

## Chapter 1

### General Introduction

#### 1. Introduction

HIV infection and AIDS epidemic seem to be a universal problem throughout the world. The HIV infections are reported to be increasing in Southern Africa. AIDS in Africa has orphaned more children than anywhere else (UNICEF, 1999: 8). According to the Joint United Programme on HIV/AIDS, at the end of 2000, the following trends of the worldwide epidemic of HIV/AIDS are evident. Currently, 36.1 million people are estimated to be living with HIV/AIDS. Of these, 34.7 million are adults; 16.4 million are women and 1.4 million are children under 15 years. During 2000, AIDS caused the deaths of an estimated 3 million people, including 1.3 million women and 500 000 children under 15. The overwhelming majority of people with HIV/AIDS, approximately 95 % of the global totals now live in the developing world (Center for Disease Control & Prevention, 2001:1). Twenty-one countries with the highest HIV/AIDS prevalence are in Africa.

HIV is spread by sexual contact with an infected person, by sharing needles and/ or syringes (primarily for drug injection) with someone who is infected, or, less commonly, through transfusions of infected blood or blood clotting factors. Babies born to HIV infected women may become infected before or during birth or through breast-feeding after birth (Centre for Disease Control & Prevention, 2001:1).

According to McDonald (1996: 1327) the socio-economic and cultural factors influence the transmission of HIV/AIDS in Botswana. He also mentioned that the rapid transmission of HIV in Botswana has been due to three main factors: the position of women in society, particularly their lack of power in negotiating sexual relationships, cultural attitudes towards fertility and social migration patterns.

The reason for conducting this study is to establish the current cultural practices of the Botswana and find out if they contribute in the spreading HIV infection in Botswana. This study will be very useful in assisting the Government, NGO's, Health institutions and the community

to understand the cultural practices of the Batswana when they develop strategies to combat the spread of HIV infection.

## **2. Rationale for the study**

The researcher was also employed at an organization called BOTUSA (Collaboration of the BOTSWANA & USA governments) which plays a very important role in the prevention of the spread of HIV infection in Botswana. The BOTUSA project had employed an Information Education Communication Coordinator whose role was to develop behaviour change communication strategies for HIV prevention and was also in the process of developing a culturally acceptable radio serial drama to encourage HIV prevention. The researcher's question is: Are the behaviour change programmes for HIV prevention taking into consideration the cultural practices of the Batswana? This study will help answer the above question. The research project will also provide data for the design of a culturally acceptable radio serial drama. The research results will be used to provide current data about the cultural practices of the Batswana, which will help to design culturally acceptable behaviour change communication strategies in an attempt to prevent HIV infection for all NGO'S and Government departments.

The Botswana Sentinel Surveillance Report (1999: 10) estimated that the prevalence of HIV among the general population is 17%, while that of the sexually active adult population aged 15- 49 years is 28%. The report also showed that out of 2586 pregnant women attending Ante Natal Clinic that were tested, 35.88% were found to be HIV positive. The highest prevalence was found in Chobe district (50.83%), Francistown (43%) and Serowe/Palapye (41.79%). The results showed that HIV prevalence rate among young mothers (15-49) is stabilizing and coming down. At the same time in elderly age groups, HIV prevalence is going up, which is expected since age group transition happens before full-blown AIDS and subsequent death occur. The Botswana HIV and STD Sentinel Survey (2000: 16) reports that as of the year 2000 over 277 000 persons among ages 15-49 years are infected with the HIV virus. The Botswana 2002 HIV and STD Sentinel survey revealed that out of 6407 pregnant women between 15 and 49 of age who participated in the study, 2467 of them were found to be HIV positive which is 35.4% (Botswana HIV and STD Sentinel Survey, 2002: 18).

The Second Medium Term Plan (1997-2002: 8) reports that the United States Census Bureau predicted that there will be more adults in their 60s and 70s in Botswana in 20yrs time than

there will be adults in their 40s and 50s. The above statistics is shocking and this is one reason for the motivation of this study. If adults who are economically active and productive are going to die, the country's economic circumstances will be negatively affected. The remaining adults who will be aged are going to suffer as there will be no one to look after them and they have to look after orphaned children. The number of the people in the population will also drop, as the sexually productive people will be infected by the epidemic and therefore die. There will be more orphans who will not be well cared for.

The Botswana HIV and STD Sentinel Survey (2000:12) reported that the National HIV prevalence in Botswana in the year 2000 was 38.5% as compared to 35.88% in 1999. There is a definite increase of HIV infections in the country.

There is an urgent need to establish the causes of HIV infection so that appropriate strategies to combat the infection can be put in place. There is also a need to understand if the cultural practices of the Batswana have an influence in the spread of HIV/AIDS. There is need to conduct further investigations to find out what causes the HIV infection in especially high prevalent areas. This research study will help to identify the causes for the high prevalence.

The death rate in the country and the increase in the number of HIV infection are of concern to the Botswana government. Government Organizations and NGO'S are joining hands in the fight to reduce the rate of HIV infection.

It seems that there is no scientific empirical evidence of the current cultural practices of the Batswana and also no verified information to show that cultural factors may play a role in the spread of HIV infection. Therefore, the researcher thought that this research project would be able to answer questions relating to whether cultural practices of the Batswana have an influence on the spread of HIV infection.

As a professional social worker, the researcher's interest is also on exploring causes of problems experienced by the society. The researcher believes that the society must be viewed in a holistic way and cultural practices seem to be overlooked at times. The researcher's professional interest therefore also motivated her to conduct this research.

The researcher's observations in Botswana about the number of people dying of HIV and AIDS made the researcher interested in the research topic. Batswana are also people who respect their culture very much. The researcher's own experience as a Motswana and knowledge about the Batswana culture which include that it is acceptable that men can have more than one partner, as men are like bulls or they are like an axe and can chop many trees, made the researcher wonder if this kind of cultural practice might be playing a role in the spread of HIV infection. The researcher's concern about these cultural issues made her interested in this study. Many people still believe and practice this behaviour. It is said that to prevent the spread of HIV infection, people should stick to one partner. The Batswana culture encourages men to have more than one partner. It is necessary to find out if this behaviour is still practiced so that it can be known if it contributes to the spread of HIV infection. This information will help in formulating strategies to combat the spread of HIV infection.

### **3. Problem formulation**

The Report on the Global HIV/AIDS Epidemic, UNAIDS (2000:45) indicates that in Botswana, 35% of adults are now infected with HIV. It was estimated that there will be 65 000 AIDS orphans under the age of 15 years by the year 2000. It was also mentioned that the number of people infected with HIV will increase from 180 000 in 1996 to 332000 by the year 2000. This projection is based on the assumption that patterns of new infection will not change greatly over the next decade. The projections made above came to realization in 2001.

According to the UNAIDS/WHO (2002:1) epidemiological fact sheet on Botswana, the population of Botswana as at end of 2001 was 1.554 000 and there were 69 000 AIDS orphans under the age of 15 years. The estimated number of people living with HIV/AIDS at the end of 2001 was 330 000 which was 38% of the adults between the age of 15-49 and 170 000 were women. HIV/AIDS claimed the deaths of 26 000 in 2001. Although the statistics reflected above are only for the year 2001 and not for the year 2000, the projections that were made for 2000 by UNAIDS (2000:45) are almost the same as the estimates for 2001.

However as changes in future infection rates will principally affect men and women under 40 in 2020, the demographic chimney pattern for older adults is hardly affected by this assumption. The missing adults (men and women) who should have reached their 40s and 50s – are now in their 20s and 30s, although some have already died. Many more are already infected with HIV,

which will kill them before they reach their 50s. It is predicted that a small number of young adults, the group that has traditionally provided care for both children and elderly will have to support large numbers of young and old people. Many of these young adults will themselves be debilitated by Aids and may even require care from their children or elderly parents rather than providing it (UNAIDS, 2000: 50).

The Second Medium Plan on HIV/AIDS in Botswana (1997-2002:5) also reports that poverty is a major problem in Botswana. Female-headed households form the majority of households living in poverty. The Second Medium Plan on HIV/AIDS in Botswana (1997-2002: 5) also highlighted that the 1991 census data showed that 47% of the households in Botswana are female headed and 52% of these are in rural areas. The level of poverty is likely to make most people, especially women and those in the rural areas, vulnerable to HIV infection and less able to respond effectively to its consequence issues of literacy, unemployment and gender, which are predisposing factors to HIV infection in Botswana.

The Second Medium Term Plan on HIV/AIDS in Botswana (1997-2002:22) points out that the epidemic is expected to drive the poorer households into deeper poverty. This is expected to result from loss of income support as young sexually and economically active people die. Households are expected to face financial burdens from health bills as they continue to seek treatment for prolonged HIV opportunistic infection. Few surveys of the impact of having a family member with AIDS also showed that households suffer a dramatic decrease in income inevitably, meaning fewer purchases and diminishing savings (UNAIDS, 2000:9). This result in severe stress in the communities.

The literacy rate is also worse among the farming communities where less than 4% of farm household members above the age of 5 years have ever been to school. This makes it difficult for them to read any Information Education Communication material on HIV/AIDS. Lack of women's empowerment against prejudicial cultural and traditional practices in sexual and reproductive matters and relationships have been identified as factors that make women vulnerable to HIV infection. According to the 1994/95 agricultural surveys, women most of whom are widows, divorcees or have never been married head 35% of the traditional farm households in Botswana. Access and control of the most important resource among the agricultural community is by men thus leaving women at their mercy (Adupa, 1999:25).

Consequently the women are left in very subordinate positions in economic terms. This may seriously predispose them to HIV infection, as sex offers are an easy alternative.

It is also evident from the two national referral hospitals of Nyagabongwe in Francistown and Princess Marina in Gaborone that patients with HIV occupy over 50% of hospital beds in the medical and pediatric wards.

It is therefore clear that the health and socio-economic impact of HIV/AIDS is tremendous.

A study conducted by BOTUSA (1999:5) to identify risk factors for HIV infection revealed that 27% of the 93 HIV positive patients who participated in the research believed that a man is like a bull and should not be confined to one pasture and 27% said that a woman should not refuse a man sex. Twenty one percent of the 42 HIV negative patients also believed that a man is like a bull and 26% of the 42 respondents said that a woman should not refuse a man sex; 44% of the HIV patients believed that a man is more likely to marry a woman who has shown she is fertile and only 57% of the HIV – patients had the same belief.

In Botswana it is accepted by society at large that men's sexual networks can be quiet extensive. There is a feeling that men may legitimately have multiple relationships irrespective of their marital status but women may not.

It is evident from the above discussion that HIV/AIDS issues are real problems in Botswana and it seems that cultural issues are playing a possible role in the spread of HIV infection. This research study will therefore focus on whether cultural practices of the Batswana have an influence on the transmission of HIV/AIDS in Botswana.

#### **4. Goal and objectives of the study**

##### **Goal**

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

## **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.

## **5. Research questions**

The following research questions were formulated for this study:

- **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?**

## **6. Research approach**

A combined quantitative and qualitative research approach was used in this study namely one of Cresswell's three models of combination which is the dominant- less- dominant model (De Vos, 2002:366). In this design, the researcher presented the study within a single, dominant paradigm with one small component of the overall study drawn from the alternative paradigm. According to De Vos (2002:366) one might engage for instance in qualitative observations with a limited number of informants, followed by a quantitative survey with a sample from a population. In this study, the researcher engaged in quantitative survey using a structured interview schedule with a random sample of individuals and qualitative semi structured group interviews using focus groups. The quantitative approach represented the dominant paradigm

and the qualitative focus group interviews represented the less dominant paradigm. The qualitative focus group discussions supplemented the quantitative structured interviews.

## **7. Type of research**

Applied research was used in this study. According to Grinnell, Rothery and Thomlison (1993) as quoted by De Vos, Schurink and Strydom (1998:8) the goal of applied research is to develop solutions for problems and applications in practice. The research project, which the researcher undertook, will add to the knowledge base of the social work profession, and will help to develop solutions to the problems related to HIV/AIDS. The exploration and understanding of cultural practices of the Batswana on the transmission of HIV/AIDS in Botswana will assist the Government and NGOs to design and develop cultural appropriate behavior change strategies, which can help to prevent HIV/AIDS in practice.

## **8. Research design**

According to Thyer (1993) as quoted by Fouché and De Vos (1998:123) a research design is a blueprint or detailed plan for how a research study is to be conducted.

Bloom and Fischer (1982:10) further mentions that a research design can be understood as the planning of any scientific research from the first to the last step. It is a programme to guide the researcher in collecting, analyzing and interpreting observed facts.

The design used in this study is the exploratory design. According to Bless and Higson-Smith (1995: 42) the purpose of exploratory research is to gain insight into a situation, phenomenon, community or person. The need for such a study could arise out of a lack of basic information on a new area of interest. This research project focuses on the influence of cultural practices on HIV/AIDS. The new area of interest in this study is whether cultural practices play a role in the spread of HIV infection in Botswana.

This design is selected because the purpose of this research was to explore the cultural practices of the Batswana and to find out if there is any relationship between HIV/AIDS and the cultural practices of the Batswana.

## **9. Research procedure and strategy**



### **Data collection**

Data was collected by conducting a survey through structured interviews with a random sample of individuals as well as focus groups with selected adults.

Bless and Higson-Smith (1995:107) say that a structured interview schedule is based on an established questionnaire which is a set of questions with fixed wording and sequence of presentation as well as more or less precise indications of how to answer each question.

According to Greeff (2002:306) a focus group interview is a purposive discussion of a specific topic taking place between eight to ten individuals with a similar background and common interest .

(Compare Schurink, Schurink & Poggenpoel, 1998:314).

Kingry, et al. (1990) as quoted by Greeff (2002:306) defines a focus group as a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment.

Before collecting data, the researcher wrote letters to the chiefs of the selected communities to introduce the study and herself and later made protocol visits to the study sites (See Appendix 2: example of letters to the chiefs). During the protocol visits, the researcher met with relevant local leaders in villages where there is high and low prevalence of HIV/AIDS and obtained permission from the community leaders such as chiefs to conduct the research. The researcher worked with village leaders to conduct enumeration and sampling for the key participant interviews and focus groups as well as to introduce the researcher and the research project to them.

The survey interview schedule included questions with open and closed-ended questions (Babbie, 1995:142). According to Bless and Higson-Smith (1995:107) the structured interview schedule is based on an established questionnaire, which is a set of questions with fixed wording and sequence of presentation as well as more or less precise indications of how to answer each question.

The researcher used research assistants who were Setswana speaking people and who had experience in conducting HIV/AIDS related interviews to assist in the conducting of the structured interviews. The researcher trained the research assistants on how to conduct the interviews. The matching of the interviewers and the interviewees was achieved as the interviewers and the interviewees both spoke Setswana.

Bailey (1994:175) talks about interviewer bias in which the interviewer may misunderstand the respondent's answer or the respondent's answers can be affected by his or her reaction to the interviewer's sex, race, social class, age, dress or accent. In this research project language was a very important element to avoid bias. As the researcher also speaks Setswana, the focus groups were also conducted in the Setswana. The researcher conducted the focus groups herself.

The focus groups interviews were taped recorded and notes were taken during the sessions.

### **Data analysis**

Data analysis should be an on-going process of examining information as it comes. Analysis should seek to identify individual or group similarities and differences, by noting major themes that emerge from discussion and observations. The analysis technique for the focus groups will be primarily text analysis. Data was first be analyzed in the language in which the interviews were conducted namely Setswana. The researcher went through all the transcripts to get a sense of the whole. The researcher continued to jot down ideas as they came to mind while writing thoughts in the margin and identifying the major themes. The themes were put into major categories while at the same time identifying subcategories within major categories. During the process of analyses relationships between major and subcategories were also identified.

An independent coder who had experience in qualitative research was asked to do open coding. According to Grinnell (1993: 271) open coding is part of analysis that pertains specifically to the naming and categorizing of phenomena through close examination of data. Thereafter, consensus discussions were held on the themes and categories reached independently by the researcher and the independent coder. The results were translated into English after the consensus.

Quantitative data can be analyzed either manually or by computer (De Vos & Fouché, 1998: 203). In this study, the data collected by using a structured interview schedule was analyzed through a computer based program namely the EXCEL Program.

## **10. Pilot study**

A pilot study involves testing the actual research project on a small sample taken from the community for whom the research project is planned. This allows the researcher to identify any difficulty with the method or materials and to investigate the accuracy and appropriateness of any instrument (Bless & Higson-Smith, 1995: 50).

### **10.1. Feasibility of the study**

The researcher received cooperation from the government of Botswana and NGO's, as permission to conduct the study was forwarded to the Ministry of Health and Office of the President. Permission to conduct the study was granted by the above-mentioned offices in Botswana (See Appendix 1).

Botswana has high rates of HIV/AIDS and prevention of HIV infection is high priority. There is however a need to understand the causes of HIV/AIDS so that appropriate strategies can be developed to control the spread of HIV infection. This research project will draw conclusions regarding cultural factors that influence the spread of HIV/AIDS to the government of Botswana.

The researcher worked in Botswana as a research coordinator and is familiar with the administrative districts and traditional leaders in the country. During the researcher's work in Botswana, she established good relationships with the local NGO's, government departments and the University of Botswana. The respondents were easily available during the day because of the high unemployment rate in Botswana especially in rural areas.

The researcher was allocated funding by the National Research Foundation in South Africa to the value of R21 000.00 and R7 000.00 from the University of Pretoria.

### **10.2. Pilot test of interview schedules**

According to Bless and Higson - Smith (1995: 50) a pilot study allows the researcher to identify any difficulty with the method or materials and to investigate the accuracy and appropriateness of any instrument that have been developed. It also allows the researcher to determine the community's likely response to the actual programme when it is implemented. If the pilot survey uncovers many difficulties in the design of a programme, it will be revised and a further pilot testing of the new design will be implemented. The pilot study was conducted to test reliability, which is concerned with, if the questionnaire is applied repeatedly to the same object, would it yield the same results each time. The more reliable the instrument the less the random error (Babbie, 1992: 162). Validity is the extent to which an empirical measure adequately, reflects the real meaning of the concept under consideration. According to Strydom (1998:183) the pilot study is conducted to test the suitability of the interview schedule, expected non-response rate and testing and adapting measuring instruments.

After the approval of the structured interview schedule by the ethical committee and the government of Botswana, a pilot study was conducted with 5 respondents who were not part of the main study. Three respondents were interviewed from Gaborone (urban area) and 2 from Gabane (rural area). The respondents had no problems answering the questions. The interviews were conducted in Setswana, although the interview schedule was constructed in English (See Appendix 3 – structured interview schedule).

The following questions were however adjusted before the formal empirical study commenced:

- Not Applicable was added as a variable to Question 6.
- Question 74 had to be rephrased as it had two questions in one. The question was changed to: Do you believe that HIV/AIDS is punishment from God? Instead of: Do you believe that HIV/AIDS is sexually transmitted or is it punishment from God?

For the focus group, one male adult group with six people who were randomly selected were gathered to pilot the focus group schedule in Gabane (rural area). Permission to conduct the focus group was requested from the chief and the focus group members. The focus group discussion lasted for an hour. A rural area was chosen because it is where you have people still practicing, respecting and understanding culture. The focus group discussion was held in Setswana although the questions were in English. The focus group members and the

researcher had no problems with the questions asked and the responses given. The pilot study showed that the questions asked in Setswana reflected the questions written in English. The way the researcher asked the questions and the respondents responded, reflected that the focus group guide was reliable and valid and that no changes were necessary. (See Appendix 4- Focus Group Guide).

## **11. Description of the research population, sample and sampling method**

### **11.1. Research population**

According to Bless and Higson-Smith (1995) a population is the entire set of objects and events or group of people which is the object of research and about which the researcher wants to determine some characteristics. It is also a set of elements that the research focuses upon and to which the results obtained by testing the sample should be generalized.

The study population consisted of all the people in the major urban areas of Botswana, which include Francistown, Gaborone and Selibe Phikwe. The total population in Botswana is 1 680 863, Selibe Phikwe is 49 849, Francistown is 83 023, Gaborone is 186 007, Gabane is 10 399, Sebina is 2 878 and Sefophe is 3 821 (Department of Central Statistics, Botswana 2001: 127). These areas also have high prevalence rates of HIV/AIDS. Selibe Phikwe is reported to have 48.1%, Gaborone 38%, and Francistown, 40% prevalence rates. It is reported that the prevalence rate in the surrounding rural areas is higher than in the urban areas. For example Gabane, which is in the Kweneng district, has a prevalence rate of 55% (Botswana Second Generation HIV/AIDS Surveillance, 2002).

The rural areas in this study included: Sebina which is close to Francistown, Gabane which is close to Gaborone and Sefophe which is close to Selibe Phikwe. These areas were selected as villages surrounding the major urban areas in the study (See Appendix 5- Botswana Map with the sampled areas).

### **11.2. Sample**

One of the major issues is to determine samples that best represent a population so as to allow for an accurate generalization of results and such a group is called a representative sample. Sixty-six (66) respondents were randomly selected for the structured interviews. Forty-two of

the respondents were from the urban areas and 24 from the rural areas. (Detail biographical information regarding the sample is given in Part II of the empirical results in chapter 5).

Six focus groups, consisted of 3 adult male groups and 3 adult female groups, were conducted. Each group had a minimum of 6 respondents. The number of group members ranged between 6 and 10. The total number of respondents who were selected and who participated in the focus group discussions was 48. (Detailed biographical information regarding the sample is given in Part 1 of the empirical results in chapter 5).

### **11.3. Sampling strategy**

Reid and Smith (1981) as quoted by Strydom and De Vos (1998:193) mentions that representativeness is always important when to generalize from the sample to the larger population. It means that the sample should have approximately the characteristics of the population relevant to the research in question. The larger the sample, the smaller the sample error (Arkava, 1983: 162). Random sampling is the only technique available that will ensure an optimal chance of drawing a sample that is representative of the population from which it was drawn. Probability sampling is based on randomization and was used in the selection of a sample of respondents involved in structured interviewing. A combination of probability and non- probability sampling were used in the selection of respondents for focus group interviewing.

To conduct structured interviewing the sampling technique used in this study was the multi-stage cluster random sampling scheme. If necessary, sampling should continue until the specified number of interviews is completed. Arkava (1983:161) describes the multistage cluster sampling method as a process of successive random samples from units. The first sample is drawn from the large unit or cluster. Next, selection from within would take place, from the largest (most inclusive) unit, too less inclusive units and finally to the most basic unit of the population to be studied.

The sampling strategy in this study differ somewhat for rural and urban areas. There are six study sites, which include both rural and urban areas. The sampling process to select respondents for the structured interviews, was the following:

#### **11.3.1. Structured interviews**

### **Rural areas**

For the selection of respondents in the rural study sites (Sebina near Francistown, Gabane near Gaborone and Sefophe near Selibe Phikwe), the researcher enumerated all the villages in the surrounding areas separately and drew a random sample of two villages from each study site. In order to select the two villages, list of the names of the villages was compiled and the names were separately cut and drawn from a hat. The first two names that were picked up were the ones sampled. All data collection took place in these two villages per study site. The villages in Sebina were Nyaya and Ndzinda, in Gabane were Gasiko and Ntlhagodimo and in Sefophe were Sefophe and Mafoko.

The same procedure was used for the wards in each village. A list of the wards in the selected villages was compiled and two wards were then randomly sampled from each village. The first two names that were picked up were included in the sample. The numbers of the households in each ward were then compiled and the first two house numbers that were picked up, were the households included in the sample. The two households were therefore randomly selected from each ward.

One respondent was then randomly sampled from all adults (aged 18 and above) in each household.

This sampling scheme resulted in the selection of 8 individuals per study site. - In total 24 respondents in rural areas.

### **Urban areas**

In the urban areas, the sampling scheme was modified as they have different composition. Gaborone was divided into four areas: Central, West, North, and South. Francistown was divided into two areas: East and West. These areas were the equivalent sampling unit to villages in the rural study sites. In Selebi-Phikwe, the wards were enumerated and a random sample of three wards in this study site was selected.

- **Gaborone**

All four areas in Gaborone were selected because of the diversity of the population in Gaborone namely Central, West, North, and South. The same sampling procedures used in the rural areas were used in Gaborone:

- Three wards were randomly sampled from each area.
- Two households were then randomly selected from each ward.
- One respondent was randomly sampled from all adults (aged 18 and above) in each household.

This resulted in a selection of 24 individuals.

- **Francistown**

Francistown is divided into two areas namely: East and West. Both areas were included. The same sampling procedures used in the rural areas were used.

- Three wards were randomly sampled from each area.
- Two households were randomly sampled from each ward.
- One respondent were randomly sampled from all adults (aged 18 and above) in the household.

This resulted in a selection of 12 individuals.

- **Selibe-Phikwe**

The same sampling procedures used in the rural areas was used.

Three wards were randomly sampled and then two households were randomly sampled from each ward. One respondent was randomly sampled from all adults (aged 18 and above) in the household. This resulted in a selection of 6 individuals.

**The total number of the sample for the structured interviews was thus 66 individuals.**

The parameters for each type of interview were intended to include a broad spectrum of the Botswana population by age, residence (rural v/s urban), marital status, sex and ability to provide useful information about the research topic.

### **11.3.2. Focus groups**



Focus groups should be comprised of persons who are similar to each other. The focus groups in this study consisted of adults (people aged 18 and above). Focus groups were conducted separately with men and women. For cost effectiveness and time factor, the researcher conducted a focus group in the same 6 study sites as identified for structured interviewing. The sample of the focus groups was representative as these sites also represent the population of Botswana. The study sites included rural and urban areas. Therefore the researcher had a total of 6 focus groups, (3 men and 3 women) across the country. The study sites where the structured interviews were conducted were compiled and randomly selected in a hat. Then the researcher also compiled a list of the focus groups categories and picked up the first one and matches it with the first study site that was picked up. The same procedure was done for the second focus group. Each site had one category of focus group namely either a female adult or a male adult group. Each group had a minimum of six people. The number of group members ranged between 6 and 10 members. (Detail biographical information regarding the sample is given in Part 1 of the empirical results in this chapter 6). The total number of respondents who participated in the focus group discussions was 48. The sampling procedure used to select the areas where the focus groups were conducted and the categories of the focus groups (males and females) was a random sampling procedure. The researcher compiled a list of the major urban and rural areas for the study and also compiled a list of three male and three female groups. The list was cut down so that the researcher had six pieces of papers with the following words: 3 had female groups and three had male groups. The researcher had two separate hats. One hat had names of areas and one had the categories of the groups. The researcher picked up the first piece of paper in one hat and again in the other hat and matched the category of the group with the rural or urban area, which was also picked up. The procedure was done six times and the researcher ended up with six areas matched with the categories of the six focus groups. The sampling procedure to select the members of the focus groups was a combination of purposive sampling and availability sampling.

Purposive sampling according to Singleton, et al. (1988) as quoted by Strydom and De Vos (1998:198) and Strydom and Venter (2002:207) is based entirely on the judgment of the researcher in that the sample is composed of elements, which contain the most characteristics representative or typical attributes of the population. In this study, the focus group participants should be over 18 years and definitely males and females.

According to Bailey (1994), Collins (1990), Gabor (1993) and Nachmias and Nachmias (1981:430) as quoted by Strydom and De Vos (1998: 198) and Strydom and Venter (2002:207)

respondents in availability sampling are usually those who are nearest and most easily available. Judd, Smith and Kidder (1991) as quoted by Strydom and De Vos (1998: 198) add that the researchers simply reach out and take the cases that are at hand continuing the process until the sample reaches a designated size. The members were selected through community leaders. The community leaders assisted the researcher in organizing the focus group venues. The researcher asked people in the households and those who were met on the streets if they would like to participate in the focus group discussions. The researcher approached the members before the group to ask for their permission to be included in the group.

Two research assistants from Botswana who had experience in conducting research interviews including focus group interviews were trained by the researcher assisted the researcher to take notes and operate the tape recorder.

The researcher did not use the research assistants to conduct the focus group. Their role was more on assisting with the recording of the focus group process which permission was asked from the members to do so. The researcher conducted the focus group interviews in Setswana although the questions were written in English.

## **12. Ethical issues**

### **12.1. Informed consent**

According to Loewenberg and Dolgoff (1988) as quoted by Strydom (1998: 27) deception of subjects means deliberately misrepresenting facts in order to make another person believe what is not true. Corey, et al. (1993) as quoted by Strydom (1998: 27) continues to say that it is withholding information offering incorrect information in order to ensure participation of subjects when they would otherwise possibly have refused it. In this study, the key participants were asked to be part of the research project by asking them to give consent to be interviewed. The interviewer asked the respondents to give written consent for those who can write. They were asked to write their names or sign on the informed consent letter. If they could not write, they were asked to give a verbal consent and then put a cross in the place of a signature. The consent was given after the purpose of the research has been explained according to letters of informed consent. (See Appendix 6 for the consent form).

### **12.2. Confidentiality and anonymity**

Giving the interviewees identity numbers (ID) ensured confidentiality. According to Strydom (2002:67) privacy implies the element of personal privacy and confidentiality indicates the handling of information in a confidential manner. The respondents were informed about how the information will be used and with whom it will be shared. Anonymity on the questionnaires was ensured. Subjects in this study remained anonymous and were not exposed to risks therefore it was acceptable to use tape recorders during the focus groups. Permission to use these was requested from the focus group participants.

Strydom (1998:28) further mentions that the ethical issue becomes relevant when subjects are assured of anonymity while the researcher knows it is not true. Information about subjects, which is available on computer, is not always confidential, since unauthorised persons could possibly have access to data. In this project, the ethical issue discussed above was dealt with by allocating independent ID numbers with no meaning attached to. The ID numbers only served the purpose of knowing how many people have been interviewed. No names were used. The information on the computer may not have been confidential however anonymity was ensured that no one would know whom the responses belonged to. The individual responses were seen as a key to generalising the results.

### **12.3. Action and competence of researcher and research assistants**

The researcher introduced herself to the respondents and focus group members. Her national, ethnic and professional identity was revealed when the respondents enquire about them.

There was no bias and insensitivity regarding culture. Although the researcher is a South African, she speaks Setswana and is of Setswana origin. The researcher was able to identify with Batswana culture.

The research assistants were also Batswana's and originate from Botswana. They all speak Setswana and are familiar with the sites and culture in Botswana. They are university

graduates this year as they were final year students last year and therefore are familiar with the research process although they received training.

Protocol visits were paid to the villages to introduce the research to the chiefs. The researcher conducted protocol visits with a male Motswana person to avoid gender and citizenship biases from both the researcher and the communities involved.

### **13. Limitations of the study**

- Although the respondents were randomly selected a limitation of the study is that the findings are inconclusive and cannot be generalized to the larger population, given the fact that only a sample of 66 respondents and only six study sites were employed. A bigger sample would have been better.
- Recent literature of the cultural practices of the Batswana was limited.
- The exploratory research design was used to gather the quantitative and qualitative data to realise the aim of the study. Ethnography as a research design which is characterized by observation (participant observation) and description of the behaviour of a small number of cases or ethnomethodology which aims at understanding and interpreting the meaning that subjects give to their everyday lives where the researcher enters the subject's life world could have been ideal (De Vos and Fouché, 1998:80; Fouché, 2002:274).

Cresswell (1998) as quoted by Fouché (2002:274) defines ethnography as the study of an intact cultural or social group (or an individual or individuals within that group) based primarily on observations over a prolonged period of time spent by the researcher in the field. The ethnographer examines the group's observable and learned patterns of behaviour, customs and way of life, and listens to and records the voices of informants. The final product of this kind of study is a descriptive and interpretive holistic cultural portrait of the group.

In this research study, the researcher could not use ethnography due to time and financial constraints. The researcher would have needed more time and finances to support herself in Botswana whilst conducting the research as she is not a resident in Botswana. It has already been mentioned before that time and finances were already a constraint even in the methodology used for the research study.

## **14. Definition of key concepts**

### **14.1. Culture**

According to Seymour-Smith (1986:65), culture is that complex whole which includes knowledge, belief, art, morals, law, custom and other capabilities and habits acquired by man as a member of society.

Giddens (1989:31) says culture consists of the values the members of a given group hold, the norms they follow and the material goods they create. Norms represent the “dos” and “don’ts” of social life and values represent issues such as being faithful to a single marriage partner.

Therefore it means that one has to belong to a particular group of society to belong to that society. For one to be accepted in that society, one needs to learn what is acceptable and unacceptable in that society. One needs to adapt his/her values and norms to belong to that society. By so doing one would have adopted the culture of that society.

### **14.2. Cultural practices**

According to Goodnow, Miller, Peggy and Kessel (1995:45) practices are actions. It is what people do. They are not neutral they come packaged with values about what is natural, mature, morally right. The actions may become part of the group’s identity.

Bordieu (1977:49) as quoted by Goodnow, et al. (1995:44) say that cultural practice are social behavior that is habitual and automatic. As these practices are repeated repeatedly, they come to be seen as part of a natural order with the original reasons for their occurrence difficult to resurrect.

Cultural practices are behaviours and actions that are common to a particular group of people. Cultural practices identify groups of people or communities. Cultural practices are everyday actions and behaviours, which people display. These actions become part of the individuals in the society as they adapt to their environment.

### **14.3. HIV**

According to Van Dyk (2001:4) HIV means the Human Immune Deficiency Virus. It is the virus that causes AIDS. The Public Health- Seattle & King County (2001: 1) defines HIV as the virus that attacks the human immune system. HIV destroys the body's defences against diseases, leaving it vulnerable to many infections and cancers that would normally develop in healthy people.

HIV is an infection in the body that kills the body's immune system. HIV is found in human beings and causes AIDS.

#### **14.4. AIDS**

According to the Branford (1987: 16) AIDS means Auto Immune Deficiency Syndrome. The human body's immune system deteriorates and this makes the person vulnerable to dreadful infectious diseases.

The Public Health- Seattle & King County (2001:1) stated that by the time a diagnosis of AIDS is made, HIV will already have seriously damaged the body's immune system. It often takes a person with AIDS diagnosis two to four years before death.

AIDS often presents itself with life threatening diseases. It is a collection of infections or different diseases due to the compromised immune system in the body. This means that the immune system in the body fails to fight infections and therefore the body becomes prone to all types of different infections.

#### **14.5. Batswana**

According to Bolaane and Mgadla (1997:2) Batswana live in countries of Botswana and South Africa. They speak a language called Setswana.

Branford (1987:833) adds that the Batswana is a group of African people living in Botswana, Bophuthatswana, Transvaal, Free State and Namibia. Their language is called Setswana.

Batswana is therefore an ethnic group of people who are residents in Botswana with citizenship of the country (Botswana).

**15. Contents of research report**

**Chapter one** will introduce the general focus of the study and identification of the research problem. The research problem will be formally stated. The motivation and significance of the study will also be discussed as well as the goal and objectives of the study, the research questions, -approach, -design, -procedure and strategy, pilot study, sampling procedures, ethical issues and relevant concepts.

**Chapter two** will focus on all the relevant issues regarding HIV/AIDS.

**Chapter three** will discuss culture and cultural practices in general.

**Chapter four** will describe the culture of the Batswana.

**Chapter five** will present the empirical findings.

**Chapter six** will present conclusions and recommendations.