

**The opinions of the Batswana people in
Botswana on HIV/AIDS prevention and care
strategies in Botswana.**

**Presenter: Cilly Tabane, PhD
AIDS IMPACT
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Botswana
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INTRODUCTION

- 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.

GOAL

- **To explore the opinions of the Batswana people in Botswana about the HIV prevention strategies with a view to assist the government of Botswana in developing appropriate prevention strategies to reduce the spread of HIV**

OBJECTIVES

- To explore the views of the Batswana people about the available HIV prevention strategies in Botswana.
- To explore the opinions of the Batswana people on other possible HIV prevention strategies in Botswana.
- To make recommendations for appropriate prevention strategies for Batswana in Botswana in an attempt to decrease the spread of HIV/AIDS.

GUIDING QUESTIONS

- What do you think about the existing HIV prevention strategies in Botswana?
- What can be done to prevent the spread of HIV in Botswana?

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**

METHODOLOGY (Cont)

- 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)

METHODOLOGY (Cont)

- **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

METHODOLOGY (Cont)

- **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

METHODOLOGY (Cont)

- **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.

METHODOLOGY (Cont)

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

METHODOLOGY (Cont)

Limitations:

- Cannot be generalized to the larger population – small sample size

RESULTS: Qualitative

Views about existing HIV prevention strategies:

- Available strategies in Botswana were failing as people are dying in big numbers.
- Batswana people need to go back to their culture, which taught people morals. For example-
- Circumcision - young boys and girls were taught morals at the traditional schools.
- Parents should take responsibility in educating children about sex and HIV/ AIDS.
- Christianity was also seen as a very important vehicle for HIV prevention.

RESULTS: Qualitative (Cont)

Views about existing HIV prevention strategies:

- **VCT was useless and not good for the following reasons:**
 - There is no anti-retroviral available once you know your status.
 - Knowing your status, changes one's life as you get depressed and frightened and therefore can easily commit suicide or want to infect others.
 - VCT's should not show HIV/AIDS videos whilst waiting to be counseled and tested. The videos frighten people and therefore make them not want to be tested

RESULTS: Qualitative (Cont)

Views about existing HIV prevention strategies:

- Other participants were in favour of the VCT programme for the following reasons:
 - Knowing your status results in behavior change that reduces HIV transmission and encourages positive living. Negative people also know how they must take care of themselves.
 - VCT encourages positive living and advise people what to do to live positively.
 - Some respondents said that there were Anti-retrovirals available in the country therefore it was good to get tested and know your status as you will have access to medical care.

RESULTS: Qualitative (Cont)

Possible prevention strategies:

- HIV positive women should not have children.
- Prevention and care strategies should take culture into consideration.
- Religious organizations should participate in HIV/AIDS care and prevention strategies.
- Families were seen as having primary responsibility in educating children about HIV/AIDS.

RESULTS: Qualitative (Cont)

Possible prevention strategies:

- Intake of alcohol - too high and therefore people make reckless decisions. Increasing the price of alcohol could reduce the alcohol consumption and HIV spread.
- Health education throughout the country to focus on:
 - condom use, testing for HIV, abstaining, stick with one partner and anti-retroviral.

RESULTS:QUANTITATIVE

Views about existing HIV prevention strategies:

- *The extent in which strategies to combat the spread of HIV infection in Botswana are taking cultural practices into consideration:*
 - **51.5% (n=34) - strategies do not take culture into consideration.**
 - **25.7% (n=17) - were unsure**
 - **22.7% (n= 15) - strategies are taking cultural practices into consideration.**

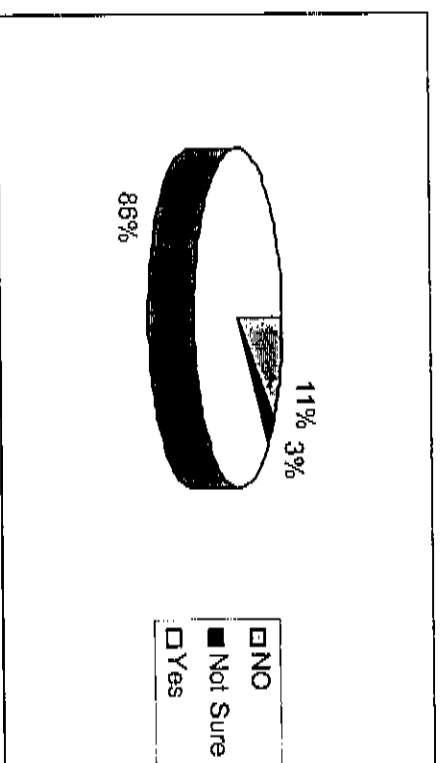
RESULTS:QUANTITATIVE (Cont)

Views about existing HIV prevention strategies:

- **Reasons why strategies were not taking culture into consideration: AIDS education should be for adults only.**
- **Culturally people do not discuss sex issues with children.**
- **Traditional healers are not respected**

RESULTS:QUANTITATIVE (Cont)

Views about existing HIV prevention strategies:



Opinions regarding the helpfulness of antiretroviral to help prolong the lives of positive people

RESULTS:QUANTITATIVE (Cont)

Possible prevention strategies:

Table 16: Responses regarding what can help prolong the lives of HIV positive people in Botswana

| Helps Prolong Lives | Respondents | Percentage |
|----------------------------|--------------------|-------------------|
| Abstain | 19 | 28.8% |
| Antiretrovirals | 17 | 25.7% |
| Do not know | 3 | 4.5% |
| Positive/healthy living | 4 | 6.1% |
| Nothing | 11 | 16.7% |
| Stick with one partner | 5 | 7.6% |
| Traditional medicines | 7 | 10.6% |
| Total | 66 | 100% |

RESULTS:QUANTITATIVE (Cont)

Possible prevention strategies:

- *Prevention of HIV transmission*
 - 51% (n=34) - use of condoms.
 - 30% (n=20) - people abstain
 - 4.5% (n=3) - culture should be respected
 - 4.5% (n=3) - staying with one partner
 - 4.5% (n=3) - did not know
 - 1.5% (n=1) - getting tested
 - 1.5% (n=1) - use of anti-retrovirals
 - 1.5% (n=1) - nothing to prevent HIV transmission

RESULTS:QUANTITATIVE (Cont)

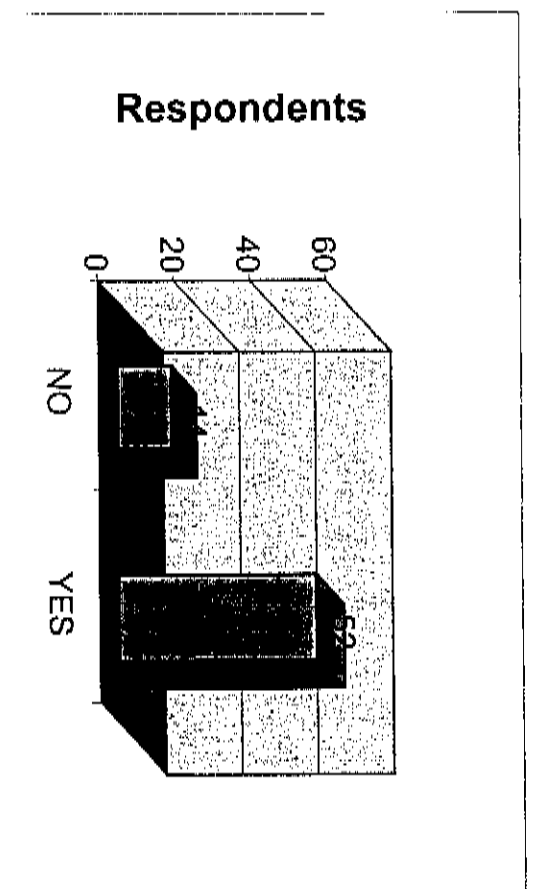
Possible prevention strategies:

- *Should people only consult with traditional healers when they have HIV/AIDS?*
 - 89% (n=59)- disagreed
 - 6% (n=4) - should consult when they have HIV/AIDS, as they are helpful.
 - 3% (n=2) -were not sure
 - 1.5% (n=1) - should consult both western doctors and traditional healers

RESULTS:QUANTITATIVE (Cont)

Possible prevention strategies:

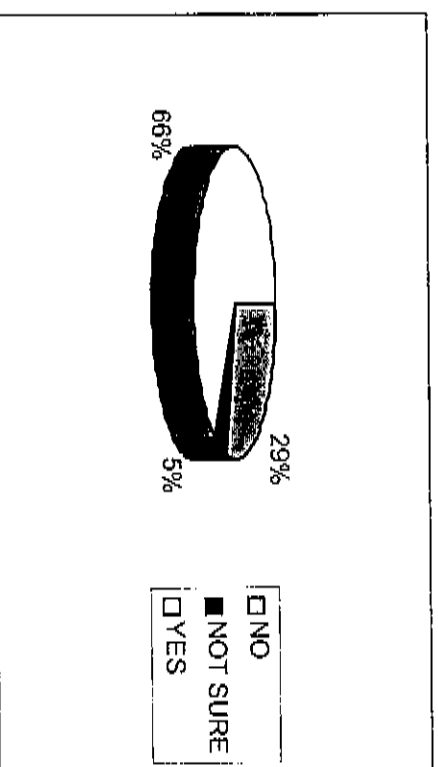
Responsibility of the family to educate children about HIV/AIDS



RESULTS: QUANTITATIVE (Cont)

Possible prevention strategies:

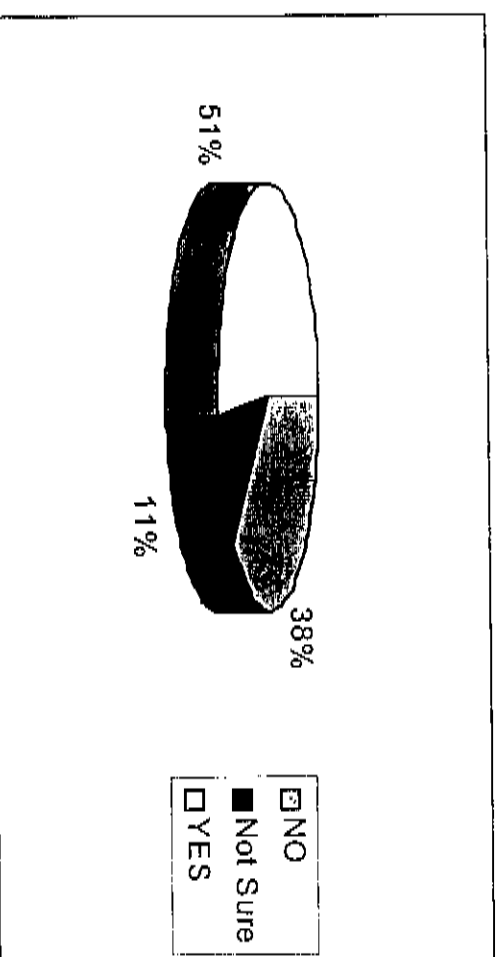
Should HIV positive mothers not breast-feed their babies?



RESULTS : QUANTITATIVE (Cont)

Possible prevention strategies:

Responses regarding whether HIV positive mothers must feed their babies with other foods whilst they are breastfeeding



DISCUSSION

- **People are dying in big numbers because culture is not taken into consideration.**
Death rate in Botswana in the year 2001 was estimated at 26 000. (HIV& AIDS statistics for Africa, 2004).
- **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.

DISCUSSION (Cont)

- **Institutions such as the family and the church, should take responsibility in educating people about HIV/AIDS so that prevention can be facilitated.**
- **The family is one of the most important institutions facilitating the process of socialization where norms and values of a culture are learned (Popenoe, 1986).**

DISCUSSION (Cont)

- In Botswana the religious leaders attribute the high prevalence of HIV/AIDS situation as punishment from God as principles of abstinence and faithfulness have been disregarded by society.
- Alcohol seems to be a serious problem in the country. Alcohol intake needs be regulated in Botswana in order to prevent HIV/AIDS.
- Fidzani, et al. (2000) - traditional leaders in Botswana think that the high numbers of drinking spots in Botswana are contributory factors in the spread of HIV.

DISCUSSION (Cont)

- **General awareness of VCT in Botswana. VCT is aggressively advertised in Botswana.**
- **It also seemed that some of the respondents visited the centers as their contributions to the discussions were based on what really happens at the centers. For example the videos, which are shown whilst waiting to be tested.**
- **It is not surprising that there were participants who were skeptical about VCT as Evian (2000) says that testing may have negative consequences in communities where HIV infected people are stigmatized. Fear of stigma could also influence people negatively.**

DISCUSSION (Cont)



DISCUSSION(Cont)

- **Long-term mutual monogamy with an uninfected partner should be promoted to prevent HIV infection (Wilson, et al., 2002).**
- **Anti-retrovirals were supported.**
- **Wilson, et al. (2002), Evian (2000) and the Soul City- Know the Facts (2002) - the main purpose of using ARTs is to help people stay healthier and live long.**

DISCUSSION (Cont)

- **Majority did not support traditional healers, however a few believed in them.**
- **Van Dyk (2001: 126) argues that no AIDS prevention programmes can succeed in Africa without the help of traditional healers.**
- **Traditional healers are effective agents of change because they have authority in their communities.**
- **They function as psychologist, marriage and family counselors, physicians, priests, tribal historians and legal and political advisors.**
- **About 80% of people in Africa rely on traditional medicines for many of their health care needs.**

DISCUSSION (Cont)

- **Some respondents felt babies should be anyway fed with other foods when they are breastfed.**
- **Evian (2000) says that any new HIV infection during pregnancy and breast-feeding is likely to result in an increase in the HIV virus. This is considered to increase the likelihood of MTCT.**

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.
- **Multi-sectoral collaboration is needed from government, private sector, community based and non-governmental organizations in order to fight the pandemic.**

RECOMMENDATIONS

- **Culture is still entrenched among the Batswana and therefore education programmes focusing on HIV/AIDS prevention and care strategies need to make use of the cultural practices in a positive way so that the community can cooperate in the fight against HIV/AIDS.**
- **For example circumcision schools should not be discouraged and people should be educated on how to prevent HIV transmission at the circumcision schools.**

RECOMMENDATIONS (Cont)

- **Religious organizations need to be involved in HIV/AIDS prevention and care strategies.**
- **A study conducted in Molepolole (Kweneng) District by the AIDS/STD Unit in 1993 revealed that teenage pregnancy and HIV/AIDS were threats because of lack of communication between parents and their children. Therefore it is very important that the family takes responsibility in educating children about sex and HIV/AIDS (Ramatsui, 1993 in Meekers & Ahmed, 1997).**
- **Government and communities need to collaborate and find a way in which alcohol consumption and availability can be reduced. The relationship between alcohol and HIV transmission should be emphasized in HIV/AIDS health talks.**
- **Voluntary Counselling and testing centers should be expanded also in public sectors.**
- **Government should find a way of making antiretroviral cheap and accessible to all.**

RECOMMENDATIONS (Cont)

- Programmes to prevent mother-to-child-transmission (PMTCT) of HIV have been conducted in many countries including Botswana.
- These programmes have succeeded in reducing the number of HIV infections in babies born of HIV-positive women.
- **Counseling on feeding options should be provided to allow women to make informed choices (Soul City- Know the Facts, 2002 and Evian, 2000).**

CLOSING STATEMENT

Churches vow to fight HIV/AIDS in

Selebi- Phikwe by: Calistus Kolantsho
(Correspondent)

Monitor, Vol.10, No 35, Monday, 21
September 2009 page, 8.

THANK YOU

KE A LEBOGA

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