

The socio-economic and cultural context of the spread of HIV/AIDS in Botswana

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Background

The first case of AIDS in Botswana was diagnosed in 1985. Despite the fact that AIDS is a relatively new phenomenon in Botswana, the rate at which it is spreading is alarming. The 1994 Sentinel Surveillance study estimated that the number of people infected with HIV rose from 60,000 in 1992 to over 125,000 by 1994. The 1995 Sentinel Surveillance Survey stated that approximately 13 per cent of the general population was infected by HIV. The projected cumulative figures of persons infected by HIV by the year 2000 will stand at 332,000 (AIDS/STD Unit, AIDS Update 1996). Obviously the rate of HIV/AIDS infection is increasing very fast. What are the socio-economic factors and practices that promote this fast increase?

Data and methods

The data used in this study were collected qualitatively using focus-group discussions. In the reproductive health problems study, focus-group discussions were held with health-care providers working in the maternity wards. Interviews were conducted between May and July 1996 in eight hospitals in different districts which were sampled and visited for this purpose; each focus group consisted of about five people. In another study focus-group discussions were held with men and women in June and August 1996 in the two villages of Bokaa and Sikwane in the Kgatleng district. The focus groups consisted of between five and eight participants; women were interviewed separately from men to avoid the possibility of domination or intimidation. All the interviews in the two villages were conducted in Setswana. The discussions were also tape recorded, and notes were taken. All of the information was transcribed; similar statements were clustered and analysed.

Results

Separation of partners and sexual activity

The reasons why people have 'multi-partnered' sexual relations are many and complex, making it difficult to understand this phenomenon: separation of spouses for long periods has been advanced as a major contributory factor. One respondent commented: 'Splitting of married couples is one of the factors that contribute to multiple relationships'. In a focus interview of men in Bokaa one of the responses was:

A person can marry and have a wife who normally goes away on trips or goes outside the country and sometimes the wife may take a longer time wherever she may have gone. So should I just wait for this woman? You go some place, should you find *legammana o a*

iteye and if your wife too wherever she finds *legammana a iteye*. But she should be careful and take care of herself.

It is obvious from the above that separation, short or long, provides an opportunity for partners to be unfaithful to each other. *Legammana* is a term used to describe a young, good-looking person. *Go itaya* is to 'hit' or 'strike'. The respondent was saying that if a man visits a place, should he find a good-looking girl, he should sleep with her.

The respondents also compared a woman to a *Phafana* (gourd used as a drinking vessel) and they argue that she should be shared. Some risk-taking activities are endorsed while others are considered irresponsible. What is also interesting is that despite the fact that both men and women are involved in multiple sexual relationships, the responsibility for 'being careful' and 'taking care of oneself' is often placed on the woman. Although people engage in multiple relationships, they seem to be aware of the dangers of that practice. One respondent comments: 'The thing is nowadays the most feared diseases are the sexually related diseases which do not have a cure. This is why it is not advisable for men to have multiple relationships'.

There was a general feeling that men may legitimately have multiple relationships, though not everybody agreed. For those who held this view, culture was used as a justification:

In the past we found our fathers being able to marry more than one woman and a woman can't be married by many men. It is culture and it is just like that. A woman should not have many men. The way nature is, is that when you have a home with a wife it should be that all the children in the home are yours, and not find a situation whereby every child in the home has its own father.

Other researchers have found that it is not uncommon for men, both married and unmarried, to have multiple sexual partners (Schapera 1940; Colclough and McCarthy 1980; MacDonald 1996; Lesetedi 1996).

Search for a partner and sexual activity

Parents were once responsible for choosing their children's marriage partners. The selection of the mate was based on some culturally attractive attributes such as coming from a respectable family. However, over the years, this practice has almost disappeared. Nowadays most young people select their own mates with little or no contribution from parents. It seems it is an acceptable practice to have several women from which one can choose a mate. There are different views on extramarital sexual relationships for married couples but there seems to be a consensus that if couples are not married there is nothing wrong with multiple sexual partners since the parties involved are 'marketing themselves'. For instance, in an interview with men, one of the responses noted was:

If not yet married and still looking for a wife it is just like hunting for an animal. You are therefore better off if you have more than one woman so that you can compare them and see who amongst them perfectly suits your life. This is because there might be some things you do not approve of about one woman, and therefore if you have several of them you can easily get rid of her.

This may have serious implications for the spread of HIV, since it is unknown whether these couples use condoms and if they do, for how long. There is a tendency for sexual partners to use condoms for the first few days, weeks or months in their relationship after

which period a condom is not deemed necessary because the sexual partners claim to know each other. It also seems that both men and women lack trust in each other.

There is also the issue of fertility. Other studies have indicated that some women deliberately become pregnant or frequently change partners in search of a stable relationship which may result in marriage (Letamo 1993). One medical doctor commented about a number of women he knows who change partners frequently in an attempt to become pregnant; clearly this can expose them to STDs, including HIV:

She stays with one man for six months. If she can't conceive she thinks this man is useless. She looks for another man. 'He can't make me pregnant; this one is useless'; she finds another one ... So she'll continue seeking a partner who will make her pregnant because we still have a very strong belief in Africa that a woman has more substance if she has children.

The above is an indication of the existence of serial monogamy. In the pursuit of becoming pregnant, this woman is changing partners frequently. Because the aim is to become pregnant, sexual intercourse can be assumed to be unprotected. In the process of moving from one man to another, the risk of spreading HIV is increased.

One of the justifications for men having multiple sexual partners is the argument that women outnumber men and do not have the means to lead an independent life; therefore a man is serving the interests of women by having more than one partner or wife:

From the past women have always outnumbered men. Therefore men married many women so that other women are given the chance to live better as women are not as successful as men....This was meant to help them out so that if you are able and have the means, you as a man can help.

The imbalance in power relations, sex negotiations, and economic opportunities which tend to favour men could lead to the fast spread of HIV among the general population. The social, economic, cultural and historical contexts within which women find themselves make them adopt survival strategies that may carry health risks. They seek both social and economic power by risky sexual behaviour.

Condom use seems to be associated with sexual promiscuity by one or both partners. The general belief tends to be that condoms are used mainly for STD prevention and on a few occasions for pregnancy avoidance. Therefore if a condom is used with a supposedly stable partner, the message relayed seems to be that one partner does not trust the other. This is probably one reason why contraceptive pills are common in Botswana. Pills do not interfere with sexual pleasure as does the condom, and each partner is trusting and therefore does not expect to contract a disease from a stable partner; these views could be fatal.

Another factor that impedes condom use is male dominance in decision-making in general. The patriarchal nature of our society dictates that males have the absolute and final authority in decision-making. The woman, most of the time, cannot take any final decision affecting the couple without the consent of her husband. This dominance of men in almost all matters, including sexual matters, increases the risk of HIV infection in women. A study by the National AIDS Control Programme (NACP) in the Ministry of Health found that young women felt that they had little power to determine whether or not condoms should be used during sexual intercourse (NACP 1992). The same study also found that women felt that they had to accept their male partner's refusal to use condoms and that they were not allowed to make decisions regarding condom use. One health worker comments on the situation of contraceptive use: 'Most of them don't collect condoms because they find it useless when their partners refuse to use them . They find it better to have sexual intercourse without

condoms'. It seems from this that male partners are thought to have the power to decide which type of contraceptive to use, if any is used at all.

The role of parents

In the past, parents were often judged by the conduct of their children as they were primarily responsible for their upbringing and training (Schapera 1940). Pregnancy outside the socially and culturally prescribed institutions such as marriage was taken to reflect parents' failure to bring up a well-disciplined child. Parents still find it difficult if not embarrassing to discuss sexually related matters with their children and often the responsibility is left to their teachers if they are still at school. One health worker comments about the situation of these young women in one village:

They don't have anywhere to go; they can no longer get the support from their parents; they can no longer turn to anyone; they are through with school; the only thing now they can turn to is men. They will give them HIV, pregnancy.

This indicates that many young women get no support from their parents or guardians.

Discussion and conclusion

The dominant theme that emerges from all the focus-group discussions is that multi-partnered sexual activity is prevalent. This study observed that the distance between sexual partners, the search for a partner, the economic position of women, the non-use of condoms during sexual encounters, and the lack of parental control over children are likely to increase the pace of HIV spread in the country. There is need to strengthen the HIV/AIDS educational program to emphasize that this disease is not a myth but a social reality that we must live with. The numbers of people falling ill and AIDS-related deaths are increasingly becoming evident in Botswana. Again unless women's bargaining power is improved to allow them to make independent decisions, the dominance of the male figure in the decision-making, including that of sexual negotiation, means that the risk of spreading HIV and other sexually transmitted diseases is unlikely to decrease. There is also some evidence that some of the sexual encounters are forced upon women.

Despite the fact the Botswana government and the non-governmental organizations provide health services and disseminate information regarding contraception and HIV/AIDS, their efforts may be fruitless if the sexual behaviour of people does not change. It seems clear that people still engage in practices that expose them to the risk of contracting STDs, including HIV/AIDS. Unless these practices are changed, there seems to be very little hope that the spread of HIV will be halted.

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