

Chapter 6

General summary, conclusions and recommendations

1. Introduction

It has already been mentioned in Chapter 2 that HIV/AIDS is a relatively new, unique and complex disease. It is a disease that kills millions of people globally. In the year 2000, AIDS caused the deaths of an estimated 3 million people worldwide. The overwhelming majority of people with HIV/AIDS, approximately 95% of the global total live in the developing world.

Twenty-one countries with the highest HIV/AIDS prevalence are in Africa (Center for Disease Control and Prevention, 2001:1). Botswana is one of the six countries in Southern Africa that forms the global epicentre of the epidemic. One in six adults is HIV positive. About 35.8% of adults are now infected with HIV in Botswana. (Poku, 2001:191).

AIDS frightens everyone around the globe. The impact of HIV/AIDS is devastating whether one is infected or affected.

Controversial statements are often made regarding the cause of AIDS and where it originates because of its fatal nature and its sudden discovery. For example whether HIV is caused by poverty or poverty leads to conditions where HIV spreads faster (Barret-Grant et al, 2001:12). Authors like Webster (1991,18-20), Van Niekerk (2001:146) and Poku (2001:195-196) support Barret-Grant, et al. (2001:12). They say that poverty with its accompanying sides is major contributing factors to the current spread of HIV/AIDS.

According to McDonald (1996:1327), the socio-economic and cultural factors influence the transmission of HIV/AIDS in Botswana.

A considerable body of biomedical research conducted in HIV/AIDS has determined the causes and course of the disease and yielded medical strategies for its control. However there is not an equivalent level of understanding of the social and behavioural factors which fuel the epidemic. The discussion of social factors has often not progressed beyond invoking and crude and undifferentiated role of poverty. The specific interaction of the historical, social, political and cultural factors, which have shaped the nature of the epidemic needs to be the focus of more extensive research. A more nuance understanding of these areas is essential in order to devise more meaningful and effective intervention and treatment plans (University of the Witwatersrand, 2002:3).

The aim of this study was thus to establish the influence of cultural practices of the Batswana on the transmission of HIV/AIDS in Botswana.

The study objectives included:

- To conduct the investigation within a theoretical based framework by undertaking a literature review on HIV/AIDS as a social phenomena, culture and cultural practices in general and the culture of the 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

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?

The investigation inevitably brought certain insights that are now in the form of a general summary, conclusions and recommendation, which will be presented according to the next discussion points:

- Literature Study:
 - General introduction to the study.
 - HIV/AIDS as social phenomena
 - Culture and cultural practices of Batswana in Botswana.
- Empirical research findings
 - Qualitative data through focus group discussions
 - Quantitative data through structured interview schedule.

2. Literature Study

2.1. General introduction to the study.

2.1.1. Summary

Chapter one provides an introduction and general orientation to the study. This chapter is set out in terms of the study's rationale, research methodology collection and analysis of data. The researcher begins with the motive for the choice of HIV/AIDS as subject for the study, followed

by the formulation of the problem. The goal and objectives of the study are also identified and research questions are formulated. Thereafter a description of the research approach, the type of research, research design, research procedure and strategy followed. Aspects concerning the pilot study are also explained and a description of the research population and sampling methods are given. Ethical aspects are briefly outlined and key concepts, problems and limitations of the study are denied. The chapter ends by highlighting the topic of the subsequent chapters in the thesis.

2.1.2. Conclusions

From the literature in this chapter the research concludes that:

- a. HIV infection and AIDS epidemic seem to be a universal problem throughout the world especially in Southern Africa. AIDS in Africa has orphaned more children than anywhere else. HIV/AIDS patients occupy Fifty percent of hospital beds in the medical and paediatric wards in Botswana.
- b. The socio-economic and cultural factors influence the transmission of HIV/AIDS in Botswana.
- c. The death rate in Botswana and the increase in the number of HIV infection are of concern to the Botswana Government.
 - There is an urgent need to establish the causes of HIV infection in Botswana 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.
- d. Government organisations and NGO's are joining hands in the fight to reduce the rate of HIV infection. The concern is whether the current prevention strategies are appropriate to the people of Botswana and are they taking cultural practices into consideration.
- e. There seem to be no scientific empirical evidence of the current cultural practices of the Batswana and also to show that cultural factors may play a role in the spread of HIV infection.

- The combined quantitative and qualitative research approach in this study was effective as it enabled the researcher to draw information on the process and aim of the study from a sample of the population by using structured interviews and thus information was supplemented by the qualitative focus group discussions with a limited number of informants.
- The type of research i.e. applied research selected for this study was suitable as the study was in essence a problem solving process which adds to the knowledge base of the social work profession and will help to develop solutions to the problems related to HIV/AIDS.
- The exploratory research design was used to gain insight into the role played by cultural practices in the spread of HIV infection in Botswana. The study also explores the cultural practices of the Batswana.
- The limitations of the study are 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.
- This study can make a valuable contribution to the social work profession as it represents a groundbreaking investigation regarding HIV/AIDS prevention strategies in Botswana.

2.1.2. Recommendations

- HIV/AIDS prevention research should increase in Botswana. Researchers should however focus on the specific interaction of the historical, social, political and cultural factors, which have shaped the nature of the HIV/AIDS epidemic. These factors need to be the focus for more extensive research.
- Collaboration between government sectors, private and community sectors is highly recommended in developing HIV/AIDS prevention strategies.
- Research in the field of HIV/AIDS prevention strategies in Botswana need to also link with the research capacities and perspectives of other researchers in other African and overseas countries.

2.2. HIV/AIDS as a social phenomena

2.2.1. Summary

The literature study in chapter 2 provides a description of the following basic concept i.e.: HIV/AIDS transmission and prevention. The risk factors and stages of infection are also presented in this chapter. Furthermore the prevention and care strategies, which include voluntary counselling and testing and anti retrovirals are explained. The psychosocial effects of HIV/AIDS are also discussed and finally a summary of the issues touched on in the chapter is presented.

2.2.2. Conclusions

- This chapter confirms that HIV caused AIDS and that the number of people living and dying with HIV/AIDS is shocking. For example in 2001 there were 40 million people living with HIV and there were 3 million AIDS deaths in the same year (Wilson, et al., 2002:8). The effects of HIV/AIDS are felt all over the world.
- The major mode of HIV/AIDS transmission is through sexual intercourse and mother to child transmission. The incubation period of HIV/AIDS is long
- HIV/AIDS is referred to as a social disease. The links between socio-economic and cultural factors and HIV/AIDS are increasingly recognized and understood.
- There is a lot of stigma attached to HIV/AIDS and cultural issues are also attached to this stigma.
- There are several kinds of lay beliefs about HIV infection and AIDS.
- The magnitude of the HIV/AIDS crisis has inevitable meant that both the family and the community had to become involved in most care programmes.
- Communication plays a vital role in promoting all HIV/AIDS prevention, care and support services.

2.2.3. Recommendations

- Health care professionals including social workers and HIV/AIDS community home based carers in the HIV/AIDS field should be knowledgeable about HIV/AIDS concepts and care and prevention strategies that are available. The care strategies should however be viewed in a holistic way which takes the environment into account.

- HIV/AIDS kills millions of people and therefore an individual approach in trying to prevent HIV transmission and control its impact should be a multidisciplinary approach that involves every person from government, health professionals to the community that is affected.
- Social workers should also take a lead in empowering lay people and other professionals who are not in the counselling field with basic counselling skills as counselling is needed by those who are affected and infected.

2.3. Culture and cultural practices

2.3.1. Summary

Chapter 3 provides a discussion on the importance and functions of culture and the differences between culture and cultural practices. The chapter conceptualises the concept of culture. Socialization and agencies of socialisation are presented. Thereafter the elements of culture are identified. The chapter ends with a short summary.

2.3.2. Conclusions

- The reviewed literature suggests that men are bound together by common values, based on shared and common experiences. Societal identity is always grounded in common cultural orientations shared by the members.
- Culture is important in the relationship between individual and society. Every society has a set of individuals who share common ways of thinking and behaving and this is what is called common culture.
- No culture could exist without a society but equally no society could exist without culture.
- Culture gives the members of a society a feeling of unity with the group and enables them to live and work together without too much confusion and mutual interference.
- The most common agents of socialization are the family, peer group, work, school and mass media. Language, religion and marriage are important elements of culture.
- The transmission of culture from one generation to the other is through the process of socialization.

- Deviants in a society are seen as those who have been inadequately socialized. Those who are insufficiently committed to the values and norms of their society.
- If something bad happens to a traditional African, he or she will not attribute such an event to bad luck, chance or fate but instead it is believed that every illness has been directed by intention and specific cause, and in order to fight the illness, it is necessary to identify, approve, punish, eliminate and neutralize the cause, the intention behind the cause, and the agent of the cause and intention.

2.3.3. **Recommendations**

- Since society cannot exist without culture and culture without society, it is important that HIV/AIDS prevention and care programmes should always take culture into consideration.
- People in the community i.e. traditional leaders should be involved in the development of HIV/AIDS prevention and care programmes.
- The agents of socialization that have been identified in this chapter i.e. family, peer group, school and mass medium not for getting the church should be used to communicate HIV/AIDS prevention and care strategies. An appropriate language should be used during the communication.

2.4. **HIV/AIDS and cultural practices of Batswana in Botswana.**

2.4.1. **Summary**

Chapter 4 covered the following aspects: (a) the situation of HIV/AIDS in Botswana in relation to the impact it has on the Batswana people and (b) the influence on HIV/AIDS.

An overview of the social, economic and health impact of HIV/AIDS and the present cultural practices of the Batswana are provided. The researcher also gives background information of the Batswana people e.g. where they originate and who they are and the situation of HIV/AIDS in Botswana.

2.4.2. Conclusions

- The literature reviewed suggests that Batswana people live in countries of Botswana and South Africa. There are in fact more Batswana in South Africa than the total population of the Batswana people in Botswana. They all speak a language called Setswana and Batswana from different regions can understand each other because the dialects and culture are closely related. The study however focussed on Batswana in Botswana.
- There are several ethnic groups in Botswana speaking Setswana. There are a small number of Asian and European people.
- In Botswana one in six adults is HIV positive and about 35.8% of adults are now infected with HIV.
- The literacy rate is very low among farming communities.
- Majority of HIV/AIDS orphans in Botswana are taken care of by old grand parents who have no resources. Orphans drop out of school as a result of stigmatisation, rejection and isolation by other students and occasionally teachers.
- The intake of alcohol is very high in Botswana and the high numbers of drinking spots are seen as contributory factors in the spread of HIV/AIDS.
- Foreigners are blamed for the spread of HIV infection.
- Condoms are not easily accessible to adolescents.
- The HIV infected people experience social rejection and discrimination.
- The high prevalence of HIV/AIDS is attributed as punishment from God.
- Polygamy is still practised in Botswana.
- Premarital sexual activity is common and most adolescents tend to become sexually active at a relatively early age.
- Many women have very little say when it comes to issues of sexual relationships. Women face domestic violence directly and indirectly.
- In Botswana it is accepted by the society at large that men's sexual networks can be quite extensive. The issue of smaller wives/houses is an open secret and the joy of most men who claim that sex with girls or relatively younger women cleanses and purifies their blood.

- The level of poverty is likely to make most people especially women and those in rural areas vulnerable to HIV infection and less able to respond effectively to the consequences related to illiteracy, unemployment and gender inequalities, which are predisposing factors to HIV infection.
- A number of Non Governmental Organisations and Community Based Organisations and government have taken the lead to support HIV/AIDS programmes in Botswana.

2.4.3. Recommendations

- Similar studies focussing on the influence of cultural factors of the Batswana people on the transmission of HIV/AIDS should be conducted also in South Africa as the Batswana in South Africa are related to the Batswana in Botswana. South Africa is only a few kilometres away from Botswana.
- The knowledge gained through this study can be shared and used by South Africans who are Batswanas and speak Setswana.
- HIV/AIDS prevention and care strategies in Botswana need to be localised (e.g. Restricted to particular region, groups or points in time) as there are different ethnic groups although they share a common language.
- The education system in Botswana needs to be strengthened and education needs to be compulsory as it is anyway free in public schools. The education system also needs to be made accessible to the farming communities.
- Welfare services need to be improved so that they can provide services for the orphans.
- Social workers need to vigorously recruit young foster parents to provide care for the orphans.
- Counselling skills need to be extended to lay people. Social workers and other counselling professionals need to train lay people in counselling skills to counsel the affected especially children and the infected people.
- Alcohol intake needs to be reduced as it puts people at risk. Reducing the number of liquor licences can do this.
- Condoms need to be easily accessible to the teenagers. The attitudes of adults – parents and health professionals need to change in terms of providing health talks to teenagers.

- Sex education needs to be provided in schools and families including parents need to play a very important role in providing sex education to children.
- Collaboration between agencies such as government, Non Governmental Organizations, Community Based Organization, churches community Home based care programmes need to be strengthened. Fragmented services need to be put together so that there is no duplication.
- Women need to be empowered so that they can be assertive and make decisions in their social lives.

3. Empirical Research Findings

3.1. Qualitative data through focus group discussions

3.1.1 Summary

The aim of the study was to establish whether the cultural practices of the Batswana influence the transmission of HIV/AIDS in Botswana, in order to examine and answer the research questions that were formulated:

- a. What are the current nature and prevalence of cultural practices of the Batswana in relation to the transmission of HIV/AIDS in Botswana?
- b. To what extent do these cultural practices contribute to the spread of HIV/AIDS?
- c. What can be done to prevent the problem of HIV/AIDS in relation with cultural practices of Batswana people in Botswana?

The researcher conducted six focus groups separately with men and women in the six study sites of the research study, which included rural and urban area. The total number of respondents who participated in the focus group discussions was 48.

The focus group participants responded to the research questions, which were posed through a focus group guide.

3.1.2 Conclusions

Demographical details

- All respondents were over 18 years.
- The respondents represented the criteria set up for the focus groups. The male focus group had males only and female focus group had females only. However there were 22 female and 26 males.
- All the respondents were African (100%).
- The majority (n=48) 89% of the respondents were Setswana speaking
- All the respondents lived in Botswana for more than 5 years.

Knowledge about HIV/AIDS

- The difference between HIV and AIDS:

There was a general feeling that HIV is a virus and AIDS is a disease caused by the HIV virus. AIDS was however associated with Boswagadi which is a disease that only affect widows and widowers who have sexual relationships with other partners during the mourning period which is usually a year.

- HIV/AIDS transmission

The transmission of HIV/AIDS is through semen and vaginal fluids during sexual intercourse. Other modes are mother to child, blood transfusion, HIV infected blood through open cuts.

- Myths regarding HIV

The most important myths that were identified were: Condoms cause AIDS; AIDS is "Boswagadi"; Government had a means of infecting people to reduce the population.

Cultural Practices

- **Cultural practices of the Batswana in relation to marriage**

It is very important for women to have children. It is acceptable that men can have multiple relationships even after he is married. Women cannot challenge this. Polygamy is still part of the Batswana culture. Arranged marriages are still common and they put young girls at risk of HIV infection as the men who are older may have been sexually active before they met the young girls.

- **The influence of cultural practice of the Batswana regarding marriage in relation to the transmission of HIV/AIDS**

Culture protected people from the spread of HIV. In polygamous marriages, the partners are faithful therefore chances of infecting each other are very slim. Multiple relationships however today contribute to the spread of HIV so since the partners are not well known and maybe unfaithful. Polygamy is culturally acceptable and therefore partners are faithful because culture is respected. Arranged marriages predispose young women to HIV infection since their partners were long sexually active.

SEXUAL PRACTICES

- **Cultural practices of the Batswana with regard to sex**

Sex is only for married people. Girls and boys are socialized to go for circumcision where they are taught about sex and women are taught not to initiate any sexual activity.

Children are very important therefore the use of condoms is unacceptable.

- **The influence of cultural practices of the Batswana regarding sex in relation to HIV transmission**

Polygamous relationships protect people from HIV transmission because of the faithfulness the culture prescribes.

If the partners are unfaithful, therefore the practice influences the transmission of HIV positively.

HIV/AIDS PREVENTION AND CARE STRATEGIES

- **Prevention of HIV in Botswana**

Prevention strategies need to take culture into consideration. Religious organizations need to take a lead. Circumcision should be respected as it teaches children good morals. Alcohol consumption needs to be reduced. Families need to play a role in educating children about sexual issues.

Voluntary Counselling and Testing

- **Opinions about voluntary counselling and testing (VCT)**

Antiretrovirals are not available after one's positive HIV status is known. VCT also encourages positive living whether one's status is positive or negative.

3.1.3. Recommendations

- HIV/AIDS prevention and care strategies need to explore the issue of Boswagadi, which is a concept that is within the Batswana culture for many years. It seems that it also controls sexual activities that could prevent HIV transmission. Health educators need to find a way of supporting the concept of Boswagadi and at the same time emphasize the prevention of HIV transmission.
- Culture is still entrenched among the Batswana and therefore education programmes focussing on HIV/AIDS prevention and care strategies need to make use of the cultural practices in a positive way as long as the practices can minimise HIV transmission. For example polygamy, boswagadi and circumcision.

- The use of condoms should be emphasized and condoms should be made accessible in a culturally acceptable way. Partners should be encouraged to remain faithful and use condoms when they are not planning to have children.
- Religious organizations and families should also be used in HIV/AIDS prevention and care strategies.
- Government and communities need to collaborate and find a way in which alcohol consumption and availability can be reduced.
- Voluntary Counselling and testing centres should be expanded also in public sectors.
- Government should find a way of making antiretroviral cheap and accessible to all.

3.2 Quantitative data through structured interview schedule

3.2.1 Summary

The quantitative findings based on establishing the influence of cultural practices of the Batswana on the transmission of HIV/AIDS in Botswana were described in chapter 5 of this research report. The information was gathered by means of a structured interview schedule. The sample included a total of 66 respondents from the six study sites, which included rural and urban areas.

3.2.2 Conclusions

Demographical details

- All the respondents were between the ages 18 – 70 years.
- There were 15 ethnic groups with the majority being the Bakwena 27.27%, Bakalaka 15.5% and Batalaote 10.6%.
- The majority 45% of the respondents was single and 23% were married.
- Of the married couples, 64.3% were married traditionally and 35.7% were legally married.
- The majority of the respondents 48% had secondary level education equivalent to form 3 to form 5 or Std 8 to Std 10 in South Africa and 20% had primary education and

another (20%) had primary education and another (20%) had no formal education. Only a few (2%) went to tertiary education.

- The respondent's number of years in Botswana ranged from 5 years to 10 years with (97%) who live for more than 10 years in Botswana.
- Only a few respondents (27.3%) had no affiliation to any religion.

Knowledge about HIV/AIDS

- Most respondents 30% mentioned that HIV was a virus and another 30% said that HIV is a virus that causes AIDS.
- AIDS was said to be a disease caused by HIV (59%) and another group 15% said that AIDS was a combination of diseases.
- HIV was said to come from sex (38%), HIV infected human beings 15% and white people (10.6%).
- The causes of AIDS were said to be HIV (34.8%) and sexual intercourses (44%).
- HIV was thought to be a big problem in Botswana (93.3%) because it kills a lot of people (88.7%).
- Most respondents (39%) said weight loss was one of the signs of HIV/AIDS and a combination of diseases (20%).
- HIV is spread through sexual intercourse 65% and unsterile instruments 24%.
- Only 45% said that there were myths about HIV/AIDS. One common myth was Boswagadi. This was said by 67% of the respondents.

Cultural Practices

Cultural practices of the Batswana in relation to marriage and sexual life

- Sex before marriage is unacceptable (24%), men with many women in their lives proof manhood 12% and condoms are unacceptable.

University of Pretoria etd – Tabane, E M (2004)

- If condom use is unacceptable (36.4%) then it is possible to spread HIV and young girls sleeping with older men (18%) are at risk since the men have long being sexually active.
- There are cultural practices influencing sexual behaviour (45.5%). Peeletso (getting engaged when you are young) make girls engage in sexual activities without experience sexual life (40%).
- Sex before marriage being culturally unacceptable controls sexual behaviour (17%).
- The respondents (45.5%) mentioned that the present cultural practices do not predispose people to HIV infection. It was however interesting to note that the majority of the respondents think that cultural practices however protect people from HIV infection. The first question was general and latter explored the respondents' individual opinions. It seems that the respondents were sceptical about the cultural practices of the Batswana. There was a strong feeling to support the cultural practices and at the same time not to support them.
- Cultural circumcision can expose people to HIV transmission (62%) because unsterile instruments are used (36.5%). Circumcision needs to be stopped (34%).
- It was felt (83%) that women should not use herbs or other agents to dry out and tighten the vagina for dry sex.
- The majority of the respondents (80%) did not believe in women circumcision.
- Women circumcision does not predispose people to HIV infection (35%).

HIV/AIDS prevention and care strategies

- The majority of the respondents (52%) felt that strategies do not take culture into consideration.
- Men should not have sexual relationships with young girls who are virgins to prevent HIV transmission (93%).
- The majority of the respondents (80%) believed in principles of stay with one partner to prevent HIV transmission.
- It was felt (86%) that antiretrovirals could help prolong the lives of the HIV positive people.
- Condom use was also supported (51%) as a method of preventing HIV transmission.

University of Pretoria etd – Tabane, E M (2004)

- The majority (89%) did not support the idea of traditional healers being consulted by HIV positive people.
- The majority of the respondents (79%) felt that the family should take responsibility in educating children about HIV/AIDS.
- Breastfeeding was not supported by 67% in HIV positive mother. However if they choose to breastfeed, they can feed their babies simultaneously with solids (52%).

Polygamy

- The majority of the respondents (62%) felt that the issue of men can have multiple relationships irrespective of their marital status but women may not was one of the Batswana culture. However (71%) of the respondents disagreed with the statement as the behaviour contributes to the spread of HIV infection (83%). People should be encouraged to stay with one partner 49.1% and health education is necessary 24%.
- The statement – “A man is like a bull and should not be confined to one pasture” is in fact one of the Batswana culture (67%) and the behaviour does contribute to the spread of HIV infection (81%). The respondents felt that people should be encouraged to stick with one partner (39%), use condoms (22%) and health education needs to be provided (17%).
- People in polygamous marriages should also be encouraged to use condoms to ensure that they do not infect each other (57.5%).

Sexual Practices

- The majority of the respondents (62%) felt that women should not at all times be prepared to have sex with their partners.
- Most of the respondents (57%) believed that women couldn't refuse their partners sex.
- Older men have more chances of infecting younger women as they have been sexually active before the women (71%).
- The respondents (77%) felt that women should make decisions regarding sexual practices.

University of Pretoria etd – Tabane, E M (2004)

- Most of the respondents (53%) thought that those infertile women could end up having sex with multiple partners in an effort to become pregnant. The majority of the sample 91% agreed that the above-mentioned behaviour increases HIV infection.
- The majority of the respondents (71%) believed that men couldn't have multiple sex partners.
- The respondents (85%) felt that it was not only the privilege of men to decide whether they want sex or not. Women could also decide.

Agricultural practices

- The majority of the respondents agreed that the practice of men being the only persons who can go to the cattle post is one of the Batswana culture and puts women in subordinate positions. This behavior however is said (73%) to contribute to the spread of HIV. The solution to the problem was that both men and women must go to the cattle post (90%).
- The majority of the respondents (92%) strongly felt that women should be involved in traditional farming.

Stigma issues

- It was interesting to note that the majority of the respondents (82%) thought that women who are HIV positive and know their status should not have children to expand the family
- The majority of the respondents (22.7%) strongly felt that HIV positive people should live positively.

Cultural taboos

- The respondents (56%) said that it is not taboo for women to discuss/negotiate sex with men and it is also not taboo to discuss sex with children (63%).
- The majority of the respondents (88%) thought that it is not acceptable for men to beat their wives if they do not want to have sex with them.

Marriage

- The majority of the respondents (79%) did not think that the payment of lobola gave men the right to demand sex from their wives.
- The respondents (53%) did not think that men should marry women who are older than them.
- The majority of the respondents (70%) believed that men could marry or have sexual relationship with women younger than them.
- The respondents (82%) said that men could not marry more than one wife and (60%) did not believe that widows should remarry their husband's relatives or brothers.
- The majority of the respondents (80%) said that women who are in polygamous marriages and insists on using condoms would be protecting themselves.
- Women do not have to have children before they get married.

Alcohol use

- The majority of the respondents (88%) felt that alcohol use could contribute to the spread of HIV and that people could be asked to reduce alcohol consumption to prevent HIV transmission.

Religious Beliefs

- The respondents (56%) believed that HIV/AIDS is punishment from God and that people who are infected with HIV are not bewitched (91%).

Condom Use

- The majority of the respondents (83%) felt that a man with multiple partners (Polygamous) relationship should use condoms and that people who use condoms in their culture are protecting themselves (70%).
- However condoms were said to be culturally unacceptable (67%). Condoms should still be used to prevent HIV transmission (96%).

Voluntary Counselling and Testing

- The majority of the respondents (88%) believed in HIV testing and about (77%) was aware of Voluntary Counselling and Testing in Botswana.

3.2.3. Recommendations

- Multiple relationships by men in Botswana is said to be one of the Batswana culture. Therefore condom use should be encouraged in Botswana. However health care professionals, social workers and community carers should be very sensitive to the culture of the Batswana when presenting condoms as a method of preventing HIV transmission. Condom use must not be introduced by coercion but more through mutual agreement with the community.
- Alcohol consumption should also be reduced. The relationship between alcohol and HIV transmission should be emphasized in HIV/AIDS health talks.
- Churches and religious leaders should play an active role in educating and counselling the community about HIV/AIDS and care strategies.
- Women should be involved in life skills programmes focusing on assertiveness and skills development so that they can empower themselves and be independent and be able to take responsibility and make decisions about their lives.
- Women should also get involved in traditional farming.
- HIV/AIDS prevention and care strategies should take cultural practices of the Batswana into consideration so that the community can cooperate in the fight against HIV/AIDS. The cultural practices should be used in a positive way. For example circumcision schools should not be discouraged and people should be educated on how to prevent HIV transmission at the circumcision schools.
- Health professionals and community carers should be knowledgeable about HIV/AIDS to be able to clear misconceptions and myths about HIV/AIDS.

4. Aim and objectives of the study

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

Table 28 focuses on how the above aim and resulting objectives of the study were accomplished:

Table 28: Accomplishment of the study objectives

No.	Objective	Objective achievement
1	To conduct the investigation within a theoretical based framework by undertaking a literature review on HIV/AIDS as a social phenomena, culture and cultural practices in general and the culture of the Batswana specifically.	This aim was achieved as reflected in the discussions presented in chapters 2-4.
2	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	This aim was achieved through the presentation of a detailed discussion in chapter 5 on the qualitative and quantitative findings of the study, which explored the influence of the current cultural practices of the Batswana in relation to HIV/AIDS in Botswana.
3	To provide conclusions regarding the cultural practices of the Batswana in relation to the transmission of HIV/AIDS in Botswana.	This aim was achieved through a detailed presentation of the conclusions in chapter 6 of this research report.
4	To make recommendations for culturally appropriate behaviour-change strategies for Batswana in Botswana in an Attempt to decrease the spread of HIV/AIDS	This aim was achieved through a detailed presentation of recommendations made in chapter 6 of this research report.

5. Closing statement

HIV/AIDS is a worldwide pandemic, which affects everyone irrespective of race, ethnicity, and gender and economic status. HIV/AIDS is also a complex phenomenon, which needs to be understood in the context society as it affects the society. The transmission of HIV infection and factors contributing to this transmission needs extensive understanding. 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. However HIV/AIDS educators and carers must examine their own beliefs, values, assumptions and attitudes toward HIV/AIDS before they get involved with HIV/AIDS prevention and care strategies so that those who are affected and infected can also examine these issues to be able to cope with the pandemic.