

INTRODUCTION

"Our message is simple. We have to top the spread of HIV. We must reduce the rate of new infections. Prevention is our most powerful weapon...."

President of South Africa- Mr Jacob Zuma-World AIDS day,2009, Pretoria.

INTRODUCTION (Cont)

- UNAIDS reports that in 2007, 2.5 million people were newly infected with HIV throughout the world (UNAIDS, 2007).
- Sub-Saharan, 1.7 million adults and children were reported with new HIV infections in 2007.
- In Botswana, 270 000 people were living with HIV/AIDS in 2005 (UNAIDS, 2006).
- In Sub- Saharan, Botswana still remains the most affected country (UNAIDS, 2007).
- HIV prevention, care and treatment are for life and prevention initiatives and national programmes should not be short – term or isolated.

MAIN GOAL OF THE STUDY

 To establish the influence of cultural practices of the Batswana on the transmission of HIV/AIDS in Botswana.

MAIN OBJECTIVES

- To conduct the investigation within a theoretical based framework by undertaking a literature review on HIV/AIDS as a social phenomenon, culture, and cultural practices in general and the culture of Batswana specifically.
- To explore through an empirical study, the nature and prevalence of cultural practices of Batswana in relation to the transmission of HIV/AIDS in Botswana.
- To provide conclusions regarding the cultural practices of the Batswana in relation to the transmission of HIV/AIDS in Botswana.
- To make recommendations for culturally appropriate behaviour - change strategies for Batswana in Botswana in an attempt to decrease the spread of HIV/AIDS.

MAIN RESEARCH QUESTIONS

- What are the current nature and prevalence of cultural practices of the Batswana in relation to the transmission of HIV/AIDS in Botswana?
- To what extent do these cultural practices contribute to the spread of HIV/AIDS?
- What can be done to prevent the problem of HIV/AIDS in relation with cultural practices of Batswana people in Botswana?

MAIN THEMES OF THE STUDY

- Knowledge about HIV/AIDS
- Cultural practices
- HIV/AIDS prevention strategies, polygamy
- Sexual practices
- Agricultural practices
- Stigma issues
- Cultural taboos
- Marriage
- Alcohol use
- Religious beliefs
- Condom use
- Voluntary counseling and testing.

SUB-GOAL

 To find out if there are any cultural practices that could protect people from the spread of HIV and AIDS in Botswana with a view to assist the government of Botswana in developing appropriate prevention strategies to reduce the spread of HIV.

SUB-OBJECTIVES

 To find out if there are any cultural practices that could protect people from the spread of HIV and AIDS in Botswana

GUIDING QUESTION

 Do you think that there are any cultural practices that could protect people from the spread of HIV and AIDS in Botswana?

SUB THEMES

- Cultural practices in relation to marriage
- Sexual practices
- Circumcision
- Religious beliefs

CONSULTATIVE PROCESSES

Ethics approval:

- University of Pretoria Research Ethics Committee
- Botswana Ministry of Health Research Unit Ms. Halabi

Permission and entry:

- Botswana Office of the President Permission to conduct the study (Ms. J. Mosweu)
- Department of Central Statistics Botswana-(Ms Maletsatsi)
- BOTUSA
- Botswana Ministry of Health (AIDS/STD Unit)

CONSULTATIVE PROCESSES

- House of Chiefs Botswana
- Local chiefs and relevant local leaders in the study sites

METHODOLOGY

- A combined quantitative- qualitative research approach (One of Cresswell's three models) dominant – less – dominant model -(De Vos ,2002)
- Quantitative dominant
- Qualitative less dominant
- Focus groups supplemented structured interviews
- Applied research to develop solutions
- Exploratory design gain insight
- Thematic content analysis qualitative results
- SPSS programme quantitative results

- Study Sites:
- Francistown, Selibi-Phikwe, Gaborone -urban areas
- and their surrounding rural areas Sebina (Nyaya and Ndzinda), Sefophe (Sefophe and Mafoko)and Gabane (Gasiko and Nthlagodimo) respectively.
- These study sites were selected because of the high HIV/AIDS prevalence.
 - (Botswana Second Generation HIV/AIDS Surveillance, 2002)

- Focus groups sampling: Purposive and availability sampling (18 years and over)
- Six focus groups 3 adult males and 3 female groups in the six study sites (rural and urban) = 6 groups
- Group consisted of members ranging between 6 and 10
- 48 respondents participated in focus group discussions
- Random sample of study sites and focus group type

- Structured interviews sampling: Total 66 respondents.
- Multistage cluster random sampling was used (Arkava, 1983:161)
 - Rural Site, 2 x villages, 2 x wards, 2 x household and 1 x individual aged 18 and above).8 individuals per site and 24 respondents
 - Urban Site Gaborone- four areas- Central, West, North and South (equivalent to villages) (3 X wards, 2X households, 1 X respondents) = 24 individuals
 - Francistown two areas East and West (equivalent to villages) (3 X wards, 2X households, 1 X respondents) = 12 individuals
 - Selibe Phikwe (random sample of 3 wards, 2X households, 1X respondent) =6 individuals

- Pilot Study- Focus groups:
- One male focus group with 6 respondents (rural area - Gabane)
- Pilot Study- Structured interviews:

Three respondents from urban (Gaborone) and two from rural(Gabane) = 5 respondents.

- Ethical Issues:
- Written/Verbal Consent
- Anonymity
- · Researchers are Batswana's from Botswana
- Confidentiality

Limitations:

 Cannot be generalized to the larger population – small sample size

RESULTS: Qualitative

Cultural practices in relation to marriage

- Most participants emphasized that polygamy is culture in Botswana although there were those who believed that marrying one partner was a common practice
- In polygamy, the first wife chooses the second wife.

RESULTS: Qualitative (Cont)

Cultural practices in relation to marriage and the transmission of HIV

- The participants felt that culture protected people from the spread of HIV/AIDS. In the past a woman will know which other women was her husband involved with.
- The woman in polygamy whether married or not, will know that she can only have sexual relationship with her partner in a polygamous relationship. People knew that it was safe.
- These days' men unofficially go around with other women who no one knows who they go around with.
 Today the multiple partners are unknown.
- Culture also seen as reducing the spread of HIVAIDS since culture promotes that married partners should stick to one partner or polygamous partners only.

RESULTS: Qualitative (Cont)

- Cultural practices in relation to sex and HIV transmission.
- Girls and boys are socialized to go for circumcision where they are taught about sex.
- A widow and widower should take traditional medicines during the period of mourning to clean their blood. During this time, they cannot engage in sexual activity.
- Another common practice is that a widow should get married to her brother- in- law and therefore can only have sex with the brother-in-law. This can also happen between a widower and his sister-in-law (seyantlo).

RESULTS: Qualitative (Cont)

Cultural practices in relation to sex and HIV transmission.

- Even if people did not use condoms, they were still safe as it will be the only partners within the same circle
- The participants also mentioned that if widows and widowers do not use traditional medicines during the period of mourning, they would get AIDS.
- Sex with a person who had taken traditional medicines, does not contribute to the spread of HIV/AIDS "Boswagadi".

RESULTS: QUANTITATIVE

Cultural practices in relation to marriage and sexual life

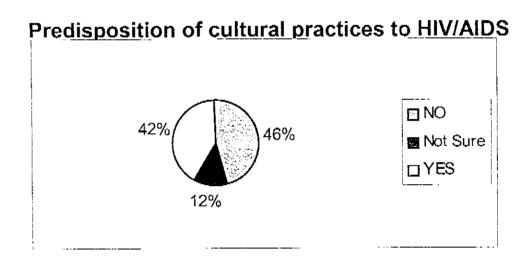
 24.2% (n=16) of the respondents said that sex before marriage is unacceptable and therefore sexual behavior is controlled.

The significance of the cultural practices in shaping sexual behavior

 25.7% (n=17) mentioned that sexual behavior is definitely controlled by the belief that people should not have sex before marriage.

The present cultural practices predispose people to HIV infection

- Of the total sample, 46% (n=30) said that the present cultural practices do not predispose people to HIV infection and
- 12% (n=8) were not sure.
- The rest of the respondents 42% (n=28) agreed that the present cultural practices predispose people to HIV infection.



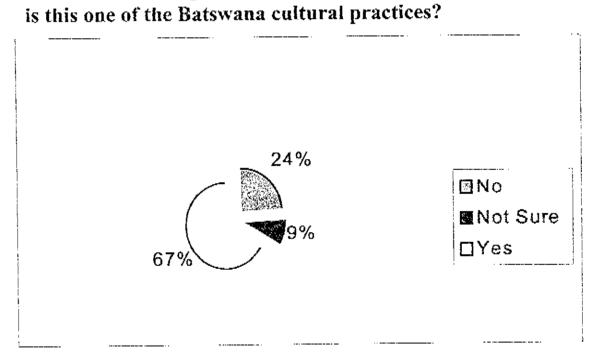
Beliefs in women circumcision

- 80% (n=53) did not believe in women circumcision.
- 4.5% (n=3) were not sure of whether there was anything like women circumcision
- 15.5% (n= 10) believed in women circumcision.
- 34.8% (n=23) said that women circumcision does not predispose women to HIV transmission.

It is said that "a man is like a bull and should not be confined to one pasture", is this one of the Batswana cultural practices?

• 67% (n=44) agreed that the statement "a man is like a bull and should not be confined to one pasture" is in fact one of the Batswana cultural practices.

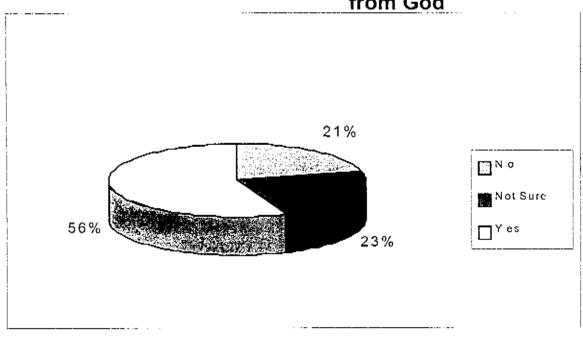
It is said that "a man is like a bull and should not be confined to one pasture",



HIV/AIDS is punishment from GOD

- 56% (n=37) believed that HIV/AIDS is punishment from GOD
- 21% (n=14) said that HIV/AIDS was not punishment from GOD.
- However, 23% (n=15) had doubts.

Opinions regarding HIV as a punishment from God



DISCUSSION

- Polygamy was mentioned at all times by all the groups. It was not supported in today's practices, however it was thought that it was a better arrangement as partners were known and were chosen within the family.
- In polygamous marriages, culture is respected therefore the likelihood of all the partners involved to go around with other partners outside polygamy is very limited.
- It is not easy to get infected outside marriage as marriage partners in polygamous marriages only have sexual relationships with partners in that marriage relationship only.
- If partners are not infected with HIV at the beginning of their relationship, they can remain safe in terms of HIV infection even if condoms are not used, as they are faithful to each other.
- relationships within and outside marriage. Van Dyk (2001:120) says that polygamy often helps to prevent and reduce unfaithfulness, prostitution, STDs and HIV infection.

DISCUSSION (Cont)

- Parekh (2002:288) polygamy involves sexual discipline and Moore (1997:216) states that the nature and structure of the traditional polygamous family are also determinants of patterns of sexual
- Van Dyk (2001:120) mentions that Western health care professionals mostly frown upon polygamy in African societies, but polygamy often helps to prevent and reduce unfaithfulness, prostitution, STDs and HIV.
- Mbiti (1969) as quoted by Van Dyk (2001:120) polygamy is particularly valuable in modern times when African men are often forced to seek work in the cities and towns. If a husband has several wives he can afford to take one at a time to live with him in the town, while the other wife or wives remain behind to care for the children and family property. As a result polygamy often provides a healthy alternative or solution to problems inherent in certain cultural customs.

DISCUSSION (Cont)

- Adupa (1999) mentioned that in Botswana it is accepted by the society at large that men's sexual networks can be quiet extensive.
- Culture teaches people morals about sexual behaviour especially at circumcision schools. Parketh (2002) culture is articulated in the rules and norms that govern such basic activities and social relations as how, where, when and whom one makes love.
- Boswagadi is a common cultural belief that is associated with regulating sexual involvement whilst mourning and it is associated with HIV/ AIDS.

DISCUSSION (Cont)

- It was believed that HIV/AIDS is punishment from God.
- Ward (2002:19) explains that people believe in the existence of a super human controlling power especially of God, usually expressed in worship.
- It is a controlling influence in a person's life.
- In Botswana, religious leaders attribute the high prevalence of HIV/AIDS situation as punishment from God (UNICEF, 1998).
- According to these leaders the principles of abstinence and faithfulness have been disregarded by the society.

CONCLUSION

- HIV/AIDS worldwide pandemic
- Affects everyone irrespective of race, ethnicity, and gender and economic status.
- HIV/AIDS complex phenomenon, which needs to be understood in the context society as it affects the society.
- The HIV/AIDS pandemic is now out of control as millions of people are dying.
- Cultural practices should be incorporated in HIV/AIDS prevention strategies

RECOMMENDATIONS

- Education programmes focusing on HIV/AIDS prevention and care strategies need to make use of the cultural practices in a positive way so that communities can cooperate in the fight against HIV/AIDS.
- We need to consider strengthening the practice of culture since culture prescribes a lot of respect and with respect people are able to respect themselves and others and therefore minimize the extent of infecting each other.
- Circumcision schools should not be discouraged.
 People should be educated on how to prevent HIV transmission at the circumcision schools.
- Religious organizations need to be involved in HIV/AIDS prevention and care strategies.

CLOSING STATEMENT

"Prevention our weapon" President of South Africa- Mr Jacob Zuma-World AIDS day,2009, Pretoria.

"HIV interventions require incorporation of cultural beliefs and practices"- Prof D. Baronov (St. John Fischer College, USA)



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