

HIV/AIDS IN BOTSWANA

KNOWLEDGE AND MYTHS REGARDING HIV/AIDS IN BOTSWANA

AVOIDING AIDS AS EASY AS...

Absurd
Astounding
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Astounding

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HSRC RESEARCH OUTPUTS

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INTRODUCTION

- * There were 2.1 million deaths reported globally in 2007
- * 1.5 million (Sub-Saharan) in 2007 reported with new HIV infections in 2007 (UNAIDS, 2008)
- * In Botswana, 270 000 people were living with HIV/AIDS in 2005 (UNAIDS, 2006)
- * The death rates are overwhelming
- * Botswana is still the most affected country in Sub-Saharan UNAIDS, 2007.
- * Lack of knowledge and myths associated with HIV/AIDS are critical in the spread of HIV
- * These encourage communities to misperceive the risk associated with particular kinds of behaviour that spread HIV
- * Therefore it is important to explore the knowledge and myths regarding HIV/AIDS of the Basotho people in Botswana so that appropriate public education programmes can be developed.

GOAL

To explore the opinions of the Basotho people in Botswana regarding HIV/AIDS knowledge and myths with a view to assist the government of Botswana in developing appropriate information, education and communication strategies to reduce the spread of HIV.

OBJECTIVES

- * To explore knowledge about HIV and AIDS
- * To explore knowledge about the modes of HIV transmission.
- * To find out if there were any myths regarding HIV/AIDS.

METHODOLOGY

- * A combined quantitative + qualitative research approach (One of Creswell's three models: dominant-less-dominant model - De Vos, 2002)
 - * Quantitative - dominant (structured interviews)
 - * Qualitative - less dominant (Focus Groups supplemented structured interviews)
- Study Sites:**
- * Francistown, Sehlabatheko, Gaborone - urban areas and their surrounding rural areas
 - * Selma, Setlaphe and Gabane 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
 - * 46 respondents participated in focus group discussions
 - * Random sample of study sites and focus group type
 - * 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 informed Consent
- * Anonymity
- * Researchers are Basotho's from Botswana
- * Confidentiality

RESULTS: QUALITATIVE

What is HIV and AIDS

- * HIV is a virus and AIDS is a disease caused by the HIV virus.
- * The other group members said that there is no cure for AIDS.
- * AIDS is a combination of diseases in the body.
- * AIDS also has opportunistic diseases.

It was also said that when someone has AIDS, then the person is like really sick.
With HIV, people loose weight and have swollen glands behind their ears.

HIV/AIDS transmission:

- * Through semen and vaginal fluids during sexual intercourse
- * Through mother to child transmission
- * Blood transfusion
- * During breast feeding
- * Razor blades used by infected people and not sterilized
- * Not using gloves when you have open cuts and you are assisting an HIV positive person during an accident.
- * Unsterile instruments like injections/needles
- * Not using condoms

DISCUSSION

- The respondents' knowledge about HIV/AIDS was extensive. (Confirmed by both qualitative and quantitative results)
- * The respondents were familiar with the concepts of HIV and AIDS but were used interchangeably. (Confirmed by both qualitative and quantitative results)
 - * There was a general understanding that HIV is a virus that causes AIDS. (Confirmed by both qualitative and quantitative results)
 - * The respondents were also informed about the modes of transmission with the majority agreeing that HIV was transmitted through sexual intercourse with HIV infected people and condoms are not used. (Confirmed by both qualitative and quantitative results)
 - * Authors like Mynhardt and Suttorp (2000) also stated that HIV infection is transmitted through sexual intercourse through contact with infected blood, semen or cervical and vaginal fluids. Barrett-Grant et al. (2001) also said that HIV is a virus and HIV causes AIDS.
 - * Various responses were given regarding the myths. One common myth was Boswagadi, which was mentioned in all the groups. Boswagadi is a cultural concept that has been there for years even before HIV/AIDS. (Confirmed by both qualitative and quantitative results)
 - * Any illness that a widow or a widower gets during the period of mourning after having sexual relationship with another partner during the period is called Boswagadi. During the mourning period the widow and widower are expected to use traditional medicines and these coincide with the functioning of the body if you can get involved sexually. Now Boswagadi is also associated with HIV/AIDS.
 - * Another common myth was that AIDS is punishment from God. Aggleton et al. (1989:57) stated that ordinary people saw HIV/AIDS as God's vengeance on those who led unnatural and promiscuous lives e.g. the homosexuals.

CONCLUSION

- * There are a lot of myths mentioned by the respondents (both qualitative and quantitative results), which were related to how HIV/AIDS is diagnosed, and its origin and which identified the people, the situations and the activities that are perceived as risky (Aggleton, et al., 1989:57-63).
- * Health professionals and community carers should be knowledgeable about HIV/AIDS to be able to clear misconceptions and myths about HIV/AIDS when they educate the community about HIV prevention.