

The Botswana AIDS Impact Survey of 2013: Interpretations and implications

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Introduction

This special issue of *Pula: Botswana Journal of African Studies* is dedicated to the interpretation of the results of the *Botswana AIDS Impact Survey 2013* (henceforth BAIS IV), and seeks to highlight their implications for HIV and AIDS programmes in Botswana as well as for further research. Through the facilitation of the University of Botswana HIV and AIDS Coordination office, the National Council of AIDS Agency (NACA) was invited to collaborate with the University of Botswana researchers. NACA accepted this invitation by expressing an interest in BAIS IV-based research project. Interested University of Botswana researchers were identified and BAIS IV data and report were made available to them for further investigation. The authors of the articles in this volume, therefore, interpret and analyse BAIS IV within the national, regional and international literature on HIV and AIDS.

BAIS IV, a countrywide quantitative survey, which used portable smart phones and tablets to collect data, had five objectives. It sought to:

1. Provide current national HIV prevalence and incidence estimates among populations of 18 months and above,
2. Provide indicative trends in sexual and preventative behaviour among the populations aged 10-64 years,
3. Provide a comparison between HIV rate, behaviour, knowledge, attitude, poverty and cultural factors that are associated with the epidemic with estimates derived from previous surveys,
4. Increase the numbers of those who know their HIV status and link those found to be HIV positive to the healthcare system,
5. Produce survey results in a timely manner and ensure that the data are disseminated to a wide audience of potential users in Government and non-governmental organizations within and outside Botswana (Statistics Botswana, 2013).

The results of the BAIS IV study are presented in graphs and statistical tables, which are compared to previous studies, namely BAIS II and III, characterized by summarized narrations of the findings. Both the presentation and findings called for further elaboration and correlation with existing studies because

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1. While they communicate statistical information, graphs and tables need further interpretation for users and policy makers,
2. Several findings indicate either a significant increase or decrease in prevalence and incidence rates of HIV, thereby necessitating investigative research articles to explore the cause, significance, meaning and implications of the changes.
3. Other issues, such as sexual minorities among others, are absent, presenting silences and gaps that necessitate further interpretations of the findings.

Consequently, through a collaborative effort by the University of Botswana HIV and AIDS Coordination Office with NACA, a group of thirteen researchers undertook to investigate issues arising from BAIS IV, through interpretations of the data, to place the findings within the context of nationally, regionally and internationally available findings, and to inform implementers and other stakeholders in the fight against HIV. These issues include mainstream HIV and AIDS themes such as gender, orphans, and the youth. But the volume also sought to pick up some newer areas such as use of technology in communicating prevention and care messages; masculinities, aging with HIV and AIDS as well as the workplace and HIV and AIDS. Each member of the research team was assigned one of the identified themes. The research process of became both collective and individual. Thus once assigned a particular area of investigation, researchers wrote their abstracts and a workshop was held where all the researchers had an input in each other's work (group review of abstracts). One of the researchers, Prof Njoku O. Ama, is a statistician and he read all the articles from their conceptualization through various stages of the review to provide guidance on the correct interpretation of statistical data. Each article was then reviewed by two blind reviewers and counter-checked for compliance and academic rigour.

Some of the findings of BAIS IV necessitated further research and each of the articles in this volume addresses a certain aspect of the BAIS findings and highlights those areas of the study which produced unexpected results. Starting with the rural-urban prevalence, the question is: do the rural areas' communal and ethical resources as well as stronger family ties help to lower HIV infection? Table 18, which compares HIV Prevalence from BAIS II 2004, BAIS III 2008 and BAIS IV 2013 results, indicates that rural areas had the lowest prevalence rates compared to cities, towns and urban villages (Statistics Botswana, 2013). BAIS IV results point out that "Urban areas refer to a combination of cities, towns and urban villages". The prevalence rates in urban areas combined is higher (19.2percent) than in rural areas (17.4 percent). Rural areas have had almost the same prevalence rate over the years, 17.1 percent in 2008 and 17.4 percent in 2013" (Statistics Botswana, 2013:10). In his article, "Trends in HIV and AIDS Prevalence in Botswana: Results from Botswana AIDS Impact Survey 2013 (BAIS IV)" Njoku Ola Ama, takes up this question with particular reference to youth, using the conceptual framework of HIV behavioural surveillance. The article uses the results of the three Botswana AIDS Impact Surveys (2004, 2008 and 2013) to illustrate the rural-urban and age patterns in HIV and AIDS prevalence in Botswana. Ama's analysis indicates differences from the general prevalence. His analysis shows that "there has been a downward trend in HIV prevalence from BAIS II of 2004, BAIS III of 2008 and BAIS IV of 2013 for Gaborone, Orapa, Jwaneng and Sowa districts and a consistent upward trend in Borolong, Central Mahalapye, Kgalagadi North, Central Boteti, Kweneng East and Kgatleng districts," even if the prevalence rate in these areas is still lower than in urban areas. The article,

therefore, advocates for intensified interventions, particularly in the younger age groups since consistent reduction in HIV prevalence in these younger age groups would mean an overall reduction in prevalence over some years.

Other issues raised in BAIS IV include the fact that the BAIS IV results indicate a decline, though insignificant, in the rate of HIV infection among married women. The summarized results indicated that “HIV prevalence amongst the married is higher among the males, estimated at 26.3, compared to females at 18.7%. It is also higher among the never married females (22.0 %) compared to their married counterpart (12.6 %)” (Statistics Botswana, 2013). This finding was quite interesting, since past studies indicated that married women were more vulnerable to HIV compared to their unmarried counterparts (Browning, 2014). Previous studies indicated that 80% of married HIV positive women had been faithful to their spouses. These BAIS IV findings thus raised new questions on gender and various marital status relationships, in particular, whether married women have taken greater control in terms of protecting themselves from infection compared to single, separated, divorced, widowed and co-habiting women; and, apart from the low sample used in BAIS IV, whether there may be new gender dynamics at work that the study is indicating. The main objective of Senzokuhle D. Setume’s article, “HIV and AIDS knowledge and attitudes among different marital statuses in Botswana: The fourth *Botswana AIDS Impact Survey of 2013* results” was to analyze the knowledge and attitudes about HIV and AIDS among the married, never married, cohabiting, separated, divorced and widowed. The results indicate that 92% of individuals across the different BAIS IV survey had knowledge about HIV and AIDS prevention. The article, nonetheless, recommends the need to put more effort in infusing HIV and AIDS education with life skills such as negotiation and refusal skills especially for those in long term or stable relationships.

Concerning a particular section of the youth, the BAIS IV report suggests that there has been a decline in the support to households with orphaned and vulnerable children in Botswana (Statistics Botswana, 2013:15). Why are households with orphaned and vulnerable children receiving less external support now, that is (13.9%) compared to the time of BIAS III, when 31.0% of households with orphaned children received support—and how has this impacted orphans and their caregivers? Why are orphaned girl-children school attendance (79.4%) much lower than that of orphaned boy children (95.8%)? (Statistics Botswana, 2013:15). In their article “What does BAIS IV say about orphaned girls and boys in Botswana? Implications for research” Tapologo Maundeni and Kabo Diraditsile investigate this change in the next article. The article analyses factors associated with the decline in the number of households with orphaned children which received external support in the twelve months leading to the collection of data for BAIS IV. The article also explores factors that account for the relatively lower levels of school attendance by girl orphans compared to their male counterparts. Maundeni and Diraditsile found that there are loopholes in BAIS IV, in the existing literature as well as in the research methodologies as far as research on orphans is concerned. They therefore recommend that detailed biographical data be included in orphan-related research to yield gender-specific results that would guide the formulation of user-friendly programmes and information dissemination strategies, and to have children as “active participants...” in research that involves them. The authors also urge the Ministry of Education and other stakeholders to “come up with ways that can improve the enrolment and retention of girl orphans in school.”

HIV and AIDS research and information campaigns have always paid attention to the youth because of both their vulnerability and significance, for bearing the desired windows of hope, and potential for bringing much needed change. What does the BAIS IV findings indicate on HIV prevention, behavioural change and the impact of unemployment on the youth? According to BAIS III, it was estimated that the overall youth unemployment rate stood at 26.2%, with females being the hardest hit at 31.2% compared to their male counterparts at 21.9%. In addition, unemployment was higher among females residing in rural areas (39%) compared to those residing in urban areas at 27% (Statistics Botswana, 2013). Refilwe Sinkamba and Tendani Moseki-Lowani's article on "Youth unemployment and HIV and AIDS: Insights from the 2013 *Botswana AIDS Impact Survey*," take up this important issue. The article explores youth unemployment and HIV and AIDS prevention and possible methods of addressing the situation. Their findings indicate that unemployment may act as a catalyst in the spread of HIV and AIDS among the youth as more young people engage in risky behaviours as a means of economic survival. They observe that "while many programmes and policies exist to address young people's needs, many fail to acknowledge the diverse circumstances that shape vulnerabilities faced by the unemployed youth." The article recommends that more research should be conducted regarding youth unemployment and issues such as HIV and AIDS in order to set up programmes that could help young people to avoid risky sexual behaviours and encourage condom use, delay sexual debut, reduce involvement in multiple sexual partnerships and consider early HIV testing and/or treatment.

In terms of older persons, research on HIV and AIDS first studied senior citizens as caregivers to those infected by HIV. It concentrated on the parents of dying young adults and on caring for orphaned children by aged grandparents (Botswana Ministry of Health, 1998:22; Shaibu, 2013). Now three and a half decades since the discovery of HIV, many populations have now aged with HIV and AIDS. What might the BAIS IV findings indicate concerning HIV and AIDS and aging in Botswana, given that the epidemic is now three decades old? In her article, "Aging and the Botswana HIV and AIDS epidemic: Factors associated with HIV testing and counselling among older persons," Kamogelo A. Davids-Matebekwane explores factors associated with HIV testing and counselling service utilization among older persons aged 50 and above in Botswana. The article uses data from the *Botswana AIDS Impact Survey* (BAIS IV) conducted in 2013. The findings of the study indicate that 77.8% of the respondents have tested for HIV and 84.7% of respondents have knowledge about HIV (Statistics Botswana, 2013). According to the BAIS IV results, knowledge about HIV, educational level and sexual behaviour were major factors influencing HIV testing service utilization among older adults in Botswana. The article recommends that further research on older adults and HIV is needed to better understand the relationship between aging and the AIDS epidemic in different contexts in order to develop and implement targeted prevention and care activities.

Soon after its medical discovery, it became clear that the HIV and AIDS epidemic was an epidemic within other social epidemics; it was fuelled by prevailing social inequalities (UNDP & Botswana Government, 2000). Members of our communities who were already marginalized became more vulnerable to HIV infection because they lacked access to quality care and other essential services. The gendered face of HIV and AIDS thus quickly became evident, when women occupied the centre of the storm (UNAIDS 2000; Gupta 2000). Mainstreaming gender in the struggle against HIV became critical. Thirty years after the first case of AIDS in Botswana, the struggle still continues, according to the BAIS IV results (Statistics Botswana, 2013: 8-10, 17, 19).

Why are females continuing to be the most adversely affected by HIV and AIDS in all its aspects, three decades after the first case of the disease? In the article, “Gender, HIV and AIDS in Botswana: Thirty years later,” Sibonile E. Ellece discusses the role of the dominant and pervasive ideologies surrounding gender and sexuality in Botswana in order to account for the differential patterns in the prevalence rates of HIV. The article contends that “while the interventions adopted to date have contributed significantly to improved lives for people living with HIV, programmes that target women and leave out men (and vice versa) are not helpful, and may reverse the gains made so far”. The article further recommends that while BAIS IV results are very helpful, there is need to follow up the statistical findings with more qualitative studies that can elicit the stories behind the statistics.

An area that is closely related to gender, sexualities and inequalities in the spread of HIV and AIDS is gender-based violence and masculinities. While the initial information campaign promoted ABC (Abstain, be Faithful and Condomise) as a viable strategy for addressing the HIV and AIDS epidemic, the message had no positive impact and, instead, seemed to achieve the opposite of what it was intended to achieve. Botswana men, who had always enjoyed patriarchal dividends, characterized by such cultural givens as “*monna ga a botswe kwa a tswang* or *monna selepe wa a adingwana* (translated loosely to mean that a male person need not be faithful to one partner). The HIV and AIDS campaign was thus not only instilling the fear of death in people and encouraging HIV prevention; it challenged Botswana traditional masculinities. As a result, there was a backlash in the form of resistance that manifested itself in myths that falsified the deadliness of the epidemic and increased gender-based violence such as rape and “passion killings” (Ellece and Rapoo 2013). By rejecting the ABC messages, Botswana men were asserting their cultural rights to women’s bodies by having sex without condoms, being unfaithful and by ignoring the call for abstinence as a viable prevention strategy (Dube, 2012:232-354). The BAIS IV report still indicates “that 24.8% of females with early sexual debut reported not giving consent at the time of intercourse” (Statistics Botswana, 2013:13). What are the traditional and contemporary masculinities that facilitate gender-based violence and what types of masculinities might model peaceful relationships? In her article, “Masculinities, Gender-based violence and HIV and AIDS in Botswana,” Tirelo Modie-Moroka, utilizes the BAIS IV results to assess the association between masculinities, intimate partner violence and risky sexual behaviours. She argues that “violence can be overcome by broad structural innovations that would dismantle existing myths around tradition, custom, religion and the interpretation and symbolization of violence.” Her argument has significant implications for designing public health/social work interventions that disrupt this relationship and promote good public health.

Three decades since the first case of HIV in Botswana, the intense information and education campaign that went into the fight against HIV has created listening exhaustion among affected communities. New ways of communicating effective messages of prevention, adherence to treatment and care-giving are desperately needed. It is notable that BAIS IV researchers utilized tablets to collect data (Statistics Botswana, 2013:5). This then leads to the questions of how can, and has Botswana used mobile and internet technologies to communicate HIV prevention and care messages as well as to monitor adherence to treatment. In their article, “The use of mobile devices for HIV and AIDS communication: Opportunities for Botswana,” Masego B. Kebaetse and Thabo Phologolo conducted a desk-review research to explore the use of mobile devices to support HIV and AIDS prevention and care in African countries. The article sought to highlight potential

lessons that could strengthen technology-enhanced HIV and AIDS messaging in Botswana. The study underlined the fact that the relatively high use of mobile devices in African countries, Botswana included, presents an opportunity for health initiatives that could potentially enhance HIV and AIDS prevention and care initiatives. It indicates that short messaging services (sms) are the most commonly used and most effective in care-giving services than in prevention. Therefore, they recommend that mobile and internet technologies should be employed more in HIV and AIDS programmes, but should remain coupled with human interactions.

Regarding HIV and the workplace, the prevalence rate of HIV for Selibe Phikwe mining town is among the highest, while Orapa and Jwaneng have the lowest rates, and Sowa has average prevalence rates (Statistics Botswana, 2013:12, 18, 19 & 24). Are the low HIV prevalence rates in Orapa and Jwaneng a testimony to policies that are committed to educating and protecting workers and their communities from HIV? In her article, "HIV and AIDS in mining towns in Botswana: A Comparative study of Orapa, Jwaneng, Sowa and Selebi-Phikwe," Ellah Matshediso investigates factors that influence the spread of HIV in the mining towns of Botswana. Her findings indicate that high rates of female unemployment, alcohol consumption and multiple concurrent partnerships are the main factors that influence the spread of HIV in the four mining towns. The findings also suggest that it is easier to reach miners and their families when they live in a closed town (one in to which non-employees of the mine have limited or controlled access), and that the population in such a town receive and respond better to programmes and services. This also suggests that the management of the mines are committed to and prioritise the fight against HIV and AIDS by providing the targeted interventions and programmes. Consequently, Jwaneng and Orapa have the lowest prevalence compared to other mining towns.

Other themes of investigation that were lined up, but fell through, included condom use, safe male circumcision, stigma and discrimination and sexual minorities—which underline the fact that the articles in this volume do not represent an exhaustive study of the BAIS IV data and report; there is still a lot that needs to be investigated. The issues highlighted in this special issue will, hopefully, contribute toward enhancing knowledge, provoking further conversations, and ensuring that the research is applied effectively by policy implementers at the national, regional and international levels.

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