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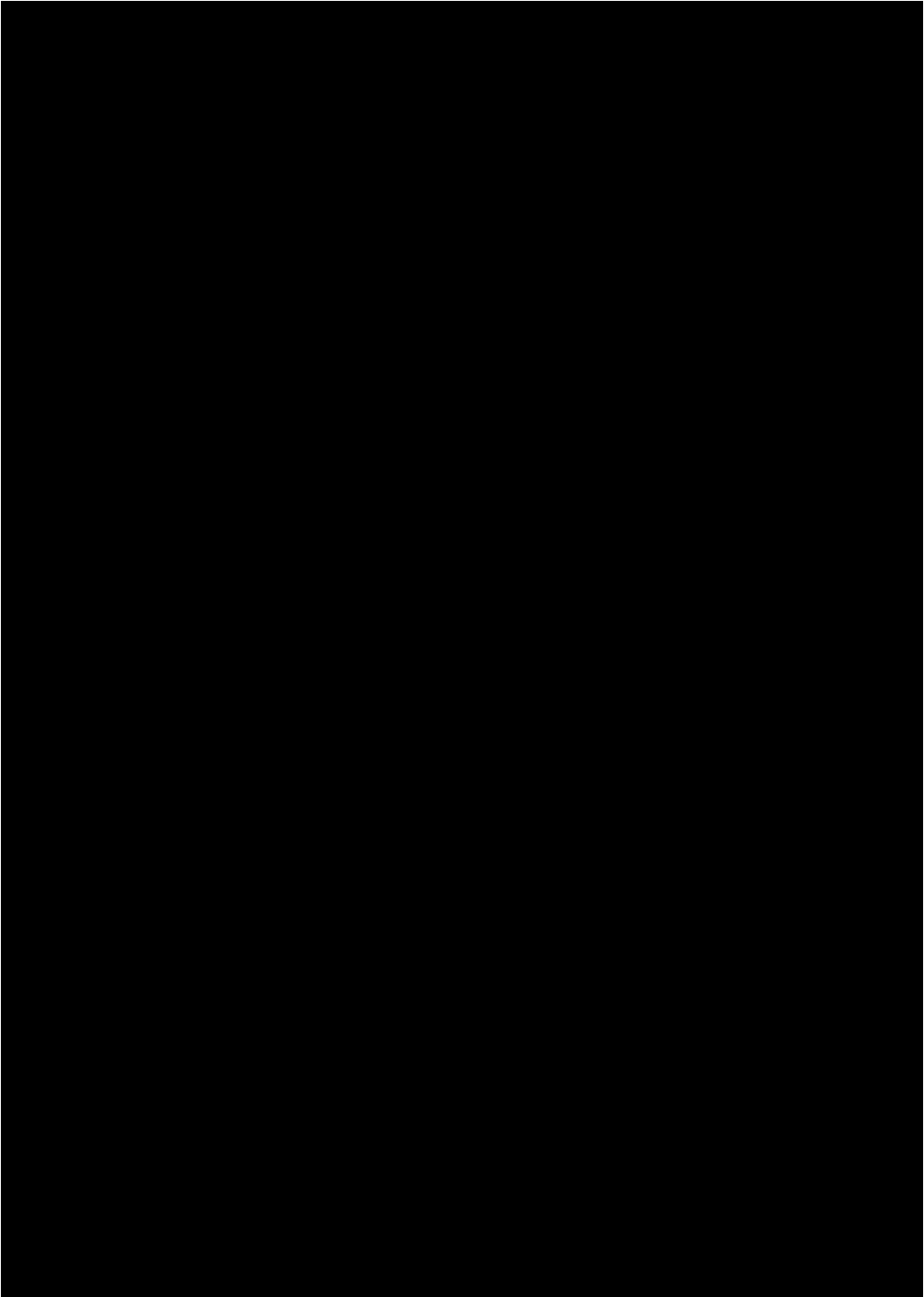
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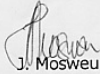
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Appendix 1: Permission letter to conduct study



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



J. Mosweu

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

- Kgatleng Land Board
- Ngwato Land Board
- Tati Land Board

TELEGRAMS: PULA
TELEPHONE: 350800
TELEX: 2655 BD



REPUBLIC OF BOTSWANA

OFFICE OF THE P
PRIVATE
G

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

cc: Permanent Secretary, Ministry of Health
Head, Health Research Unit
District Commissioner/Council Secretary

- Kgatleng District Council
- Central District
- North-East District
- Kweneng District

Land Board Secretary

- Kgatleng Land Board
- Ngwato Land Board
- Tati Land Board
- Kweneng Land Board

Appendix 2: Letter of introduction to the chiefs

P.O.Box 53374
Kenilworth
7745
Cape Town
South Africa

26 June 2003

Attention: Kgosi Botsabelo

The Chief
P.O.Box 60
Selebi Phikwe

Dear Kgosi Botsabelo

Re: Research Study: The Influence of Cultural Practices of the Batswana People in Relation to the Transmission of HIV/AIDS in Botswana

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

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

conduct 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 Sefophe.

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**

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)

Muslim

Other

None

Not sure

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?

.....
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.....
.....
.....

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?

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.....
.....
.....

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?

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

POLYGAMY

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

NO

NOT SURE

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?

YES

NO

NOT SURE

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?

YES

NO

NOT SURE

50. Do you believe that women cannot refuse their partners sex?

YES

NO

NOT SURE

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 contribute to the spread of HIV?

YES

NO

NOT SURE

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

.....
.....
.....
.....
.....

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?

.....
.....
.....

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?

YES

NO

NOT SURE

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

NOT SURE

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?

YES

NO

NOT SURE

77. What do you think of people who use condoms in your culture?

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

YES

NO

NOT SURE

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

YES

NO

NOT SURE

VOLUNTARY COUNSELLING AND TESTING

80. Do you believe in HIV testing?

YES

NO

NOT SURE

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?

YES

NO

NOT SURE

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?

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- ❖ 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?

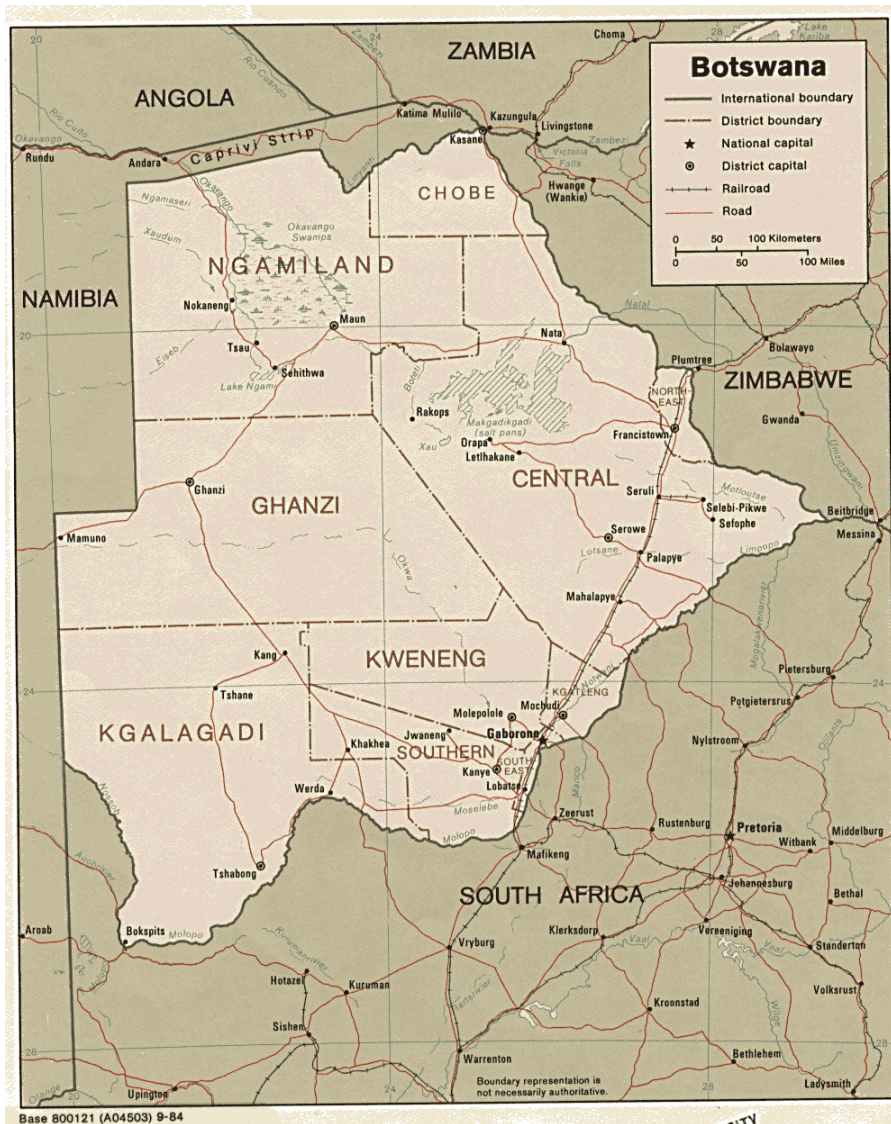
HIV/AIDS PREVENTION AND CARE STRATEGIES

- ❖ 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

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University Of Pretoria
Hatfield
Pretoria
0001
South Africa

OR

P.O. Box 53374
Kenilworth
7745
South Africa

OR

Research Unit
Ministry of health
Gaborone
Botswana

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 bat swan in relation to the transmission of HIV/AIDS. I will also be asked to give person details such as age, sex, occupation, religion but not my person name and address. The

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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**

Dumelang Borra – Nna ke bidiwa Cily Tabane, ke tswa ke le ko South Africa. Ke Student ko University Of Pretoria, ke ithuta ka ga HIV/AIDS ke dira research ka ga HIV/AIDS mo Botswana – ke setse ke dirile ko Phikwe le Francistown jaanong ke mo Gaborone. Ke kopile permission/tetla ya go dira research kwa go Office of the President, Ministry of Health le mo Dikgosing. Jaanong ke tlo go kopa mo go lona gape le fake buile le lona pele re kopana. Gompieno jaana re tlo bua ka ga HIV/AIDS gore ke eng, e tswa kae, setso sa rona se re eng ka ga HIV/AIDS, lenyalo le thobalano, le gore a re a itse ka ga VCT le gore re akanya eng ka distrategy tsa go preventa HIV/AIDS mo Botswana.

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 utlwileng kampo se re se itseng. Ke tla botsa dipotso 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 gopola tsothe tse re di boletseng mo kopanong e. A go na le o anang le kगतलhanong 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 tsena jaang mo mmeleng? How does one get HIV. O e fitlhela 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 –

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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, nyaa. 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 tlisitswe ke makgome – fa o tlhokafaletswe o tswanetse go alafiwa setswana, fa o sa alafiwa, o tla tshwara ke AIDS – government e fokotsa population ya Batswana ka goba tsenya 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? Nyaa.

Jaanong ke setswana go na le setso / ditso tsa batswana setso sa reng ka ga lenyalo? Re dira eng mo setsong mo lenyalong?

Setso sa rego ntshiwe bogadi –lobola – bo malome ba ntsha bogadi – saty with one partner – mosadi ke bana – mosadi o tshwanetse go tshola bana mo lenyalong. Setso gape se re go ga ka nna le polygamy – Nyaa ke setso sa Borra rona. Polygamy ga e sa diriwa mo setswanaeng ke setso s makalaka. Mosadi o tshwanetse go tlhompaa monna wa gagwe, mosadi o tlhokomela lapa laga mbo monna. Monna ke selpe se a amoganwa. – laughing – Ee – Mosadi ga botse monna dipotso. Fa mosadi a na le ngwana pele ga lenyalo, ga twe o e gapla le namane. Go na le sengwe gaple. O kare ke topic e re e ratang faana. Di dintsi re ka buathe holeday – buang – Nyaa o kare re build tse di bothokwa.

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 nyalo. A go na le sengwe? Nyaa –

Ditso tse tsa rona ka lenyalo, a dira bothofo gore re trswenewe ke mogare wa HIV kampo setso se a 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 botlhofo. 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 botlhofo 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 tlhompamona 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 tlhompana. Ka moo fa re tlotla setso mogare o wa HIV a ga go botlhofo 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 sekausa gape tlhompamona e d feditse mo nakong tsa kejaeno. Kang ya gore monna ke selepe o a adimiwa yona e re thusa jaang? Nyaa ga e thusa ka re go go dirisiwe sekausa 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 tswelapele 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 kgwedding – 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

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wa HIV. A setso se a re protecta kampo go bothofo go tseba ke mogare wa HIV. Ee – go kana bothofo ka gore ko bogwereng le bojaneng, go dirisiwa magare a a sa sterilizwang, ka jalo ga re itse gore ke mang o na leng mogare. Kwa bogwera le bojaneng ba tshwanetse go dirisa magare a steriliztsweng – 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 tseba mo mmeleng. Ee – gape fa re sa dirise condom o fitlhela gore bothofo go tseba ke mogare kagore ga o mo itse motho o o tla kopaleng dikobo le nena kano tsa ka jeno, motho 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, o tla tseba 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 go bua ka distratgies tsa go thibela ogare wa HIV mo reng ka k distratgy; tsa HIV/AIDS mo Botswana, a dia re kgotsofatsa kampo jang? Botswana. A distratgies 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 tlhogong, setso ga se tlotliwe – gape ba bus hat a ka do dicondom mme gase kang e tlwaelegileng me setsong sa e rona. Setso se tswanetse se tlotliwe fare rutwa ka HIV/AIDS. Gape gatw re se dirise melemo ya Setswana mme melemo yan a thusa. Ga twe stay with one partner, nna ke a dumelana 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 tlwaela 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 distratgies tsa rona di tshwanetse go includa culture. Re tshwanetse go tlotla culture – Ee Mma. A gona le sengwe se re batlang go se tlaleletsa – Nyaa Mma.

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VCT yona re a itse – Ee ke yona Tebelopele. Yona ra reng ka yona. A e siame kampo jang. Ee go gabedi – e siame – ga e a siama – Why? E thusa ka gore you know your status, e re ruta le ka go itshola sentle

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

E kare re fitlhile bokhutlong 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 drincki 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 tlhabiwa, 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 theme
- Puberty teachings in secondary schools should feature
- Christianity should be encouraged and taken seriously

- Intake of alc ohol is too high in Botswana
- Alcohol content reduced 5% tp 2%
- Prizes must go up
- People are loose (no pretection)
- Reckless decisions
- Prostitiounss – 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 umbilical cord
- Blood can cross to the babies body
- Breastfeeding caused HIV transfusion 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 as there must be children
- Causes of HIV is multiple partners
- You dont know the woman whose marriage is being arranged for you

CULTURE v/s SEXUAL PRACTICES

- You marry before sexual intercourse
- 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
- Protected 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 wmen 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

- Maikemisetso to educate people that HIV affects our lives
- Listen and understands all these prevention strategies
- Stick to one partner
- Condom use
- Check yourselves 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 it 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 brought 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

- One partner

Predispose

- 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 religious 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 illensss
- HIV – Sexual intercourse
- IT comes from boswagadi
- Malwetsi a dikobo (Thosola, STD, Rasiphphi (Syphillis
- 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

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

- 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 woman
- Seyantlo
- When you are married and husband dies and you drink traditional medicine and rould.
- You can't sleep with another man shilst on traditional treatment.
- If you dont 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

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

- 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 dont 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 healty 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

