaap ja...

R: Vertel my bietjie van die verhouding wat u het met u man.?

P3: Ons gaan slaap altyd by mekaar van te vore, maar nou wat ons ouderdom is...nou worry ons nie meer much... [laughs]...ons worry nie meer met mekaar nie, want ek is te oud. Die kinders ... Ek moet nou toelaat om die kinders daai lewe...

R: Verduidelik gou bietjie vir my oor die ouderdom storie wat...?

P3: Kyk, ek is nou sixty four ne... nou jy't nie meer lus om met jou man te slaap nie, verstaan juffrou,. Jy't lus om alleen te slaap. Jy's nie meer, hoe kan ek se, daai gevoelente wat jy jare gelede hehet het nie, ek het nie daai, ...meer daai gevoelente nie.

R: Ja ek verstaan.

P3: Sal praat met n mens, praat moet hom so... maar ...ek het nie daai gevoel nie.

R: Hoe's u verhouding met u man?

P3: Baie goed. Ons kom lekker oor die weg. Hy verstaan vir my en ek verstaan vir hom.

[PAUSE]

R: Ja, ons het netnou gepraat van, van seks ne?

P3: Ha a , ek wietie...ek laat hom nie toe nie om te vat aan my nie...om te vat en vrywe nie... more oormore...dan wil hy... hy is nog 'n man... hy's n man en ek is n vrou. Die gevoelentheid by my is dood. Ek is nie meer die vrou wat ek gewies het nie, u sien...

R: Se mevrou...hoekom is dit so?

P3: Ek is siek...

R: ...oor die siekte...?

P3: ...oor die siekte ja...maar van voordat net voor dit nie,...

R: Voor die stroke

P3: ... voor die stroke, hmm ...voor dit as ek nog jonk gewies het kan hy gevat het , maar nie nou meer nie. Nie meer nie. Ek kan nie.

R: Het dit erger geword na die stroke, of is dit meer oor die ouderdom?

P3: Oor die ouderdom...en die stroke ook seker.

R: Watter een het nou eerste gekom? Watter een het nou eerste gekom?

P3: Wat? Die stroke eerste?

R: Die stroke of die ouderdom?

P3: Ja, die stroke het eerste gekom, toe kom die ouderdom. Is sixty-four... toe kom die ouderdom agterna...nou is ons skaam vir mekaar.

R: So wat mevrou se, dis nie net die stroke nie, dis die ouderdom....

P3: ...ouderdom, ja...die ouderdom.

R: Wat het...

P3: Want wat kan jy moet n man slaap as jy goed oud raak. Jy't al twintig jaar...mens kan nie met hom meer gemeenskap het nie. Mos die ouderom mos ...Jy moet dit toelaat vir jou kinnners man...oorlaat vir die kinnners.En vir die tweede... die siek het ook gekom verstaan... en die AIDS is baie los. Ek kan... ek kan nie dit doen nie ...verstaan? Ek kan nie. Ek is klaar. Ek is kant en klaar nou.

R: En hoe voel mevrou oor iet soos n ‘huggie ‘of n ‘handjie vashou’?

P3: Ek laaiks dit nie. Ek hou nie daavan nie. As hy aan my raak, dan se ek “Los my... en moetie aan my vattie, verstaan?”

R: Hoe respond ... Hoe respond u man as u so se?

P3: Dan se my man “ Ek wil maar net n bietjie met jou speel “ ...of so...se hy. Dan se ek “Nee man, gaan speel moet jou kinnners. Kinnners moet jy mee speel, maar grootmense nie” ... so ...

R: Hoe’t hy gerespond?

P3: Ek’s nie kwaad vir hom nie. Hy’s nie kwaad daarom nie ...hy’s nie kwaad daaroor nie.

R: Ok, hoe voel u oor die feit dat u man jonger is as mevrou?

P3: Hy word nou sixty-four...Hy word ook sixty-four oor ‘n paar maande.

R: Hoe voel u oor ma-wees?

P3: Nee, oor ma is ek oraait. Ek is oraait met ma. Ek het nog kleinkinnners. Ek is oraait

R: Wat hou u van van ma-wees?. Wat is die nice goed van ma-wees?

P3: Wat’s die nice goed van ma-wees? Ek is lief vir my kinnners. My kinnners kom en hulle bly nie by my almal nie...dis net uh ----- en ----- wat nou maar bly en die ander klong wat nou werk op die Council. En vir die tweede, dan voel ek gelukkig as hulle vir my kom besoek, uit Mitchell’s Pain uit besoek, dan voel ek gelukkig.

R: Hmm. Hoe’s die kinders teenoor mammie?

P3: Ai Hene...Hulle is baie lief vir my...baie danig...

R: Se gou weer?

P3: Hulle is baie danig vir my. Baie lief vir my. Want watter kind is nie lief vir sy ma nie? Hulle’s nooit snaaks met mammie nie ... baie lief vir my.

R: Het u enigsins verander teenoor hulle...

P3: Ha a...

R: ...nadat u die stroke gehad het?

P3: ...Ha a ek het nie verander nie...nog altyd dieselfde...

R: ...en hulle?

P3: Hulle is nog altyd, ha a ...die een wil meerdere doen as die ander wil doen..

R: ...maar het dit darem nie verander nie?

P3: Ha a

R: Dat hulle nou meer nou doen vir u.?

P3: Ja, hulle doen baie, hulle help my altyd.

R: Hoe voel u oor u liggaam nou dat u die stroke gehad het?

P3: O, toe ek die stroke gehad het, kan ek mos niks gedoen het nie. Nou wat ek regkom, ek is tevrede daarmee want ek kannie ontevrede wees nie. Die suiker en die hoebloed...kan nie ... kan nie ontevrede wees nie. As dit kom, dan kom dit, maar ek kom darem reg

R: Wat help vir u met hierdie tevredeheid wat u het in dit waarmee u sit?

P3: Hmm

R: Wat help vir mevrou om so tevrede te wees, ...om te aanvaar?

P3: Dan aanvaar ek as ek ander mense sien, as ek ander mense sien, hulle het miskien n stroke weg. Hulle kan nie praat nie. Dan ...voel ek nou..."dank die Here dat ek kan praat"...verstaan? Ek kan praat ...en so... dit maak wat my tevrede, wat ek tevrede is dat ek diep in my hart so voel. Sien, daar's baie mense wat n stroke gehad het wat in n wheelchair sit. Ek kan darem loop. Ek kan daam vir myself help.

R: U praat van die Here. Watter rol speel die Here?

P3: Baie groot rol. Baie groot rol...want was siek siek...vir die hele drie weke gele in die hospital. Vir die Here is dit so...by die Here is dit so... as jy vir Hom aanbid, dan segen Hy vir jou. Hy maak jou ... Hy segen jou. As jy nie vir Hom aanbid nie, is annerste...net daar maak jy n fout. As jy vir Hom aanbid dan sien Hy jou. As ek nie wil hoor nie en ek is doof en ek is blind, dan meen te se ek, ek kan nie... ek kan nie my Here ontmoet nie., verstaan nou? ...Ek kan hom nie sien nie, nie hoor nie en ek is doof....

R: Was mevrou maar altyd so n gelowige gewees, altyd naby...

P3 ...aan die Here, ja. Ek is New Apostolic en ek is altyd naby aan Hom.

R: Vertel my n bietjie van hoe mevrou groot geword het?

P3: Man, ook 'n, ook 'n ding, wat ek grootgeword het, was ek in die Hollandse Kerk. Ek het altyd my oupa en my ouma ...het gely... my pa's ook dood. My pa't ook gely. Ek het gaan slaap by die ouma en die oupa...en 'n... .pappa't van die siek, ...ons kom toe Kaap toe. Toe ons Kaap toe kom... hmm..toe kom ons Groote Schuur toe...

R: Hmm...

P3: My oupa. My oupa was n poeliesman gewies daar in Vrysenburgh .So as jy nou nie meer kan ... as jy sieklik is, dan moet jy Kaap toe kom... en almal daai.

R: Se gou weer? Van waar het u oupa gekom?

P3: Vrysenburgh.

R: Vrysenburgh

P3: Vrysenburgh...maar my ouma is gebore in Beaufort –Wes. My ouma is van Beaufort – Wes en my pa is van Vrysenburgh, my oupa. Van ek het grootgeword by hulle, nou, my oupa het doodgegaan, oupa't gestrerwe, my ouma het gesterwe...toe gaan ek t'rug na my ma toe...was ook in ...was ook in die kerk in , Hollandse kerk. Altyd in die Mag. Altyd... tot ek gereed is om man te gevat het wat ek geontmoet het.

R: En wanneer het u vir u man ontmoet?

P3: Ons is twintig jaar by mekaar. Is die tweede man die. Die eerste man wa siek en oorlede.

R: Ek is jammer om dit te hoor.

P3: Hmm...

R: ...en hoeveel kinders het u by u eerste man?

P3: My eerste man het ek agt kinders. By hom het ek net twee kinders... twee meisies...Ek was nie siek nie. Ek was siek daai tyd... die tyd wat ek n kind gewees het, toe was ek in die hospitaal...in Somerset op Somerset, toe lewe my ma. Myma't oek gelewe en my pa.

R: Ek is baie geitereiseerd om te weet hoekom vroue dink as jy oud is, dan is daar nie meer fisiese intimisie nie ...Ek wil probeer verstaan hoekom mevrou voel as u oud is...

P3: Dan is daar nie, man...

R: ...is daar nie eens meer van handjies vashou...

P3: Jy's dood, jy's dood, ...jy's morsdood. Hoor vir my...onder af. Amper so dood soos , kyk, ...ek het n klomp weet ek het n klomp kinders. 'n Ma moet mos die kinders het, dis hoekom daai parte... seker dood is...

R: Hmm...

P3: Morsdood...Vernaam as jou biesagheid geremove is...Jy't nie meer lus vir n man nie.

R: Het mevrou 'n hysterectomy...?

P3: Ja, ja...

R: ...gehad? Wanneer was dit?

P3: Daai's baie lank t'rug. Dis jarre t'rug. ...Tien jaar t'rug.

R: En hier binne [points to chest]...hoe voel u oor u man?

P3: Ek voel oraait...oor hom. Soos n vrou moet voel oor n man. Doen als vir hom, as ek kan dit doen. 'n Dan sit, dan se hy, hy willie weer n vrou he so goed so wat ek is , soos ek is nie, n goeie vrou. Baie goed.

R: Wat is n goeie vrou?

P3: 'n Goeie vrou is wanner jy kyk agter jou man. Jy hou hom skoon, netjies, ...sie jy? Ek het sy kinders grootgemaak, vier kinders...adopted het ek grootgemaak...adopted. Ek het twee adoptions kinders ook grootgemaak, singers, een is n singer...hulle's groot nou...----- is in die tronk, soos die een klong van my, baie in die moeilikheid, een is dood...oudste seun is dood. Daar is net een seun. Die ander seun is getroud. Sien jy, die pa weet ook wat ek gedoen het, dat ek hom gevat het met sy vier kinders, toe't hy nie plek vir al sy vier kinders nie. Toe't ek hom ontvang, toe se ek " al slaap ons op die grond, dan's julle almal onder die dak. " ...en ek het ...die goeie een is n priester ... die kerkind ... hy werk vir die kerk, van hom. Daar's anders ook. Die ander klong werk op die council. Weet nie waar bly hy nou nie, hy's weg. Hy't eers gebly by ander mense, toe gaan hy, van hy's al groot, hy's groot. Hulle is grootmense. Dan het die meisiekind ook n kind maar sy 't gekom om te bly by my, sien? Daarvoor waardeerg hy vir my, want ek is baie goed, want hy weet sy kinders het n plek.

[Pause]

R: Maar nou wat van uself? Hoe voel u oor waar u is op die oomblik in die lewe in?

P3: Wel ek is ... ek voel oraait, ek is tevrede wat gebeur met n mens is ek tevrede...met als is ek tevrede

R: Hmm...[pause] dink u u het u rol vervul van wat u altyd wou gehad het?

P3: Ja ek het nou my ...maar my bit gedoen, want ek weet hulle is groot, hulle is singers, hulle's priesters, daars nou griewelike goedjies, alle besigheid, maar hulle kom uit n ordentlike huis uit...ordentlike huis uit...want soos ek grootgeraak het, so't ek vir hulle ook grootgemaak.

R: Wie sien om na mevrou se behoeftes?

P3: hmm?

R: Wie sien om na mevrou se behoeftes?

P3: My dogter wat daar by die huis is en my man.Hy sie dit, hy help ook. Olappie's maar min wat hy kry. Ons kry.... Ons gaat bad nie een tyd nie....Saam die kleinkinders maak my gelukkig. My dogter wat in die huis is, -----...sy't wat...een kind... twee klonkies,... twee kinders het sy. Sy's maar alles daar want die een seun wat nou dood is se twee kinders is ook daar.----- Hy's twee jaar nou dood.

R: Hoe't u sy ...sy dood ervaar?

P3: Ek het oraait, want ek vat dit net so, ... n mens moet gaan. Kom die tyd ons moet gereed moet gaan. As jy gaan dan gaan jy.

R: Vertel my bietjie van hoe hy omgekom het?

P3: Wie ...Hy?

R: Vertel my bietjie van hoe hy omgekom het?

P3: ----- het mos cancer gehet in sy kop in...cancer...toe raak hy verlam in sy een been. Toe't hy cancer ...toe't hy al cancer gekry al. Hy's drie jaar nou dood. ...tevrede wees daarmee...

R: Se gou weer?

P3: 'k se 'n mens moet tevrede wees as een iets oorkom, dan moet jy tevrede wees. [pause] Jy los als agter. Jy los jou huis agter...jy moet gaan ...jy moet gaan. As jy moet gaan, dan moet jy gaan. Jy gaam moet niks nie. Met niks het jy gekom ...die aarde nie, met niks gaat ek weg oekie...moen niks. Jy kan nie eens n vyfsent saam met jou neem nie. Net soos jy gebore is, so moet jy gaan. Jy's kaal gebore, so gaan jy...ek en jy ... uit die lewe uit.

R: Hmm...Klink vir my mevrou is ook taamlik aktief in die kerk, ne? Vertel my bietjie van u betrokkenheid ...in die kerk in?

P3: Hmm ...n...

R: wat doen mevrou in die kerk?

P3: In die kerk...as ek kerk toe gaan ... ek is gewoonte Sondags. Ek gaan net Sondags ...Ek sit Sondags in die kerk. Gaan ons daam kerk toe Sondags. ...Ontvang jy net die Woord...dan kom jy al weer huis toe agterna. Jy kom dra net aan die saak, wat gese ... vir jou geleer gewees het en so... dis al.

R: Het mevrou enige close vriende?

P3: Ek het nie vrinne nie. Enigste vrinne is my susters, my broers. As ek wil gesels dan ry ek, dan vra ek een. Ek huur n kar. Ek het nie n vervoer nie. Dan n gaan ek uit na my susters toe of na my broers toe, want my een broer het n heartattack oek gekry en hy het n b-a-ie groot operasie gehet by Groot Schuur . Hmm n .. hy't die aand-----So hy's nog jonk... hy's vyftig...dan gaat visit ek vir hom, gesels n bietjie daar...,maar nie vrinne nie, Is altyd n moeligheid as jy vrinne het. Ek haat die moeligheid. Ek is altyd by my huis.

R: Hmm

P3: Ek hou alty... gesels ek met die kinners...maar my vrinne is my kinners ek laaik nie moeligheid nie. Ek bly uit die moeligheid uit. Ek se vir my dogter " Jy bly op die pad, ...jy bly in die moeligheid. Ek se vir haar. Jy moet soos ek wees man wat altyd in die huis sit. Daar's nie moeligheid nie. My man ... hy gaat ook nie uit na die mense toe nie. Hy's net soos ek. Ons baie dieselfde. As jy niks het om te doen nie en dan gaat le jy eider. Vat n boekie, gaan le en jy gaat lees.

R: Dis juis wat ek wil vra. Vertel my bietjie van wat mevrou op die oomblik doen.

P3: Onthou ek is net in die huis in, die kaste , ek sukkel net met die kaste en so , maar ek kan nou niks doen ook nie. Ek kan nie uitvee nie. Ek vat ook hier, vat daar raak.

R: Het u enige ander aktiwiteite wat u doen by die huis, of uitgaan.

P3: Ek lees maar. Bedags sit ek maar.

R: U't netnou genoem, u't nie daai fisiese intimiteit nie.

P3: Hmm...

R: Beteken dit ...slaap u nog steeds in dieselfde bed.

P3: Ja ons slaap in dieselfde bed. Hy slaap voor en ek slaap agter. Ons slaap weg van mekaar af.

R: Is daar enigiets oor vroumens wees wat u nog steeds wou ons oor moet praat? Is daar nog enigiets anders wat u my wil vertel van vroumens wees.

P3: Ah a man...dis al wat ek wou se.

R: Mevrouw, baie dankie ne?



TRANSCRIPT OF INTERVIEW WITH PARTICIPANT NO. 4

Researcher: OK, according to yourself, what does sexuality mean to you?

Participant 4: [Laughs] What a question hey?

[Pause]

R: What does being a woman mean to you?

P4: I like to be independent man. I'm a very independent woman but since the stroke I got to depend on a lotta other people.

R: What does independence mean to you?

P4: It means doing everything myself. Going where I want to go and not having to ask somebody to take me...But now I got to ask somebody to take me here, take me there. I use to just get in my car and go. Now I can't do that anymore. I can drive. I did drive tonight. I can do it . I went to Retreat and back again...but it's a bit difficult getting into the car.

R: Are you saying you drove, now after the stroke?

P4: I went to my mother in Retreat, but I drive with one hand but the car is an automatic. So that's not so difficult. It's just getting in the car. But otherwise, at least I can go to the toilet on my own. I try to dress me whenever I can...but like doing...or having fun ...like doing a big walk, playing a game or something, I can't do that anymore...and I get very quick emotional [tearful] I don't want to start crying, cause then he's gonna start laughing again. [Man sitting in laughs while the lady cries]

R: It's fine if you cry. ...

P4: ...not for him. It's not fine for him. [Points to her husband] At the moment, I am very sad. My daughter just had a baby ...[still crying] the baby's not doing so well. Can't breath on his own. So they got him on pipes and things. His got a bit of a heart problem also and he's very small, 'cause it's a premature. ...and I'm very, very upset over that. [Carries on talking through the tears] Otherwise I'm doing fine...[cries bitterly] ...Oh stoppit man!...go do something else!

R: Why do you find it so funny?

3rd Person: Excuse me...

R: Why do you find it so funny when somebody cries?

3rd P:...

P4: I'm a strong person. I could take anything. [Still crying] I'd just get over it ...but since the stroke, I feel like this and he can't take it. He can't handle it.

3rd P: [laughs] Why do you tell me I can't handle it?

P4: I know you can't...you 're not used to seeing me like this. I use to be tough.

R: Don't you think it's more, sort of, that you are not being able to handle it?

P4: Look, I got ...I've got six grandchildren, but this is now my baby. He's now my second husband and this is his daughter that's having the baby. The others is from my first husband. Hulle is n klomp taai kinders man. No, they're strong and tough. This one is ... she was also premature so she's not so tough.

R: But I was talking about your crying now. You were saying that your husband can't handle you crying. How do you feel about you crying like that?

P4: Ag, If I cry and I'm finish, then I think much better. I feel relieved.

R: [talking to the husband] Is it true that you can't handle it if, if your wife cries like that?

3rd P: ...Because I...because I laugh? No, I don't like to sympathise with her then she keeps on crying.

R: So that's your way of dealing with it? Is that what you're saying?

3rd P: Hmm...

R: Ok...

P4: Would you mind ...getting me a piece of toilet paper? [to husband]

R: Tell me what your life was like...before you got the stroke. What were the things you did?

P4: I was a supervisor at ----- . I used to handle people. I used to hand out jobs. I use to give them work.

R: Carry on.

P4: I used to play soccer. I used to go to the sportsfields. I used to watch spots. I love sports. I walked...I did a big walk for Southern Life.... but weekends I never used to be at home. I used to go out. Fridays I used to go to my mother. I still got a granny that is alive. I...I used to wash her on a Friday. I can't do it anymore.

[Pause]

P4: It's like I'm useless now, that's how I feel. I feel I'm a burden to my husband and my children now [tearful] That's how I feel. I don't like to be a burden. I wish I can go back to work and be independent again. I can't use this arm.

R: Tell me, what happened at your work? Did you have the stroke while you were working?

P4: Yes. My job is still open. If I can use this arm, I can go back to work.

R: Tell me, what did your work entail?

P4: Oh very, very fine work. I did soldering of PC boards, like PC boards that go into here and go into the TV and computers. So that's very delicate work that I did.

R: ...And you used both hands?

P4: Yes.

R: Now tell me, did you do that the whole day, or was that part of your work?

P4: No, I used to teach people to do it also. See, I was the supervisor that taught them what... that showed them what to do.

R: How do you feel about ever returning to work?

P4: I haven't been back to them for a long time. I was there once, no twice... twice I was there. [Pause]

R: How long did you work for them?

P4: For -----, I worked twenty years. For -----, I worked about a year, just under a year.

R: Where were you working when you had the stroke?

P4: At [the latter place]

P4: ...Yes. They're in Goodwood. [burps and apologises] ...oh sorry...gastro...

R: and you're saying you worked when....?

P4: I was still working the Friday....

R: Ok...

P4: ...and I had the stroke the Sunday. Thursday in work. I had to go back the Monday but I had the stroke the Sunday.

[Pause]

R: Now I remember you telling me about your children....how do you...?

P4: I got three daughters and a son, they're all married. They're the three girls that's now got babies. Children, grandchildren for me but not my son yet. My baby daughter just had a baby on Saturday. The eldest grandson is sixteen already. Everything is ok where that is concerned.... The children now know that I cannot work... and my granddaughter, she will help me a lot if I ask her. She can help pick me up and make me stand. She'll take me to... ..the loo and she can now bring me something to eat as well even if it sometimes taste like nothing but ok, still she still do it. She's only twelve. All my children, they came with me. If

I ask them something they'll do it...then they will help me. Even if you keep on telling them, they don't have time for you, they get cross. They still have time for me. [Pause]
If they now want to go somewhere, they can go put me by one of my children, then they can still go out. Like he do fishing and crayfishing. ...If there's nobody here, he can put me by the... he can take me through to Mitchell's Plain, to my one daughter or he can even take me through to my mother. I don't want to keep them away from their fun also. So if they want to go, I tell them to leave me at home but they don't want to leave me alone. But ok, I'll say, "Take me to my mother or take me to -----". But it won't stop them from going out. But I mean, before the stroke, It wouldn't have been anything to just jump into the car and go with them. But now it takes me a time to get to the car...to get in, it's like...I'm keeping them behind. That's how I feel. I may not be a burden to them but I feel I'm a burden....

R: How do you feel about your body right now?

P4: Not the same like it used to be.

R: How does that make you feel?

P4: Frustrated. It makes me feel frustrated. It makes you mad!

[Pause]

R: You spoke a lot about your relationship with your children and about your mother. What is your relationship like with your husband?

P4: Oh no, we have a very good understanding. There's just no sex in our lives anymore... since the stroke, in actual fact, before the stroke...we never had sex yet...

R: Since before the stroke?

P4: Yes

R: What would you say would be the reason for that?

P4: It was fasting...It was the month of Ramadaan, so, I mean ...without the stroke, ...the stroke during the fasting. During the month of fast...we don't do it. So, since that time, we didn't have sex yet. I don't know who's scared between the two of us. Me or him...But we sleep in one bed and he will kiss me now and then. I think he still loves me.

R: So that was two years ago when you went to Ramadaan...

P4: To Mecca...

R: sorry...to Mecca, sorry and you ...and your stroke? ... when?

P4: In December '97, '98...December '98...

R: So...?

P4: ...I came back.

R: Oh. ok...

P4: That's why I was still fine in Mecca. I was Ok. I did everything I had to do. I could complete my pilgrimage... and do whatever I had to do. I could just climb in a mountain in -----, I did that. I mean, there's different things that you must do.

R: Tell me about that.

P4: Ok, from here you go to Johannesburg, from Johannesburg, you go to Juta in Saudi. From there, you get on a bus and you go to Medina and in Medina, you go to the Mosque everyday or even if you want to stay in the Mosque the whole day, you stay there. That's where the prophet is buried. Then from Medina, you go to all different places where, where different people are buried and where...where the water, that you say the pit, the well...the water well and where the dates are grown. You go to all the places. You go to the factories.... was hiding...where the web was spun by the ... the ...the spider who spun the web...

R: Hmm

P4: ...so they couldn't find him. When you go into that cave, you say a prayer there. But that mountain is so wide so you go over the mountain on the other side and you get to the cave. I did everything that I had to do. I wasn't sick at all. I ...I was sick but it was my asthma that...because that place is very ...very, very hot. Then I mean we came home. I was still fine. I went back to work...and it was just the Sunday when we had lunch here in the frontroom, I felt so hot and bothered. I went upstairs to go lay down and it wasn't long, I felt myself laying on the floor. I ...I knew I had a fit 'cause I was banging on the floor for them, I couldn't shout. I was banging on the floor... somebody must come up to help me. Only when we got to the hospital that I found out I had a stroke. Ok, we did not talk about that because I did not know what happened in the hospital. All I knew, I was rushed from one hospital to another...this hospital, here in Manenberg, to Groote Schuur. Then I came home, stayed a couple of days and then I was taken to Conradie for therapy ...but then I was very sick because I couldn't eat. Everything I ate just came out. Then, long after that, at Groote Schuur hospital they found out that the tablets was too strong for me... and that I had to go for a blood test every once a, once a month... but now they reduced the tablets. I feel fine. I can eat. I don't vomit anymore. I couldn't go anymore because I couldn't eat, I couldn't drink... anything... even water just squirted out...but I was very sick. I thank Allah ghamdulah I'm very much better now...and that's where I stand at today. I couldn't do the physio for the first three months. They say it was very important because I was too weak to do it. I think that's why I still need it to get this hand to work. If I did the physio like it was supposed to be, maybe I could have gone back to work by now...but ok, I got the wheelchair. I only use the wheelchair if we go to the shopping centres or like if I go to my daughter in the hospital. If I must go in the lift. Like he will put me in the lift. He's... he can't go into small spaces. He's claustrophobic. He will put me in the lift, then he will run up the stairs. When the lift gets to that ...floor, he will just get me out again...but I now I'm used to things like that already. But now in the house, I will walk around with the stick. It's like I'm not healing fast enough for him, that's the problem.

R: Is that what you think or is that what our husband told you?

P4: Oh, that's what I think... because he's actually trying to do everything to get me to do things quicker. Like he built that three steps there so I can go up and down on the steps. I'm still very scared of falling because I fell one day here by the door. And it seems to me I don't heal quickly because I still got blue marks from falling. I fell upstairs also. I got an ankle that does that...but the kids bought me this anklestrap...but now I walk much better. I can go up the stairs, I can come down the stairs, 'cause he put the rails up. I can't use my left hand man.

R: Mr-----, is it true that you,..you grow impatient for her to improve at a quicker pace?

H: It's more yes and no...she's more, she's more scared she'll fall...I try to get that fear for falling out of her but I don't know how...

R: And that is something....?

3rd P: relax her mind, then I think she'll be better....

R: Are you saying that she must relax her... her mind...so she can focus better?

3rd P: ...that's it...

R: Do you think that you are too tense?

P4: Yes...Although he say that he won't let me fall...but I try .refuse to fall... but I always fall so down ... but to fall so down ...[cries loud]...ooh it's nervous on me...[carries on crying].....

R: [softly] ...ok...

P4: I just wish I can get up and be normal again like I used to be.

R: What makes you the saddest?

P4: Not being able to do that which satisfy me...not being able to satisfy him... I want to satisfy him. I wish I can just get up and say " come let's go, like we used to. It's taking too long man. It's almost two years now. I mean, I do pray a lot. [pause] I'd like him also to speak his mind, tell me how he feels. Maybe I can go. Maybe I ...I will ease myself [still speaking in a tearful voice] ...as... sometimes I don't know what he thinks

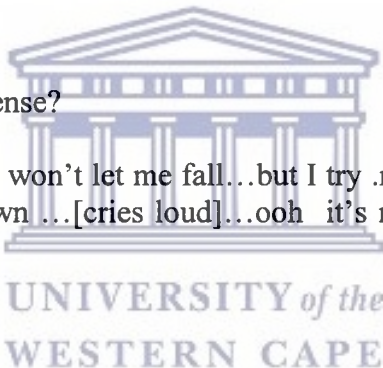
[Pause]

P4: [very softly speaks] ...It's painful issues...

R: What's that?

P4:...it's...I know I mustn't upset myself...

[Pause]



P4: There's just so ... there's been so many different things wrong with me. I got an irregular heartbeat. I get water over my lungs and over my heart....

R: Repeat that for me?

P4: Water...water just past over my lungs and my heart then I get this pain. I drink a tablet for it.

R: A?

P4: Tablet.

R: How does it make you feel knowing that you have all these little things?

P4: Which I never used to have. I know I had asthma all the time but I could handle that 'cause I stopped smoking. When I was then better, I stopped completely when I got so...these asthma attacks where ...I stopped completely. Now the other day I want to start smoking again but they're keeping me away from it. [Pause] I just want him to be honest and open with me, 'cause I can tell him " Ag wat, jy's al dik van my al man"

R: How does it make you feel when you say something like that and you actually believe it?

P4: And him answering me that it's not true. I want him to be honest with me.

R: How does it make you feel when you say to your husband, " Jy's dik van my"?

P4: I just want...Ag I must rather then be dead but I know I mustn't say things like that. It's not in our belief to say things like that...but that's how I feel. I just wanna get out.

R: What do you mean when you say you just wanna get out?

P4: I just...I don't want to be with them if they are like that to me. I know I will not be treated the way he treats me. He's a wonderful man. I got no problem with that. He'll go out of his way to do something for me [still very upset]

R: ----- as you say. He's such a wonderful man. He goes out of his way for you...then why do you still feel like you do?

P4: Because sometimes...I know it's getting to him because he... he started shouting with me.. or he'll push me ...so I was standing, then he'll push me and then he'll laugh about it like it's a joke [sadly] ...I don't know him to be like that. He's a very soft and kind hearted man...and my brothers is very proud of him because they say, they will never be able to take care of me the way he does...but I know does, but there's sometimes that I know that he gets ...fed up...but I can't do things that I used to do.

R: How often do you feel that way?

P4: Quite a lot. That's the time I just start crying. I 'm not just fed up with that, I'm fed up with myself [sounds angry]... for not being able to do the things he wants me to do...but I wish I can. I always tell him " I wish I can just get up and walk for you. For me to be able to

...heal, will be a much better thing for him. I'm not just saying it to you. I always tell /... him it myself. I'm not saying it behind his back. I can say it into his face...and he knows it. I think he knows exactly how I feel...but he must tell me if he is not satisfied with me. Because I can always tell hi “ To give you your life back, I can go stay with one of my kids. I can stay with my son, I can stay with my one daughter or with my mother...but I want him to be honest with me. I don't want him to throw his life away for me. If he want to be on his own, then he must tell me, then I will feel much better. Because now, the way I am now...I can go to the loo on my own. I can stay with my mother. I won't be a burden to her. She'll be too glad to have me...Even if I just want to sit in the room with my granny all day long, I will stay there. ...I just don't want to tell him “Look, I want to go”... and then I was wrong...you know what I mean?

R: Explain that to me?

P4: I don't want to tell him, “ Look, I don't want to stay here anymore. Then it's...then it's my fault for leaving. I want him to say, “ Ok, I want my life back. I cannot handle looking after you anymore. You can ma go, stay wherever you want to stay.” Because my son has got a room for me, my daughter has got a room for me. I can go to my mother and I can go live... go stay in my granny's room...or my granny's brother passed away, there is a room there. [Starts to cry] ...My brother will be not so happy to have me .he knows that he loves me. But I don't want to be like this anymore... [continues crying]...I don't want to be a burden anymore...[tearful still]...wish he can be honest with me ..just...I can't help it ...

R: It's ok...

P4: [cries still] ...I accept this is a punishment for me...I accept my ...my stroke if it's ...I must be punished like this. But though I'm still in the stroke...and I know what he did ...so I'm lucky to have such a wonderful man but I want him to be honest with me. He will do what he did for me ...but I want to know how does he feel...that's what I'd like to know. He's not a person that will show emotion ...he won't show emotion but I'd like to know how does he feel...'cause it makes me sore if I don't know. I could try and fix ...or I can say thing to him...I can take it. I don't like him to hide thing away from me. [woman addressing her husband] “I want to know how you feel. I don't want you to hide things from me. I can handle anything. He knows that. If hr tells me I must go live somewhere else, I will be able to take it...but I don't want him to suffer because of my stroke. I don't want him to suffer in silence because that is actually what he is doing now. He's ... he's not a person who'll show emotion. [talking to her husband again] “ Am I right?”

3rd P: “ No, you're wrong”[answering his wife]

P4: [asking her husband] How do you mean I'm wrong? How do you feel about me? How do you feel towards me?

3rd P: I feel it takes time.

[Pause]

P4: Tell me ...

3rd P: What...why do you feel frustrated....?

P4: ...do you love me?

3rd P: ...this...this thing it takes time.

P4: That's what you keep on telling me...[pause] ...but I feel that you don't think I'm doing... I'm healing fast enough or that I don't want to do something.

3rd P: [to his wife] How far...How far have you come?

P4: Out of the wheelchair...

3rd P: You were bed ridden.

P4....In actual fact, I can go...

3rd P: When she got the stroke ... the doctors called us in and said that there was a fifty-fifty chance that she will survive the night because the healing was not done, there was a bloodclott ...that shot from the arm to the brain.

R: So what you're actually saying is that the progress has actually been phenomenal...

3rd P: Ja, ... the thing is... you get different types of strokes. You get high blood, you get smoking, the liver...I don't know...

P4: But I didn't know but he said that I couldn't sit up alone. I can't believe that. Not being able to sit alone. He said I would just flop down. That's why I say, the strong part, he can ...he can actually now say things better than what I can. I can't remember anything. All I know is that I had the stroke. The last I remember was they tried to get me down the stairs...

R: After you'd fallen...

P4: yes...

R: ...hmm..

P4: I dunno how many people tried to pick me up and put me downstairs. I know it was him and my daughter and the lady next door and her son. That's all I know. They took me to Jooste hospital, actually my son was going to pay for Gatesville Medical Centre but then they said that if you can't put down a thousand rand, then they won't even look at you, So I said ...so oh now just take me to a government hospital then. Why must I pay such a lot of money just to look at me? But anyway, I can still attend Groote Schuur hospital. I go for my blood tests and I see the doctor maybe once a month. I only see the doctor June or July. I think in July I see the doctor. But I like go ...once a w...once or twice a month for a blood test because they're scared my blood could thicken again so that it don't do damage to my valves in my heart and that is why I got this irregular heartbeat and I tire very quickly...I'm tired very quickly...but otherwise my heart is fine. But there's just this one ...we didn't ...there's just this one sex problem. It's not actually a problem ...I dunno...I think we're to scared to do it.

R: Do you have any sort of sex drive?

R: Yes, I do

P4: Has it changed after the stroke?

P4: Yes

R: In what way?

P4: I mean, It was nothing for us to have sex. Now it's like, you have to work yourself up first. But I think he's scared I'll get another stroke.

R: So you're both aware that there's nothing wrong. I mean, the stroke hasn't affected any of the things... any of the sex organs at all?

3rd P: Yes, we both know that...

R: Why do you think you do not have sexual intercourse?

P4: It's him... he's scared!

3rd P: I'm not scared...

P4: Now why don't you...can you tell me why not. I'm not scared to talk.

R: If it's a personal thing....

3rd P: No, not ...[pause] ...You want to know why not ...er...er ...I don't feel like it.

P4: Because I'm in this situation?

3rd P: Yes

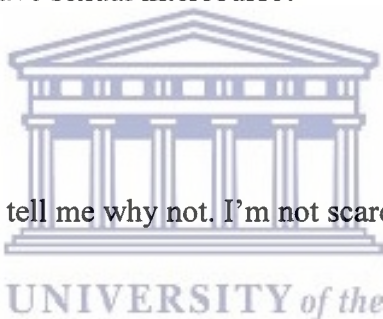
P4: I got mad children. They everytime want to know if we did it already [laughing]. I got a bunch of mad kids. They blame him and they blame me and they blame him and they blame me.

R: How important do you think having sex is to your relationship?

3rd P: Hell... We had such a long life...earlier on it was just sex and thoughts of it, but as the years go by the thoughts all blow around in the mist.

P4: Ja, it won't actually break us up, not having sex, and it wont even...he wont even think of going outside for it...but I daam trust him, I believe he wont do a thing like that...because if he wanted to, I mean, I can give it to him...but it's not something that will keep the marriage together, not in our life. We're so used to it already.

R: I'm just sitting now here thinking why you feel it's not right to have sex. I am trying to understand why you think it's not right to have sex.



3rd P: To me it won't work. I ...I don't feel right.

P4: To have sex with half a woman...[both laugh] That's what he called me ...old half a woman, ne?

3rd P: Ja, I think I might have said something like that.

R: How does that make you feel when, when you are called half a woman?

P4: I shrug it off. I won't keep it against him.

[Pause]

R: Is there anything else that you want to tell me about what you still want to do yourself?

P4: No, It's just that I would like to get my strength back to go work. If I can go work, I'll be independent again...,because our problem now is money problem. 'Cause we are... at the moment we are just living off my pen...my disability ...the water is late. Number one, I got to pay the rates. When you get the money, the first thing that will go, is R130.00 for the rates. Then it is electricity that you must buy. Ok between the two of us we don't need...foodstuff, we don't need such a lot. Then ... I have to put petrol in the car if I want to get where I want to be...And now there is another little one. I never even bought the last grandchild that was born, a present. I just hope I'll be able to buy this one now something.

3rd P: Hold it ... You can't buy one and not the other...

P4: Why not...

3rd P: They will cry....

P4: There's a lot of thought linked to this other one...

3rd P: But. er...they don't think like that.

P4: My son haven't got children, so...so now he's taking money, his sister's child and buys the child everything

3rd P: Then that doesn't mean you have to do the same for the other one.

P4: You know I love our grandchildren all the same.

3rd P: Oh no ...she loves the baby of them ... there's always a favourite.

R: Thank you very much.

TRANSCRIPT OF INTERVIEW WITH PARTICIPANT NO. 5

RESEARCHER: Mevrou, wat volgens u beteken vroumens wees...seksualiteit, soos ons dit noem?

PARTICIPANT 5: Hoe bedoel u?

R: Wat volgens u beteken vroumens wees... Om 'n vrou te wees?

P5: Hoe kan ek nou vir u nou se? ...Kyk sy is mos nou gebaar vir n hoof vir n vrou ne? En die drang, al jou vroue, vroue persoonlikhede uit ...wat jy moet doen, want as jy huisvrou is ne? En as jy nog tyd vir babas is. Wat jy moet doen en wat jy nie moet doen nie . Hoe jy behoort... baba gebore word en almal daai ietse. Nou, al my kinders was gebore in die huis.ek het nie n dokter gehad nie. Ek was nie in hospitale nie...Ek was almal voedvrou by die ...een voedvrou by die huis gewees en al my babas het gekos... twee rand. Twee, 'n pond ne...is mos [laughs] ... Die outyd was mos n pond en al my babas het daai geld gekos.Daar was nie ene wat vyf pond, tien pond gewees het nie. Almal was daai geld...Die een voedvrou...hmm...het almal geken. Dokter ----- hier in -- ----- was my dokter *in case* daar komplikasies gewees het, het ek vir hom ingeroep. Sover moet ek se ...al my babas was normal bavas, sewe pond en – 'n – half, almal by die huis.

R: So hoeveel kinders het u nou weer?

P5: Ses. Vyf boys en een girl.

R: Hoe voel u omtrent ma-wees?

P5: O, somtyds...hoe kan ek nou se... Dit is hard en dis sag .Jy moet maar daardeur gaan en dan, baie dae was daar nie gewies nie en baie dae was daar volop. Jy moet maar deurgaen, jy's die ma. Jy moet maar die pot aan die gang hou of die huis aan die roer hou hiersa. As daar nie is vandag vir die ene nie, vir die dag van more nie, dan moet jy maar bymekaar krap om bymekaar te kry vir hulle. Die geldjie was daai tyd min, maar daar was daam n uitweg. Ek se as jy glo in die Here, dan kom daar mos n weg uit man. Jou geloef moet net sterk wies.

R: En nou? Hoe's u verhouding met die kinders nou?

P5: Ek kan ...ek kan niks complain van hulle nies. Hulle voel n bietjie baie disappointed dat ek moet so sit en suffer, maar ghamdrulah, hulle is tevrede.

R: Jy't nou genoem van huisvrou. Wat het u daarby bedoel?

P5: Hoe bedoel u nou van huisvrou?...ek meen... Kyk as jy huisvrou is...alles op jou rug...ne? Jy moet uitdink, wat vanaand vir die kos. Wat gaan vanaand gemaak word en die. Waar gaan die ene. Nou gaan die een miskien...miskien nou uit. Nou moet jy vir jou le *worry* wat geword van hom. Hoe kom hy huis toe. Is hy veilig waar't hy gaan en almal daai dinge. Jy't almal daai, in jou gemaaind in. Maar sover moet ek se, ek het goeie kinnners. Hulle's goeie kinnners. Hulle kyk mooi agter my. Hulle is nou al almal uitgetroud. Drie en drie is in die huis. Enetjie moet nou nog trou, maar ek is tevrede. As hulle... hulle kyk mooi na my. Ek kannie complain nie.

R: U se hulle is geworried dat u so moet...?

P5: Hmm...

R: ...suffer?

P5: ...ja...

R: Vertel my bietjie van die suffering...

P5: [Laughs] Hulle lyk... Hulle wiet mos nou...Kyk as hulle saans uit die werk uit kom, hulle kos is daar, ne? Hulle wasgoed is gewas en gestryk. Hulle kom sommer by die deur in dan's die hemp se knope al oepe al...dan kan hulle badkamer toe gaan...maar nou mos nie meer nie. Nou moet hulle mos self gaan stryk as hulle wil iets he. Of hulle moet nou wag ...maar wel, hulle het nou vrouens. Die vrou moet dit maar noe doen.dis mos nie nou meer mamma nie. So, ek is ... Hulle gaat daam aan. Hulle wag. Hulle bring nou vir my. Hulle bring nou vir my.

R: Hoe het u lewe verander nadat u die stroke gehad het?

P5: [talking very softly] Dit [husband] was baie ombeskof gewees...Hy kan dit nie gevattit nie. Hy't gedink ek sit aan...maar nou, wat hy nou gradually sien ek kan niks vir myself doen nie, nou's dit dat hy n bietjie aanvaar.

R: Hoekom dink u was hy so ombeskof gewees?

P5: ... dan traak hulle ook nie wat hulle se nie. ..Maar nou is alles gechange. Daam se ek , dis net hoe't jou geloof is. As jy glo waarlik jy gaat ge..., jy gaat daai ding survive ...en jy gaat deurkom moet daai ietse...Die Here gaat vir jou die krag gee om by te kom ... deur te kom. As dit ook ... as ek ook van daai soorte gewies het wat hier gele het en niks vir myself gedoen het nie, dan was ek seker vandaa in die tomb...maar ek het geprobeer...ek het geprobeer om my self te wil help. Ek kan daam vir my nou aantrek. Ek kan daam vir my iets doen in die kombuis. As ek voel ek wil iets vir my doen, dan kan ek daam vir my iets... n bietjie kos maak of whatever ek net voel daarvoor, kan ek doen dit. ...dan gaat ek in die kombuis , dan doen ek dit vir myself.Is nou net , ek kan nie my bed opmaak nie . Ek Kan nog nie vir my lekker was met die hand nie, maar met die hand kan ek alles doen...kan ek alles doen. Prys die Here daarvoor. Dis daam n uitweg.

R: U praat baie van die Here. Vertel my bietjie van die rol wat ...[phone rings]

P4: Ekskuus tog...

R: Wat van u geloof...in die Here?

P4: Nou kyk...ons is mos Malei ne? Ek bid driekeer n dag...Eintlik vyf keer n dag...dis mos five o'clock, dis one o'clock, is half past three en dan seven o'clock en nine o'clock ...Nou daai tyd...daai twee woorde kan ek nie doen nie, want ek kan nie die nie... ek kan nie die hand kan nie daar by daai goed kom om dit te was nie. Kan my hande was, kan my gesig was, ek kan die voet was, maar ek kan nie daai doen nie... nou doen ek dit nie, maar ek sit hierso....dan vra ek vir die Here om my pyn te verlig... en ... al my mense rondom my ...om vir my te help om dit te doen . Daais 'n groot rol in my lewe...en jy

vra nie net vir jou nie, jy vra vir een en almal. Kyk, al die mense wat in die Mecca is, het juffrou gehoor oor die radio gistraand?

R: Nee, vertel my?

P5: Hoe hy gebed het oor die radio? ...van mense wat in die Mecca is. Jy kry daai gevoel om saam te bid met daai mense wat daai kant is, want daai mense bid vir jou wat die kant is. So ... ons moet onse medemense meer bymekaar bring...

R: Hmm...

P5: Ons moet weggee vir hulle. Wat ons te veel het, moet ons afgee, weggee, maar jy kry mense wat vashou, dan wil hulle mos nie vir jou gee daarvan nie. So meer jy kan weggee, so meer is die liefde binne in jou in.

R: Wat het mevrou alles gedoen voordat u die stroke gehad het?

P5: Toe't ek jonk gewies het, ek het nie gewerk nie...

R: Hmm...

P5 ...na die kinners gekyk het. Ons se huisie was klein. Ek kom van ----- . Ons het daar gebly. Daar was twee kinners gebore. Toe kom die ... toe kom die group in ...toe gaat ons ----- toe. Daar was twee kinners gebore daar. ..En toe kom ons Bishop Lavis...en toe kry die man n ongeluk.hy was in die Karl Bremmar hospital... seker vir n ...vir n nege maande.Hy was in n gips, dat sy bene so gewies het, so die plankie, net hierbo, ..want hy't sy spine seergemaak. Ai man, daarvandaan het net hier gekom, toe't hy kom by die huis le..[Burps] ...ekskuus, ek het my skoonpa ook hier by die huis gehad. Hy't ook n stroke gehad. Hy't geseil op die grond. Ek het na hom ook gekyk en na my kinnertjies. Wel daarna, toe't hy kan loop op n kurk, toe vat ek een oggend die kruk af. Toe se ek "loop alleen sonder die kruk" ...en so het die kinners vir hom stasie toe geneem in die oggende om te gaan werk. Saans het hulle hom gaan haal hier by die lyn, van die stasie af weer huis toe. So't ons beginte opbou en opbou deur die krag van die Here...en nogtans se ek vir ----- " Hy was goed, hy't gewerk." Hy't nooit by die huis gebly nie...Hy't gewerk, van soggens vroeg tot saans laat. Toe trek hulle van ... van ...hoe?...Perre Eiland af Parow toe...toe werk hy nagskof en dagskof. Moet n bike... moet n fiets, maar ons het aangegaan...en so het die kinners skool gekry. Hulle't in die Islam skool gekry, alles wat 'n moeder vir hulle gee, het hulle ...kyk, die man werk mos vir die pennie. Hy moet mos in sy werk wies. Hy kan nie nog nie moet die en daai...Jy wat die ma is moet vir almal daai goed sorg. Eers die drie jongste span is in die huis gebore. Die oud... die baby is nou dertig die jaar wat verby is. Ons is nou hier in die huis ... agt – en – dertig jaar...agt-en-dertig jaar. Met die krag het ons daam die plekkie nog grotere gemaak en almal daai...maar nogtans, soos die lewe aangaan, is daar maar altyd nog probleme.

R: Hmm...

P5: Die ene se vir daai ene ...en daai ene se vir daai ene, maar worry nie, ek kyk over dit because is nie my biesagheid, hulle's getroud. Hulle moet sien en kom klaar. Ek het my lewe deurgebring. Ek moet die Here dankie se daarvoor.

R: Toe net, net voor die stroke ne ... watter tipe goed het mevrou gedoen?

P5: Ek was net n huisvrou. Ja, ek het nog nooit gwerk vir n baas nie ne ...nog nooit gewerk vir n baas nie. Ek het eers vir myself. Ek het vir my n huiswinkeltjie oopgemaak...en ek het gehawk, gebroke met vis. Ek het vis gaan haal by die... Kalkbaai, Houtbaai...en dan verkoop ons dit op die pad...en so't ons beginte met dit en daar..ek het so vir my opgebou. My oudste seun, hy't vir my gehelp, hy was my driver, toe kom 'n ander ou vrind van my. Toe seg hy... Motjie , ek gaan vir jou help. Toe se ek ok nou kan hy gaan werk, want hy wou toe trou, toe se ek nou moet hy gaan werk, want hy moet nou huis opsit. Hy kannie nou meer vir my help nie. Ok toe kom die anner enetjie weer. Hy willie toe nie skoolgaan nie, want hy se dis nie lekker standerd ag nie. Ok, en toe moet hy gaan werk, want ek kannie skollies grootmaak nie.toe moet hy gaan werk...Ok toe wil jy nou vir my help. Toe leer ek nou vir hom oek om te werk moet vis, hoe om die vis te vlek en hoe on te kere te gaan, maar ok,...toe kom dit so dat hy n job kry by clutch –n-breaks, want hy wil oek roe trou. Hy's die tweede enetjie. Toe se ek as julle wil trou, as julle wil vrou vat, dan moet julle werk, van ek kannie vir julle vrou oek support nie. Hy werk nou nog. Die oudste ene broke nou nog moet vis. Hy leer nou sy kinnners. Sy kinnners werk nou vir hom. Hy sit nou soos 'n baas, sy kinnners werk nou vir hom...Maar ek het afgeskuif daarvandaan af, dat ek nog altyd nou in die huis in is. Nou voor die stroke, het...ek het eerste 'n hartaanval gehad...toe was ek by Gatesville gewies, daar't ek daar gele vir n week, toe stuur hulle my toe City Park toe. Toe't hulle die Welfare...nie die welfare, die Arrow Industrie...daai't toe oepe gemaak by City Park. Daar't ek gele, ook n week...was veertien dae by die hospital, toe kom ek huis toe. Die tweede, toe't ons die huis beginte bou, toe val ek moet my been in n gat hier voor die deur, toe kraak ek my knie. Ek het nooit notice gevat dat my knie is seer nie, maar so ouer ek geword het, toe beginte die knie vir my te pla. Toe gaan ek dokter toe en ek vat toe Xray, toe se hulle my knie se been is al verkrummel. Ek het te lank gewag. Toe opereer hulle op die knie. Nou ...toe het ek ...die knie het ek geopereer, toe het ek weer gehink en pink maar ok ek gaan maar aan ... en daarvandaan het weer so aangesterk, aangesterk. Nou die laaste...laasjaar, February, weer n hartaanval, Valentine's day. Op Valentine's kry ek n hartaanval. Daai Sondagnag, toe *rush* die kinnners vir my hospital toe. Tygerberg, want toe is ons nie meer op die medical nie. Toe werk die ou mos nou nie, hy's afgepension. Toe sit die dokter vir my oor vir Tygerberg, toe gaan ek Tygerberg toe die maal ...en daar't ek gele en toe't hulle dieselfde gedoen on die aar oop te maak...maar dit was nie eens nodig om dit oop te gemaak het nie, want daar was nie...dit was nie verstop nie. Dis net die bors. Die brandpyn van die bors het gemaak dat die aar nougetrek het. Vannag het ek so n brandpyn weer gekry...

R: Hmm...

P5...toe sit ek heelnag regop...sit ek so regop, laat die pyn net kan opweg. Ek weet nie wat dit is nie, want ek voel my bors is nie reg nie, want my stem is nie reg nie. En 'n ... na ek van die hospital uitgekome het March maand, ek by die huis, maar 'k het maar heeldag ... en March/April...die derde April, toe kry ek die aanval. Dis 'n jaar al...Ek beur my deur.

R: Wat doen u deesdae?

P5: Ek sit maar nou net hier...lees nou weer n bietjie en gaat miskien kyk daar agter wat maak hulle of so.

R: Wie run nou die... die huis en so aan?

P5: Ek koop nog self my eie grocerie as ek winkels toe gaan. Hulle stoot vir my, dan gaan ek miskien nou Athlone toe of waar ek nou wil gaan, dan gaan shop ek, wat ek nou kort kry en wat nou nie in die huis in is nie en dan koop ek, so... ek gaat nog alty aan.

R: Hoe voel u oor die feit dat u lewe so verander het?

P5: Wel, is n bietjie swaar man, maar jy moet gewoonte word ne? Jy kannie teenaan... daar teenaan kan n mens nie klou nie, want as die Here vir jou bring, jy't genoeg gehad van daai, ons gaat nou wegvat daarvan, ons gaat jou die middle gee of ons gaat jou die kwart gee. Jy moet tevrede wies. My bokkie... ek is baie tevrede.[softer] Ek is baie tevrede. [Cries softly]

[Pause]

R: Vertel my wat maak u....wat laat u so hartseer voel?...Neem u tyd.

[Pause]

P5: As jy sien die ...die... as jy jou kinnners grootgemaak het op jou ewe wysenskap, dan kom daar ene wat vir jou afdruk. Dan maak hy meer van daai persoon as wat hy maak van jou...Nou my man is weer so...een...Hy wil niks weet van daai een nie... daai maak my baie seer. [Speaks very softly and tearful]

[Pause]

R: Hoe is u verhouding met u man?

P5: Nee. Ek ...ek is elke dag dieselle...ek is elke dag dieselle. Hulle kan nie se...”My ma is badluck. My ma skel nie ...Hm...Hm....As ek voel ek wil met hulle praat, dan praat ek met hulle. Hulle is mos my kinnners.

R: Hmm...

P5: Ek is altyd dieselle...

R: ...en u verhouding met u man?

P5: Dieselle, dieselle...ek gaan aan...as daar nie is nie, dan kom vraag hy vir my...as daar nie is nie...ek wil nie vir my upset nie. Ek moet nie vir my upset nie.... Nou dit moenie so wees nie. Ons moet almal bymekaar wies. [Speaks very softly]

[Pause]

R: U se u verhouding is nog dieselfde met u...met u man, maar is daar nog intimiteit? Is u fisies intiem?

P5: [Shakes her head]

R: Nee?... Nie eens ‘n bietjie nie. Nie eens hande vashou....?

P5: Nee ek, glad nie daai nie...Daai's nou seker drie jaar t'rug wat ek nie lus om jol nie...

R: Wat is dan verkeerd?

P5: Ek wietie ... ek kan net nie vir u daai antwoord gee nie. Die dokter het ook vir my so gevra, toe se ek nee, ek weet nie, ek is net dood

R: Hier binne in...?

P5: Hy't my seergemaak...

R: Behalwe hierdie soort van dooie gevoel, is daar 'n ander rede?

P5: Hy vat nie meer aan my plek nie.

R: Hoe voel u nou oor u liggaam op die oomblik. ... deur so baie siektes en goed gegaan...hoe voel u oor u liggaam op die oomblik?

P5: My liggaam man! Ek kan nie *explain* nie! Ek word dan al vetter man. Kyk hier man, die maag willie sakkie...Ek weet nie hoe om te se nie. Ek wil so graag maer weer word. Ek was net so [shows with her finger] Ek het in 'n twaalf rok gegaan. Ek het n rok, dan gaan ek ...dat... ek het gese daai's 'n soewerneur, wat ek vir my al my kleinkinders kan wys hoe maer was ek. Regtag waar! Ek wiet nie hoekom ek so fris geword het nie. Ek is net breed hierom. O hene... ek sien my klere hang almal daar. Ek kan dit nie een aantrek nie...maar ek worry my nie. Ek is maar net so't ek is.

R: Hmm...Het daar baie veranderinge in u lewe gekom nadat u al die siektes gehad het?

[Pause]

P5: Hoe sal ek nou vir jou *explain*?...Ek is nogal nie moody nie...en ek is nogal nie moeilik nie , wat ek nou se , ek het vandag n koppyn , dan's ek moeilik soos wat party mense is nie, ek is nogal nie ...ek is nogal dieselle...ek is nogal dieselle ,want ek se die Here toets 'n mens waarvan jy gemaak is ...en ek glo daaraan...want as n mens iets verkeerd doen, dan gaan jy n waarskuwing kry. Gaan jy n waarskuwing kry. Die oumense het altyd gese. "As jy verkeerd is, dan gaan jy sien, jy gaan iets oorkom, maar as jy die regte pad loop , dan gaan daar altyd n pad oop... die pad gaan wyd wees vir jou. Nou ek weet nie of ek in die wye pad loop nie en of ek in die nou pad loop nie, maar ek is baie tevrede.

R: So smag u nie na intimiteit ...soos met u kinders ... hug u ooit vir mekaar of...?

P5: Nee. Laasweek het hulle vir my uit ... het die klein, die jongste enetjie vir my uit gevat om by die Spur te gaan eet, want dit was my birthday en toe neem hulle my die aand uit om daar te gaan sit en relax. Ek het my geniet saam moet hulle...saam moet hom same...lekker geeet, jokes gemaak, die mense het gesing. Sonder ek daarvan weer, het hulle gesing "*Happy Birthday*" *Candle lights* was *gelight* en ek se, "My gom, het julle nou hientoe gekom om die almal...maar so het die aand verby gegaan en ek is nog altyd dieselle, dankie."

R: Hmm...Het u baie vriende?

P5: Gevaarlik...u moet oor die radio hoor. Sondag...Saterdag aand en middag was hulle al-mal hier by my om my te wish. Ek is gevaarlik en my familie is baie groot.ek het n groot, groot familie. Van moederskant en van vaderskant, dan staan ons sommer van ons, van die huis is te klein as hulle almal vir my, by my kom kuier. Ons is baie lief vir mekaar. In ons se baklei en se skel moet mekaar ne, ons is baie lief vir mekaar.

R: Dink u familie en vriende het n groot rol in...?

P5: In my ...aan my...’ *cause* hulle bring aan vir my. Hoe sal ek se, hulle sal altyd vir my mooi moed inpraat...en daai is die grootste verlange wat jy wil he vir jou hart, as hulle weggaan, hulle sal altyd n mooi gebed vir my aflos. Daai is altyd die mooiste van als ...as my broer phone of my suster phone ... “Tietie als is oraait, ...moenie worrie nie , als is oraait”...ek moet se ...daai hou my baie...’n ...’n ...hulle is baie...hoe sal ek se ...geworried oor my wat nou so sit, want hulle weet mos ek is nie een wat so sit nie. Ek is die een wat loep, op die pad is, maar ek is tevrede wat ek nou hier sit. Daar is som dae wat ek uitgaan ...wat ek laas...nou laasweek wat die kinnners my uitgevat beach toe met die stoel...los hulle my in die water, met die stoel. Toe se ek “Nee, ouman, kom haal vir my net hier uit, van ek gaan af grond toe nou ,...ek en die stoel [laughs] Nee, hulle vat vir my ...orals wat hulle nou dink hulle kan vir my neem, daar neem hulle my...of as ek wil gaat na my broer toe, dan neem hulle my.Of, as die man... vat my winkel toe hy ...ons gaan. Ek sit nie net alleen in die huis in nie. Ek gaat daam uit ook...

R: Hmm...

P5 ...en as my vriende siek is, dan se ek, “ neem vir my soontoe” dat ek daai persoon kan gaan *visit* of *whatever*, want hulle kom *visit* vir my en dan moet ek my plig doen om vir hulle te gaan *visit*.

R: Hmm

P5: So is ons.

R: U die besigheidsvrou? ...en die finansiël?

P5: [gives a short laugh] Ek het gedink ek gaan vir my *pension*. Alles is deur. Die papiere is geteken en alles is geteken, fingerprints en almal die goete, toe wil die man mos toe nou wiet wat verdien die man. Toe se ek mos nou hy’s op n pension, maar is die werk se pension mos nou. Toe vra hy mos nou hoeveel kryg hy. Toe se hy hy kry tweeduisend. Toe se die man “ek kan nie... dan kan ek nie jou vrou help nie, jou geld is te veel”...Ok, toe stuur hulle vir my n brief...nou, maar Januariemaand, toe was ek nou Februarimaand weer daar. Toe gaan vra ek vir hulle van die brief. Ek het briewe van ... hy’t vir my gese ek moet n brief van ... by die poeliestastie bring. Toe neem ons dit in...en ek het n brief gebring van die seuntjie wat nou gaan trou, van hy’s biesag om vir hom n huisie te koop. Daai pampiere het ek vir hom geniem. Toe seg hy vir my, wel, die man se geld is nog altyd te veel wat ons kry. Toe se ek vir hom, maar kyk, die man gee dit mos nie vir my nie. Hy betaal mos die skuld daarvan. Kyk die lig moet betaal kom, die water moet betaal kom en almal die ietse wat hier gedoen word.... Dan wat is daar oor? Toe se hulle vir my wel, hulle gaan weer aansoek doen om te kyk as ek iets kan kry. Miskien nie dieselle geld wat die grotmens...oumense kry nie, miskien minder. Toe se’k vir hom, ek is ...kyk ek is tevrede. Al is daar net n tweehonderd rand of n honderd rand, solank ek net n blikkie

drink kan koop of n pakkie chips koop se ek vir hulle, dan is dit nie nodig dat ek wag op die kinders om vir my n ding te koop nie. Toe se ek ...dis vir my 'n ... Toe se hy daar is baie mense wat die man van werk en dan kry die vrouens pension. Daai gaat hulle nou uithaal. Toe se ek ...hoekom dan so ...die man betaal dan ...het dan al die jare tax gebetaal, ek het dan tax gebetaal ...hoekom dan nou al die ietse? Toe se hulle, dis nie net ons nie, daar's baie ander nuwe rules wat hulle nou gaan maak vir die mense wat so al kante pay. Nou wiet ek nie, ek moet maar seker wag en kyk wat gaat hulle maak.

[Pause]

R: Vertel my 'n bietjie van hoe u nou oor uself voel....

P5: [asks for the question to be repeated]

R: ...Hoe u nou oor uself voel? Hoe, hoe voel u nou oor uself?

P5: O...O, die uitpraat?... 'n Mens moet uitpraat. Ek moet so alles hier by myself hou[crying slightly while speaking]. Eendag het ook gesit by my niggie in ----- . Toe praat ons ook so. Toe se ek vir haar” wiet jy, as mens uitgepraat is, dan voel jou hart somer beter. Toe se sy vir my, “ Nou kom, sit elke dag hier.” Toe se ek “Nee, ek kan nie elke dag na julle toe kom nie. Julle is mense wat huise het, kinders het, skoolgaan en almal daai. Ek sit maar nog by die huis. Ek is oraait.

R: Baie dankie dat u die tyd ingeruim het om met my te gesels. Ek waardeer dit.

P5: Nee wat.



TRANSCRIPT OF INTERVIEW WITH PARTICIPANT NO. 6

RESEARCHER: -----, wat beteken vroumens wees vir jou? Om 'n vrou te wees?

PARTICIPANT 6: Op die oomblik voel ek nie meer soe ek gewies het nie. Ek is nie dieselfde nie.

R: Hoekom...voel jy nie meer dieselfde nie?

P6: Ek kry die pyn...en veral in die linkerkant. Die arm... die een skouer is uit sy mik uit. Ja,...ek sukkel n bietjie met my linker arm ...en my linker been het n bietjie opgetrek. Ek kan nou nie se hoeveel sentimeters nie. Twee of drie sentimeters het dit opgetrek, want as ek skoene aantrek, dan's die een skoen groter as die ander ene, ...sien?

R: Hmm...Vertel gou vir my n bietjie van wat gebeur het. Hoe het jy die stroke gekry?

P6: Ek was swanger met hom, toe't ek mos nou die babatjie gekry... die twee-en-twintigste, dis 'n week na die babatjie. Die twee-en-twintigste June, wat ek my oer oopmaak, toe's ek in die hospitaal, weet? ... toe's my hele gesig in die linkerkant skeefgetrek. My hele kant in die linkerkant is lam. Ek was in 'n *coma* vir vier dae gewees. Ek het in n rystoel gesit. Ek het lank in 'n rystoel gesit...

R: Hmm...

P6: Ek het by Conradie, waar jy oorgeplaas word van, van Groot Schuur af na Conradie toe. Ek het amper twee maande daar gele, en daar't ek begin leer loop. Hier is niks vordering in my hande nie. Ek gaan kerk toe, ek gaan baie kerk toe en ek vra vir die Here om vir my gesond te maak...maar laat ek vir u se ... die Here, hy's die kenner van die hart en toetsers van die niere...Hy toets die kinders van die Here. ...Want baie kere dan raak ek lekker vet, dan tel ek op, dan raak ek mooi en dan baie kere dan sien ek weer, dan slack ek weer...Jy kan maar vir my enigeiets vra.

R: Hoe voel u nou oor u liggaam?

P6: My liggaam...soos nou...my liggamm voelie reg nie. My liggam voel seer,...want ek kom baie min by n hos... by n daghospitaal uit. Ek en 'n hospitaal is nie ientlik vrinne nie

R: Hoe voel u binne in oor u liggaam soos dit nou is? Hoe voel u binne in?

P6: Dis lyk amper soos my hart skeur. Dit voel amper soos my hart in stukkies gebreek is, omdat ek nie dieselfde voel nie. Baie kere, dan huil ek alleen, dan dink ek, "Kan ek maar nie nog reg gewies het nie." As ek moet gewiet het ek gaan n *stroke* kry, ...as ek moet gewiet het ek gaan so dinges, so... so, so siek raak, dat ek so lyk vandag, dan het ek my *prepare*, maar ek het nie gewiet nie. Laat ek vir u se, maar daarom se die woord van die Here, "Bewaar my gebooië." As ek moet gewiet het ek gaan so raak, dan het ek my *prepare*. Hy se: "Ek kom soos n dief in die nag"...dan se Hy, "Wees ywerig, wees wakker en waaksaam, bid", reg? Die woord van die Here se "bid", want bid dra krag...Baie bid dra baie krag. Min bid is min krag en niks bid nie, is niks krag nie. Is daar miskien van mense wat in so n geval is en wat miskien die Here dien, laat hulle bid vir my. Ons moet vir mekaar Daarom se die woord, ons moet mekaar se laste dra, want ons moet bid vir mekaar, want die Here is bekommerd oor ons. Hy willie he ons moet verlore gaan nie. Hy wil gesond maak...en ek glo man, die Here gaan vir my gesond maak. Die twee-en-twintigste, dan's dit n jaar wat ek so is. Ek wag nog vir my disability. Ek kry nog nie geld nie. Ek het al reeds plan gemaak, maar ek is nog

op die waglys. Ek wag al 'n maand al. hulle het vir my gese dit va so twee of drie maande, maar ek wil bid dat dit gou moet kom, want ek het dit nodig

R: Klink so jy is...klink asof jy n baie gelowige persoon is. Was jy altyd so 'n gelowige, sterk gelowige persoon?

P6: Voor die *stroke*, was ek bekeer gewies...maar die Here waarsku vir ons.”Julle dien My net vir n klein tyd, vir 'n kort tydjie...en dan wyk julle af van My af. Hy waarsku vir my “Moenie agter ander gode aan hardloop nie, want Ek is jou God”.

R: Hmm...

P6: ...Jy sal n dogter wies vir My en ek sal n Vader wies vir jou. “ Hoekom ek so is ...Jesus het my getigtig. Hy se: “ Neem my tigtiging aan...Hy se “Ek tigtig die wat ek liefhet”, reg? Die Here is lief vir my...*sorry*, wat is jou naam?

R: Yolanda

P6 Yolanda, God is baie lief vir my. Hy't my so gemaak omdat Hy my nader aan hom wil he en daarom het my oe oopgegaan. Ek sal dit nooit weer doen nie. My babatjie, wat my suster na kyk...sy kyk na my babatjie en my twee kinnere. Die Here sal vir haar sien. Die Here sal vir haar ryklik sien. My babatjie se pa is n Moeslim. Ek het by hulle huis gebly vir n vier jaar, is daar wat ek siek geword het...Daarom waarsku die Here vir ons...” Moenie agter ander gode aan loop nie. Wat ek agter ander gode aangeloop het, toe kom tigtig hy my so, maar ek glo ...ek gaan gesond raak. Hy hou die wat wil gehou wies en Hy help die wat wil gehelp wies. Ek wil gehelp wies en ek wil gehou wies.

R: Vertel my bietjie van wat...wat...hoe was u lewe voor jy nou die stroke gehad het. Wat het jy gedoen?

P6: Ek het gewerk. Voor't ek die stroke gehad het, het ek gewerk. Ek het nege jaar by tydskrifte gewerk in die Kaap.

R: Wat het jy gedoen?

P6: Ek was 'n skoonmaakster...en baie mense het my gebruik. Baie van die witmense, van die base het vir my gevra om vir hulle n bietjie tee te maak...en ek het baie saam met die werksmeisies uitgegaan en so. Ek was n baie mooi meisie gewies. Ek was mooi van aansien...

R: Hmm...

P6: ... en ek was baie skoon...

R: Hmm...

P6: Ek is skoon ...nie soos ...ek bedoel nou maar Yolanda...hoe bedoel ekke...skoon van aansien, ...u sien...Baie vriende gehad, want ek het geld gehad. Ek het baie geld gehad ...ja...

R: Het jou lewe enigsins...baie verander nadat jy die stroke gehad het?

P6: Baie verander ja. Ek loop nie meer soos ek geloop het nie. Ek is maar nou net hier in die huis in. Dis maar nou net na die diens toe en huis toe, maar ek gaan nog vir terapie en dan gaat ek nou terapie toe en dan kom ek t’rug. Wannere ek nou na die hospitaal toe moet gaan, dan moet ek maar nou net gaan. My diensknegte, my gemeente, hulle kom haal vir my. Ek dien in die Heideveld. hulle kom haal vir my moen die kar...en dan neem hulle my kerk toe en dan bring hulle my weer huis toe. Verder dan kom se ek vir die Here dankie vir wat die Here my so deurgedra het. Dan speel ek n bietjie met my kinnners...en ek vra altyd vir my kinders of my kind huiswerk gekry het en ek help my kind met sy huiswerk.

My oudste seuntjie, daai swartetjie wat saamgewees het? Hy’s nege jaar oud, sy naam is ----- en nou die babatjie van nege maande, sy naam is -----.

R: Hoe voel jy oor ma-wees?

P6: Ek wil graag n ma wees vir hulle, want ek wil normal wees. Vir myself voel ek, ek wil normal wies soos ek gewies het. Ek wil my hande...Altwee my hande wil ek gebruik. Ek voel ek wil my kind op... veral my oudste kind. Hy weet ek het altyd vir him oek gedra. As hy n bietjie opgetel wil word, dan tel ek vir hom op, dan speel hy baby. Hy’s bietjie jaloers op die kleintjie ook. My begeerte is, ek wil my baba optel met altwee hande. Ek wil ook sy kleertjies was, winkels toe gaan en so aan. Ek wil ‘n ma wees vir my kinders.

R: Hoe voel u op die oomblik oor ...waar u nou is? U wil graag ‘n ma wees, maar op die oomblik? Is dit moeilik?

P6: Moeilik vir my...

R: Hoe voel u daaroor?

P6: Ek voel nie lekker daaroor nie. Daar’s ...sommige tye wat ek voel ek wil n ding doen vir my baby ...of vir my kinnners, dan kan ek dit nie doen nie. Dan vra ek vir haar... vir my suster on die te doen...en sy doen baie vir my kinders. Sy kyk na my babatjie van geb... van ‘n week. Se maar van twee weke af ...van ek het daai babatjie net n week in my hand gehad en net n week bors gegee. Na daai toe’s als oor...My begeerte is om gesond te raak

R: Hoe voel u oor voorbehoedmiddels...Hoe voel u daaroor?

P6: Ek is nie daarop nie. Ek is op niks nie.

R: Maar wat is u gevoelens daaroor? Wat dink u van voorbehoedmiddels?

P6: Om die waarheid vir u te se ...nog voor die kind, was ek op niks gewies nie...en toe kom raak ek mos nou swanger. Ek het net eenkeer, na die babatjie het ek net eenkeer die behoedmiddels gebruik ...en nie weer nie, want ek wil nie weer swanger word nie...want die dokter het gese, dit staan *fifty-fifty* persent moet my...is. Vir my of vir die kind. Dit sal die laaste babatjie wees, het die dokter gese...Ek sal nie weer kan babatjies kry nie. Ek moet maar plan maak om vir my toe te maak, vir my te laat steriliseer ...maar ek dink ek moet dit doen, want ek wil nie meer kinders he nie. Die twee is genoeg vir my.

R: Hmm....Hoe voel u oor u liggaam op die oomblik?

P6: Die arm bly so dood. Daar's 'n tyd...dan kan ek net... die arm kan ek daam ...so lig . Daar's 'n tyd, Yolanda...dan gaan die vingers so bietjie so oepe, maar hy wil nie so koud kry nie, sien? En daar's 'n tyd, dan raak hy weer so slap soos nou. Ek kan net vir hom so oplig. Die vinger wil nie soontoe nie...maar dan verder is hy klaar ...dan kan ek niks meer doen nie...van ek kan hom net ...so bietjie toemaak. Is al ... hy gaat self oepe. As hy oepe gaan, dan gaat hy self so, ...so penregop...en is, die arm in die nag ...veral in die nag, dan skiet die arm penregop...*straight*...

R: Hmm

P6: ...dan moet ek nou *try* om hom te buig...en dan buig hy vanself ook, maar *otherwise* en dan hang hy net so. Hy gaat self so oep en toe.

R: Hmm...Hoe laat dit alles vir jou voel?

P6 Dit voelie vir my lekker nie. Is lyk amper.... ek het nou net so....Vir my voel die amper, is nou net wat dit so gebeur het. Die been is gedraai. Die been het so bietjie opgetrek. En die been beginte ook nou bietjie te pyn. By Conradie, het hulle vir my daai ding gemaak, n stut vir my been. Hulle het vanoggend...vanmiddag vir my gese by die terapie, dit sal...oor drie weke sal dit reg wees. Nou ek moet dit gaan haal. Ek weet nie hoe gaat ek daar uitkom nie, van ek kannie in trein in klim nie. Van die taxi's ry mos nie tot daar, so op nie, dan moet ek ... As hulle ry tot in die dinges in Mutual in, dan moet jy nog altyd daai ver stap daarom kom, ek kannie. Ek wietie eintlik hoe gaan ek daar kom nie. My meeting en alles mos gevat daar.

R: Jy moet miskien 'n bietjie gesels met hulle, daar by die rehab, by die terapie centre. Uitvind of hulle miskien 'n *way* kan maak vir u help om daar uit te kom.

P6: Ek sal vir hulle vra, want hulle het gese hulle gaat weer bel om te se wanneer ek die ding moet kom haal, ...ja. Verder sit ek maar nou net so by die huis.

R: Hoe voel jy as n vrou?

P6: Soos ek vir u se...ek voelie...daar's baie kere wat ek n bietjie gelukkig is...As my familie rondom my is, da voel ek gelukkig. As ek nou so miskien na n ander plek toe gaan...*even* van my ander families oek...even as ek miskien vir 'n naaweek of die holidays soontoe gegaan het. Ek voel net lekker vir daai dag, maar as dit hier by die aand kom...of hier, die next dag kom, dan voel ek nie meer so lekker nie ...is lyk amper ek sak n bietjie. Wann er ek weer by die huis is, dan voel ek weer gelukkig. Net om hulle almal so rondom my is. Verstaan u nou ?

R: U't netnou gese, toe u gewerk het, toe was u goed van aansien en u was skoon. Hoekom se jy *was*? Het dit nou verander?

P6: Hoe kan ek nou... Ek se nou vir u ek was so, ... amper so mooi ...en nou ...

R: Hmm...Hmm

P6...en skoon van aansien, ne? Nou mooi klere aangehet...

R: Ja...

P6: ...Lekker aangetrek nou en so aan . Altyd lekker gesit in my klere in....maar nou, is amper soos 'n verandering. Ek het... Ek het nog altyd mooi klere en so aan. Ek trek vir my aan soos ek my daai tyd aangetrek het, verstaan u?

R: Hmm...

P6: Maar vir my voel dit nou net, omdat die arm so hang...nou lyk dit amper nou vir my, ek voel so outerig, sien? ... so outerig. Ek voelie meer soos daai tyd nie.

R: Hmm

P6: Ek kan nog net vir die Here dankie se, my klere pas nog vir my

[Pause]

R: Oor verhoudings, het u 'n vriend, n boyfriend?

P6: Mos nou die babatjie se pa. Hy's Moeslim. Is van hom wat ek praat.

R: Ek sien. Hoe is jou verhouding met hom?

P6: Soos ek vir u se. Toe't ek reg gewies het, het ek alles gedoen wat jy vir my se. Baie kere, ... Sy ma het vir my gegee, alles wat ek wil he. Sy ma was baie goed vir my. Sy ma't vir my gegee . Reg, ek het vir hulle gehelp. Toe ek reg gewies het toe was ek alles gewies." ----- doen gou, doen gou, gaat gou hientoe en gaat gou soontoe. Maar toe ek so kom raak, toe kom raak hulle moeg vir my. Toe word dit gese, hulle kannie agter die kind kykie. Wie gaan agter die kind kyk?
Later van tyd, toe se hulle vir my oek, ek kannie meer daar kom bly nie, van hulle kannie agter my kykie. As enige iets nou gebeur met my nou ek meen nou, soos doodgaan, dan's dit hulle skuld. Toe se ek" Nee man Ok dan gaat ek huis toe, maar jy moet net onthou, jy gaan jou kind onderhou." Issie net van kindmaak en aanstappie, is werklike so nie. Sy't drie of vierkeer vir die kind melk en kos gekoop en noggie weer na daai nie.

R: Hoe laat die alles vir jou voel?

P6: Ek voelie...Hy verkoop sy ma se goeters. Ek het klere van my wat nog daar is. Hy loop en verkoop my klere...en ek voelie gelukkig daarvoor nie. Kan n mens vir twee jaar gaan werk soek en jy wil kom se jy't noggie werk gekry nie? Dissie 'n storie daai...verstaanbaar nie ne?

R: Wie se storie is dit nou?

P6: Sy storie. Gaan soek werk ...maar jy kommie so om werk te kry nie. [pause]...en ek stemie daarmee samie. Kannie so nie. As hy iemand anders het of so...hy moet sy kind onderhou. Sover, is my gedagtes nie eens by hom nie, om die waarheid te se. My gedagtes is nie by man nie.

R: Hmm...Wat is jou gevoelens vir hom op die oomblik.

P6: Dit issie meer soos dit gewies het nie. Ek issie meer so baie lief vir him soos ek gewies het nie. Omdat hy daai aan my doen, hy laat my sleg voel. Kyk, my familie, hulle koep vir my kinnars, hulle gee vir my kinnars. Ek was, is dit nou laat in Januarie...of is dit nou...ek doen my moeite. Ek wil toe nou nie gaan nie. Elke tyd as sy gaan, dan neem sy die kind saam, ne?

R: Wie is daai?

P6: Haar naam is -----, my suster...

R: Hmm

P6...dan neem sy die kind saam Woodstock toe, maar dan kom sy met die kind saam, weer huis toe. Dan kom sy met niks aangestappie Hulle gee vir haar niksie. As sy miskien nou...dis sy... hulle gee haar , sy't ... die ma nou net vir haar taxi fare. Sy se sy moet kom met die kind. Sy gaan self vir haar taxi fare en so aan...nou as sy daar kom...dan nou miskien net n vyfrand of n sewerand, net vir taxi fare, dan gee hulle niks vir die kind nie. Toe't ek nou later gevoel dis laat in Januarie ja, of in die begin van Februarie...

R: Hmm

P6: ...Toe't ek nou gevoel, ek gaan nou self hierdeur ...en ek bid ...en ek se "Here ek gaan nou in die geloof, gaan ek Woodstock toe"...en ek bid . Toe ek klaar is, gaan ek met die taxi Woodstock toe. Die vrou wat so lif gewies het vir my, sy was baie lief vir my gewies. Toe ek daar kom. Sy staan by die deur. Sy vra vir my...groet vir hulle en daai...Hy is bly om vir my te sien, maar sy lyk nie so lekker nie. Die kinnars is bly om vir my te sien, en hy, die kerel nou...en hy is ook bly om vir my te sien, maar wat ek nou so kyk, toe sien ek die ma se gesig lyk daam nie so lekker nie. Die ma vra "Wat soek jy hier, waar's die kind?" Toe sy sien nou, ek kom sonder die kind, toe be ... hoe kan ek nou se... toe change haar colours. Toe lyk sy nou nie meer so lekker nie. "Wat kom maak jy hier?" toe se ek vir haar, "Ekke kom wat vir my toekom. Ek kom haal my kind se melk en my kind se kos, want my kind het nie melk en kos nie." " Jy kom hier, maar jy ...waar's die kind, maar jy kom sonder die kind." Ek se vir haar " Kyk, julle kan mos sien. Moet ek nou in die rondte loop loop en val moet my kind, dit deur n taxi?" Toe dink ek "Hierso moet ek spore maak." Toe wag ek net tot sy die kind se kos koop 'n die kind se melk koop, toe se ek vir haar: " Ek loop nou , maar ek kom nie weer hientoe nie.Ek se vir hom: "Jy moet net sorg dat jy jou kind se melk en jou kind se, se pap koop en sy seep en goed wat jou kind nodig het...jy moet sorg daarvoor verder, want ek sallie weer my voete hier sittie, toe kom ek die Woensdag weer huis toe.Toe't hy nou vir my n paar skoene gekoop. Eerste...sien u daai eerste grasshoppers...

R: Ek weet presie waarvan u praat.

P6: Die ne?

R: Ja

P6: ...toe't hy die vir my gegee... Nog nuut uit die boks uit. Ek vra "Waar kry jy dit?" Hy se: "Jong, de." Dit was 'n nuwe skoen gewies. Die ene sit lekker, dan lyk die ander een nou bietjie groterig vir my.

R: Hmm

P6: Ek vra " Waar kry jy dit. Loop en steel die mense se goeters, dan kom gee jy dit vir my?" Toe se ek, "Ek wil nie gesteelde goeters he nie." Toe se hy vir my, hy't dit nie gesteel nie. Hy se oek nie vir my waar kry hy dit nie, want ek het vir hom gese, ek wil nie gesteelde goeters he nie. "Jy's n kind van die Here. Wat kom soek jy by die sondaar?" Toe se ek: "Oo... wat kom soek jy by die sondaar?"

Nou kom se jy vir my daai?” Toe se ek “Los maar ek kom sit nie wer my voete hierso nie. En daarvandaan af, was ek nie weer daar nie. Ek bly maar net so hier by die huis.

R: Hmm

P6: ...Maar net kerk toe en huis toe.

R: Hmm...Hoe laat al hierdie goed wat jy moet deurmaak...

P6: Ek dink...

R: ...jou oor jousef voel, hmm?

P6: Ek dink baie.

R: Hmm

P6: Dan se baie van die diensmense se... die gemeente se, ek moenie so baie dink nie...

R: Hmm

P6: My gedagtes moet ek weg van hom af haal. Ek dinkie baie aan -----, maar ek dink net, die dinge wat ek so deurgaan. Nou't ek nog twee kinders wat ek nie eens reg kan *handle* nie. Die grotejie is nog oraait, die grotetie help vir my baie...

R: Hmm...

P6: ...maar ek dink nou as die babatjie. Nou as ek miskien nou alleen is hierso en hulle's miskien nou nie hier nie, wat kan ek maak, maar dankie tog vir die Here, ek voer daam vir hom, vir die baby, ...ek kan daam, sy gesiggie kan ek afvee. Ek kan vir hom was. Vir die babatjie kan ek bad en daam vir hom uitsmeer, maar ek sukkel nou net....ek kannie vir hom lekker aantrek nie. Ja, ek kannie vir my baby aantrek nie. Ek sukkel sometimes om myself oek aan te trek. (Die vliee is lastag.) Ek sukkel baie kere om vir myself aan te trek...Ek het geleer hoe om vir my... hoe ... hoe moen ek vir my aantrek. Eerste my seer arm in die mou insit, dan my kop oortrek en dan met die dinges....vir my uittrek...dan moet ek eers die regte arm moen ek eerste uittrek. As ek nou nie, dan moet ek eers so hierso vashou, ne?, en dan, en dan so oor trek , dan's dit makliker. Dan as ek vir my was,as ek vir my in die wate sit , in die bad in sit of so...ek kan mos nie lekker my rug wassie, maar hulle't gese hulle gaan vir my soos n borsel maak of so...Ek wag nog altyd. Hulle't nog nie gemaak nie

R: Nou met al die gedinkery wat jy doen. Hoe laat al die gedagtes vir jou laat voel? Hoe voel jy as jy aan al die goed sit en dink?

P6: My kop draai baie. Veral as ek so dink, dan praat ek dinge somer wat verkeerd is. Daar's baie tye wat ek verkeerd praat. Ek willie miskien nou nie daai woord gese het nie, dan kom daai woord somer so uit my mond uit. Even n vloekwoord oek. Ek vloekie baie nie, maar sommige kere, dit lyk amper hier is klompe dinge in my kop in. sommige kere dan vloek ek somer “jou ma se die” of as my pa miskien vir my... dan vra ek somer “Wat is dit?”, dan se ek vir hulle, hulle moet vir my verskoon, ek kannie helpie. Sommige kere en dan praat ek verkeerd, of ek wil nou gou iets gese het, of ek se nou iets, dan vergeet ek. Dan is daar weer n tyd wat ek bietjie reg is en dan's daar weer 'n

tyd wat ek so bietjie weer agteruitgaan. Hmm...Ja, maar ek wil net vra vir die gemeente om vir my te bid, dat ek daai vuil gedagtes afle van ... dat daai vuil gedagtes so uit my uit kan gaan.

[pause]

P6: Ek gaat klomp dinge deur.

R: Hmm...Hoe voel jy omtrent verhoudings... nou dat jy deur al die goed was?

P6: Op die oomblik stel ek nie meer belang nie, soos ek vir u se, sal ek nie somer weer n kerel vattie. Hy was al my tweede kerel gewies. My eerste kerel is dood. Dis my oudste kind se pa. Hy was geskiet, twee dae na my babatjie se geboorte. My babatjie is die twaalfde gebore en my oudste kind se pa skiet hulle die veertiende dood...Toe ontmoet ek vir hom. Nee, toe het ek vir hom, maar soos dinge nou gaan, stel ekkie meer belang in outjies nie.

R: Hoekom nie?

P6: Want kyk, kyk nou...Moet hy dan nie nou vir my gehelp het nie, Landa...Hy moet mos nou vir my bygestaan het. Terwyl dit nou veral ...terwyl dit nou so is nou en terwyl ek so sukkel, moet hy vir my bygestaan het. Waar't hy vir my bygestaan. Hy'y my bygestaan toe ek in die hospitaal gele het. Elke dag by my gewies, dan gaat hy laat huistoe en so aan...maar omdat hy moeg kom word het. Moet hy dan nie nou vir my bygestaan het nie? Gaat werk het...of vir haar wat agter my kind kyk van baby tyds af, vir haar miskien iets gegee het nie en gese het dankie, dat jy so mooi kyk agter my baby, agter my twee kinnere? Dankie gese?...Hy doenie eens daai nie.Kyk wat maak hy?. Hy steel sy ma se goed, hy steel my goete, dan loop en verkoop hy dit. Hy gebruik my baby se naam. Dan se hy...dit is nie reg nie en ek voel nie lekker daaroor nie. 'n Man wil ek nie meer in my lewe he nie, want ek is klaar moet hom. ...Van even as ek vir hom moet kry oek, dan gaan ek vir hom se "Jy kom nie naby my nie. Praat saam moet my, maar moeties aan my vattie" Dan sal ek vir hom se "moet net nie traai om aan my te vattie", want hulle't kom moeg raak vir my...Allie tyd was ek nog goed gewies, maar nou wat ek nou so is, nou's ek nie meer goed nie.

R: So is dit oor jou boyfriend dat jy nie met ander ouens te doenne wil he nie?

P6: Maar ek sal oek nie....Ek sal oekie weer nie.

R: Wat maak jou so seker?

P6: Ek se dit ...en ek het vir my ma oek gese. As ek vir hom moet los, want ek laat nie n outjie vir my afse nie. Toe se ek, as ek vir hom moet los, dan sal ek nogal nie weer n ander outjie vattie, want almal is eners. Ek weet almal is nie dieselfde nie. Ek se vir my ma , dan sal ek aaiders vertrou en wag op die Here. Die Here sal vir my n deel gee. Daai issie my deel nie. My ma't oek vir my gese, "Daai issie jou deel nie. Kyk hy't nou kind gemaak en kyk hy's nou klaar met jou. Nou worry en nou dink hy nie meer aan jou nie. Die ding is die oek. Hy wil graag na sy kind toe oek kom...hoor Yolanda?

R: Ek luister ja.

P6: ...maar nou my broers, hulle soek hom nie hierse nie. Hulle't gese hulle gaat vir hom seermaak, as hy hientoe moet kom. Ek het al vir hulle gese "Julle is verkeerd oek. Dit is die kind se pa. Julle

kannie vir hom weghou vwn sy kind af nie. Toe se hulle as hy nou hientoe kom, dan moet hy geld bring, want hulle roek mos...

R: Hmm, Hmm...

P6: Toe se hulle as hy hientoe moet kom, dan moet hy vir hulle pille geld bring. Geld vir hulle om te roek en sy kind se geld en dan moet hy nog kyk na my oek nog ...amper soos... toe se ek "Waar was julle, die tyd toe't ek so siek gewies het. Ek het nie een van hulle gesien nie, toe was hy by my gewees."

R: Hmm

P6: Toe se ek "Ek vattie sy parte nie en ek dinges oek nie vir hom nie, maar hy, was al op n kantwant sy ma het eendag na hom toe gephone en hy't vir sy ma lelik oor die phone gese, toe se my ma , dis hulle wat vir my so gemaak het. Toe se ek vir my ma, ek kannie se dis hulle wat vir my so gemaak het nie...*sorry*."

R: Jy se jy hou van my skoen? ...

P6: Ja

R: So, is jy nog oor klere? Hou jy nog steeds van klere?

P6: Ja-a, ek trek nog vir my aan. Ek issie oud nie. Ek trek nog vir my aan...en as ek lus het om so n walkie te loep, dan loep ek.

R: U het netnou gese jy voel so ouerig.

P6: Hmm...is omdat ek so in die ... so in die huis in sit.

R: Maar dit...maar se jy nou eintlik dat dit nie altyd so was nie?

P6: Nee, as ek my bietjie regruk. As ek my bietjie mooi aantrek en bietjie by die hek staan, dan stap ek net so n bietjie. Hier's n antie van my pa wat on die draai bly, dan maak ek so n draai daar en dan kom ek maar net weer huis toe...ja...

R: Vertel my van jou vriende?

P6: Om die waarheid te se, ek het nou niks meer vriende nie.

R: Hoekom nie?

P6: Wat ek geld gehad het, toe ek reg gewies het, het ek klomp vriende gehad. Ek is baie wel bekend in hierdie plek, hierso. .. Ek worry nie eintlik met die vrinne hierso nie. Is nou net kerk toe en huis toe. Die kinnners...die volk wat die Here dien, dit is my vriende. Dis my vriende...en as hulle vir my, miskien nou uitnooi en so, dan kom haal hulle vir my, dan gaan ek en dan bring hulle vir my weer huistoe. Want ek het vir die Here gevra "Here openbaar vir my wie is my vyande?" Toe het hy my geopenbaar, rereg, die Here het vir my geopenbaar en hy se vir my... "Die jou, ...die jou vyande is die vriende wat rondom jou is. Die mense wat ronom jou is, daai's jou vyande" ...en toe wys hy oek vir my wie's my vriende.



R: Hmm

P6: Ja...

R: Het jy grootgeword met die Woord?

P6: Ek het grootgeword so ja.

R: Hmm

P6: Van kleins af het ons kerk gegaan en so. Ek sing van kleins af...

R: Hmm

P6: Ek sing van kleins af. Ek was twee keer oppie TV, dit was toe ek reg gewies het. Ek was twee keer oppie TV, een van die skool se dinges ...se koor en die tweede een, vannie gospel singers, was ek oppie TV gewies Ja, ek was mos n gospel singer gewies. Ja...

R: Jy't nou gese toe jy reg gewees het. Wat bedoel jy daarmee?

P6: Toe ek reg gewies het, gesond gewies het, toe het ek gese, ek het baie vriende gehad...

R: En hoe's jy nou?

P6: Ek is nie gesond nie.

R: Vertel my bietjie daarvan.

P6: Oppie oomblik het ek nie nou pyn in my nie, maar ek kry gedurig pyn in die arm, veral as dit sulke weer is, dan pyn die arm. Nou soos u kan sien, die arm...man ek het n poloneck aan ...die arm, is net so ...kom kyk net as ek die dinges uit die joint uit...

R: Jaa...Hmm.

P6: Dan pyn hy, dan laat ek my pa vir my uitsmeer. My pa smeer my gedurig uit, maar ek het noggie vir my pa gevra om my been uit te smeer nie, maar ek gaan vra. n Ander kerk suster het vir my gese, "Suster, jy moet nooit laat jou pa vir jou uitsmeer nie". Toe vra ek haar; "verhoekom?" (Praat ek te saggies?)

R: Ha-ah... Dis ok.

P6: Toe vra ek vir haar verhoekom nie. Sy se vir my "Nee, Almal die pa'ens issie dieselfde nie." Toe se ek "Kyk hie suster, ekke laat my pa vir my smeer, want vandat ek so is, smeer my pa vir my. Wat's dan verkeer dat my pa my nie kan smeer nie?" "Nee suster, jy moet laat die klein kinders vir jou smeer."

R: Ok, ek hoor wat jy se. Nou .. nou hoe voel jy omtrent seks?

P6: Nee, my natuur is nog daar.



R: Is dit?

P6: Ja, my natuur is nog daar.

R: Hmm

P6: Daar is nog 'n gevoel in.

R: En is nie n probleem nie?

P6: Nee

R: Maar jy se jy willie meer boyfriends he nie?

P6: Op die oomblik wil ek nie meer n boyfriend he nie.

R: Nou hoe voel jy omtrent seks?

P6: My natuur en gevoelens is nog daar, maar ek kry nie meer... omdat ek nie 'n, 'n outjie om my ...ek meen soos n man nou om my nou ... om my nou het nie, nou voel ek mos nou leeg, sien? Nou ek weet mos nie wat doen hy aan die anderkant nie. Hy's n man. In n man se hart is daar klomp dinge, maar n vrou, n vrou is n baie... is *different* van n man. 'n Vrou kannie net haar pantie optrek en stap nie, maar 'n man, kan sy goeters, kan nou miskien net so maak of onder 'n kraan hou...

R: hmmm..

P6: ...en as hy optrek, daar gaan hy.

R: Hmm

P6: ...dan kom hy by die huis is... is soos ene wat niks gedoen het nie, sien?

R: Hmm

P6: Maar terwyl ek nou so allenig is, so *lonely* is, *worry* ekke nie. Verstaan u nou?

R: Hmm

P6: Ja...

R: ...se gou?

P6: Baie manne maak mos net so ...skud af... dan sit sy ietsie miskien nou weer t'rug en trek sy zip of sy gulp toe, maak sy knoepie vas en daar gaan hy. Maar 'n vrou kannie net opstaan en optrek nie. Hoekom, n vrou gaat mos nou siek raak tussen almal daai... almal daai, sien. Nou loep sy miskien oor die pad. Ek maak n voorbeeld miskien van my oek. Dit kan miskien gebeur met my oek. Nou loep ek miskien in die pad in, nou net klaar geseks, reg? Nou loep ek miskien in die pad 'n ek hettie afgevee nie, want ek het miskien nou nie n ding om af te vee nie. Dit sal tog nie lekker wees as jy jou rok va en vir jou afvee nie, dan gaat dit mos nou eers stink en dan ...en dit gaat dit nog. Daai kol gaat mos droograak...en dan gaat dit mos eers stink... Ek maak ...ek vat van my ook...en nou

loep die goeters hier af in my been af...en dan hoe gaat ek voel? Ek gaat toggie lekker voel daaroor nie, nou sien...

R: Hmm

P6: ...of so. Ek is nog lief vir hom. Ek wiet hy's baie lief vir my sien...hy's baie lief vir my en ek is lief vir hom. ...maar nou net die ding, waar dit my so seermaak...Daam se ek weer, ek wiet nie wat doen hy aan die anderkant nie. Daarom se die Bybel vir ons "Pasop vir jou vriend." 'n Vriend is net n vriend wanneer hy by jou is, maar as hy geloop het en hy't die rug gedraai en hy's uit by die hek . Daar gaan hy is hy nie meer jou vriend nie. Dan is hy iemand anders se vriend en dis waar. Want bly... daam bly staan jy maar net daar waar jy gestaan het of jy is maar nou net daar wat jy gewies het, maar jou vriend...

R: Hmm

P6: Ja...verder sit ek maar net so...Landa, ek is baie stil. Ek is die ene wat so woelig gewees het. Dan's ek lief gewies om te ...kliphard te sing of hard te praat of enigiets. As ek skoonmaak, toe praat ek of ek sing en so aan ... ek is nou baie stil...ja. Maar laat ek vir u se, die Here het nogal my lewe kom verander. Darem se ek, die Here kan n mens se lewe verander. Hy se " Pas op vir jou eie mond" Jy moet pasop as jy praat, ne? Hy se "Pasop as jy praat." Praat, maar jy moet weet wat jy praat. Ek kan net se vir die Here ...dankie se. Die Here het my verlos van baie dinge en hy't my kom vrymaak. Kyk, ek het dansbane geloop, wat ek nie moes geloop het nie. Daai klong het vir my kom leer. Daai kerel van my het vir my kom leer van dansbane loop. Ek .. Ek hettie geken van, van huise inbreek en daai nie. Hy het vir my geleer. Ek en hy , saam. Die neighbours se...by hulle, se huis ingebreek het...en as hy vir my gese het, "Daarso's ene, hy't klomp geld, ons traai om vir hom te rob." Die een was miskien nou net 'n *joke* van dan staan hy op, want dan wil hy sommer die een...en dan rob hy oek sommer die een...maar dan wat kry ek uit die deal uit. Dan gee hy my miskien n tienrand of n twintig rand. Hy sit moen die deel en ek kry die skreps, want toe ek toe na die Here toe kom, kom verander die Here my lewe...

Die Here, hy neem die... daai kierrie wat ek dra, ek vat net daai kierrie. As ek terapie toe gaan, dan neem ek dit saam. Nou ek *check* nou net vir die moegraak en vir die valslag nou. Die Here kom neem daai kierrie uit my hand uit. Hy lig my op , uit die rystoel uit. Ek het in n rystoel gesit, ja...Daarom se ek ons kan net vir die Here aanbid en vra vir die Here. ..Maar ek glo... ek ...ek is ernstig. Wat ek hier gepraat het, so is my lewe nou. Ek issie meer daai selfde persoon wat ek gewies het nie, maar ek glo man, die Here gaan vir my gesond maak. Ek glo dit...Miskien is dit miskien oor n jaar of wietie wanneer nie, maar ek weet man. ek weet vir n feit.Hy se "Klein stukkie geloof" ...as jy glo soos jy glo, so sal dit wies en as jy jou , jou klein stukkie geloof, in jou geloof in. hoe se hy vir die... die Woord se so mooi " Deur jou geloof, sal jy gered word" ...ja

R: Baie, baie dankie

TRANSCRIPT OF INTERVIEW WITH PARTICIPANT NO. 7

RESEARCHER: Mevrou, wat verstaan u deur seksualiteit?

PARTICIPANT NO 7: Wat verstaan ek?...Hoe bedoel....Yolanda ne? Hoe bedoel Yolanda nou?

R; Wat volgens u beteken seksualiteit?

P7: Liefde? Of hoe? Of se ek verkeerd?

R: Nee, glad nie. Liefde? Vertel my bietjie meer daarvan?

P7: Ja, as jy jou man liefhet, dan gaan jy mos nou sover. ...en wat moet ek nou nog se?

R: So u se dis u verhouding met u man ?

P7: Ja.

R: Hoe is u verhouding met u man ?

P7: O, ons verhouding is baie goed. ..., maar met daai dinge is ons lankal klaar... [child interrupts – asked to leave]

R: U wil nog iets verder gese het? Wat wou u gese het?

P7: Wat wil ek nou gese het... van die seksueel? Hoe, toe se ek mos vir u daai is uit liefde, van liefde. Is mos nou man en vrou se verhouding maar daai.

R: Hoekom sou u se is die verhouding so goed met u man?

P7: Ek se so, want ons het nog nooit gestry nie vir die jare nie. Vir hierdie klomp jare het ons nog nooit gestry nie. Hy't nog nie vinger gewys na my toe, hy gaan my n klap gee nie. Dis waarom ek se... en hy's nie n roeker nie en hy's nie n drinker nie....en hy's nie n man van buite nie. Hy't nie vriende nie. Hy's maar net in die huis in...en slaaptyd gaan almal net innie huis.

R: En hoe is u um u seksuele verhouding met u man?

P7: Hoe? Nee in daai jare was dit nie, was dit nie sleg nie, want toe hy is ook maar 'n man wat swak gewees het. Hy moet dokter toe gegaan het altyd. Verstaan Yolanda?

R: Wat het daar gebeur?

P7: Nee, ek wietie. Seker baie gedrink in sy jongdae. Nou nie in my tyd nie. Ek wiet nou nie...maar is seker die drink. Hy't mos baie roekeloos gelewe glo, voor ons mekaar geken het, toe't hy n baie roekelose lewe gelewe. Buite geslaap, baie gedrink, baie geroek, die dagga goeterse. Nou dit het seker die natuur *ge-affect* of iets soos daai. Want aanhou, aanhou as ons nou 'n baby wil he of so, dan gaan hy dokter toe....Moet hy dokter toe gaan ...maar

verder, daar was nou nie moeilikheid daaroor nie. ...Nee, ons het mekaar verstaan. So ons is al vroeg, vroeg, baie vroeg klaar met sulke dinge.

R: Wanneer was u klaar met sulke dinge?

P7: O ek wietie. Dis al baie lankal...[pause] Nee, dis nou al seker n paar jaar al, want kyk as hy wil, weet hy gaan nou uit vir lang ry dan gaan hy, moet hy dokter toe gaan. Nou wie kan dan nou so baie dokter gelde betaal? So ek het maar net so ge-aanvaar, van die lewe, was baie goed gewies, toe aanvaar ek dit maar nou so...en nou's ek mos nou oud, nou's dit maar *altogether* klaar.

R: Was dit voor die stroke gewees?

P7: Ja, die stroke was dan nou net gewies. Daai's al jare al. Al baie jare.

R: Ons het gepraat van seks, maar wat van intiem wees, van *close* wees. Doen u nog steeds dit met u man?

P7: O, ons is nie hangerig aan mekaar nie. Al twee van ons nie. Ons issie hangerig nie. Ons is ook nie soenerig nie, so...maar ons verstaan mekaar ...

R: U't nou die stroke gehad...

P7: Hmm...

R: ...en u was nou bietjie verlam aan die ... aan die linkerkant. Hoe het u oor u liggaam gevoel...daai tyd, toe u so verlam was?

P7: Hmm, kan nou net nie goed geloop het mos nou nie. Ek het my net innie huis gehou, vannie pad af, van ek lyk om rond te loep, maar ek het maar dit oek ge-aanvaar. Ek het net geglo ek gaan weer gesond raak, want hoekom, ek is mossie so gebore nie, toe meen ek, ek het so gekom en so gaan ek maar weer weg. Ek moet maar net self agter my gekyk het. Soos die meisie het vir my baie gehelp van die van die *baby* ...altdy my gevat vir uitstappies en so aan.

R: So het u lewe baie verander nadat u die stroke gehad het?

P7: Nee, ek dink dis maar nog dieselfde. Die stroke het my aaider lui gemaak, want die kinders het nooit niks in die huis gedoen nie, maar daai tyd, toe wil hulle alles doen. Toe mag ek niks doen nie. Daai tyd, toe moet, ...toe doen hulle alleste ja.

R: Wat het u so sterk laat glo dat u weer sal regkom na die stroke?

P7: Om ek mos nou nie so gebore issie en toe glo, en nog n ding, hulle het mos nou baie kom bid vir my, die kerkmense. Hy't mos in 'n gelowige kerk gewies gered ne?...en so, daarom die lewe ook maar seker so spoedig is en alles reg is, want hy's mos n gereddene. Hy kan mos nou nie vir my se die of daai wat verkeerd issie. Ek is seker hy sal my baie bystaan. Hy sal wil alles doen.

R: Sou u se u is ook n gelowige mens?

P7: Ja, ons is hier by die AGS kerk...Kom die skree nou nie hierop nie? [refers to baby crying in the background]

R: Hoe voel u omtrent ma-wees?

P7: Nee, baie goed, want die kinders is goed. So ek voel baie goed daaroor. Goeie kinners. Net die ene [points to room where interview is taking place – presumably the daughter who lives in that particular room].

R: Wat bedoel u as u se hulle is goeie kinders?

P7: O, hulle is nie loeperige kinners nie. Hulle issie loeperige kinners nie en hulle het nou. Agter my siek, het hulle baie verander. Hulle sal net alles wil doen en vir my alles wil gee. In die lyn van kos, hulle sal baie stry moet my. “Mammie eet nie reggie, mammie eet alweer verkeerd”, so hulle sorg, kyk agter my.

R: Nou na die stroke, hoe het u gevoel oor u liggaam.

P7: Ek was net baie moeilik oor ek nou nie iets vir myself kan gedoen het nie. As ek nou, ek dra elke dag doekie, die man glo mos nou so aan doekie dra, nou kan ek dit nie eers vas makie, want die hand wil mos nou nie vattie... en dan het ek nou bietjie ongeduldig geraak. Ek toe't ek mos nou, kan mos nou okie my lekker gewas het nie en toe die kinners wil dit gedoen het en hulle wil dit net gedoen het, ...maar so is dit al. Ek is tevrede gewies.

R: En hoe is dit op die oomblik? Kan u al hierdie goed vir uself doen?

P7: Nog, ja, nou gaan ek aan. Ek kyk nou agter 'n baby oek.

R: Hmm...Vertel my oor hoe grootgeword het. Waar was u gebore en so aan?

P7: O, ek was in Malmesbury gebore. My ma't maar 'n swaar lewe onder haar man gehad. Sy moet maar gou Kaap toe gekom het en weer t'rug gegaan het... Maar ...die lewe het daam aangegaan.

R: Wanneer het u in die Kaap aangekom?

P7: Hmm, dis nou n klompie jare.

R: Het u direk van Malmesbury Kaap toe gekom?

P7: Hmm, direk ja...

R: Hoe het dit gebeur?

P7: Ja, ons het met die trein ingekom, want die man het baie baklei met my ma, toe was ons nog baie klein en toe kom ons maar Kaap toe....dat ons tot nou nog innie Kaap in bly...[pause]

R: U se u't al n hele paar jaar terug opgehou om, om seksuele omgang te he, met u man?

P7: Ja, baie lankal.

R: Wat is die rede dat u opgehou het?

P7: Oor die man te verswak het. Hy was mos nou swak so, ons het mos nie aanhou dokter geld nie, dan gaan hy mos dokter toe en toe stop ons nou sommer daarmee.

R: Hoe het u gevoel om die rede dat u moet stop?

P7: Hoe?... Ek moet dit maar ge-aanvaar het. Daar was tye wat ons aangegaan het, maar dan is dit mos nou weer alles klaar sommer, maar uit, so, ek ...toe moet ek mos nou gewoonte raak.

R: Nou kry u enige gevoel of ...drang?

P7: Nie nou meer nie. Nee ek is nou al te oud, maar seker.

R: Hoekom se u u is nou al te oud?

P7: Ek is seker te lank , baie lank sonder dit seker...en nou's die ouderdom mos daar,die tyd, die ouderdom wil mense seker maar nie meer worry nie,...maar dit is mos nou al baie lankal, toe gaan die begeerte nou weg ne? Ja,...en hy is mos nou nie n man wat nog vatterig is nie, 'n *romantic* man nie Dit was nog nooit in hom nie....so nou daaroor wat ons maar net eenkeer afgesterwe.....en nou is ons nou in daai ouderdom in, dat ek nou nie meer worry nie.

R: Is dit u wat self voel dat met die ouderdom gaan die begerte weg of is dit iets wat iemand vir gese het.

P7: Hmm, nee, ek het maar net self gevoel. Ek het maar net self gevoel,...dit. maar self gevoel ja...maar ek meen, die stop het van sy kant af gekom, en so het dit mos maar in my gekom. Nee, nou's dit als oor.

R: Hoe voel u oor vroumens wees? Wat beteken dit vir u om 'n vroumens te wees?

P7: Dit voel goed. Dit voel goed....Hmm, ek dink ek voel goed ja. Daar's niks, daars's nie peins daaroor nie, wat ek kan se nie.

R: Wat dink u is die rol van uself as 'n vroumens?

P7: Soos byvoorbeeld soos watte?

R: Wat dink u is dit wat n vroumens eintlik voor lewe of moet doen?

P7: Vir haar huis, vir haar familie?...Ja, ek hoor ek is n moeder vir my familie

R: En dis vir u baie belangrik?

P7: Ja, ja ek staan my kant en so ons is....ons is lief vir mekaar. Hier't noggie eens een getrou nie. Hulle sit nog vas. Ek wil nog skel dat hulle moet trou [laughs] ...Hulle sit nog.

Hier's drie stuks nou innie huis. Een is amper vyftig, een gaan na veertig toe. Die enetjie gaan nou een-en-twintig toe. Die's nou laaik n *mistake* [points to baby] Ek weet nie watter *mistake* is daai nie.

R: Van wie praat u nou ?

P7: Van die baby se ma. Die's nou laaik 'n *mistake* gewies...soos sy nou se. Hy't haar een dag beetgekry...maar hulle sit vas innie huis. Hulle willie boyfriends he nie....so hulle kyk natuurlik die regte een, van hoekom hulle kan nou nie se waarom ons stry nie, of ons, of hy point vir my nie, gaat my klap nie, noggie daai dinge gehoor nie.

R: Kom ons gaan gou t'rug na die een ... u dogter het gese, iemand het vir haar beetgekry? Vertel my daarvan.

P7: Sy,... ek sal se, sy wassie hier innie rondte nie, sy was,... sy bly in stories, skinderstories laaik. Toe't sy mense ge-ontmoet, innie Mitchell's Plain, trek hulle Elsies toe en toe's die Rockets daar. Die outjie bly glo daar as hy nou nie weggaan nie....en sy se, wat sy kom kry, toe is die outjie net op haar. So hulle het nou seker, sy't liewerste 'n *drink* gevat of hulle het seker *nice times* gehou, want so doof kan 'n mens nou nie slaap nie. Wat sy ontwaak, en toe, toe wil hy nou nie hoor nie. Hy't nog nooit die kind kom kyk eens nie. Hy het, hy, hy het al hier gewees al in die pad, hy kom baie in die pad, daar wat KG staan. Nou hulle's nou weer oorsee, maar hy't nog nooit die kind kom kyk nie.

R: Maar hoe voel u oor daai storie, dat sy voel iemand het vir haar oorrompel en *advantage* gevat van haar?

P7: Ek het maar net geanvaar wat sy gese het, want sy se sy wil met hom niks te doen he nie. Ek het toe gese vir haar: "Nou gaan gee vir hom aan, vir *none-support*" toe se sy gaan vir haar werk soek . Sy gaan self werk vir haar kind. Sy willie meer vir hom sien nie. Net so simpel soos daai.

R: Hoe voel u oor die feit dat iemand, soos sy nou se, met haar seks gehad het, sonder dat sy toestemming gegee het?

P7: Ek is het maar nou net tevrede gestel, is hang af van haar, sy, as sy nou so moeite maak verdere, as sy wil, maar sy wil mos nou nie. Ek het vir haar gese "OK, nou kom ons gaan haar aangee vir *none support*" Toe se sy: "Nee, mammie, los hom net af. Ek het moet hom nou niks te doen nie." So is mos maar eintlik, dit hang af van haar, ek kan niks doen sonder haar nie. Sy moet saam my gaan en sy wil nie , nou sy's al een-en-twintig al. Dit was op haar 21ste, se, twee maande voor 21, wat dit gebeur het en sy wil nog 'n partie gehad het, toe se ek "Niks partie nie,...niks van daai nie" Dan het sy sommer gaan weekend spend, vakansies daar gaan oorslaap en so, toe los ek dit maar by haar,...want sy moet mos saam my gaan waar ek gaan ...en sy wil nou nie. Hy ry hier verby moet die kar. Hy loer nie hientoe nie. Hy't sewe kinnars al van so dinge aanvang. Almal los hom netso af. Ek weetie hoe *happen* daai nie.

R: Hoe voel u oor die feit dat almal dan vir hom so...

P7: N..Wie ek....

R: ...laat, laat aangaan?

P7: ...en geneen gaat hom aangee nie! Sy, en 'n meisie wat net hier oorkant die bads bly. Hulle't saam kliniek gaan doen, van die een pa. Hy moet hom maar vasloop eendag. Hy't nou weer n mooi, jong meisie onder hande... Sy't vir my gese, "Mammie, ek gaan nooit trou nie, ek gaan agter mammie kyk" en toe kom sy nou met die kindjie aan. Dat ek nou agter die kindjie moet kyk... [pause]

R: Maar u sal dit nie verder neem tensy sy dit verder neem nie...

P7: Nee, sy moet mos saam wees. Ek kan mos nie so 'n saak gaan aangee en sy is nie by nie... en nou moet ek dit maar so los... maar ek het haar gese "as jy nie die dag kan werk nie en jy's siek en inmekaar en, en dan gaat ek jou *force* om te gaan aangee vir hom. Sy wil niks so doen nie. Sy't een nier. Sy was nege maande fris en gesond, nie een keer by die dokter gewies nie, ...klagte nie... maar sy't een nier. Sy werk vir die welfare...

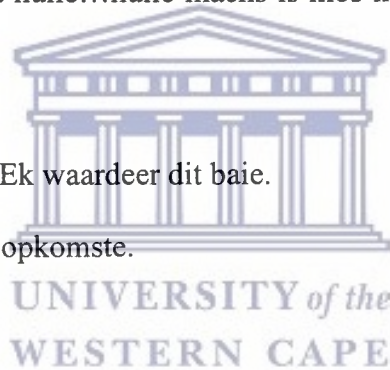
R: Nou hoe voel u omtrent die feit dat u na die kleinkinders kyk?

P7: Hmm, nee, ek geniet my met hulle... hulle maens is mos nou hier . Een se ma bly innie jaart in, die klonkie se ma...

[Pause]

R: Hmm, baie dankie vir die tyd. Ek waardeer dit baie.

P7: Hmm, baie dankie ne... vir u opkomste.



TRANSCRIPT OF INTERVIEW WITH PARTICIPANT NO. 8

Researcher: Mevrou, wat, wat volgens u um beteken seksualiteit?

Participant no. 8: Is om... gemeenskap te het met 'n, met 'n man

R: Is dit net dit?

P8 : Sover ek kan dink, ja.

R : Wat volgens u, beteken vroumens wees?... Wat beteken dit om 'n vrou te wees?

P8: Uh... 'n Vrou is iemand wat.... 'n kind of iemand eerste raadpleeg voordat daar nou ... kom of ...iets. Die vrou dra eintlik verantwoordelikheid van huishoudelikheid en sulke goete.

R: Is dit wat u rol is?

P8: Dis soos wat ek dink om, ja .

R: Wat, wat doen u deesdae? Wat is u rolle hier in die huis?

P8: Ek doen,...maak mos die huis skoon, en Wat nou nodig is, kook en so aan. Eintlik kan ek nou net nie eintlik veel daaraan wat ek nou kan doen op die oomblik nie.

R: Vertel my van al hierdie goed wat u doen, so elke dag?

P8: Was en huis skoonmaak en uh... winkel toe gaan en gaat huisbesoek doen.

R: Was dit anders voordat u die stroke gekry het?

P9: Nee, ek het gewerk, ek het gewerk... Ek het gechar werk gedoen...en ek dink um, die rede hoekom ek die stroke gekry het, want ... die Donderdagaand, ek het, die Donderdagaand het my man so lastig, die eerste keer wat hy, van hy siek was, het hy begin lastig raak. Dan, dan moet ek hom optel en oppie stoel sit, dan moet ek hom weer op die bed sit en so aan... ennie Vrydagoggend het ek gaan werk ... en dieselfde Vrydag, wat ek terugkom vannie werk af, het hy gesterwe... toe was ek die hele aand besig met vriende en mense wat gekom het en ek dink dit is n bietjie opgekrop. Ek hettie eintlik rus gehad nie. Baie op en af geloop en so aan en ek dink dit is die rede hoekom ek die stroke gekry het....want ek hettie siek gevoel of niks... en dan uh...het ek ook nie my bloed pille ge... gebruik nie, my bloeddruk pille nie . Daai's ook die rede wat uh ...kan moontlik wees dat ek die stroke gekry het. . Verder kan ek nie eintlik se wat die ander saak is nie. Ek het nou nie probleme gehad of so ... moeilikhede of so aan nie. Daam, ek het nou regtigwaar die drinkery, hy't nou baie gedrink maar...ons het nou nie baklei of sulke goete gehad of so aan nie. Dis nou al.

R: Hoe was u verhouding met u man gewees?

P8: Nee, dit was baie goed,... baie goed.

R: Hoe lank was hy siek gewees?

P8: Drie weke net.

R: Wat was fout met hom?

P8: Ons weetie wat... Hy was ...Hy't nooit gekla van siekte nie en uh, is net, ...die Woensdag kom ek uit die werk uit, toe kry, toe le hier n brief vannie dokter. My kleinkind het hom geneem dokter toe, want hy't sleg gevoel, toe neem sy vir hom doker toe, toe le hier n brief, ek moet hom na die hospitaal toe neem, Conradie hospitaal. Hy was daar net twee, drie weke. Die derde week toe se hulle vir ons twee dis kanker en daai selle dag toe sterwe hy... Ek weet nou nie of hy geskrik het toe't hulle vir hom se hy't *cancer* nie, want hy't nooit beter geraak agter dit nie... en daai's al waarvan..., oor siekte en sulke goed het hy nooit gekla nie. Ons het nie eens geweet hy's siek nie en toe hulle nou vir ons se dat hy't *cancer*, toe skrik ons maar, toe skrik ons ... vir die groot tyding ...ja, dis eintlik dit wat... vir ons ...gelaat aanvaar het, dis tog waar.

R: Hoe het u sy sterfte ervaar?

P8 : Wel,... Hy't ges...wat ek uit die werk uitkom, toe sit hy voor die deur ...en ek gesels met die mense wat ek goed ... wat hy nou ken ... en hy't lekker gesels en gelag en so aan. Toe se ek vir hom uh... “Moenie op jou, 'n ... *railing* sit nie . Netnou val jou railings om, dan val jy binne in die tuin. Sit oppie stoel. Hy't vyf minute oppie stoel gesit, toe vra hy vir my of hy nie maar kan binne kom sit nie. Nou ek het 'n sittee gehad daarso [points in direction of where the sittee was] Toe't hy op die sittee gesit en uh, ... toe se hy vir my ek moet gou vir hom winkel toe gaan. Ek moet vir hom 'n pakkie lekkers gaan haal. Toe se ek vir hom: “Ek sal vir jou lekkers gaan haal, maar gee my net 'n kansie dat ons net 'n bietjie gesels ... eerste”, want ek vat dit so, ... hoekom wil hy dan net he ek moet uit die huis uit kom? Ek sal miskien net uit die huis uit gewees het dan sal hy gesterwe het... en uh , met die, toe gaan sit hy oppie stoel. Hy't skaars 'n vyf minute op die stoel gesit, toe sterf hy... Ons het nog gesit en gesels, toe sterf hy onder die gesels uit. It was baie gou gewees. Baie skielik. Ek moet dit aanvaar het. Ek vat dit net so, ... “Wat gebeur moet maar gebeur”... miskien na sy eie beswil van elkeen van ons...Nou ek is nie iemand wat kan huil en so aan nie, want ek dink ek het te veel dit opgekrop,... is dit wat ek die stroke gekry het...want ek het nie eens met die begrafnis niks gehuil nie.

R: Hoe lank daarna het u die stroke gekry?

P8: Hy's Oktobermaand dood en Desembermaand toe kry ek die stroke. Twee maande daarna, noggie 'n volle twee maande nie .

R: Dink u, u lewe het baie verander nadat u die stroke gehad het?

P8: Issie so... is baie eensaam, alleen en so aan, want ... ek en hy was al ...ons is nou nie einlik mense wat baie rondgeloopt het nie. Ons was maar nou die enigste twee hier by ons self en so aan... en nadat hy nou... weg is van my af, toe't ek nou niemand nie. Dit het nou verander, dit het baie verander, maar ek meen dis baie meer rustiger nou. Ek...

R: Hm...Hoekom se u dis rustiger?

P8: Daar's nie nou meer 'n... dinge wat ek altyd moet se, “ Moenie soontoe gaan nie.” Een ding, want hy was baie lief vir die... drankhuis hier ommie draai, daar het hy plek gesit... en as hy uit die werk uit kom, gooi hy net sy goete neer en dan's hy weg, gaat hy sit en drink daarso, baie geld spandeer daarso...en uh... ek het baie gepraat met hom daaroor,...nie geskel of geraas nie, maar ons het baie gesels daaroor...ek het vir hom ...en ek se vir hom daai dag, ek se vir hom “voor die jaar die jaar uit is gaan ons vir jou begrawe, want 'n mens kannie so aanmekaar drinkie. Jy moet jou lewer 'n rus ook gee.” ...en dis net... nie lank daarna nie , toe... word hy siek...Hy't nooit antwoord gegee of gepraat

of so aan nie . As ek miskien vir hom se moenie gaan nie, dan ... Hy sallie vir my se “Ek wil gaan” of “Ek sal wys vir jou ek gaan nie”, wag hy net so n tydjie, dan as ek sien ek hy’s, hy’s weg. Hy verdwyn net. Ons gesels wat en dan’s hy weg. *Anyway*, sy lewe was nou net drank. Daai was nou net sy lewe. Dis al wat hom verniel het...en hy’t ‘n rustige werk gehad. Hy’t by die skool gewerk...Ek kan nie.... Hy’t nooit gese hy’s moeg of so nie. Daarom, ek kannie vir jou se hy’s ge-oorwerk of iets vannie aard soos dit nie . Ek dink dis net die drank wat gemaak het dat sy lewe verkort het... dis al wat ek kan aan dink.

R: Nou hoe voel u oor uself?

P8: Ag nee wat... Ek voel gelukkig. Ek voel heelwat gelukkig. Ek kannie eintlik kla nie. Ek was moet die begin, toe ek nou alleen innie huis is, toe uh... voel ek nou bietjie baie onrustig om in die aand te slaap, want hulle kan my deur oopbreek of , want daar was baie rowwegeite het hier aangegaan, toe’s ek ‘n bietjie bang. Maar, nietemin, as ek saans gebid het, dan gaan slaap ek, dan voel ek weer toe maar, goed...want toe my seun na my toe kom, toe voel ek nou heeltemaal gelukkig, alhoewel, ek wil hom nie hier hou vir die res van my lewe he nie. Hy’s ‘n getroude man. Hy moet t’rug na sy huis toe gaan, maar hy se hy’t nie vir haar geskei nie, sy’t vir hom geskei..en uh...hy willie.... Hy willie weer t’rug gaanie ...en uh ...ek weet nou nie wat sy probleem is nie.

R: Hoe voel u oor die feit dat u seun en, en sy vrou nou op skei staan?

P8: Dis iets wat my baie ge... baie gehinner het, want ek hou nie eintlik van die saak van skei nie. Soos die kinnere, lei daaronder. As hulle daarem nie meer so klein is nie, maar hulle, hulle verlang hom baie...Is nou net die rede omdat hy nie werk nie. Daai is nou net die rede omdat sy hom geskei het, want sy werk nou alleen en sy vat dit is te veel vir haar. Hulle het ... dis nou net die een meisiekind wat nog steeds by my gebly het, voor my eggenoot siek geraak het, het sy by my gebly. Sy’t skoolgegaan hierso...en toe my eggenoot nou sterwe, toe gaan sy t’rug huistoe...en ‘n ...sy’s net n jaar by die huis, nou’s sy swanger...Sy’s standerd tien gewees nou hierdie jaar. Haar laaste jaar op skool gewees, toe kon sy nie meer verder skoolgaan nie. Toe’t sy die skool gedrop, gelos en so aan . *Anyway*, sy’s nou by haar ma en so aan... voor die ...Ek het baie ongelukkig gevoel, want ek meen, sy was darem die een wat nou hier by my was en so aan. Toe sy nou nie meer hier wil bly nie en toe, kan ek nou nie,... niks daaraan doenie.

R: Hoe voel u oor die feit dat sy,...uh...swanger is?

P 8: Dit het my baie geskok, want ek het gemeen, sy kan darem die jaar klaargemaak het. Sy’s klaar standerd tien. Sy’t baie goed gedoen, die hele,... al haar jare, dat dit nou moet gebeur het... en nou, ek kan niks daaraan doenie.

[Pause]

R: Hoe voel u oor u liggaam ? U’t die stroke gehad...

P8: Hmm...

R: ...Hoe voel u oor u liggaam nadat u die stroke gehad het?

P8: Want my hande was lam. Die een hand was so lam. Ek kon nie eens n koppie of ‘n ding gevat het nie, maar ek sien dit begin nou... *normal* te raak. Ek kan daam nou goete uitdroog. E’ kan die

skorrelgoed skoonmaak ensovoorts en ek kan vee. Ek kon nie eens gegee het nie. Ek kan darem nou vee en so aan. Ek voel daam nou stadigies aan my kom, ek beginte reg te kom.

R: Hoe laat dit...Hoe voel u oor u liggaam, nadat dit nie alles altyd doen soos wat dit voorheen gedoen het nie?

P8: Vir my is dit n bietjie baie *frustrated*, want ek ... baie, ek het baie vir my gesit en bekommer daarvoor, want uh ...ek wil nou winkel toe loop, dan loop ek nou winkel toe. As ek by die winkel kom dan, vind ek dit weer swaar om weer by die huis te kom. Dan is dit weer die t’rug loperij en so en t’rug. Dit het my baie gehinder, maar ek voel nou al dit beginte nou bietjie reg te kom. ‘k voel baie uh, uh... meer sterker nou.

R: Pla dit u as ander mense kan sien u sukkel, met die loop of met die hand?

P8: Een ding moet ek se my vriende en hulle is baie, hulle’s baie...hulle’s baie ...opgemaak en geskok, hoe kan ek se, hulle’s baie bly, dat ek so gou reggekome het, want ... was is baie. Ek was so, my hele liggaam was so gevat en dat hulle nou sien ek loop so mooi, toe’s hulle baie bly daarvoor. Hulle bemoedig my vreeslik baie.

R: U’t genoem van huisbesoeke...

P8: Ja...

R: Wat, wat is dit?

P8: Is maar net,... my vriend hier oorkant en dan nou twee vriende hier langesaan, dis al, en hier langes...Is altwee ouerige mense, my...my ouderdom. Ons is lief vir mekaar, nou besoek ons en so aan...Dis my vriende daai.

R: ... stewige verhoudings met u vriende...?

P8: ...Die vriende , ja...

R: ..Hoe belangrik is vriende in u lewe?

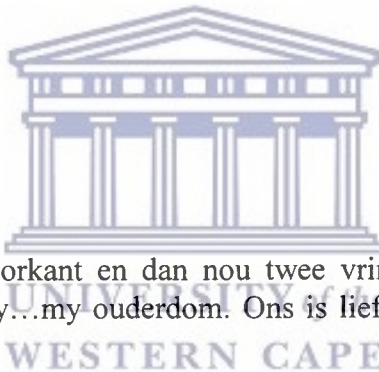
P8: Vriende is baie, vriende is...myne is baie belangrik. Hoe kan ek nou se...As een van hulle weggaan...soos my een vriend was nou weg, vriendin was nou... ‘n...wat is die plek se naam wat sy nou was? Um ...Pretoria toe. Sy’nou gist...vanoggend t’ruggekome . Ek het haar baie, vreeslik baie gemis. Ek was al vanoggend vroeg by haar gewees en vir haar gese “Welkom t’rug.” So ons het baie verhouding, baie goeie vriendskap en verhoudings en so aan.

R: Hoe voel u op hierdie stadium oor vriendskappe vorm met...Is hulle almal vrouens?

P8: Almal vrouens , ja...

R: Hoe voel u op die oomblik oor vriendskappe ontwikkel met mans ?

P8: Nee, ek het nog nooit vriendskappe gevorm met mans nie, daam kan ek nie eintlik...getuig van mans baie nie. Ek is nie eintlik ‘n mans vrou ...asof ek een is wat baie van mans hou en so aan nie, so ek kan nie eintlik se nie.



R: Het u 'n baie intieme verhouding gehad met u man?

P8: Baie ja...baie...Ek het niemand anders raakgekyk nie, net vir hom.

R: ...En fisies? Het u, was u baie intiem, in terme van hande vashou of selfs seks?

P8: Nee, ons was nie eintlik baie in daai lyne nie, maar ons was nou ...geselskap en so aan en grappies maak hieroor en grappies maak daaroor. So was ons nou gewees.

R: Wannier sou u se, het u opgehou om seksuele omgang te he?

P8: Augustus maand, toe Augustus, Oktobermaand, verby is ...ons was Augustusmaand, was ons vyf-en-dertig jaar getroud, toe is dit vir n lang tyd wat ons noggie seks besighede met mekaar nie. Daai was die enigste tyd... Toe ook net daai, daai tyd. Dit was die laaste ook.

R: Wat dink u het veroorsaak dat u dan seks gehad het, na so n lang tyd?

P8: Hy het vir my gevra of ek vergeet het dis onse *anniversary* [laughs]...Dis toe wat die anniversary nou daaroor omgaan, maar nietemin nie...daai's die enigste tyd.

R: Nou as 'n vroumens, kry u enige begeertes of drange?

P8: Nee...nee...

R: Is dit nou al lankal so?

P8: Dis al n hele tydjie nou al so al..., maar vandat, vandat ek die stroke gekry het, het ek nooit eens gedagte gehad ... ek is 'n getroude vrou of ,of geverlang na die man nie, nou... kan ek sien die stroke... trek nou uit. Nou verlang ek hom eerste. ...want laasweek toe, toe mis ek hom baie vir die eerste keer na twee jaar. Se maar byna twee jaar. Volgende maand, Oktobermaand is dit twee jaar.

R: Wat spesifiek het u so gemis van hom?

P8: As hy hier ingekom het het ek altyd gewag dat hy moet tee vra. Ek mis net daai is al.

[Pause]

R: Vertel my van hoe u groot geword het. Waar was u gebore en so aan?

P8: Hy's eintlik nou 'n, 'n inboorling van De Doorns.

R: Mevrouw? U?

P8: Nee, moenie worry nie, ek gaan nou se...

R: Vertel my van u.

P8: Ek het in Malmesbury ...uh...grootgeword. En uh, wat ek nou ontdek, toe bly ons nie meer in Malmesbury nie. ..toe bly ons in Dassenberg...en toe was ek vyf jaar toe sterwe my pa. My ma was... ons was almal ... ek was 18... toe sterwe my ma...en van daar, van my ma se sterfte af, het my suster

my aangeneem. Ek was vyftig, toe sterwe my suster...en uh toe is ek toe reeds al getroud al en 'n ... ons is baie goed... ons het baie goed uh aangekom, want uh ek kannie eintlik kla nie. My ma was n baie Christelike vrou en 'k kannie van my pa eintlik se nie, want ek was nog baie klein wat hy gesterwe het. Ek was maar drie of vier ... of vyf daardie ouderdom was ek toe't hy gesterwe het. ... Baie swaar grootgeword, maar ons het goed, goed opvoeding gekry. Vandag se kinnners is vir my heelwat annerste as wat ons is...[pause]

R: Hoekom sou u se vandag se kinnners is anders?

P8: Omdat ek, ons uh ...ons kinnners was ons geleer vir 'n groot vrou, moet jy altyd respekteer of as jy sien iemand dra swaar, moet jy altyd die ene help, maar vandag se kinnners willie nog respekteer nie. Hulle skree sommer vir jou ma jou "jy" en "jou" en so aan. Ons het nie daai geken nie.

[Pause]

R: Ek wil net weer bietjie t'rug kom na die, toe u gese het u en u man het toe op die 35ste , anniversary...

P8: ...uh, uh

R: ...was u nou intiem gewees...

P8: ...ja, ja...

R: .. nou u se vir n lang tyd was dit nie so nie...

P8:... hm...

R: ...Hoekom, hoekom dink u, dit kwyn so weg. Hoekom dink u, hou 'n mens op?

P8: Ek dink uh, die drank het seker oorgeneem by hom. Hy't 'n drank wat hy nie nog, as hy dronk is, is hy nie nog geworry moet dit nie, dan gaan hy sommer slaap.

R: En vir mevrou self?

P8: Vir my't dit nie gehinner nie. Ek het later net gewoond geraak daaraan...Net myself gewoont gemaak daaraan.

R: Hmm

P8 : Daarvoor, ek sallie vandag lol met n man nie, wat miskien seksuele is of daai nie. Dit sal vir my baie, kwaad aan doen as ek moet dit, moet n man vat vandag, want n man is nou *love affairs* en almal daai en ek hettie so n lewe geken nie. Ons was amper net soos vriende gewees, so was ons.

R: Wou u dit so he?

P8: Ek wou dit so gehad het ja... ek wou dit so gehad het.

R: Hoekom dink u wou u dit so gehad het dat u maar meestal vriende was?

P8: Ek het nie much gehou van die hele seksuele besighede nie. Vir my was dit so n gruwel altyd. Ek het maar altyd wege...skuiwe darvandaan af ...af .

R: Hoekom het u dit altyd gesien as ‘n...gruwel? Iets ...amper vuil, ne?

P8: Ja, ja, ja...

R: Hoekom?

P8: Want ek het so baie dinge gehoor wat gepaard gaan daarmee, dat ek lateraan beginte skrikkerig raak het...want ‘n mens hoor so baie dinge, want...van die HIV en almal daai goed, dat jy lateraan beginte bang raak het. Dit kan miskien met jou gebeur en ek het nooit sulke goed, ons het nooit van sulke goete geken nie, maar toe die nou in die mode inkom, toe raak ek maar bang.

R: Maar HIV het mos die afgelope paar jaar eers ingekom...

P8: Ja,ja ja...

R:...en voor dit? Was daar ander goed?

P8: Nee, voor dit was ek gewoon, soos gewone jongmeisie en n jongman moet wees...*Loverboys* en so aan...maar soos ek nou hier by die vyftig raak, toe begin ek nou af te, af te *switch*.

R: Is dit gewoonte om so by vyftig af te switch?

P8: [laughing] Ek weet nie. Ek weet nie, maar by my’t dit net so gebeur. Vyftig, toe’s ek nou nie meer lus vir die soorte lewe nie.

R: Het die drang en die begeerte net... beginne weggaan.?

P8: My eggenoot het nooit gedrink nie, as ons...miskien het hy voorheen gedrink, maar wat ek en hy getrou het, het hy nooit gedrink nie. Ek was 29 jaar en hy was, hy was 25. Ek was 4 jaar ouer as hy. Hy was 25 en ‘n ... hy was nooit gedrink nie. Toe hy die aand dronk huistoe kom, toe skrik ek vir my, ...so lam, laat ek, toe wil ek hom glad nie naby my he nie. Toe se ek vir hom “Nee, ons kannie met drank en goeters uh...”, want my ma het nie gedrink nie, my pa het ook nie gedrink nie en my susters, geneen van hulle het gedrink en so aan nie. Toe’s dit vir my nou net iets vreemd. Hoe kan ek dan nou voor my ma kom met ‘n man wat dronk is, maar toe ek en hy trou toe’s my ma nou klaar oorlede al. Dit het nou nie eintlik saak gemaak nie, maar ek meen maar, my ander suster was net soos my ma. Sy’t ons net so opgepas soos ons ma ons opgepas het.

R: U se eintlik, toe u man so beginne drink, het dit vir u afgesit ...

P8: Dit het my afgesit ja...

R: ...van intiem wees ... en seksuele omgang he?....

P8: ...ja,ja...

[Pause]

R: Hoe's u verhouding met u seun?

P8: Op die oomblik lyk hy vir my amper beter nou wat hy getroud was, as wat hy voorheen , voorheen hy was baie wild gewees. Ek het baie...ek het baie gesukkel met hom. Baie, hy't baie...rondgeloop, dan kom hy in die oggende in die huis in en baie... in 'n bakleiry ge.. ingegaan en so aan, maar nou's hy heelwat anderste. Hy's ...amper nou soos n kind. Vir my voel dit nou bietjie vreemd om nou so n groot man in die huis te het, maar nie te min nie en hy respek vir my baie. Die ding is as ek miskien in die oggende... ek voel nie lekker nie, dan bring hy my brekfis en hy bring my koffie en goete bring hy vir my in en so aan. Hy's nou amper soos 'n kleintjie nou...maar ek voel nogal nie uh...ek sallie se ek voelie gelukkig met 'n groot man saam met my in die huis nie, maar ek voel nogal nie gelukkig omdat hy nou weg is van sy vrou en sy kinders af nie, want dis... sy vrou het ook al beginte drink, is dit is die moeilikheid...want ek en sy't baie goed klaargekom, maar ek en sy kom ook nie klaar of so oor die drinkery nie, want ek is iemand wat baie *against* die drank is. ..van kleins af is ek al so al. [pause] Hy's in n vreeslike grote ding bedompel. Ek se vir hom "Ek hoop nou net nie jy gaan nou maak dat ek weer 'n stroke kry nie", want dan is dit die brief en dan is dit daai brief. Hy't nou weer n brief gekry, hy moet nou uh.... sy kind geld gee. Nou waar kry hy geld as hy nie werk nie? Nou ek het n paar pennies gekry van my eggenoot se pension. Nou moet ek dit so *share* saam met hom. Nee ek het vir hom gese , ek gaan nie uitkom nie.Toe't ek vir hom gese "Jy moet nou sorg dat jy nou 'n werk kry laat die sake klaar is, as jy... al kry jy net 'n *casual* werk vir...twee, drie keer 'n week of so aan, dan is dit ook al oraait, dan kan jy vir haar geld stuur en so aan. En nou, ek weetie wat gaan nou, wat gaat nou vir wat nie. Ek bid maar nog dat hy moet t'rug gaan huis toe. Dat als moet regkom[laughs].

R: Is u 'n baie gelowige persoon?

P8: Nie hy nie. Ek ja.

R: Hoe belangrik is dit in u lewe?

P8: Baie belangrik, baie...sonder die Here sal ek...sal ek, seker al onder die grond gewees het myself. Hy't baie vir my gedra. Ek was nou al die sieklikste van al my ma se kinders en ek is die enigste ene nog, ek het nog 'n halwe suster. Dis net ek en sy wat nog lewe. Ons was tien kinders gewees. Net ek en sy wat nog lewe, want hulle is jonk, jonk dood. Ag-en-twintig, dertig, daai ouderdomme is hulle dood, maar hulle is almal oor die twintigs en dertigs en dan nou my...my suster wat ek nou by gebly het, sy's sewe-en-sestig, is sy dood.Ek het nog net 'n jaar vir my [laughs] Sy's die laaste een wat gesterwe het, sy's 67. Sy't ook n stroke gehad toe sy 65 was, toe kry sy n stroke, toe sy 67 is, toe sterwe sy.

[Pause]

R: U't genoem dat u voor die stroke 'n char job gehad het...

P8: Ja...

R: ...Vertel my van hoe u lewe verander het nadat u die stroke gehad het. U't mos nou ook u man veloor in die tussentyd.

P8: Hmm....

R: ...Hoe is u lewe nou in vergelyking met daai tyd?

P8: Wel daai tyd kan ek nou se het ek nogal, ek het omtrent vyf, ses plekke gewerk soos ek nou elke dag by verskillende plek gewerk het en hy't ook nog gewerk. Ons het nou nie swaar gekry of so nie, maar toe't hy nou sterwe, toe's daar nou nerens inkomste nie, van sy kant af nie. Ek het lank gevat voor ek sy geld gekry het. Die eerste geld wat ek gekry was vir vier maande, nou daais nie baie nie. Vier maande en toe in die tussentyd, toe gaat ek na die 'n Mnr. ----- toe, hier onder. Toe gaan ek hom vra of ek nie kan 'n pension kry nie, want ek meen ek het nou niks inkomste van nerens af nie. Toe's dit nou net drie maande gewag toe kry ek n pension en vier maande, toe kry ek sy eerste...*unemployed* geld. Dit is nie baie, baie...nie want hy't nie lank daar gewerk nie. Hy't nege jaar gewerk vir die skool, maar hy't vyf jaar gewerk voor hulle vir hom uh ... permanent aangestel het. Hy's vir vier jaar...se vier jaar se unemployment geld uitgekry en toe van daai vier jaar af, toe moet ek weer 'n jaar van daai *unemployment* geld...toe gaan dinge bietjie swaar, want toe wag ek vir n jaar en 'n half voordat ek sy pensioengeld kry. Pensioengeld is nou nie veel nie, maar ek het sommer bele, sodat ek kan, elke sesde maand, dan kry ek darem nou interest en so aan. Nou dit het nou gehelp, as dit nou by die pension kom om goeters te betaal, want als was so agter gewees [louder voice] ...die *rates* was agter, die water was agter, die... al die goed was omtrent agter. Toe't ek nou almal daai geters nou *square* gemaak nou...sal dit *normal* gaan. Dit sal nie so wonderlik gaan nie, maar ek meen dit sal goed gaan. Die mense wil nog weer he ek moet kom werk, maar ek sallie weer loop char werk doen nie . Ek het dan, van geeneen van hulle het ek...uh, uh ekstra geld gekry toe ek nou klaar werk het nie. Party van hulle het ek gewerk 23jaar, 24jaar. Nou gelukkig voordat ek, voor my eggenoot, voor my eggenoot gesterwe het, het ek vir 'n vrou gewerk hier in Milnerton. Ek het vir haar 23, 24 jaar gewerk en net twee drie maande voor, voor sy sterwe, net drie maande na sy sterwe, toe sterwe my eggenoot. Het hy gesterwe voor dit dan sal sy, dan sal sy vir my gevat het. As sy my,... eggenoot gesterwe voor haar, dan moet ek by haar gebly het. Sy wil dit so gehad het, maar toe sterwe my eggenoot voor haar.

R: Hmm...

P8: Nee, na haar... drie maande na haar, toe sterwe my eggenoot.

R: En wat doen u deesdae? U werk mos nie meer nie. Wat se tipe goed doen u nou so elke dag?

P8: Ek is maar meestal, dit is nou eitlik...van ek die stroke gehad het, het ek baie lui geraak. Ek kan nou nie eitlik gaan werk ... ek het nou die dag gebel vir een van hulle om te vra hoe gaan dit, toe wil hulle ... vra vir my hoe gaan dit met my, want hulle wil he ek moet kom werk, maar ek dink ek sallie weer kan gaan ... net die been hou vir my af. Verder is my hele liggaam is oraait, maar net my been.

R: Nou wat doen u deur die dag bedoel ek, by die huis en ... wat doen u?

P8: Dis net sit hier en sit daar en luister na die *television*, luister na die draadloos en uh ... besoek miskien nou iemand en so aan en dan nou net my skoonmaak, is al wat ek nou doen. Ek het nou n luilekker lewe nou. [laughs]

R: Mevrouw, baie dankie vir die tyd. Ek waardeer dit baie dat ek lekker kon gesels het met u.

P8: Plesier. Vir jou dieselle.



APPENDIX D

- **Theme Generation / Analysis Process**

- D1 - Guidelines supplied to fellow analysts**

- D2 - Theme generation process**

APPENDIX D1: GUIDELINES SUPPLIED TO FELLOW ANALYSTS DURING ANALYSIS PHASE

Guidelines for analysis of the transcripts (raw data)

1. Acquaint yourself with the objectives of the study, as this is the information you want to draw from the data. The objectives are as follows: -
 - To determine what the women with disability understand by “sexuality”;
 - To determine how these women perceive and feel about their own sexuality;
 - To determine if and understand how their disability affects their perceptions and feelings about their sexuality;
 - To determine and understand other factors which may affect and influence these perceptions and feelings about their own sexuality.
2. Go through each transcript individually and see whether you can interpret what each woman is saying by allocating themes to the data. Themes can be singular words or phrases that describe the data, e.g. feelings of despair, positive self-image, apathy, high level of commitment, etc. Please list these on the transcripts next to the particular raw data / spoken words.
3. Finally, taking all the transcripts into consideration, make a list of common broad themes that you think are emerging from the data set.

Definition of Sexuality

Human sexuality spans biological, psychological, social, emotional and spiritual dimensions, and includes sexual behaviour and functions, as well as awareness of one's body (The Sexual Health Network, 2000). Sexuality is a form of expression that starts at birth and continues throughout one's life. " It begins with us and our relationship with ourselves and extends to our relationships with others. Our relationships with ourselves includes how we feel about ourselves as a person, as sexual beings, as men and women, and how we feel about our body and how we feel about sexual activities and behaviours. Our relationships with others may include friendship, emotional intimacy, love, and/or sexual activities." (The Sexual Health Network, 2000).

APPENDIX D2: THEME GENERATION PROCESS

<u>Researcher's Categories</u>	<u>Analyst 1</u>	<u>Analyst 2</u>	<u>Final Categories/Themes</u>
role of a woman	sexuality / being wife, mother, caring for family	relationships disintegrating after CVA	role of a woman
life before stroke / upbringing	all participants found they could not do all tasks as before	dependence on others after stroke	life before stroke / upbringing
reason for stroke		fear of sex causing another CVA	reasons for stroke
circumstances after the stroke	great sense of frustration		life experience after the stroke
regaining independence / function	sadness and despair		copied strategies after the stroke
religion and coping strategies	reasons for stroke	role of woman limited to housework and children	relationship with partner / husband
motherhood / children	stroke perceived as illness that will resolve	switch off after 50 years	
relationship with husband / partner	stroke not factor in changing sexual behaviour as there is evidence of this prior to stroke already	"dead" feeling (libido) stopped sex prior to CVA	
forming new relationships	satisfied with what had happened – linked to test from God	unsure how partners perceive them after CVA	relationship with children / motherhood
friendship	role of God and religion in their lives	reluctance to take new partners – infidelity	
specific issues regarding sexuality, namely body image, self worth, libido and sexual intercourse	rejection and lowered self image		<u>specific sexuality issues:</u>
	loss of personal decision-making		<ul style="list-style-type: none"> ▪ definition ▪ sex drive / libido ▪ body / self image ▪ sexual intimacy / intercourse ▪ contraception ▪ forming new relationships
	fear of getting another stroke during intercourse		