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Appendix 1: Permission letter to conduct study
4. Any changes to the approved proposal should be resubmitted to the Health Research Unit for approval.

5. The permit does not give authority to enter any premises, private establishment or protected area. Permission for such entry should be negotiated with those concerned.

6. Failure to comply with any of the above-stipulated conditions will result in the immediate cancellation of the permit.

Yours faithfully

for PERMANENT SECRETARY TO THE PRESIDENT

cc: Permanent Secretary, Ministry of Health
    Clerk of the National Assembly
    Head, Health Research Unit
    Executive Secretary, National Conservation Strategy Agency
    Director, National Archives
    Director, National Library Service
    Director, Research and Development Office
    Librarian, University of Botswana Library
    District Commissioner/Town Clerk/Council Secretary
      - Gaborone
      - Francistown
      - Selebi-Phikwe
      - Kgatleng District
      - Central District
      - North-East District
    Land Board Secretary
      - Kgatlhang Land Board
      - Ngwato Land Board
      - Tabi Land Board
OP 46/1 CIV (26)

February 24, 2003

Ms. E.M.Tabane
P. O. Box 53374
Kenilworth
Cape Town 7745
South Africa

Dear Madam,

RE: GRANT OF A RESEARCH PERMIT: MS. E.M. TABANE

Your research permit OP 46/1 CIV (24) refers.

The study will be conducted at Gabane, Sebina and Sefophe and not Mochudi, Tutume and Palapye as contained in the permit. Other areas and conditions remain valid and binding.

Thank you

J. Mosweu
for/PERMANENT SECRETARY TO THE PRESIDENT
c: Permanent Secretary, Ministry of Health
    Head, Health Research Unit
    District Commissioner/Council Secretary
    - Kgotlaeng District Council
    - Central District
    - North-East District
    - Kweneng District
    Land Board Secretary
    - Kgotlaeng Land Board
    - Ngwato Land Board
    - Tati Land Board
    - Kweneng Land Board

Appendix 2: Letter of introduction to the chiefs
Attention: Kgosi Botsabelo

The Chief
P.O.Box 60
Selebi Phikwe

Dear Kgosi Botsabelo


I am a registered doctoral student at the University of Pretoria, South Africa. I am conducting a research study in Botswana on HIV/AIDS. The purpose of the study is to establish the influence of cultural practices of the Batswana on the transmission of HIV in Botswana. The study will provide conclusions regarding the influence of cultural practices of the Batswana in relation to the transmission of HIV/AIDS in Botswana. Recommendations for culturally appropriate behavior-change strategies for Batswana in Botswana in an attempt to decrease the spread of HIV/AIDS.

Permission to conduct the study has been granted by the Office of the President in Botswana, the Ministry of Health in Botswana and the University of Pretoria.

Structured interviews and focus groups will be conducted in Gaborone, Gabane, and Selebi Phikwe, Sefophe, Francistown and Sebina with adults aged 21 and above. The focus groups will be conducted with men and women separately.

I am kindly requesting permission to conduct the study in Selibe Phikwe and Sefophe between the 11th and 18th of July 2003. You are also requested to assist me in organizing a venue to

conducted a randomly selected focus group. Only about six people are needed in a group meaning six women and six men aged 21 and above. The male group can be conducted on the 14th July 2003 at 8h30 and female group at 10h00. The groups will only be conducted for an hour.

The interviews will be conducted with only 6 individuals in three of your wards, which will be randomly selected in both Selibe Phikwe and Sefope.

For further information please call me on 00 27 83542 1804 or fax your enquiry to 00 27 21 483 6033.

Find attached copies of letters of permission granted.

I hope my request for your assistance will be favourably considered.

Yours sincerely

E.M.C.Tabane
Principal Investigator

Appendix 3: Structured Interview Schedule

INTERVIEW SCHEDULE

TOPIC: THE INFLUENCE OF CULTURAL PRACTICES OF THE BATSWANA PEOPLE IN RELATION TO THE TRANSMISSION OF HIV IN BOTSWANA

300
JUNE 2003

[Instruction to the interviewer is in this type between brackets] Text in italics is not to be read to the respondent

[Interviewer: Fill in this top portion before starting the interview]

Date: (DD/MM/YYYY) ---------------------------------------

Interviewer code: (Name or Code)---------------------------------------

Study Site: (CODES 1- 18)--------------------------------------------------

SAMPLING: Village ---------------------------------- Ward -----------------------------------

Respondent No-------------------------------------------
A. DEMOGRAPHIC INFORMATION

[Please tick in the appropriate box]

[1: YES  2: NO  3: DON'T KNOW  4: NOT APPLICABLE  5: REFUSED TO ANSWER]

1. Sex of the Respondent
   Male                      YES
   Female                   YES

2. What is your age? [Read Choices]
   Age Group:
   18 - 24
   25 - 30
   31 - 40
   41 - 50
   51 - 60
   61 - 70
   Older than 70

3. What is your ethnic group?  

4. Which of the following best describes your religion? [Read Choices]

   Christian (established church)
   African (independent church)
5. What is your marital status? Are you: [Read choices]

- Married
- Staying with a partner but not married
- Single
- Divorced
- Widowed
- Separated

6. Is your marriage legal or traditional?

- Legal
- Traditional
- Not sure
- Refused to answer
- Other
- Not Applicable
7. What is your highest level of education? [Read choices]

- No formal schooling
- Primary Education
- Secondary Education
- Tertiary Education
- Not sure

8. How long have you lived in Botswana?

- Less than 2 years
- 5 years
- More than 5 years
- 10 years
- More than 10 years

**KNOWLEDGE ABOUT HIV/AIDS**

9. What is HIV?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10. What is AIDS?
11. Where does HIV come from?

12. What causes AIDS?

13. Do you think HIV/AIDS is a problem in this country?

YES [ ]

NO [ ]

NOT SURE [ ]

14. (Please motivate your answer)

15. How does one recognize HIV/AIDS? How do you know that a person has AIDS?
16. How is HIV spread/transmitted?

17. Are there any myths about HIV/AIDS in your culture?

YES ☐

NO ☐

NOT SURE ☐

18. If yes, what are the myths?

__________

CULTURAL PRACTICES

19. What are the common cultural practices of the Batswana in relation to marriage and sexual life?

__________
20. To what extent does each of the above-mentioned cultural practices possibly contribute to the spread of HIV?

21. Do you think there are cultural practices in your country influencing sexual behaviour?

   YES □
   NO □
   NOT SURE □

22. If yes what are the cultural practices that are influencing sexual behavior?

23. How significant are they in shaping sexual behaviour?

24. Do you think the present cultural practices predispose people to HIV infection?

   YES □
   NO □
   NOT SURE □
25. Do you think the present cultural practices protect people from HIV infection?

YES ☐

NO ☐

NOT SURE ☐

26. Do you think that cultural circumcision can expose people to HIV transmission?

YES ☐

NO ☐

NOT SURE ☐

27. If yes, what do you think can be done?

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28. Do you believe that women should use herbs or other agents to dry out and tighten the vagina for dry sex?

YES ☐

NO ☐

NOT SURE ☐

29. Do you believe in women circumcision?

YES ☐

NO ☐

NOT SURE ☐
30. It is believed that women circumcision predisposes women to HIV transmission. What do you think?

HIV/AIDS PREVENTION AND CARE STRATEGIES

31. Do you think strategies to combat the spread of HIV infection in Botswana are taking cultural practices into consideration?

YES □
NO □
NOT SURE □

32. Please motivate your answer.

33. Do you think older men should have sexual relationships with young girls who are virgins to prevent HIV transmission?

YES □
NO □
NOT SURE □
34. Do you believe in principles of stay with one partner to prevent HIV transmission?

YES □

NO □

NOT SURE □

35. Do you think anti-retrovirals can help prolong the lives of HIV positive people?

YES □

NO □

NOT SURE □

36. What is it that can help prolong the lives of HIV positive people in your culture?

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------------------------------------------------------------------------------------------------------------------------------

37. How can HIV transmission be prevented?

------------------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------------------

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38. Do you think that people should only consult with traditional healers when they have HIV/AIDS?

YES □

NO □

NOT SURE □
39. If yes, why must they only consult traditional healers?

40. Do you think that the family in your culture should take responsibility in educating children about HIV/AIDS?

   YES ☐
   NO ☐
   NOT SURE ☐

41. Do you think HIV positive mothers should not breast-feed their babies?

   YES ☐
   NO ☐
   NOT SURE ☐

42. Should they feed the babies with other foods whilst they are breastfeeding?

   YES ☐
   NO ☐
   NOT SURE ☐

43. It is said that men can have multiple relationships irrespective of their marital status but women may not. Do you also hold this belief?

   YES ☐
44. Is this one of the Batswana’s cultural practices?
   YES □
   NO □
   NOT SURE □

45. Does this contribute to the spread of HIV?
   YES □
   NO □
   NOT SURE □

46. If yes what can be done to deal with the problem?

47. It is said that a man is like a bull and should not be confined to one pasture.
47.1. Is this one of the Batswana’s cultural practices?
   YES □
   NO □
   NOT SURE □

47.2. Does this contribute to the spread of HIV?
   □
47.3. If yes what can be done to deal with the problem?

48. How can we ensure that people in polygamous marriages do not infect each other?

SEXUAL PRACTICES

49. Do you think that women should at all times be prepared to have sex with their partners?

50. Do you believe that women cannot refuse their partners sex?
51. Do you believe older men have more chances of infecting younger women, as they have been sexually active before the women?

YES  

NO  

NOT SURE

52. Do you think women should make decisions regarding sexual practices?

YES  

NO  

NOT SURE

53. Do you think infertile women can end up having sex with multiple partners in an effort to become pregnant?

YES  

NO  

NOT SURE

54. This behaviour is believed to increase HIV infection. What do you think?
55. Do you believe in men having multiple sexual partners?

   YES  
   NO  
   NOT SURE  

56. Do you think it is only the privilege of men to decide whether they want sex or not?

   YES  
   NO  
   NOT SURE  

**AGRICULTURAL PRACTICES**

57. It is said that men are the only persons who can go to the cattle post and this puts women in subordinate positions.

57.1. Is this one of the Batswana’s cultural practices?

   YES  
   NO  
   NOT SURE  

57.2. Does this cultural practice contributes to the spread of HIV?

   YES  
   NO  
   NOT SURE  

57.3. If yes, what can be done to deal with the problem?

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58. Should women be involved in traditional farming of cattle so that they can go with their husbands to the cattle posts?

YES ☐

NO ☐

NOT SURE ☐

STIGMA ISSUES

59. Do you think women who are HIV positive and know their status, should have children to expand the family?

YES ☐

NO ☐

NOT SURE ☐

60. What do you think of people who are HIV positive?

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------------------------------------------------------------------------------------------------------------------------------
------------------------------------------------------------------------------------------------------------------------------
CULTURAL TABOOS

61. Do you think it is a taboo for women to discuss/negotiate sex with men?

YES  

NO  

NOT SURE  

62. Do you think it is a taboo to discuss sex with children especially unmarried children?

YES  

NO  

NOT SURE  

63. Do you think it is acceptable for men to beat their wives if they do not want to have sex with them?

YES  

NO  

NOT SURE  

MARRIAGE

64. Do you think that the payment of lobola give men the right to demand sex from their wives?


65. Can men marry women who are older than them?

YES  □

NO  □

NOT SURE  □

66. Do you believe that men should marry or have sexual relationship with women younger than them?

YES  □

NO  □

NOT SURE  □

67. Do you believe that men should marry more than one wife?

YES  □

NO  □

NOT SURE  □

68. If yes, do you think it can contribute to the transmission of HIV.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
69. Do you believe that widows should remarry their husband's relatives or brothers?

YES ☐

NO ☐

NOT SURE ☐

70. What would you think of a woman who is in a polygamous marriage insists on using condoms?

71. Do you believe that women should have children before they get married?

YES ☐

NO ☐

NOT SURE ☐

ALCOHOL USE

72. Do you think alcohol use can contribute to the spread of HIV?

YES ☐

NO ☐
73. Do you think that people can be asked to reduce alcohol consumption to prevent HIV transmission?

YES  

NO  

NOT SURE

RELIGIOUS BELIEFS

74. Do you believe that HIV/AIDS is punishment from God?

YES  

NO  

NOT SURE

75. Do you believe that people who are infected with HIV are being bewitched?

YES  

NO  

NOT SURE

CONDOM USE

76. Should a man with multiple partners (polygamous) relationship use condoms?
77. What do you think of people who use condoms in your culture?

78. Do you think using condoms is a culturally acceptable?

79. Do you think condoms should be used to prevent HIV transmission?

80. Do you believe in HIV testing?
81. What are the benefits of knowing your HIV status?

82. What are your feelings about disclosing a person's HIV status?

83. Are you aware of Voluntary Counselling and Testing?
Appendix 4: Focus Group Guide

DATE: JUNE 2003

TOPIC: THE INFLUENCE OF CULTURAL PRACTICES OF THE BATSWANA PEOPLE IN RELATION TO THE TRANSMISSION OF HIV IN BOTSWANA

FOCUS GROUPS GUIDE

KNOWLEDGE ABOUT HIV/AIDS

- What is the difference between HIV and AIDS?
- How can HIV/AIDS be transmitted?
- What myths are there in your culture regarding HIV?

CULTURAL PRACTICES

- What are the common cultural practices of the Batswana in relation to marriage?
What is the influence of cultural practices of the Batswana regarding marriage in relation to the transmission of HIV?

SEXUAL PRACTICES

- What are the cultural practices or beliefs of the Batswana with regard to sex?
- What is the influence of cultural practices of the Batswana regarding sex in relation to the transmission of HIV?

HIV/AIDS PREVENTION AND CARE STRATEGIES

- How can HIV transmission be prevented in Botswana?

VOLUNTARY COUNSELLING AND TESTING

- What do you think about Voluntary Counselling and Testing of HIV?

Appendix 5: Botswana Map
Appendix 6: Consent form

Participants name: ..................................Date:....................

Principal investigator: Elizabeth Mamatle Cily Tabane
Informed consent

1. **Title of study:** THE INFLUENCE OF CULTURAL PRACTICES OF THE BATSWANA PEOPLE IN RELATION TO THE TRANSMISSION OF HIV/AIDS IN BOTSWANA.

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

3. **Procedures:** I will be asked questions regarding cultural practices of the Batswana in relation to the transmission of HIV/AIDS. I will also be asked to give personal details such as age, sex, occupation, religion but not my person name and address. The
questions asked will not take more than 30 minutes. The interview will be scheduled at my own convenience. I will give permission to participate.

4. **Risk and discomforts:** There are no known medical risks and discomforts associated with the project.

5. **Benefits:** I understand that there are no known direct medical or financial benefits to me participating in this study. However, the results of the study may help researcher's gain better understanding of the Batswana cultural practices in relation to HIV/AIDS in Botswana. The government and organization dealing with the prevention of HIV infection will be able to plan and develop culturally appropriate strategies to prevent HIV transmission in Botswana.

6. **Participants rights:** I may withdraw from participating in the study at any time.

7. **Financial compensation:** There will be no financial compensation nor will I be reimbursed any travel expenses.

8. **Confidentiality:** In order to record exactly what I say in the interviews, a tape recorder will be used. The tape will be listened to only by the principal investigator and authorized members of the research team at the University of Pretoria and Botswana. I understand that the results of the interviews will be kept confidential unless I ask that they be released. The results of this study may be published in professional journals or presented at professional conferences, but my records or identity unless required by law.

9. If I have any questions or concerns, I can call Mrs Cily Tabane at 00-27-835421804 or 71850590 or Ms. Halabi at 3914672 or 3956582 at any time during the day (8h00 to 16h00).

I understand my rights as a research subject, and I voluntarily consent to participation in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.
Subject signature

Date:..............................

Signature of Investigator

Date:..............................
Appendix 7: Focus group discussion transcripts 10 men- Gaborone


Ke tlo kopa mongwe le mongwe a bue se se leng mo maikutlong le se a se itseng. Ga go na motho o tla bang le phoso wrong kampo right. Botlhe re bua se re se utwileng kampo se re se itseng. Ke tla botsa dipotsa mme ke tla kopa dikakanyo tsa lona. A le a dumalana go tsaya kgato mo kopanong e jaanong – Ee, Ee Eeng. Ga ke tlo tsaya maina a lona fela ke tlo kopa go dirisa tape ke tle ke kgone go gopolalatosi tse re di boletseng mo kopanong e. A go na le o anang le kgathanong le go dirisa tape. E tla re fa re fetsa mo kopanong Borra ra bo re nwa drinki le dibiskiti – rea leboga Mma. Kopano e etla tsaya Ura.

Ke lebogile thata ga le dumetse go tsaya kgato mo kopanong e. Ke tla simolola ka go botsa gore HIV ke eng? ke eng se re se itseng kaga HIV?

HIV ke mogare, ke virus, eng ke mogare, ke mogare o tsalang AIDS. Mogare o ga ona kalafi ke gone fela ka HIV, go na le sengwe ka ga HIV? Nyaaya. HIV ke one mogare o tsalang AIDS. AIDS yona ke eng?

AIDS ke bolwetse bo bo sa foleng. Ga go na kalafi ya AIDS. Ke malwetse a kopakopaneng. O lwala tota. HIV e sena jaang mo mmeleng? How does one get HIV. O e fithela jaang HIV?

Breastfeeding, thobalano, eng ka go anyinsa – masi a ne le HIV a na le mogare – ka go dirisa dinalete le magare a batho ba banang le HIV –
tshwanetse go diriswe di gloves fa o dirisana ka madi go thibela mogare go tseana mo dinthong - mogare o tsena jaang mo dinthong?  Fa ona le dicuts le mongwe a na le mogare wa HIV – Kamano ya madi e tsaya mogare mo mothong o mongwe fa o sa dirisi condom o robala le motho a a na leng mogare (HIV) A go na le sengwe – no, no, nya.  Re ka tswela pele neng.  A gona l di myths ka HIV/AIDS?  Di myths ke raya dikgang or tumelo e re nang le yona mme e se nnete.  Dipuo tse batho ba di buang ka ga HIV/AIDS mme e se nnete.  Ee, di dintsi ke tse dintsi.  A re di utlweng.

AIDS ke boswagadi, gape e tliitswe ke makgome – fa o tlhokafaleswe o tswanetse go alafiwa setsvana, fa o sa alafiwa, o tla tshwara ke AIDS – government e fokotsa population ya Batswana ka goba tseyna mogare wa HIV.  Makgowa a mo Botswana ke bona ba tsenang batho le go roglala le tbatswana.  AIDS ga se bolwetse ba makgowa.  Rra e na reng eng ke utlwana le bona – AIDS ke boswagadi.  A gona le sengwe se re batlang go se tlaleletsa? Nya.


Bangwe ba reng eng – Ee, se se bothokwa ke go re nuyalo ke bogadi le bana.  Monna wa duela mme Mme ena oa tsala.  Fa go se jalo ga gona nyallo.  A go na le sengwe?  Nya –

Ditso tse tsa rona ka lenyalo, a dira bothofo gore re trweneweh ke mogare wa HIV kampo setso sa re protecta?  Se a re thusa go thibela HIV – Ee. – setso
se a re thusa gothibla fela gape mo go nngwe se dira go re re tsenwe ke mogare bothofo. Se re thibela jaang?

Setso sere stay with one partner ke jalo re ka se infectiwe kemogare wa HIV – Ee

Fela setso sa polygamy se dira gore go nne bothofo go bona HIV ka gore ga o tsie go re partner enngwe yona e faithful kampo jaang – Ee – ke nnete – Nyaa gape ge mosadi a thompa monna ka setsa sa rona, go raya gore re a tshepana. Mosadi a ka se tsamye le n banna ba bangwe. Ee – setso se siame, kajeno ga go se polygamy, go raya gore banna ba itsamela fela. Gape ka polygamy vasadi ba, ba itsane gape ba thompana. Ka moo fa re tlota setso mogare o wa HIV a ga go bothofo gre ore tsene. A re dumelana gore polygamy e a e thusa? Ee. Nyaa mo nakong e e fetileng.

Nyaa polygamy e tshwanetse gore e fetsiswe ka gore ga go dirisiwe sekausage gape thompo e d ffeedile mo nakong tsa kejaeno. Kang ya gore monna ke selepe o a adimiwa yona e re thusa jaang? Nyaa ga e thisuse ka re go go dirisiwe sekausage monakong tsa ka jeno gare is tse gore monna o kapqna la basadi ba ba ntseng jaaang – ka jalo puo e ga e re thuse mo go thibeleng mogare wa HIV gore o spreade. A go na le sengwe, Nyaa Mma.

Re ke tsweleleapele go bua ka setso mabapi le thobalano? Setso se a e reng kaa thobalano (sexual behaviour)

You only have sex when you are married? Ee – setso sa re o tshwanetse o be o le mo nyalong pelo o ka bua kampo go amana le thobalano. Mosadi ga a tshwanela go kopa monna dikobo. Setso sa re re dirise dicondom ka gore re tshwanetse re tshoole bana – Ee. Condom ga se setso. Monna ga aamane le mosadi a le mo kgweding – Ee A gona di dingwe? Ee Ka ge re boletse mosadi ga a go na le bojale le bogwera?

Basimane and basetsana ba rutiwa ka ga thobalano mo setsong. O raya circumcision – Eeng Ka setso go dirwa bogwera le bojale – ke yona circumcision Mo bo Gaborone mo toropong –E dirwa mo dikgaolong. Ke a leboga – jaanong setso kamopo ditso tse mabapi le thobalano di re ama jang ka mogare
wa HIV. A setso se a re protecta kampo go bothofo go tsena ke mogare wa HIV. Ee – go kanna bothofo ka gore ko bogwereng le bojanleng, go dirisiwa magare a a sa sterilizwang, ka jalo ga re itse gore ke mang o na leng mogare. Kwa bogwera le bojaleng ba tshwanetse go dirisa magare a sterilitzweng – Ee Ee

Setso se are thusa gape ka gore monna le modsadi ba kopaa ka diobo ba le mo nyalong, seo se raya gore ba kopana ba se na mogare. Ka jalo, setso se a re thusa – Ee se thibela mogare go tsena mo mmeleng. Ee – gape fa re sa dirise dicondom o fitthela gore bothofo go tsena ke mogare kagore ga o mo itse moth o o tla kopaleng dikobo le nena kano tsa ka jeno, motha ga a itsewe e se naga. Batho ga ba tshapagale. Ga go itsewe faan le mogare kamo jaang. A setso se aa re thusa Nna? Ee Mma mo gongwe ga se re thuse. Fa o sa dirise condom, otla tsenwe k ke mogare ka jalo gase re thuse. Fa o leta gore o nyale kampo o nyalwe, mogare o a thibelwa ka jalo setso se a re thusa. Ba bangwe ba re eng? Ee Mma re a dumalana. A gona le dingwe? Nyaa Mma. Re tla tswela ga bua ka distrategies tsa go thibela ogare wa HIV mo reng ka k distrategy; tsa HIV/AIDS mo Botswana, a dia re kgotsofatsa kampo jang? Botswana. A distrategies tsa mo Botswana di atlegile kampo di na le mathatanyana. A di considara culture setso sa rona, ra

Nna kare culture ga etlotliwe ka gore bana ba bua le bagolo ka thobalano. Ka setso kang ya thobalano,e ya bagolo fela. Setso ga se tselwe kwa thogong, setso ga se tlotliwe – gape ba bus hat a ka do dicondom mme gase kang e tlaelegilemg le setsong sa e rona. Setso se tswanetse se tloliwe re rutwa ka HIV/AIDS. Gape gatw se se dirise melemo ya Setswana mme melemo yan a thusa. Ga twe stay with one partner, nna ke a dumalana le kgang mme le yona ke ksetso.

Batsadi ba tshwanetse go bua le bana ba bona – Ee Ee ga bo boima ka gore gare a tiwaela go dira jalo – fela re tshwanetse go practisa. Dikgosi le tsona di tswanetse go tsaya kgato mo go ruteng batho ka ga HIV.

A re dumalana gore distrategies tsa rona di tshwanetse go includa culture. Re tshwanetse go tloita culture – Ee Mma. A gona le sengwe se re batlang go se tlaleletsa – Nyaa Mma.

Galpe e go dira gore o akanye that ka botshelo. Motho o nna le stress fa a itse status sa a gagwe. Ee- le a dumelana- Ee Ee- e siame gaya siama.

Mm bothokwa go itse status sa gago? Ee – e thusa ka gore o tla amogela di-drugs ARVS’, Otla itse le gore o ye neng ko cliniking, yona e siame re tshwanetse go itse maemo a rona, go bothokwa .re adumela le kgang e? Ee, Ee. A go na le sengwe se re batlang go se bua? Nyaya.

E kare re fitlhile bokhulong ba kgang ya rona. Ga go se na kgang enngwe, ke tla rata go le leboga thata thata. Ke itumetse tota. Ka ge ke santse ke boletse gore re tla na le drinki le dibiscit fa re feta re tla ja botlhe. Ke lebogile gape.

Ke kopa le nsignela fa gore le nnile teng mo kopanong e. ge ke battle maina fela disignature. Dankie Re lebogile Mma – le rona re lebogile – ke kgang e e masisi e Ee.
Appendix 8: Focus Group Discussion Transcript (Six Women, Francistown West)

What is HIV

- HIV – Mogare/Virus

AIDS – Bolwetse bobo bakwang ke mogare wa HIV

- What is a virus – Organism in the blood cells found on body fluids
- How does it get into the body?
- A amana anyhow
- Sexual intercourse
- Needles
- Any blood fluids in contact in accidents when you have cuts
- During birth – Mother can pass it to child
- How – Breast feeding during birth
- Baby gets infected from breast milk, injections, blood transfusion infected blood from
- Razor blades – dintho – open cuts – molwetse assisting a patient with HIV without
- Gloves – toilet need to be cleaned every now and then to avoid transmission.

MYTHS

- AIDS ke boswagadi-
- Other partner is dead-
- The surviving partner needs traditional medicines – no treatment – leads
- AIDS – The person is not clean. The dirt of the previous partner needs to be cleaned.

MYTHS

- Miscarriages – no traditional treatment – must be traditionally treated before you have sex with another men.
MYTHS
- Menstruating people having sex with males contributes to HIV infection.

MYTHS
- After birth one should stay away from the partner sexual relationships

CULTURE
- Cultural practices – one man one woman
- NO – disputes – polygamy is culture
- When someone you marry – parents, uncles aunts mallome, rakgadi, rangwane, bogadi
- bo a patelwa ke monna – cows – cattle
- The woman goes to the in-laws when you get there oa laiwa uncle's wives, paternal aunts
- Nyalo – children should be born
- Setswana marriage – in-laws
- Extended family becomes part of family.
- Celebration – Setswana – go a thabiwa, bojalwa ba setswana
- Setswana – woman leaves her family for the husbands
- Any complaints to the in-laws

Transmission v/s Culture
- Polygamy
- Go laiwa – monna ke selepe o a adimanwa
- Monna you dont ask where they come from
- Monna ke poo ga a golegwe
- Ga a thatellwe
- Men are free to do whatever they want to do
- Society gives them freedom
- Differs
- Moral and values – men marry when you decide to marry – first wife chooses
- Polygamy protects in our culture
Today unknown multiple partners
Culture very significant
No morals no values – free life
Culture – was good – it is misused
It is to the advantage
Alcohol use is scapegoat (Jesus also drank)
Infertility women – polygamy
Arrange birth for the husband
Today, they are all over the show
Culture v/s sexual behaviour
Only have sexual intercourse when you married – even men
Polygamy – men are socialised to get married
Curls are socialised to get married (bojale, bogwera) circumcision talks about marriage
You don’t get involved when you are menstruating
Monna always must initiate – mosadi ga a tsogelwe
Men are the only one who propose marriage
Menstruation also protects
Today people do not go for circumcision – people must go because you learn about sex.
In the past you stick to one partner
Basadi ke khumo (affordability on the side of the husband even when in polygamy it is arranged.

STRATEGIES OF PREVENTION

E padile
Self discipline
Back to culture (morals)
Bojale le bogwera – we are now reckless
Parents should also teach children about sex
Not only at school
Bojale / bogwera – sterilise
Cultural schools – puberty we all know about it
Behaviour is the main thing
Puberty teachings in secondary schools should feature
Christianity should be encouraged and taken seriously

- Intake of alcohol is too high in Botswana
- Alcohol content reduced 5% to 2%
- Prizes must go up
- People are loose (no protection)
- Reckless decisions
- Prostitutionss – poverty – rape, idling

VCT
- They are good not good some people are weak (psychological)
- When people find out then they do not live long – stress, depression, suicide
- Change lifestyle
- No treatment ARV'S useless
- People need to live positively whether positive or negative

FOCUS GROUP DISCUSSION TRANSCRIPT–

SEVEN MEN – FRANCISTOWN
- HIV – mogare o tsala bolwetse ba AIDS
- Mogare o tsala bolwetse
- Bo bo senang kalafi

AIDS
- Malwetsi
- Opportunistic disease
- With no kalafi
- Malwetsi a a kopakopaneng
- Bo tlhodilwe ke different diseases mo mmeleng

TRANSMISSION
- Sexual intercourse with no preventio – socks – condoms
- Go dira le moth o o naleng AIDS
- No protection
- Use gloves
- Wounds-

- Go kopana ga madi
- Pelegi
- During birth –
- During the cutting the unbilical cord
- Blood can cross to the babies body
- Breastfeeding caused HIV transfussion breast milk contains HIV

**MYTHS**

- HIV e tsana motho with many girlfriends
- Clarified questions
- If you are not sexually active you can still get AIDS
- Miscarriages and widows Moila
- Need traditional treatment in modern terms it is AIDS in our culture
- It is moila

**CULTURE v/s MARRIAGE**

- Arrangements should be made
- Merero
- Magadi – the man who marries pay for the children born in the family to the girls
- Culture – polygamy – it is the past
- Marriage was arranged
- Today men look for their own wives
- Marry a woman without children
- Relation to HIV
- Polygamy – infects people HIV
- No protection asthere must be children
- Causes of HIV is multiple plartners
- You dont know the woman whose marriage isbeing arranged for you

**CULTURE v/s SEXUAL PRACTICES**

- You marry before sexual intercourses
- Age restriction (20 by 30 you must marry)
- Woman can marry when they are young 18
- It is to get infected

- Polygamy is the only one making it possible for HIV
- Morals and values – polygamy
- Pretected as you only face only those people
- People are not equal
- Men had to be older
- Age difference causes HIV
- Women should not be older than men
- Older women condemn men’s blood
- Younger women should respect men and when they are of equal age there is no respect.

VCT
- Good
- You knoy your status
- Behaviour change resulting in less HIV transmission
- Positive living
- Negative people know how they must live

STRATEGIES
- Makeisets to educate people that HIV affects our lives
- Listen and understands all these prevention strategies
- Stick to one partner
- Condom use
- Check youselves at VCT when you want to have children
- Abstain
- We must educate each other
- Talk to families (from children to adults)
- Young children need to learn in their families
- Educate each other

FOCUS GROUP DISCUSSION TRANSCRIPT- SELIBE -PHIKWE (10MALES)

- HIV – mogare
AIDS – When you are really sick

- HIV – loose weight
- Swollen glands behind ears, hair loss, sores open, goes to the toilet every now and then diarrhoea.
- HIV – Where is comes – comes from Africa, sexual intercourse
- America
- Use of utensils of someone with HIV
- Taking care of someone with AIDS without HIV
- Blood
- Not using Condom
- Open sores sharing needles

MYTHS

- If you believe in the bible you will not have AIDS
- Do not share women
- Where was it before there is nothing about
- Aids ke boswagadi
- It is self made illness – government reducing population
- White people bought the illness 1985 only came
- No whites have AIDS
- White people slept with gorillas
- Government reducing people

CULTURAL PRACTICES MABAPI LE LENYALO (MARRIAGE)

- Bogadi – Tlhagela / Mokwela – Bogadi ba ngwana born
- Go a laiwa
- Do not go around with men/women unmarried
- Monna selepe se a amoganwa (you do not ask where the man comes)
- When you have problems - (Woman – discuss with in-laws)
- O e gapa le namane

**Protects**                  **Predispose**

- One partner                  Monna selepe wa patsha
AIDS – Different wives
Polygamy – Makalaka, Mazazu (Shona)
It is not culture, it is religious
Only a culture

SEXUAL PRACTICE

- Sexual intercourse after marriage
- Tiisa mokwatla – sleep with wife so that child can crawl
- Mopakwano / disabled/segole – if mosadi a nyetswe a robala le monna yo mongwe mo botsetseng ngwana e ba segole

PROTECTS

- After marriage stick to one partner
- **Contribute to HIV transmission** – if you marry many wives (polygamy)
- No culture in strategies fashion
- In the past there was no HIV
- No condoms – no HIV in the past
- Since condoms now HIV
- Traditional medicines can assist in curing HIV

STRATEGIES

- Go back to culture
- ARV’S
- Bible lessons
- Traditional medicines used in the past
- Listen to parents
- No hope and faith – No regious country

TEBELOPELE

- Know your status
- You get ARV’S
- You know your CD counts
- Tebelope create stress when you know your status
- People infect each other when they know status
- You can plan your future
- Live a healthy positive life
- You learn about condoms
- You spread if you do not know status
- Alcohol use is (Traditional/ is culture)
- Reducing alcohol will not reduce AIDS
- People used to drink in the past and there was AIDS
- Children should not drink
- People should be employed to raid bars
- This will create job opportunities
- Needs AIDS education in Botshabelo

FOCUS GROUP DISCUSSION TRANSCRIPTS

6  FEMALES (SELIBE – PHIKWE)

WHAT IS AIDS
- HIV – Mogare o sa lwale mo mmeleng
- AIDS – you are not sick
- AIDS is an illness
- HIV – Sexual intercourse
- IT comes from boswagadi
- Malwetsi a dikobo (Thosola, STD, Rasiphiphi (Syphilis)
- Open sores on private parts

E TSWA KAE AIDS
- Sexual intercourse
- No sexual intercourse no Aids
- No condom no aids
TRANSMISSION

- Blood through sexual intercourse
- Open sores / scratches – blood
- Contact on open sores
- Breast milk
- Semen and vaginal fluids
- No condom use

HOW DO YOU RECOGNIZE HIV

- Loss of hair / weight
- Sores on the body
- Mollo wa badim
- Something like small pox

MYTHS

- Ke Boswagadi
- When you have TB you have AIDS
- Headaches are AIDS
- Any illness no healing quick is AIDS
- Diarrhoea (Frequently) means you have AIDS
- AIDS comes from the whites
- AIDS is brought by people outside the country
- AIDS ke bolwetse like leprosy
- It is punishment from God
- God is punishing us as we do not believe

CULTURE v/s MARRIAGE

- Predisposes to HIV
- Pregnant women is hit by a woman with a big boy and then decides if the baby is born and is a girl then it will be a daughter in law
- Arranged marriage
- Older men sexually active
When you married and husband works in another country should not spend new years’ eve (kgaola ngwaga) with another man (1st January)

- Do not sleep with another man. The husband will die.
- If a man married with a wife, you do not ask your husband where you come from.
- Only married people discuss marriage arrangements ( ga o laye ngwetsi ge osa nyalwa).
- In the past it protected people from HIV.

- Arranged marriage predispose HIV.
- Older men infect younger women.
- No guarantee about the 1st of January. It is only one day.
- Protection – both can infect each other.
- Not asking man (predisposes).
- If you befriend an unmarried woman, you can be predisposed to HIV.

**SEXUAL PRACTICES**

- Only sexual intercourse when you are married.
- Setso se re re tshole bana no protection.
- Sexual intercourse with daughter in law by the father-in-law to proof that the woman is a woman.
- Seyantlo.
- When you are married and husband dies and you drink traditional medicine and rould.
- You can’t sleep with another man whilst on traditional treatment.
- If you don’t drink medicines (you will be infected).
- Dirty and boiling blood.
- You have the medicines every year.
- Today children are sexually active at an early age.
- Parents do not know about it.

**VCT**

- Know about it.
- Good because – you know your status.
- Not good because it frightens.
- Because (health education).
- During testing is not good.

- Videos showing people with HIV whilst waiting for results is not good
- People purposefully infect others when they get frightened.

- Good – you know your status. If you don’t you do not know your status. It is good to go for VCT
- Bad
- Will not go for testing as she does not have support system
- Good – ARV’S are available
- Access to medical care
- Advised as to healthy positive living

STRATEGIES

- Culture taken into consideration
- Condom all the cultural myths
- Most of the time culture is condemned

PREVENTION

- Culture should be strongly supported
- One partner only
- No sexual intercourse
- Condom use not 100% prevention
- Educate children from primary about sexual practices
- No childbearing
Appendix 9: Voluntary counselling and testing

(VCT) Marketing in Botswana
Appendix 10: Example of antiretrovirals