

# DITUMELO SECONDARY LITERATURE REVIEW: HIV PREVENTION AND FAITH-BASED ORGANIZATIONS IN BOTSWANA

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## Abstract

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*The following secondary literature review was developed by a team of researchers from the University of Botswana, primarily from the Department of Theology and Religious studies, as part of an assessment of the present and possible capacity of various faith-based organizations in Botswana to effectively promote HIV prevention. Relevant secondary literature was reviewed as a means of guiding and informing that study – namely, the Ditumelo Study 2007. The literature review focused primarily on HIV and AIDS materials that have direct or indirect bearing on HIV and AIDS prevention, both in the broader context and in particular to faith-based organizations. Although the focus was on Botswana, regional and international sources on HIV and AIDS were also consulted. Given the breadth of literature on HIV and AIDS as well as faith-based communities in Botswana, and the overriding need to manage and review relevant literature, the following review is divided into three primary categories: (i) public health, especially HIV prevention, (ii) religion and cultural perspectives, and (iii) religious organization-initiated or multi-sectoral HIV interventions.*

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## 1. Introduction: Background and Aims of the ‘Secondary Literature Review’

From October 2006 to January 2008, the DITUMELO Research Team of the Department of Theology and Religious Studies, University of Botswana was tasked by BOTUSA/CDC to assess the capacity of the faith based sector in Botswana to prevent HIV. In short, the goal of this study was to assess the present and possible capacity of various faith-based organizations in Botswana to effectively promote HIV prevention. To achieve this goal, the study was guided by the following specific objectives:

- Develop a data base of Botswana FBOs involved in HIV prevention.
- Document the faith-based prevention messages, IEC materials, activities, and reinforcement strategies presently used in Botswana.

- Document common barriers preventing FBOs from effectively contributing to HIV prevention.
- Document the needs and resources of FBOs to effectively prevent HIV.

Drawing direction from the *Botswana National Strategic Framework*, which calls for multi-sectoral collaboration, as well as the *Vision 2016* of a generation free from new infections, the assessment team was “dedicated to harnessing the experience and collective wisdom of faith-communities as well as faith-based organizations, to expanding their collaborative capacities and strengthening their existing systems in order to more effectively reduce the risk and impact of HIV in Botswana.” To do so, the team had to consult literature that has been produced on this subject. This document is a product of this effort.

The following “DITUMELO Secondary Review Literature” (hereafter SLR) has been indebted to several very helpful bibliographies, especially *HIV/AIDS in Botswana: An Annotated Bibliography* (Esilaba, et al 2003) and the *ARHAP Annotated Bibliography (African Religious Health Assets Program, Olivier, et al 2006)*. Bibliographical compilations, as a matter of information, play a critical role when undertaking a secondary literature review; for the latter the bibliographies, at best, provide not only reliable reference information but also some indication of what has already been investigated and what work remains to be done. Whilst this particular project may be viewed as a companion to these and other similar bibliographies, it remains essentially a literature review.

The main purpose of the Ditumelo SLR was to identify and briefly comment on HIV/AIDS prevention material that had been produced and circulated by and within faith-based organizations sector in and outside Botswana over the past few years. Since it is well nigh impossible to include all the relevant and related literature, the SLR aims to strike a balance between contextual breadth and thematic specificity. The literature selected for this review was, however, informed by research objectives specific to the DITUMELO ASSESSMENT 2006-2008 project. That said, it is hoped that this SLR will be useful to colleagues conducting related research on religion, cultural, and public health – especially HIV and AIDS – in and outside Botswana as well as other interested stakeholders.



## 2. **Background: HIV Prevention, FBOs and the Government in Botswana**

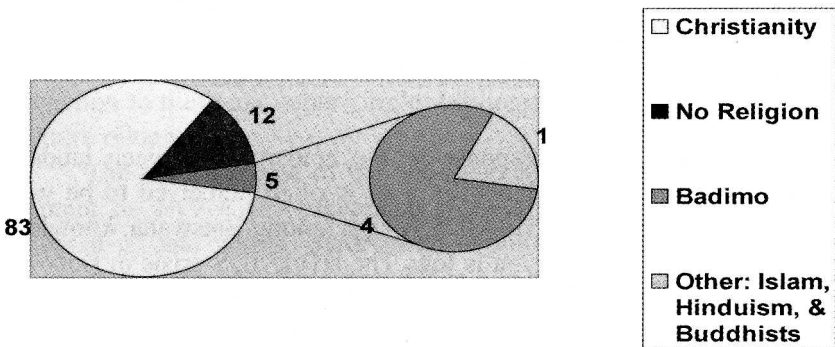
Botswana is experiencing one of the most severe HIV/AIDS epidemics in the world. Incidence of HIV is highest in towns, lower in cities, and lowest in villages. According to UNAIDS, Botswana has the second-highest HIV prevalence in Sub-Saharan Africa. According to Botswana 2003 Second Generation HIV/AIDS Surveillance data, the HIV infection rate among pregnant women aged 15-49 years was 37.4%. A 2004 household survey confirmed the high infection rate in adults of reproductive age. HIV is most prevalent among Botswana aged 25-34 years. Young women are at higher risk for HIV infection than their male counterparts: the prevalence among women aged 15-19 years was 9.8%, vs. 3.1% of men of the same age. The United Nations Development Program estimates that by 2010 more than 20 percent of all children in Botswana will be orphaned. Extended families and communities have exhibited resourcefulness and generosity in their willingness to absorb and care for these orphaned children, but this capacity is being exhausted, especially as the current generation of grandparents begins to die (CDC 2006: [www.cdc.gov/nchstp/od/gap/countries/botswana.htm](http://www.cdc.gov/nchstp/od/gap/countries/botswana.htm)).

Although the government's response to the epidemic has been laudable, support from the civil sector has been – or is often perceived to be weak. While general awareness of HIV/AIDS is high among Botswana, knowledge about modes of HIV-transmission is low. The HIV/AIDS crisis in Botswana has been declared a national emergency. FBOs, which have been admittedly slow in responding to the epidemic, should be viewed as an important contributor to the multi-sectoral solution. Theoretically, FBOs have been and still are especially concerned with if not uniquely adept at encouraging healthy behavioral change. The *Botswana National Strategic Framework* (BNSF) document emphasizes the following roles and responsibilities of the FBOs: to “provide community leadership and guidance, mobilize resources for HIV/AIDS interventions, undertake advocacy initiatives, provide counseling, care and support to orphans and PLWHAs [i.e., people living with HIV/AIDS], to work closely with DMSAC [i.e., District Multi-Sectoral AIDS Committee], and promote abstinence amongst the youth and delaying sexual debut.”

Because communities of faith exercise a significant influence on Botswana civil society, and because the multi-sectoral approach is considered to be vital to achieving the Vision 2016 goal of a generation free from new infections, which is indeed a massive challenge, the *BNSF* recommends that the civil sector’s “experience must be harnessed, capacities expanded and systems strengthened” (*BNSF* 2003: 70).

Though the Botswana AIDS Impact Survey (BIAS II ) data show that greater than 80% of Botswana would identify themselves as Christian, the variations on Christianity are plentiful and the influence of traditional African religion in the form of traditional African healing is greater than one might assume based on surveillance data available on religious identity in Botswana. Perhaps religious identity is less important than religiosity; an issue that has been investigated by Haron & Jensen (2008). BIAS II reported 82 % Christian, 12 % No Religion, 4% Bodimo, with all other categories – Islam, Hinduism, and others – constituting less than 1 %. See the Blue Pie Chart in Figure 1 below:

**Figure 1: Distribution of Botswana’s Major and Minor Religious Traditions**



In Botswana there are three types of church families: Mainline churches, African Independent churches (henceforth AICs), and Evangelical or Pentecostal or Charismatic churches (Amanze 1998:34-62). Though it is notoriously difficult to estimate the prominence of these sub-categories of Christianity in Botswana, which overlap and interpenetrate, Amanze estimated – on the basis of information gathered in 1994 – 30% to be Mission Churches, 65% AICs, and approximately 5% Pentecostal (1998: ix)

Mainline churches are generally described as missionary-founded churches that share or at one point shared resources, doctrine, and polity

with prominent international denominations (Anglican, Catholic, Lutheran, Baptist, London Missionary Society, Methodists, Seventh Day Adventists, Mormons, Dutch Reformed, etcetera). African Independent churches are indigenously founded churches that were started by Africans who broke away from missionary-oriented or European-founded churches, seeking to practice Christianity that embraces African worldviews.

This background sketch of the religious traditions in Botswana provides a general overview and a cursory understanding of the numerical strength of the religious traditions in general and Christian denominations in particular. The available data indirectly share information about the range of FBOs that have emerged and currently operate in Botswana. The data also alludes to the health assets that the various religious traditions possess; assets that have been used by FBOs to mainly serve the interest of the Botswana society and specifically the respective religious communities. At this juncture the attention shifts to the main section of this text which zooms in on the secondary literature that deals with the relevant published and unpublished material on HIV/AIDS prevention.

### **3. Primary Categories of SLR on HIV Prevention**

In general, our research is focused on the interweaving of Religion and Culture with public health – especially HIV prevention – in Botswana. While the focus of our SLR is on materials specific to Botswana, either thematically specific or materials written by Batswana and non-Batswana scholars, the research team is also interested in regional and international literature relevant to religion as it relates specifically to HIV prevention. Within these geographical parameters, the research team has found it useful to sub-divide the literature into materials related to (a) public health, especially HIV prevention, (b) religion and cultural perspectives, and (c) FBO-initiated or multi-sectoral HIV interventions. Although the focus of this SLR is on materials directly relevant to FBOs and HIV prevention in Botswana (see 3.1.1. – 3.1.3), it will draw also on a smaller but key set of regional (3.2) and international (3.3) literature that is directly relevant to the Assessment project. Certainly, these categories and their sub-categories such as the religio-cultural perspective within the secondary literature overlap at certain points and the same may be said with respect to the local, regional and international literatures dealing with HIV prevention in general as well as FBO-initiated and multi-sectoral HIV prevention interventions in particular. We begin this SLR by reviewing the literature focusing on the Public Health sector.

### 3.1.1. Public Health and HIV Prevention Interventions

For many years the Public Health sector has been directly involved in trying to arrest the spread of HIV/AIDS in Botswana. Stakeholders such as the Ministry of Health, which implemented the National AIDS Control Program, via its HIV/AIDS Unit held workshops and seminars and participated in conferences to seriously address the question of HIV prevention as well as a host of other related issues. Although these stakeholders have tried various methods and strategies, it seems that they have had marginal success in certain sectors. Nonetheless, researchers in and outside Botswana have attempted to address the issue of HIV prevention either as part of larger projects or as a focused area; this they did by writing and preparing position papers, assessment reports, policy documents and well-grounded research articles in order to study the methods and efforts that had gone into the direction of preventing the spread of HIV/AIDS. When taking into account the summarized lists that follow, the contents of some important documents such as *Vision 2016*, BNSF and BIAS II should be kept in mind for these laid down important guidelines regarding the prevention process.

At the outset, we wish to state that the University of Botswana's Department of Nursing Education played a crucial role from the early 1990s to encourage research projects that concentrated on HIV/AIDS. One of the recurrent themes that were covered by students in this department was that of 'knowledge' and 'attitudes' towards HIV/AIDS. We therefore begin by making reference to Kebinitswe's *Factors influencing Botswana men regarding use of Condoms as a preventative measure against AIDS*.<sup>\*</sup> This unpublished B.Ed project, which was completed in the Department of Nursing Education at the UB in 1990, discusses the factors that forced men to accept the condom as a preventative measure. During the same year another student, namely Florence Luhanga, completed her unpublished project titled *Knowledge, Attitudes and Practices of the UB Students with regard to AIDS, AIDS Prevention and Carriers*<sup>\*</sup> in the same department. The study revealed that students were generally aware of HIV/AIDS. It however argued that there was a need for more health education on the issue as a way of preventing the epidemic from spreading. In 1991 UB's Department of Demography supervised Manzini Gaone Seaseole's *Influence of Age on Attitudes towards AIDS*,<sup>\*</sup> an unpublished research project which recorded that the 'fear' of contracting HIV/AIDS was a common factor across all ages though it was more prevalent among specific age groups. It further revealed that the majority were still participating in risky practices and thus going against the prevention mechanisms.

During 1992 Margaret **Lentlogile Molefi**'s unpublished project that assessed the *Knowledge of AIDS and Interpretation of Preventative messages against AIDS by Women in Mookane*\* was completed in UB's Department of Nursing Education. In this study, which was both qualitative and descriptive, she focused on a group of women in Mookane Village to determine their general knowledge of AIDS preventive measures as well as the manner in which these measures were interpreted. She made use of a structured questionnaire and a convenient sampling technique to solicit the views of 20 women aged between 13-42 years. Her study revealed that the respondents were knowledgeable about AIDS and its preventive measures. She concluded with an outline of the implications of the knowledge for health care workers, and listed a few recommendations for further research. Another similar project with a slightly different focus was undertaken by a group of students led by Baratedi Mooketsi; the latter was joined by Molly Makhoha, Esther Nako and Stella Nkgau and they titled their project *Knowledge, Attitudes and Practices of Children concerning HIV/AIDS in Botswana (Francistown, Gaborone, Molepolole) and Lesotho (Maseru City)*\*. The report noted the implications of the study for the nursing profession that lacks a decisive role in HIV/AIDS prevention among children. During the same year, the Ministry of Education produced a brief text on the *Medical facts on HIV/AIDS Transmission, Development of Disease and Prevention*. The text aimed to assist the science teachers and health workers to teach the medical aspects of HIV/AIDS. It discussed among others the prevention aspects.

The above efforts were further supported in June 1992 when an important international workshop was held in Gaborone. It was organized in order to assess the role of counselling as a strategy in AIDS prevention and care. The discussions of this significant workshop were captured in Athaliah L. Molokomme's report titled *Counselling as a strategy in HIV/AIDS Prevention and Care*\*. This report was completed towards the latter part of 1992. More-or-less at the same time the Ministry of Health, which was extremely active since the beginning of the 1990s, produced *AIDS Prevention: Training Manual for Women Peer Support Groups* under the auspices of the 'Women and AIDS Prevention Program' with the purpose of, inter alia, providing the basic facts about HIV/AIDS transmission, preventing it from spreading through safer sex, and identifying the barriers to safer sex for women and how to overcome them. By December 1992 Karl-Olaf Wathne issued his *District Aids Assessment*\* that formed part of the Ministry of Health's National AIDS Control Program. This assessment report recorded the status of HIV/AIDS in 12 districts between June and July 1992 and it recommended, among others, the



adoption of multifaceted prevention strategies to combat the pandemic. This researcher also wrote *Men and Sex: A Report*,\* a report which was published by the Ministry of Health in 1993. In this report, Karl-Olaf Wathne indicated that misunderstandings and misconceptions of condom use among the men who had been interviewed in educational institutions, the armed forces and households were widespread. In 1993 Josephine M. Nkosana focused on *An Investigation into Knowledge and Practice of Traditional Birth attendants (TBAs) in Southern Botswana regarding Transmission and Prevention of HIV/AIDS*\* as a research project submitted to the Department of Nursing Education. She argued that TBAs had little knowledge regarding transmission and prevention.

As already mentioned, the Ministry of Health has been pro-active in addressing the HIV/AIDS pandemic through various units. The Occupational Health Unit in the Ministry issued *HIV/Aids Prevention in the Workplace: The Coordinator's Guide*\* during 1993. It provided a comprehensive approach to HIV/AIDS prevention programs in the workplace. It assisted the coordinators to plan and implement HIV/AIDS prevention programs for companies and institutions. At the same time, it also published *HIV/AIDS Prevention in the Workplace: Peer Educator's Manual*\*; a manual which provided relevant information regarding what people need and should learn about the epidemic. The manual assisted workers to develop the knowledge and necessary skills to protect them from the spread of HIV/AIDS. The Ministry of Health's AIDS/STD Unit circulated a booklet titled *AIDS/STDs UNIT Clinical management of HIV infection in children: Botswana guidelines for district and referral hospitals*\*. The booklet contained guidelines for the clinical management of HIV infection in children and was based upon those provided by the World Health Organization (hereafter WHO) and adapted for conditions in Botswana. The guidelines were provided to: (a) assist health care personnel in the diagnosis and clinical management of HIV-infected people; (b) reduce the economic burden of HIV infection by preventing excessive use of diagnostic tests and inappropriate treatment; (c) assist in assessing resource requirements for the HIV epidemic, and to (d) aid health professionals in the teaching and learning process. The guidelines were mainly concerned with symptoms that could easily be identified and they were intended for use by staff in District Hospitals and Referral Hospitals.

Complementing the work of the Ministry SIAPAC, a Botswana NGO, issued *Monitoring Trends in Youth Sexual Behaviours*\* by July 1993. This final report made reference to the sero-surveys that had been undertaken in urban and rural centres by the Botswana National AIDS Control Program in

the Ministry of Health. It reported on, among others, the knowledge of AIDS and the adoption of preventative practices. During the same year, Sam Mputhi was assigned to produce *Counselling for Prevention and Care: A manual for HIV/AIDS Counsellors\** under the National AIDS Control Program. The booklet was a product of a series of workshops for health workers. It, among others, defined counselling, discussed its various forms and addressed the issues of prevention. In 1994 Marianyana M. Selelo completed her unpublished work entitled *Knowledge, Attitude and Practices of Botswana Soldiers towards Condom Use with regards to AIDS\** in UB's Department of Nursing Education. The report described an investigation conducted among 100 Botswana Defence Force soldiers in Mogoditshane. It demonstrated that the older soldiers had a more positive attitude towards condom use compared to the younger ones. The report urged for more education among BDF members by the different ministries.

The Ministry of Health, as already noted, has been deeply involved in various types of activities and projects. During 1995, it produced the *Proceedings of MTP II Broad Programming Workshop for Youth and AIDS in Botswana\** that was held between 27 February and 1 March of that year. The proceedings highlighted the problems faced by youth in dealing with sex and it recommended intervention activities such as a package for prevention of HIV infection for the youth in and out of school. This was followed within days by another report that focused on the *Proceedings of MTP II Broad Programming Workshop for AIDS in the Workplace in Botswana\** that took place between the 13<sup>th</sup> and the 15<sup>th</sup> of March. The proceedings listed a number of recommendations. Among the list were the promotion and the acceptance of condoms to prevent HIV infection. Almost a year after these workshops, the Ministry produced *Broad Programming Workshop for Men and HIV in Botswana.\** The report proposed an action plan on HIV/AIDS prevention among men. During the same year, Kathleen F. Norr, Sheila Tlou, Beverly J. McElmurry jointly published their 'AIDS Awareness and Knowledge among Botswana Women: Implications for Prevention Programmes'\* in the *Health Care for Women International* journal. The study was based on interviews of 56 urban based women regarding their knowledge of AIDS. It concluded that there was a general awareness and that condoms were an effective means of prevention.

During the time when the abovementioned workshops took place, Edwin M. Itshekeng, a Motswana, pursued his research at the University of Oslo and completed his thesis in 1997 on *The role of family background on HIV/AIDS Awareness and Condom Use among Secondary School*

***Students in Selibe-Phikwe.***\* This unpublished M.Phil Degree thesis, which was presented in the Faculty of Medicine; Department of General Practices and Community Medicine, investigated the relationship between family background and adolescent sexuality among secondary school students. It concluded that communication between parents and children about sexual and reproductive health issues such as condom use would contribute towards the prevention process. The following year the Ministry of Health came out with its ***Seventh Sentinel Surveillance in Botswana.***\* The report discussed the surveillance of HIV/AIDS in Botswana that aimed at providing data in order to mobilise support for appropriate planning of prevention and measures of control.

Choga Kenosi Bagwasi pursued her studies in UB's Department of Nursing Education and raised the question: ***What are the factors that influence Botswana women to use condoms to prevent AIDS?***\* Her study, which based itself on the health model, found that the majority of women used condoms to protect themselves from sexually transmitted diseases, AIDS and pregnancy. It stated that women were apprehensive of AIDS, and that their attitudes towards condoms have not been influenced by traditional values. It pointed out that one of the main problems that women respondents faced was the lack of control they had over the sexual decision-making process. The study recommended that an education AIDS awareness program be introduced. Some time after this project was undertaken another was produced in the Department of Community Health Nursing at UB; this was completed in 2000 by Abdou Jammeh. This researcher's study focused on the ***Attitude of men and women aged 15-45 years to condom use as a means of preventing HIV/AIDS in Thamaga Village, Phuting Catchments Area.*** It was carried out to investigate the attitude of men and women aged 15-45 years towards condom use as a means of preventing HIV/AIDS in Molopolole. It indicated that most people in the community were knowledgeable about condom usage, especially the youth and the middle aged group and that the awareness rate was quite high.

Whilst these projects concentrated on specific villages and areas, other projects shifted their attention to educational institutions. **Michael Adeyemi and Richard Tabulawa finalized and published their study in 1993 under the title *AIDS and related issues: the views of junior secondary teachers in Botswana.***\* The published study examined the views of junior secondary school social studies teachers in Botswana concerning AIDS and AIDS related issues. It took a random sample of 100 schools from among a list of 157 junior schools that were located across the country. The study's results showed

that 96% of the teachers would want AIDS related topics taught in the junior schools to make students aware of the disease. It further revealed that on human rights grounds, no teacher accepted the isolation of an AIDS infected student in schools and that teachers preferred the use of condoms as a preventive measure. The study recommended that developers of the school curriculum to design a curriculum either as a separate subject or fused within existing ones to educate on AIDS. Almost a decade later Bagele **Chilisa completed a study in 2001 on *The impact of HIV/AIDS on the University of Botswana: developing a comprehensive strategic response.***\* The research project presented the findings of an impact assessment of HIV/AIDS on stakeholders at UB and outlined a comprehensive prevention and support strategy. It set out measures that were to be considered in order to prevent the spread of HIV/AIDS among staff and students; for example, it raised questions such as what has been done to maintain staff productivity and what should be done to minimize the impact of the epidemic during the next 10-15 years? The research project adopted multiple techniques of gathering data and they included focus group interviews, key informants interviews and document analysis. One of the chapters in this project discussed the prevention of HIV infection among students and its impact.

During the same year Sheila D. **Tlou issued her findings titled *Health care, gender and HIV/AIDS: focus on prevention, treatment and care.***\* The purpose of her project was to determine the prevention, treatment and care of people with **HIV/AIDS**. It identified many obstacles against achieving optimal well being for men and women regarding **HIV/AIDS** prevention, treatment and care. These obstacles included limited access to sexual health information, cultural prohibitions on discussing sexuality especially for the girl child and attitudes towards sexuality in Tswana **culture**. The study pointed out the different perceptions men and women expressed as regard childbirth and it also highlighted other related issues such as dry-sexual practices that put women at risk. It further mentioned the need to strengthen the NGO activities to assist in the process of prevention. The study argued that people living with the virus should be involved in programs on prevention, treatment and control and that there should be gender equality in all aspects of life in Botswana. Also in 2001 a team of researchers under the leadership of I. U. Onyewadume – the others were L.O. Amusa, and H. Dhaliwal – published their article ‘**HIV/AIDS Prevention Paradigms: Are Individuals with Disabilities Neglected?**’ in *Pula: Botswana Journal of African Studies.*\* The article explored the possibilities of protecting the disabled communities from contracting HIV/AIDS. It pointed out the different

limitations faced by these communities and forwarded recommendations as a strategy of prevention. In the same year Charles **Manga Fombad** published his article '**The crisis of confidentiality in the control of the HIV/AIDS pandemic in Botswana**'\* that appeared in *International Social Science Journal*. This publication presented the Botswana government's response to the local situation via offering an overview of the AIDS situation in Botswana and discussed the concept of confidentiality and going public. It presented statistics on the infection rates and indicated that the highest rates were found in this country. It showed that Botswana led the way in the fight against HIV/AIDS on the continent. The publication discussed the precautions the government of Botswana had taken in the fight against AIDS. These included, for example, measures to prevent its spread by (a) conducting compulsory AIDS tests for those seeking government scholarships; (b) revealing the cause of death at funerals; and (c) introducing a new law to compel HIV patients to disclose their status to their sexual partners.

By 2002 a few other related projects were finalized. The first was undertaken by Elonah Samooka who posed the question: *What is the Knowledge, Attitudes and Practices of Male Teenagers aged 13-19 years in Preventing HIV/AIDS Infection?*\* This unpublished BA thesis supervised in the Institute of Health Sciences at UB investigated the knowledge, attitude and practices of the adolescent community and noted that all of them were quite aware of the epidemic. It argued that teachers and parents play a major role as educators regarding HIV/AIDS prevention. The second was completed by Oteng Tshimologo who also looked at the theme of *Knowledge and Attitudes of the Gaborone Institute of Health Sciences about the Transmission and Prevention of HIV/Aids*\*; a theme that began in the Department of Nursing Education at the beginning of the 1990s. The study determined 35 students' conduct concerning HIV/AIDS' spread and the knowledge and views regarding intervention. The third study, which focused on the same theme, but concentrated on *Knowledge and Attitude of Pregnant Women aged 15-44 towards the Prevention of Mother-To-Child Transmission of HIV/Aids in Taung Village*\* was handed in by Kgamanyane Leagajang. This study revealed that most of the 20 women, who had participated in the survey, had a good knowledge about HIV/AIDS. They did not know, however, how the mother transmitted it to the child. As a consequence, it clearly indicated that the PMCT program had not been given great coverage mainly because many of the women had not enrolled in the program. The study thus strongly recommended that the government and the Ministry of **Health** step in to educate the **public** on the ways of **HIV** transmission as a form of prevention.



### 3.1.2. Religio-Cultural Perspectives and HIV/AIDS

In the previous section we attempted to cover a sizeable amount of material that fell within the ambit of the Public Health sector and cautioned in the opening paragraphs of this SLR that there will invariably be overlaps between the various categories. This will, of course, be noted when scanning the entries in the different sections. However, before focusing on the research material that look at the religio-cultural perspectives on HIV/AIDS in Botswana, there is a need to slightly digress and place these research outputs in a socio-religious context and at the same time take into account other related literature that covered socio-religious activities in Botswana.

James Amanze, a staff member in UB's Department of Theology and Religious Studies, has published extensively on religion and culture in Botswana. Amanze's books include a *Bibliography of Religion in Botswana (1990)*, *The Origin and Development of the Ecumenical Movement in Botswana (1994)*, *the Botswana Handbook of Churches (1994)*, *Islam in Botswana (1999)*, and *African Traditional Religions and Culture in Botswana (2002)*. Amanze's 2002 textbook took its inspiration from the late Sir Seretse Khama claim that "we were taught, sometimes in a very positive way, to despise ourselves and our ways of life. We were made to believe that we had no past to speak of, no history to boast of. The past so far as we were concerned, was just a blank and nothing more. . . It should be now our intention to try and retrieve what we can of our past. We should write our history books, to prove that we did have a past; and that it was a past, that was just as worth writing and learning about as any other" (Amanze 2002: vii). Amanze described the concept of God in Tswana traditional religion, the ancestors, rites of passage, marriage and death rituals, witchcraft beliefs, and the case of totemism. Amanze's textbook is an invaluable contribution to the task of retrieving what may be considered to be integral aspects of Tswana culture.

When the missionaries first came to what was then known as Bechuanaland in the mid-nineteenth century, they were initially conceived of as *Dingaka*, or ritual specialists or spiritual healers with the capacity to influence the *badimo* realm. In their socio-political function, the early missionaries were often torn between their support for the existing political regime and whether to teach an alternative set of values or proscribed behaviors. Despite these decision-making dilemmas, these missionaries did not hesitate in making their inputs towards the socio-welfare and health sectors and they have consequently been recognized for their health interventions during the early

years. These views concur with what Comaroff & Comaroff (1991) stated, in *Revelation and Revolution: Christianity, Colonialism and Consciousness in South Africa*, about faith communities. In their significant study, they stated that faith communities “have been central to providing health services through building hospitals” and also through “the values of their teaching” (1991:198). With the onset of secularism as a process concomitant with scientific inquiry throughout the 19<sup>th</sup> century, the religious interventions made particularly by Christians and Muslims across the African continent slowly grounded to a halt. At one stage in the mid 20<sup>th</sup> century it was estimated that religious communities – particularly Christians and Muslims – offered up to 60% of all health facilities. Sadly, this is certainly no longer the case in many African states including Botswana; here there are very few hospitals such as the one in Ramotswa and clinics that are still affiliated to particular religious organizations. Even though religious organizations have been muscled out of the public arena because of the government’s secular approach and policies, many of them have since inched their way back to reclaim the space that their forebears once occupied in order to effectively contribute towards the socio-welfare and health sectors. Botswana FBOs, even those belonging to the minority religious traditions, have become visible in the public sector with the intention of playing a meaningful role as part of Botswana’s civil society. One example will suffice. In 2005, al-Muslimah, a Gaborone based Muslim organization, built an orphanage in Mogoditsane for children who lost their parents because of the HIV/AIDS epidemic. This orphanage was officially opened by President Festus Mogae who acknowledged the role that FBOs have played over the years in Botswana’s socio-welfare sector. FBOs such as this as well as a plethora of Christian organizations - whether they are affiliated to the mainline or independent churches - have undoubtedly been making some qualitative interventions in various sectors. At this juncture, let us briefly reflect upon the position of Botswana’s independent churches that are represented by what Amanze (1998) has termed *African Christianity in Botswana*. In this work, Amanze documented and analyzed the concept of African Christianity, in the form of African Independent Churches in Botswana.

Amanze demonstrated the appeal of AICs to Botswana who have joined these churches in great numbers as places to feel at home. This form of Christianity accommodates most of the traditional religious values of Botswana, such as the belief in the ancestors, Tswana forms of worship in the form of dance, spirit possession, as well as in their healing activities, take cognizance of Tswana traditional medicine and divination. AICs have, as Amanze (1998:216) wrote, “enhanced the relevance of Christianity to many Botswana Christians

who no longer consider it as a white man's religion imposed upon them from Rome, Canterbury, New York, or anywhere else outside of Africa." In his second chapter, Amanze showed that one of the unfortunate aspects of early missionaries was their negative attitude toward Tswana culture: "the missionary approach condemned practically every aspect of Tswana culture as evil and incompatible with the gospel of Christ" (1998:52). The main objective of AICs was to contextualize Christianity in terms of leadership, faith, and practice.

When turning to the works of Obed Kealotswe, a colleague of Amanze in UB's Department of Theology and Religious Studies, we observe that he made a few telling remarks in his chapter titled "**The Rise of the African Independent Churches and their present life in Botswana**" that appeared in *Studies in World Christianity* (1999: 205-222). In it, Kealotswe provided a historical overview of Ethiopianism, Zionism, and Apostolic churches since 1903 in Botswana. In their present form, the boundaries separating traditional Tswana religion and culture as embodied in Dingaka practices and African Independent Churches are sufficiently porous to allow AICs leaders who are Bishops and Prophets on Sunday to offer – sometimes within the same house – traditional healing rituals with traditional medicine or traditional rituals but with a placebo in place of indigenous medicines or Christian healing during the rest of the week. In response to the effort to Christianize Africa, which tended to suppress the religious beliefs and traditional customs of the Batswana, Kealotswe claimed that AICs have Africanized Christianity. The common characteristic of AICs is that they arose as a protest movement in opposition to Western forms and expressions of Christianity. Their major concern, according to Kealotswe, was to develop an indigenous expression of Christianity. In a complimentary work, which Kealotswe penned with A.B.T. Byaruhanga – Akiiki, titled **African Theology of Healing (1995)**, the authors shared some other aspects of AICs. The book dealt with an interesting study of African theologies of healing and it attempted to place the practices of AICs within the context of the Bible, on the one hand, showing where AICs draw on but differ with healing as presented in the Old and New Testament, and traditional forms of healing on the other. The publication was also an attempt to show how traditional forms of healing complemented bio-medical practices. Beyond the scope of healing theologies in AICs, Byaruhanga-Akiiki and Kealotswe provided a fairly detailed description of alternative healing practices – from music and logo-therapy to reflexology – in Botswana. There are no less than eleven appendices, which provide rich descriptions of common ailments and traditional cures.

Nevertheless, AICs are characterized by healing practices that use African ways of healing. Evangelical/Pentecostal churches are late comers in Botswana, with about forty-two years (Nkomazana 2000). Charismatic churches underlined the importance of being born again, being filled with the Holy Spirit, living a holy life and being materially prosperous. These faith communities tend to underline healing through 'laying on of hands', faith and prayer (Gyadu 2005:164-200). Obviously these churches have different teachings and approaches to HIV/AIDS prevention, but they generally agree on premarital abstinence among young people (BCC 2003:7). For example, a survey carried out in 2003 indicated that 73.6% of Pentecostal/Evangelical churches insist on abstinence only; while in mainline churches it is 50% and only 28.5% among the AICs. There is, therefore, on average, a 50% insistence on premarital abstinence among churches. Clearly, churches embrace other methods of HIV/AIDS prevention. The BCC study highlighted that 21.4% of AICs, 21% and 8.3% of mainline churches embrace both premarital abstinence and condom use. Although faith communities may embrace other methods of prevention among youth, they regard premarital abstinence as their core teaching.

Between 1999 and 2000, the United Nations Development Program (hereafter UNDP) commissioned country wide situation and response analysis on HIV/AIDS by focusing on main towns, villages and districts of Botswana. The analysis included investigating institutional support. From the Francistown study, "what surfaced during interviews was that Ministers believe in abstinence and they condemn the condom" (Seloilwe & Ntseane 2000: 65). In Lobatse town, the churches set up the Lobatse Christian AIDS Committee, which sought "to prevent HIV transmission through positive behavior change by the promotion of Christian responsible sexual behavior" (Hope & Gaborone 1999:45). In Ngamiland District, the Lutheran Church Initiated Projects did not only focus on home-based care and income generating project, but also "on issues relating to behavior change" (Molebatsi & Mogobe 1999:55). From Kweneng District, the report noted that "persistent and constant references to the undesirability of premarital sex from both the religious sectors and Tswana customs endorse the perception that sex should be between married couples and therefore for purpose of procreation. This is one area that surrounds anti-condom campaign by some churches" (Molebatsi & Mguni 1999: 20). The Kweneng District report also found that "a common view among the groups was that despite the abolition of cultural practices like *Bojale* and *Bogwera* (initiation ceremonies for girls and boys respectively) no adequate substitute practices were put in place. It was during such ceremonies

that the subject of sexuality was introduced and the dangers of premarital sex revealed to young generation” (ibid 18). In most cases, *bogwera* rite included the practice of circumcision. In his book, *A Handbook on Tswana Law and Custom*, Isaac Schapera (1984: 105). stated that “*Bogwera*... marked the transition from boyhood to manhood with all privileges and responsibilities” (Part of this transition involved teaching boys about “the important topic of sex, the duty of procreation and other rules of conduct in married life and the dangers of promiscuous intercourse” (ibid 106). Similarly, for the *Bojale* ceremony, teenage girls who had reached puberty “were instructed by the women in matters concerning womanhood, domestic and agricultural activities, sex and behavior towards men” (ibid 116). *Bogwera* and *Bojale*, were thus the institutionalized spaces where Batswana youth were instructed on adulthood responsibilities and sexual conduct. However, Schapera, noted that the ceremony for boys and girls “has long been abandoned by most tribes. The missionaries regarded it as most immoral and did all they could to stamp it out,” holding “that it interfered with the advancement of European religion and education” (ibid 105). Since *Bogwera* and *Bojale* were the social spaces of teaching youth about responsible adulthood and sexual morality, their historical annulment, apparently by the church, has left a gap. Ironically, the church is now seen as the potential space for inculcating these social morals. As Kweneng East District situation analysis noted, “religious communities play an important role” since “churches remain the only places where substantial numbers of people congregate regularly” (Molebatsi & Mguni 1999: 19).

A recent PSI study strongly recommended “a campaign whose aim is to promote abstinence” (PSI, 2005: 39) while the NACA study also called for a strategy that will “mobilize cultural and religious institutions to create structures for reinforcing delayed sexual debut and youth development” (2006:23). This is primarily because risky sexual practices are undoubtedly among the major leading causes of the spread of HIV, especially among adolescents (UNDP Botswana 2000: 3; NACA 2006: 8), making prevention through reducing risky sexual behavior crucial. Vision 2016, *The Long term Vision for Botswana* thus espoused the view that, “there is a major challenge to halt or reverse the rising incidence of the HIV virus, particularly amongst young people” (1997:25). Accordingly the Current *BNSF* underlined the point that youth and children are “the first priority group needing most protection and guidance if the nation is to achieve the vision of no new infection by 2016” (2003:17). Although the premarital abstinence strategy provided the most sure and immediate solution to the question of how to reduce the risk of sexually-transmitted HIV, the HIV epidemic is linked to other social epidemics (UNDP



Botswana 2000: 4-5) that often render ineffective the A-B-and-C of the public health prevention message; this includes the social epidemics of poverty, gender inequality, sexual violence, peer pressure, class, age and ethnic based discrimination (NACA 2006: 7-9).

Peggy Gabo Ntseane's **"Cultural Dimensions of Sexuality: Empowerment Challenge for HIV/AIDS Prevention in Botswana"** (2004) conference paper, based on research into traditional if not indigenous sexual behaviors in Botswana, suggested that the basic public health HIV prevention behavioral change message, especially abstinence and fidelity, is unrealistic given the cultural obstacles inherent in Tswana culture. Ntseane argued that sex has to be analyzed and understood from a sociological perspective because sex in itself has a social function. A phenomenological study that was carried out among five ethnic groups of Botswana revealed the importance of taking into account cultural sexual realities when prevention strategies for HIV/AIDS are considered and implemented. Furthermore, the study threw light on the ineffectiveness of the current national HIV/AIDS prevention strategy of 'Abstain, Be faithful, and use a Condom' (hereafter ABC), a strategy borrowed from the Christian cultural morality of sex. Therefore, this paper advocated for empowerment processes that take into consideration local ways of knowing and delivery modes such as participatory approaches. An effective and sustainable alternative to the current national 'ABC' strategy is to engage people meaningfully in analyzing their current cultural situation and coming up with working strategies that can make a difference in a country seriously affected by the HIV/AIDS pandemic. Others disagreed, suggesting that both religious and cultural teachings emphasize not only abstinence until marriage but also, though with certain gender biases, faithfulness (Gaie and Mmolai: 2003).

Bagele Chilisa (UB) provided an important critique of HIV/AIDS research in Botswana in **"Educational research within postcolonial Africa"**\* (2005). Chilisa suggested that "Botswana's greatest challenge today is thus to carry out research on HIV/AIDS to produce knowledge to inform policy and decision-making and to guide formal and non-formal educational interventions. The question is: How has this knowledge to date been produced and what is its impact on practice? What are the consequences of using imported frameworks of knowledge in the struggle against HIV/AIDS?" (ibid., 667). Even surveillance mechanisms betray "a naming game where those with the highest HIV/AIDS prevalence rates in the world, like Botswana, increasingly come under pressure to embrace Western-prescribed norms, buy the circulating knowledge and technology on HIV/AIDS, and sacrifice the vulnerable sick

to research experiments and drug trials. The research on HIV/AIDS simply works within the colonially established framework of homogeneity in the search for answers and solutions to the HIV/AIDS pandemic” (ibid 668).

Cultural anthropologists have focused on the intersection of Christianity and Traditional Tswana culture in Botswana. Chief among them are Schapera’s earlier mentioned work (1984) as well as *the works of* Comaroff and Comaroff, especially *Body of Power, Spirit of Resistance* (1985) and *Of Revelation and Revolution: Christianity Colonialism and Consciousness in South Africa* (1991). In the Comaroffs’ 1985 study of power and resistance, Jean Comaroff analyzed the changing predicament of the Barolong boo Ratshidi, a people on the margins of the South African state. Like others on the fringes of the modern world system, the Tshidis struggle to construct a viable order of signs and practices through which they act upon the forces that engulf them. Their dissenting Churches of Zion have provided an effective medium for reconstructing a sense of history and identity, one that protests the terms of colonial and post-colonial society and culture. *The Realm of the Word: Language, Gender, and Christianity in a Southern African Kingdom* by Paul Landau (1995) is a study of mission Christianity in colonial southern Africa treating religion and society as a coherent whole. While previous works have concentrated on the interactions of European missionaries and Africans, Landau shifted the focus to African evangelists, schoolchildren, cattle barons, healers, miscreants, political rebels, and, most of all, Christian women. Drawing as much as possible on the words of Tswana contemporaries, his sources included oral traditions and reminiscences, court reports, and royal and ecclesiastic correspondence in Setswana, as well as government and missionary archives. The ideologies and practices of Christianity emerge as inseparable from a kingdom’s construction of power in central Botswana—a realm of the Word, premised not on Western hegemony, but instead on Tswana self-rule. Anthropology, argued Heald (2003:5), “stands outside the coalition of interests represented by those involved in HIV prevention and treatment, the local knowledge of its practitioners and their potential insights have been neglected.”

At the beginning of the 1990s Benedicte Ingstad from the University of Uppsala in Sweden discussed *The cultural construction of AIDS and its consequences for prevention in Botswana*.\* The project described how traditional Tswana healers perceive AIDS and classify it as either a ‘Tswana disease’ or a ‘modern disease.’ It also discussed the consequences that these categorizations may have for preventing the spread of HIV, as well as the possible role that healers can play in this important effort. The study was

carried out in the Kweneng District. The project's results revealed that traditional doctors should be seen as an important resource in preventing AIDS and that the traditional healers be made to feel that they have a role to play in the prevention of the disease considering the seriousness of the AIDS epidemic. This project was followed by two others that appeared in 1994. The first was produced by Alman A Leshona in UB's Department of Sociology and was titled *Attitudes of Religious leaders towards Government anti-Aids strategies: sociological perspective*. The study reflected the different attitudes of religious leaders in Botswana on perceived measures/strategies by the government in the battle against HIV/AIDS. It noted that the AIDS epidemic has negative socio-economic consequences for the Batswana and argued that religious leaders were the most appropriate group to disseminate the information about HIV/AIDS. This was based on the fact that scripture teaching had had a tremendous impact on public behavior. The second project was finalized by B. Mahatelo in UB's Department of Nursing Education. It was titled: *What is the knowledge and attitudes of religious leaders towards AIDS and AIDS patients in Botswana?\** The study found that most religious leaders' attitudes towards AIDS patients were positive. The religious leaders were aware of the AIDS disease and how it was transmitted through sexual intercourse. They, according to the study, were involved in the prevention of the spread of AIDS mainly through preaching against adultery, upholding moral standards and health education. By 1997 the outcome of a joint project by Benedicte Ingstad, Frank J. Bruun and Sheila Tlou appeared under the title *AIDS and the elderly Tswana : the concept of pollution and consequences for AIDS prevention.\** The study focused on elderly people in Southern Botswana in a Tswana village with the aim of finding out the role of elderly men in relation to the HIV/AIDS epidemic. The study's results revealed that some elderly men were not as sexually passive as the researchers had initially thought. It observed that in campaigns against HIV/AIDS the elderly may be useful as resource persons in mobilizing the traditional values of the community and influencing the younger generation to avoid high risk behaviour.

By the year 2000, Esther Seloiwe, now the HIV and AIDS Coordinator at UB, completed her study on *HIV and AIDS among youth in Botswana: an emerging issue in social studies\**. It assessed the impact of HIV/AIDS on the youth and the various preventive and control measures in Botswana. Its findings showed that in the 1998 Sentinel Surveillance 27% of the youth were infected. It argued that several cultural practices contributed to the spread of AIDS; for example, some men have several partners while sexual assertiveness in women have often been stigmatized or scorned. It

added that socio-economic factors like poverty, unemployment and economic dependence have also led to the spread of HIV. The study listed a number of other factors and concluded that AIDS has no cure hence prevention is better than treatment. In the same year, Selinah Mosiane presented her illustrated work to the Institute of Health Sciences titled *Knowledge, attitudes and practices of traditional healers in the prevention of HIV/AIDS in Gabane*.<sup>\*</sup> The project investigated the knowledge, attitudes and practices of traditional healers regarding the prevention of HIV/AIDS in Gabane village and assessed the impact of health education among them. It noted that the healing methods employed by traditional doctors included cutting the patient and sucking blood from the cuts. These methods, according to the study, could lead to an increase in the incidence of the disease in the village. It thus recommended that (a) nurses and family welfare educators should provide information to both traditional healers and the community in general in order to prevent the spread of the disease, (b) seminars/workshops for traditional healers be held, (c) they be encouraged to join the government, and (d) be recognized by the Dingaka Tsa Setso Association. In 2002 Moji Afrika Ruele, a member of staff in the Department of Theology and Religious Studies at UB, explored in his paper *Constructing a critical popular theology in Botswana: the church, women and HIV/AIDS in Botswana*<sup>\*</sup> the role of the church, women and HIV/AIDS in Botswana. Ruele's research found out that most people believed the church can provide hope and grace, and that it had a role to play in curbing this scourge. He, however, argued that there was also need for unity to curb the disease and that education on HIV/AIDS must be intensified via the church. The study advocated the view that the infected and the affected should be supported by the church through the provision of health facilities, food, shelter, et cetera.

The need for further investigation is tangibly demonstrated by the selected literature listed in this section on the religio-cultural perspective and HIV/AIDS prevention interventions. At this point, we shift our focus to the literature that concentrated on the FBO-initiated and multi-sectoral interventions.

### **3.1.3. FBO-initiated and multi-sectoral Interventions**

#### **A National FBO**

In this section, we begin by making reference to an NGO that has played and continues to play a significant role in battling the HIV/AIDS epidemic. It has and remains one of the significant NGOs that made its mark on different parts of Botswana over the years. We refer here to BOCAIP, which is a Christian

movement against AIDS in Botswana that operates in the form of a network. It is composed of local Christian AIDS initiatives from across the country and other Christian organizations and institutions. It also draws Christian individual membership from varied sectors ranging from the university to the private sector and government (see [www.bocaip.org/about](http://www.bocaip.org/about)). Founded in 1996 and officially registered in 1999, BOCAIP is a nongovernmental organization registered under the Societies Act in Botswana. The national coordination office works with nine counseling centres around the country, in Maun (with a branch in Sehitwa), Molepolole, Ramotswa, Lobatse, and Kanye (with a branch in Good Hope), Gaborone, Francistown, Masunga and Selebi Phikwe. (For centre locations, see <http://bocaip.org/contact.htm>).

BOCAIP continues to mobilize the rest of the country for the development of sustainable community owned initiatives in other areas of Botswana. From its National Headquarters, BOCAIP is involved in: the training of counselors in HIV/AIDS issues from a Christian perspective, using the basic HIV/AIDS curriculum training manual of the Ministry of Health, as well as the promotion of nutrition and health in all spheres. At the Centre Level, counseling and home visits are coordinated, educational outreach programmes are organized, emergency material assistance to needy people infected or affected by HIV/AIDS are distributed, orphan care (in Maun and Molepolole) are supervised, and support groups for PLWHA and Youth programs are managed. BOCAIP also promotes testing, often coordinating on-site HIV testing at religious services, and PMTCP.

The above mentioned activities demonstrate that BOCAIP has thus far been working on many challenging fronts. Its commendable and laudable activities should not be ignored by civil society and the government. In fact, BOCAIP's critical interventions and decisive inputs should not only be acknowledged by the government and umbrella organizations such as BCC, they should also be given all the necessary moral and financial support to continue with the noble work. It is inevitable that its contributions over the years will stand among the Botswana in good stead in the future. On this positive and hopeful note, we are of the opinion that the position of churches has become well established to the extent that the Botswana HIV/AIDS strategic plans often relegate the role of churches to promoting premarital abstinence and faithfulness in marriage and behavior change (MTP II 1997-2002:28 & 51; 2003: 43-55). This fact is, to a degree, borne out by the information recorded in the training manual titled *Treasuring the Gift: How to Handle God's Gift of Sex-Sexual Health Learning Activities for Religious Youth*. According to the author's observations "sex outside marriage is (regarded as a) sin" and the



youth have been encouraged to keep “the(ir) sense of purity, the wonder of being made in the image of God” (Banda 1999: 23, 25). Consistent with these views, the current **BNSF**, for example, pointed out, that it sought to “mobilize churches ....to promote abstinence, avoidance of premarital sex among youth and faithfulness among married couples” (2003: 46).

Since churches are not research-oriented institutions, very little data is gathered from within the church fraternity that assists to indicate the rate of success of the premarital abstinence campaigns; and neither is there reliable evidence from which to design more effective abstinence interventions. Yet because 80% of Batswana claim to be Christian according to BIAS II (2005), Christian churches and their dedication to premarital abstinence strategies could contribute significantly toward reducing the risk of HIV in Botswana. In fact, if the churches partner with research organizations either at UB or stakeholders in civil society in order to collect and collate data that monitors and evaluates the relative success of these premarital abstinence campaigns, then we are quite confident that these tasks will in the long run help in the prevention of the HIV and AIDS epidemic. At this juncture we shift gear and focus more specifically on the FBO initiated and the multi-sectoral interventions literature.

## **National Literature**

One of the pre-1990s papers that we came across discussing issues of HIV/AIDS prevention was the one that was jointly prepared by two Indian scholars, namely G. Ahmed & N. Shastri. Their contribution ***People’s fear of catching Aids in Botswana: What they are doing to prevent it in society\**** was presented at the International Union for the Scientific Study of Population Conference that took place between the 20<sup>th</sup> and the 27<sup>th</sup> of September 1989 in New Delhi. Their paper, which was based on a survey conducted during 1988, identified youth and teenage sexuality as key factors for the spread of HIV/AIDS. It recommended that vigorous campaigns be undertaken to educate the public on various aspects of AIDS. Indeed their recommendations were in a way taken up by the Ministry of Health that had organized a series of workshops and produced guides and manuals for various groups.

During 1992, the Ministry of Health reviewed some of the issues by producing a work plan under the title ***Reprogramming Document for the Botswana National AIDS Control Program for period between Jan and Dec. 1994.***\* The work plan was developed to guide the multi-sectoral national response to HIV/AIDS for the years ahead and it identified five strategies

of which the prevention of sexual transmission was one. During the same year a significant joint report appeared under the title ***Botswana YWCA and WHO/GPA joint Research Project on Assessment of peer Education: Final Report of the Baseline Assessment Findings***. The report was a product of an assessment of the Peer Approach to Counseling by Teens (hereafter PACT) of the Young Women's Christian Association (hereafter YWCA), whose broad objective is to enable young people aged 13-19 years to make responsible decisions about their own sexual behavior, thereby preventing unwanted pregnancies and AIDS/STDs. This baseline assessment has sought to establish the current nature and level of peer education activities as part of the baseline assessment. The report gave the country background focusing on AIDS and STD levels and youth and reproductive health in Botswana. It also presented the project background, baseline research activities and the baseline research findings focusing on AIDS and STD knowledge, attitudes, behaviour and practices of young people in Botswana. It made recommendations based on the findings. By 1994 V. Chifapkacha, who had been actively monitoring HIV/AIDS developments in parts of Botswana, studied the activities of the 'Bobirwa Action Group' and published an article in the June issue of *Aids Update*\*. The article examined the status of this group and its fight against HIV/AIDS. He pointed out that the group lectured to school children and distributed condoms as part of the prevention strategy.

In June 1994 Sheila Tlou circulated her work on *Aids Prevention among Women: Peer Education and Support Effective*\*. The brief study described a national community based peer education intervention; an intervention strategy that was a collaboration between Botswana Council of Women, UB's Department of Nursing Education and University of Illinois' Chicago College of Nursing. It stated that the strategy was recognized by WHO's global program of AIDS as an example of interventions that have directly/indirectly increased women's ability to protect themselves from becoming infected with HIV/AIDS. Her work was later followed up in 1997 by Glen Williams' *A Common Cause: Young People, Sexuality, HIV and AIDS in Three African Countries*\*; a publication that appeared as part of the 'Strategies for Hope' issued by the London- based Action Aid of UNAIDS. The booklet highlighted the strategies via case studies employed in three African states (Botswana, Tanzania and Nigeria) in order to educate the youth about HIV/AIDS and to combat it. In Botswana it benefited from the information provided by Botswana Family Welfare Association, YWCA, and Approach to Counselling by Teens. The avid researcher on HIV/AIDS, Sheila Tlou, then wrote about the '**Outcomes of a Community-based HIV/AIDS**

**Education Program for Rural, older Women in Botswana**\*. This appeared in the seventh volume of *Southern African Journal of Gerontology* in 1998. Her article described the experience and the outcome of a community-based educational programme to prevent HIV infection among older rural women in Botswana and to utilise the women as resource persons to educate members of their communities in the prevention of the epidemic. It concluded that the older women were more knowledgeable about HIV/AIDS and its prevention. During the same year Canny Gaolathwe's unpublished B.Ed research project focused on *AIDS Awareness and Change of behaviour among secondary school students: The Case of Gabane Community Junior School*.\* The project was supervised in UB's Department of Sociology. The study established the extent of teenagers' indulgence in unprotected sex and observed that AIDS campaigns have not changed their risky behaviour patterns. In 1999 the 'HIV/AIDS, the Law and Human Rights Conference was held in Botswana.' Duma G. Boko took it upon himself to report on this conference and titled his text: *Does the Criminalization of HIV Transmission have a Deterrent Effect?*\* The conference dealt with legal aspects such as the codification of legislation pertaining to the reckless transmission of HIV/AIDS, sex education in the prison system and the participation of everyone against the spread of HIV/AIDS.

About a year later an anonymous report was circulated and this appeared under the title *HIV and the new generation*\* in 2000. The booklet attempted to determine the questions that adolescents ask about AIDS and to provide positive answers. The findings of the study indicated that AIDS is found all over Africa as well as in other parts of the world. It also mentioned that it is important to treat other Sexually Transmitted Diseases as one way of preventing HIV/AIDS and suggested that condom use can also reduce the rate of infection. The project concluded stating that AIDS was mainly transmitted through sex and that gloves should be worn when treating the wounds of an infected person. During 2000 **Peter Tshukudu handed in his unpublished MA thesis titled *The Effectiveness of the mass media in disseminating HIV/AIDS information to the youth in Botswana***. The thesis was undertaken to find out the effectiveness of the mass media in disseminating HIV/AIDS information to the youth in Botswana. It aimed to: (a) find out the effectiveness of the mass media information packages in HIV/AIDS prevention and control among the youth in Botswana; (b) identify major factors which may be impeding the effectiveness of the mass media in the control and prevention of HIV/AIDS; (c) enquire about the extent to which culture and language contribute to and influence health and HIV information communication, and

to (d) suggest ways of improving the mass media HIV/AIDS information packages. It concluded that the major sources of HIV/AIDS prevention messages to the youth are radio, posters, stickers, newspapers and magazines, and it revealed that the youth had abundant knowledge of HIV/AIDS modes of transmission and many seemed to prefer total abstinence.

In 2001 B. Khan, an independent researcher affiliated to NACA, penned *Overview of the National HIV/AIDS Response\**. The survey determined the prevalence of HIV/AIDS amongst different groups and its impact on the economy. It demonstrated that there was a substantial increase from 1992 until 2000. It showed that several groups via education and counselling have been involved in creating awareness and in preventing mother-to-child transmission. When this appeared a Voluntary Counselling and Testing Centre (hereafter VCT) that offered a prevention programme was set up. A brief report of its activities was published in *Business and Construction Review*. It discussed the position of the USA and Botswana funded Tebelopele Voluntary and Testing Centre in the testing approach in order to prevent the spread HIV/AIDS through positive behavioural change.

**In a different and another important sector during 2001 R.T. Elias produced *The impact of HIV/AIDS on mining in Africa: a Botswana case study\**** that aimed to assess the impact of HIV/AIDS on mining in Africa and with the idea of possible preventive and control measures that can be adopted to solve the problem. It highlighted the situation in Botswana and noted that Botswana has undergone rapid socio-economic development since independence, principally due to the sound management of mining sector revenues. It stated that all the advances that had thus far taken place were in the process of being reversed by the HIV/AIDS pandemic, which, it averred, will affect 19% of the population by end-2000. The study used a quantitative model to forecast the development of the pandemic over the next 30 years since there are tangible indications that the workforce age profile will begin to alter radically within 5 years. This was based on the view that between 5 to 15 years the recruitment systems would be placed under severe pressure and mines will experience a potentially critical loss of skills. It thus proposed that since there is a five-year window of opportunity available that management strategies be put in place in order to deal with the impact of HIV/AIDS. The strategies that they had on their agenda were: a) comprehensive testing; b) treatment of STDs; c) condom distribution; and d) the immediate expansion of recruitment and training activities. The study cautioned that failure to do so may compromise the ability to exploit some of Africa's premier mineral deposits.

Moving from the mining industry to the area of economics, we come across the work of Merapelo A. Moloise-Mazile whose *Analysis of the Determinants of the Willingness to Pay for prevention of Mother-To-Child Transmission of HIV/AIDS in Botswana*\* covered an important dimension of the epidemic. This remained an unpublished MA Thesis and was supervised in the Department of Economics at UB during 2002. The study dealt with those women who were willing to test and participate in the prevention of mother-to-child transmission. It analysed the factors that influenced this pattern of behaviour. During the same year, Preece and Ntseane touched upon **“Altering the role of the state in mass education: HIV/AIDS awareness interventions in Botswana.”**\* By then, Vijaya Krishnan, an Indian scholar, wrote a text on *HIV/AIDS Associated Perceptions and Behaviours among Women in Botswana*\*. The brief survey pointed out that though HIV/AIDS prevention is a multidisciplinary and multi-sectoral enterprise, problems would arise in the articulation of intervention appropriate to the epidemic if key elements are not identified and employed. It identified various factors that produce the complex net of vulnerability of sexually active women to HIV/AIDS in Botswana. This scholar continued to research the same subject and produced another research project titled *Knowledge about HIV/AIDS and STI Risk and Condom Use among Sexually Active Men in Botswana*\* in 2003. The study was designed to determine the relationship of condom use to socio-demographic and HIV/AIDS and STI associated risk perceptions among sexually active men. It argued that HIV/AIDS prevention programs be given more serious attention regarding condom use among those with multiple partners. In another interesting paper in 2003 Mutula’s observations on **‘Indigenous Knowledge capacity and the fight against HIV/AIDS in Africa’** shared some useful thoughts. And in the same publication Preece & Ntseane, whose contributions were noted earlier, addressed a similar topic from a different angle. They looked at **‘Using Adult Education Theoretical and Pedagogical Perspective in HIV/AIDS prevention strategies.’**\*

During 2003 Kwinjeh discussed the issue of **‘Femidom: A Step Forward’**\* and had the paper published in *A Quarterly Newsletter of the Women in Development*. The article discussed the female condom that was designed to serve as an empowering tool for women to negotiate for safer sex. It argued that femidom be employed as an alternative prevention method. Ntseane & Preece reframed the question as **‘Why HIV/AIDS prevention strategies fail in Botswana: consideration the discourse of sexuality’** in *Development Southern Africa Journal (2005)*\*, where the authors provide the rationale behind the failure and zoomed in more specifically on the discourse

of sexuality. During the same year, Ntseane also published her findings on **‘HIV/AIDS, patriarchy; cultural and economic constraints on women and HIV/AIDS prevention in Botswana.’\***

In *Debility and the Moral Imagination in Botswana* (2005), Julie Livingston documented how transformations wrought by colonialism, independence, industrialization, and development have effected changes in bodily life and perceptions of health, illness and debility. Livingston traced how Tswana medical thought and practice have become intertwined with Western bio-medical ideas and techniques. By focusing on experience and meanings of illness and bodily misfortune, she shared thoughts on the complexities of the current HIV/AIDS epidemic and placed it in context with a long and complex history of impairment and debility. Particularly helpful is a chapter on ‘male migration and the pluralization of medicine’ in Botswana.

In **“Abstain or Die: The Development of HIV/AIDS Policy in Botswana,”** Suzette Heald (2005) provided a very helpful overview of how HIV prevention policies and programs have evolved or unfolded in Botswana since the time that HIV was recognized as a problem and the Government adopted the 1987 one-year emergency plan. A mass education campaign, which was part of ‘phase one’, was launched in 1988 with the condom as the central plank in this message. Through initial stages of disbelief, which was expressed by calling HIV the ‘radio disease,’ there was resistance to the basic prevention message from the civil sector. ‘Phase two’ included Botswana’s ARV program that was initiated by President Mogae’s HIV/AIDS campaign in 1999, and this was managed in coordination with international agencies. ‘Phase three’ was incorporated from **‘Know Your Status’ (2002)** to **‘AIDS Exceptionalism’ (2003)** and **‘Routine Testing’ (2004)**. Heald suggested in her conclusion that the failure of policy cannot be attributed solely to the nature of local populations. During the time when Heald presented and circulated her important research, the military’s health unit also undertook field work research to demonstrate the types of interventions that had been made. Raymond Molatole and Steven Laki Thoge published their very insightful chapter in *The Enemy within: Southern African Militaries’ Quarter-Century Battle with HIV and AIDS\** which was edited by Martin Rupiya (Tswane: ISS 2006). They titled their piece **‘Interventions against HIV/AIDS in the Botswana Defense Force’\*** (pt. 1ch. 3 pp. 19-64). They examined Botswana Defense Force’s (hereafter BDF) role in HIV/AIDS prevention and care strategies, investigated the policies and mitigation strategies, and made a few recommendations.

## 3.2. Key Regional Secondary Literature

### Regional Partners

Beyond the literature dealing with HIV prevention and FBOs in Botswana, the research team expressed the belief that we have much to learn from regional reports and secondary literature. The design of the Assessment was the result of two primary regional partners, the African Religious Health Assets Program (hereafter ARHAP [www.arhap.uct.ac.za](http://www.arhap.uct.ac.za)) and the Pan African Christian AIDS Network (hereafter PACANet [www.pacanet.net](http://www.pacanet.net)). Whilst ARHAP is conducting research in the area of religious health assets in South Africa, Zambia, and Lesotho, PACANet, which is headquartered in Uganda, has been working regionally in South Africa, Namibia, Lesotho as well as in Bobonong, Botswana. Our collaboration with our regional partners has introduced us to additional regional literature which we consider to be key documents and websites for the design and analysis of the Assessment.

ARHAP recently developed an extensive literature review and annotated bibliography focused on religious health assets in Africa ([www.arhap.org/litrev](http://www.arhap.org/litrev)). Initial studies in Lesotho and South Africa were published as part of a 2006 WHO funded Case Study. Key documents directly related to ARHAP include their 2006 *WHO Report*, their PIRHANA assessment instruments and protocols, and their framing document (see [www.arhap.org](http://www.arhap.org)). But in association with the conceptual framework, key literature dealing with agency and social capital includes the works of James Cochrane (University of Cape Town), Paul Germond (University of Witwatersrand) and Steve de Gruchy (University of KwaZulu Natal) if not also Gary Gunderson (University of Emory) and Christopher Benn (Tübingen University). The Pan African Christian Network (PACANet) is involved not only in assessing of capacity of Christian organizations but also work on capacity-building as well as technical support and community mobilization. The research team reviewed a broad array of assessment tools developed by PACANet, which are unpublished, and its *Training in Community Mobilization: A Manual*. ♦ The Manual, which is free of all faith messages, provided a concise curriculum for “community mobilisers” with “the ultimate purpose of engaging and/or soliciting community support in the fight against HIV/AIDS, especially in regard to the uptake of antiretroviral therapy” (PACANet 2005: 3ff).



## Regional Literature

When reviewing the key regional secondary literature, we will consider the following documents: (a) those that explore the relationship between religion and public health, (b) those that record regional responses within the faith sector to HIV, (c) those that take note of FBO-initiated interventions, and (d) those that focus on the diverse resources.

In 1999 Van Ness suggested in his article on **'Religion and public health'**♦ that appeared in the *Journal of Religion and Health* several ways in which religious beliefs and behaviour have had a negative impact on people's physical and mental health; fanatical violence, mortifying asceticism, and oppressive traditionalism (e.g. sexism) are mentioned. Three areas of positive influence were explored: 1) the role of religious practices in personal health; 2) the impact of social ministries on community health, and 3) the 'complementarity' of religious ideas of salvation with medical conceptions of health in contemporary conceptions of human well-being. That religion mediates between the social and individual dimensions of well-being is the article's unifying theme. Drawing from contemporary sociological theories of power into relationship with thinking about theology and development, Paul Germond in his **'Theology, development and power: Religious power and development practice'**♦, which was published in *Journal of Theology for Southern Africa*, suggested that power works in two distinct dimensions, namely, intentional and relational; and unintentional and non relational. Each of these needs to be understood by religious people working in development, but it is in the second dimension of power that religion is at its most powerful, and therefore this should receive more attention by those working in the area of theology and development.

Green, et al (2002) in **'A shared mission? Changing relationships between government and church health services in Africa'**♦ reviewed the relationships between government and church health providers within sub-Saharan Africa, with a particular focus on East and Southern Africa. They provided a historical overview of the development and emerging role of the church health services within this changing environment. The factors affecting the relationship between the government and church sector include differences in objectives, types of service provided, and the organizational culture and management styles. They concluded their article with the view that church health services will continue to play a key role in health care in sub-Saharan Africa; however, there are challenges facing them and both parties need to develop a response to these. *Faith-based organizations and HIV/AIDS in*

*Uganda and KwaZulu-Natal*, by J Liebowitz (2003)♦, in association with the Health Economics and HIV/AIDS Research Division (hereafter HEARD) at the University of Kwa-Zulu-Natal pointed to a correlation between involvement of FBOs and success in HIV/AIDS prevention and mitigation, but it did not get into greater depth on how FBOs promote behaviour change for prevention or carry out care and support in a way that mitigates the epidemic's worst impact. Through community level studies the author began to disaggregate further exactly how FBOs work in the complex area of HIV/AIDS prevention and mitigation. This community perspective can help answer a number of largely unanswered questions that are essential for designing effective strategies.

Isabel Phiri et al, also edited work that concentrated on *African Women, HIV/AIDS and Faith Communities*.♦ The text, which was an outcome of the conference that took place in Ethiopia during August 2002, argued that the voices of women with regards to the epidemic needed to be recorded. This having been the case, they extracted from the proceedings a group of women theologians who undertook a 'Re-reading of the Bible.' In the first part, they noted the challenges that faced Faith communities, in the second and debated the 'Practical Resources for Faith Communities.' The study added important dimensions to dealing with HIV/AIDS and this was particularly highlighted in the last part of the text; a part of which was incorporated in Dube's edited WCC 2003 publication on *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programmes*.♦ The work, which essentially emerged out of workshops for theological educators on how to implement their HIV/AIDS curriculum, attempted to provide the faith communities with tools to confront HIV/AIDS. One specific section that directly relates to prevention methods was that which focused on counseling. This edited work of Dube unfortunately only confined itself to Christianity and did not make space for contributions from other faith communities. Be that as it may, efforts have been under way to address this. The Cape Town based Positive Muslims commissioned a study that was pursued by a team at the University of Stellenbosch. The study, which was led by Prof. Ashraf Kagee, completed and published *The Prevalence of HIV in three predominantly Muslim residential areas in the Cape Town Metropole*.♦ The basic aim of the study was not prevention but what percentage of the Muslims was infected by HIV. It obtained, among others, responses to the attitudes towards HIV/AIDS and condom use. The responses revealed how a minority religious community responded to issues of health in general and that of HIV/AIDS in particular. In addition to Positive Muslims' research work among South African Muslims, the Islamic Medical Association of South Africa has also produced HIV and

AIDS related publications. Two publications that relate to this review are *Aids Prevention: Role of Governments, The Media And Organizations* and *Aids Prevention: Failure In The North And Catastrophe In The South: A Solution*.

Peltzer and Koenig's (2004) article regarding '**Religion, psychology and health**'♦, which appeared in *Journal of Psychology in Africa* showed that there is increasing research evidence that religious involvement is associated both cross-sectionally and prospectively with better physical health, better mental health and longer survival. This review covered definitions and measures of religion; religious coping, psychological well-being and social support; religious practices and health; religious effects on health outcomes; explaining religion-health links; negative effects of religion; implications for health practice; and a conclusion. The study of religion, psychology and health was a true frontier for psychology and one with high public interest, particularly for Africa. Using a sample of married men from rural Malawi, Trinitapoli and Regnerus (2005) examined – in *Religion and HIV risk behaviours among men: Initial results from a panel study in rural sub-Saharan Africa*♦ – whether or not AIDS risk behaviour and perceived risk are associated with religious affiliation or with religious involvement. Their analyses of data from the Malawi Diffusion and Ideational Change Project (2001) revealed few differences in perceived risk according to religious affiliation. Men belonging to Pentecostal churches consistently reported lower levels of both HIV risk behaviour and perceived risk. Regular attendance at religious service is associated both with reduced odds of reporting extramarital partners and with lower levels of perceived risk of infection. Strong regional differences imply that contextual effects may play a key role in HIV risk, suggesting that religious influences may be tempered or augmented by local norms.

There is a growing body of secondary literature documenting the response of FBOs to HIV/AIDS in Southern Africa. A WCC study document titled *Facing AIDS: The challenge, the churches' response (2000)*,♦ claimed that the challenge of AIDS calls for forthright and faithful response from Christians and the churches. This book is a resource for shaping that response. A book covering theological and ethical perspectives, human rights and responsibilities, pastoral care in a healing community, and what the churches can do. It provided a theological, ethical and human rights approach to HIV/AIDS, as well as a practical outline of what faith organizations can do. In another important WCC document, and part of the Ecumenical HIV/AIDS Initiative in Africa, *Responses of the churches to HIV/AIDS: Three Southern African Countries*, Parry (2002)♦ claimed that whilst the moral debate –

particularly around the condom issue – has raged in many circles, stalemating action and in many eyes discrediting the Churches’ commitment to tackling AIDS and saving lives, congregations and parishes have themselves been in the forefront of care and support right across Africa. A great number of these initiatives did not wait for funding in order to begin, they just responded. Their courage and determination in the face of so many obstacles is a humbling challenge and is a reflection of deep compassion in a real world of suffering. Liebowitz (2002) argued in *The Impact of faith-based organizations on HIV/AIDS prevention and mitigation in Africa*♦ that FBOs have significant advantages in influencing behaviour and initiating interventions in order to mitigate the HIV/AIDS epidemic. This is partly due to the fact that they have networks of people, institutions and infrastructure, particularly in rural areas, where few other institutions exist. They also have jurisdiction over a number of areas relevant to HIV/AIDS interventions, such as morality, sexual activity, and spiritual bases of disease and rules of family life.

Although HIV/AIDS strategies in South Africa have generally emphasized the role of the formal health system led by national and provincial governments in providing support to areas such as condom distribution, the treatment of sexually transmitted infections (STIs), VCT, PMTCT, treatment of opportunistic infections and, more recently, the provision of antiretroviral drugs (hereafter ARVs), less attention has been paid, argues Birdsall (2005), in a study conducted by the *Centre for AIDS Development, Research, and Evaluation (CADRE)*♦ in Johannesburg, to documenting and analyzing the many and diverse activities conducted by non-governmental organizations, community-based organizations and other institutions, including faith-based organizations, at community level. These organizations provide a range of HIV/AIDS-related services across the continuum of prevention, care and support, treatment and rights. Much, however, remains to be understood about the nature, scale and scope of these contributions and the way in which they supplement and interface with more centralized responses. This report presented selected findings from an analysis of the National AIDS Database with a view to better understanding HIV/AIDS response in South Africa, including the growth of the non-governmental sector, organizational capacities, absorptive capacities for funding, service areas, duplication and gaps, collaboration and reach.

Stigma and discrimination have often been identified as primary barriers to effective HIV prevention, as well as the provision of treatment, care and support. Such viewpoints tend to employ stigma and discrimination as a catch-all for the multiplicity of negative beliefs, attitudes and actions

related to the disease. There is, however, argue Parker and Birdsall (CADRE: 2005) in *HIV/AIDS, stigma and faith-based organizations: A Review*,♦ a need to be cautious. The weighting given to stigma and discrimination as primary and ultimate barriers impeding HIV/AIDS response is problematic as such weighting often implies that stigma and discrimination are pervasive throughout society. This has the effect of stigmatizing many communities as being uncaring and inhumane – a process that can perpetuate existing marginalization. Stigma and discrimination therefore need to be carefully defined, cautiously analyzed and critically reviewed if we are to understand impacts and develop appropriate responses. This review explored theoretical and definitional aspects of stigma and discrimination in relation to HIV/AIDS. It then reviewed FBO responses to HIV/AIDS by considering factors that contributed to stigma and discrimination, as well as those that mitigated against them. This was followed by reflections on research processes for exploring stigma and discrimination. At the University of Swaziland A. M. Zamberia and K. Gathu completed in 2005 a research project entitled ‘**The role of Religious Faith in HIV/AIDS Prevention.**’♦ The project, which surveyed the opinions of approximately 432 students, examined how religious faith molded the university students’ beliefs and practices.

Victor Agadjanian’s 2005 *Gender, religious involvement, and HIV/AIDS prevention in Mozambique*♦ analyzed how gender differences in perceptions of HIV/AIDS and preventive behaviour are mediated by religious involvement. Logistic regression is employed to examine the effects of gender and of the interactions between gender and type of denomination-"mainline" (Catholic and Presbyterian) or "healing" (Assembly of God, Zionist, and Apostolic)-on female and male members' exposure to HIV/AIDS-related prevention messages, knowledge and perception of risks and practice of prevention. The analysis detected women's disadvantage on several measures of knowledge and prevention but also suggested that gender differences are less pronounced among members of "mainline" churches. The semi-structured interview data further highlighted how gender differences are shaped in different religious environments. Although the potential of faith-based institutions in combating the HIV/AIDS pandemic is undeniable, Agadjanian suggested that policy-makers need to heed important differences among these institutions when devising ways to harness this potential.

More recently, the analysis in Agadjanian’s “**Promises and Challenges of Faith-Based AIDS Care and Support in Mozambique,**”♦ which appeared in the *American Journal of Public Health* (2007), revealed little involvement of religious organizations in the provision of assistance. Agadjanian noted

that most assistance was decentralized and consisted of psychological support and some personal care and household help. He documented that material or financial help was rare and that assistance to non-members of congregations was reported more often than to members. Agadjanian stated that members of larger and better 'secularly-connected' congregations were more likely to report assistance than were members of smaller and less secularly engaged ones. He claimed that assistance was more often reported in cities than in rural areas, and that women were more likely than men to report providing assistance to congregation members, and the reverse was true for assistance provided to nonmembers. He further revealed that the cooperation of religious organizations in the provision of assistance was hindered by financial constraints and institutional rivalry. Agadjanian concluded that policy efforts to involve religious organizations in provision of HIV/AIDS-related assistance should take into account the organization's resources, institutional goals, and social characteristics. He also co-authored another related article on the role of FBO care with Sen in which they used Mozambique as a case study.

## **FBO Interventions and Resources**

Before turning to key international secondary literature, several regional FBO-initiated interventions and resources should be mentioned. Bature (2004) reported on a '**Zip up!**' mass media campaign run by the Society for Family Health (hereafter SFH) in conjunction with some of Nigeria's FBOs, and in support of NACA. The campaign used television, radio, and billboards in an effort to empower young Nigerians with the confidence and street savvy necessary to delay sex until they are old enough to deal with the consequences or get married. The campaign employed the slogan "Zip Up, Sex is Worth Waiting for" and attempted to create a language that teens can identify with. Partnership with FBOs was a key strategy in the program design and implementation. Zip Up was developed in conjunction with a steering committee including representatives from both Muslim and Christian organizations. These groups participated in the scripting and development of the campaign messages. In addition, several FBOs have held Zip Up rallies, seminars, and workshops, with the support of SFH. Smith (2004) argued in *Youth, sin and sex in Nigeria: Christianity and HIV/AIDS-related beliefs and behaviour among rural-urban migrants*♦ that in Nigeria, popular understandings of HIV/AIDS and individual risk assessment and behaviour unfold within an interpretative grid that draws on a religious moral framework. This paper reported results from a two-year study of HIV/AIDS -related beliefs and behaviour among

adolescent and young adult rural-urban migrants in two Nigerian cities. The young people in the study, who originate from south-eastern Nigeria, almost uniformly identify themselves as Christian and they commonly situate their understandings and explain their behaviour in response to the HIV/AIDS epidemic in terms of religion, especially in relation to the increasingly popular and dominant religious discourses of evangelical and Pentecostal Christianity. The findings suggested that popular religious interpretations of HIV risk pose real dangers, leading many young migrants to imagine themselves as at little or no risk, and contributing to inconsistent protective practices. The study highlighted the limitations of intervention strategies that ignore the extent to which religion, health, sexuality and morality intersect in people's everyday lives.

Dube's 2003 *HIV/AIDS and the curriculum: Methods of integrating HIV/AIDS in theological program*♦ proposed a pattern of Christian education designed to equip churches for ministry in a time of crisis. Theological institutions dedicated to the formation of pastors and other church leaders are urged to implement ideas aimed at assisting faith communities as they provide care within the context of the HIV/AIDS pandemic in Africa. Experienced teachers and theologians describe ways to address HIV/AIDS through the academic disciplines of ministerial preparation as well as in continuing education opportunities, short courses for laity and training-of-trainers seminars for parish workers. Practical guides for classroom discussion of HIV/AIDS are provided in the areas of health and human sexuality, biblical interpretation, theology, counseling, gender perspectives, project design and management. This is a collection of essays that "represents our efforts in the continent of Africa to contribute towards the struggle against HIV/AIDS" (2003:ix). The collection came out of workshops to train theological educators on how to implement the HIV/AIDS curriculum in their educational institutions. It is also for those in the church who need to deal with HIV/AIDS in their preaching, Sunday-school sessions and liturgy.

### 3.3 Key International Secondary Literature

During February 2001 World Vision finalized and issued a special report on *HIV/AIDS and Human Development in Africa*♦. This particular report was compiled by Moses Dumbo, Joe Muwonge and Don Brandt. In their report they provided a background to the crises, cited incidences, highlighted the impact on the economies and human development, listed the measures of intervention, recorded the new millennium efforts and discussed the best practices. In the



last mentioned sections the reviewers pointed out the important role the church and non-governmental Christian organizations such as World Vision played in their fight against HIV; they thus stressed the challenges that NGOs faced and suggested ways that can deal with the various challenges such as behavioural change. In Benn's 2002 article '**The influence of cultural and religious frameworks on the future course of the HIV/AIDS pandemic**'♦, which was published in *Journal of Theology for Southern Africa*, he considered some of many factors that complicate the issue and prevent widespread behaviour change. Chief among these factors are socio-economic conditions of poverty, unhealthy gender roles, violence, lack of information, unequal access to quality health services. A factor that has not received sufficient attention is culture and the philosophical frameworks or paradigms determining our understanding of diseases, their causes and appropriate methods for prevention. All people are more or less influenced by at least three different paradigms: the scientific, the religious and the traditional one. All of them provide different interpretations of HIV/AIDS, its origin, and the most appropriate methods to prevent HIV.

The Geneva based WCC, which had been in the forefront in the struggle against HIV/AIDS issued in 2003 an illustrated booklet prepared by Sue Parry who was the Southern Africa Regional Coordinator. In her publication, which was titled *Responses of the Faith-Based Organizations to HIV/AIDS in Sub-Saharan Africa*, she reported on the contributions of selected FBOs in the sub-Saharan region that were involved between 2000 and 2002 in HIV/AIDS activities. She mentioned that her report relied on narrative rather than research data records. In her report she touched briefly upon issues such as poverty, gender, youth, health services, and literacy levels and commented upon the status of HIV/AIDS in the different sub-Saharan region with particular focus at the end on South Africa. She, however, concluded that FBOs have failed to monitor, evaluate and document their activities and as a result information was not easily accessible.

Parry's assessment was closely followed by a USAID's commissioned study that was based on case studies in Jamaica, the Dominican Republic, Senegal and Uganda. This study was conducted by Edward C. Green and published by USAID in 2003. Green provided examples of FBOs that are making a difference in afflicted communities in *Faith-based organizations: Contributions to HIV prevention*.♦ Green argued that FBOs are uniquely positioned to educate communities about HIV/AIDS and to provide care and support to those affected by the epidemic. He found that a large proportion of the care and support provided to victims of HIV/AIDS is in fact provided by FBOs. However, he suggested that FBOs should be allowed to educate

communities about HIV/AIDS and its spread in terms of their religious teachings. This, according to Green, is based on a study undertaken in Uganda which suggested that FBOs have played a major role in mitigating the effects of the epidemic in that country. Mention should be made of the fact that the latter USAID commissioned study by Green was, in fact, an expansion of his earlier 2002 study on '**How FBOs contribute to AIDS prevention**'♦; which appeared as a chapter (pp. 65-79) in the edited work of T. Yamomori titled *The Hope Factor: Engaging the Church in the HIV/AIDS crisis*.♦ This chapter discussed the positive role of the FBO in HIV/AIDS prevention and it made reference to the outcomes in Uganda and Senegal respectively. In *Rethinking AIDS Prevention (2003)*♦ Edward Green controversially called for a paradigm shift away from donor myopia concerning condoms in favor of a focus on Primary Behavior Change (hereafter PBC), which included fidelity, partner reduction, and delay of sexual debut. Although it isn't an entirely new argument, Green presented excellent evidence of the inadequacies of condom campaigns in Africa and successes of PBC in developing countries around the world. During the same year when Green's publication appeared, the USA's Department of Defense under its HIV/AIDS Prevention Program held an All Africa Military HIV/AIDS Prevention Workshop in Botswana between the 9<sup>th</sup> and the 11<sup>th</sup> of September 2003 with the aim of exchanging and discussing practices in HIV/AIDS prevention among African militaries. The topics that were discussed were Surveillance, Prevention Education, and Behavioural Change Communication, and Integration with other programs (<http://www.nhrc.navy.mil/programs/dhapp/workshops/botswana.html>).

In *Religiosity, sexual behaviours, and sexual attitudes during emerging adulthood*♦, E. Lefkowitz, M. Gillen, C. Shearer and T. Boone (2004) explored the associations between the measures of religiosity and sexuality, although the patterns differed by measures used. Religious behaviour was considered to be the strongest predictor of sexual behaviour. Many aspects of religiosity were associated with general sexual attitudes, which was not the case for perceived vulnerability to HIV and condom-related beliefs. The findings supported reference group theory and highlighted the importance of considering the specific constructs of religiosity and sexuality assessed in studies of these topics. Weinreich and Benn penned a fairly useful and informative text titled *Aids: Meeting the Challenges*♦, which was issued in 2004. The publication included a chapter on 'Prevention' (pp. 55-69) in which the authors discussed, amongst others, its significance, effectiveness, condoms, circumcision, and blood transfusion.

Concomitant with these publications, G. Tiendrebeogo and M. Buyks undertook a literature review that examined the FBOs that were actively dealing with the pandemic in sub-Saharan Africa. Their study noted that there were a handful of evaluative studies of the FBOs' actual and potential roles and thus concluded that the participation in stemming the pandemic's spread has been uneven. The study, for example, observed that whilst care and support has been provided for PLWAs, the FBOs' policies regarding condom use and testing have remained problematic. The study thus called for an improvement and the propping up of FBO activities as well as encouraging collaborative projects in all sectors. Speaking of collaborative work, the UNAIDS initiated a project in this regard when it invited 36 Christian theologians - the African contingent being the most numerous - from the most historic churches to participate in the first-ever UN-sponsored meeting of Christian theologians. The *HIV and AIDS related stigma: A Framework for Theological Reflection* (2004)♦ workshop had two primary objectives: to sharpen the response to HIV and AIDS-related stigma among theological educators and church leaders; and to develop a framework that might provide a useful basis for theological reflection in the contexts of theological education, church councils and synods, and pastoral formation. The document represents the efforts to grapple with the serious and complex issues related to stigmatizing and discriminatory reactions to HIV/AIDS and to discern the values and beliefs that underlie a justice-based response to such negative phenomena. The consultation identified a number of theological themes relevant to this task: God and Creation; Interpreting the Bible; Sin; Suffering and Lamentation; Covenantal Justice; Truth and Truth-telling; and The Church as a Healing, Inclusive and Accompanying Community.

Another commissioned project, which increasingly reflected the cooperative spirit between FBOs and the public health sector, was the *Faith in Action: Examining the Role of FBOs in Addressing HIV/Aids*. This project was commissioned by the Catholic Medical Mission Board with the assistance of the Global Health Council to conduct an independent review of the FBOs' role in fighting the pandemic. A large team of researchers were involved in this key informant survey that covered six countries, namely Haiti, India, Thailand, Kenya, South Africa and Uganda where HIV/AIDS has been on the increase and difficult to combat. The main objective of the project was 'to explore the perceptions of key decision makers about the past, present and optimal future roles of FBOs in HIV/AIDS work.' With this objective in mind the project did not venture to evaluate the FBOs' role nor did it undertake a comparative assessment of their effectiveness in service delivery. The project developed 201 semi-structured interviews that included 206 senior-

level respondents who represented 11 sectors. According to this survey, all interviewees acknowledged the important and unique position that the FBOs hold in combating HIV/AIDS. The authors of the survey encouraged dialogue via a range of activities. They, for example, recommended that FBOs and other stakeholders engage in cross-sectoral collaboration, create and sustain global faith-based partnerships, promote understanding and dissuade stigma, and develop monitoring and evaluation capacities.

One issue that seems to have eluded those working on the UNAIDS 2004 deliberations as well as in the surveys was the question of 'religious ethics;' an issue that is very critical for FBOs that are active in the health care sector. This was, however, responded to by Amanze and his team of contributors in 2007; all of them came from the continent and collaborated and produced the *Christian Ethics and HIV/AIDS in Africa*♦. This edited text's main objective was to investigate the issue of Christian ethics in dealing with HIV/AIDS. It drew upon studies from Lesotho, Swaziland, Namibia, South Africa, Botswana, Kenya, Ghana, Zambia, Zimbabwe, Tanzania and Nigeria. The different contributors debated the ethico-moral stance of the Churches towards HIV/AIDS in the various countries that have been affected. Gerrie Ter Haar and Stephan Ellis (2006:65 ) suggested in their co-authored article titled *The Role of Religion in Development: Towards a New Relationship between the European Union and Africa*♦ that there are "eminently practical reasons for including religion with the broad concept of development" – under the auspices of which we might include HIV prevention and care – because "religion, whatever form it takes, constitutes a social and political reality."

In *The Invisible Cure: Africa, the West, and the Fight against AIDS*♦, Helen Epstein Farrar, Straus and Giroux (2007) provided a sustained critique of the conventional wisdom, concerning HIV stigma and prevention, about how to deal with the AIDS epidemic in Africa. Though many aid agencies were simply misguided in their approach, because they drew on the experience of HIV in other countries, other members of the AIDS industry have blundered with their own ABC: antiretroviral drugs, bureaucracy, and consultants. The other target of Epstein's analysis is the lack of political will by African leaders. Based on her work in Uganda, which she hailed as a success story, Epstein said that it violated both common sense and evidence to put much faith in vague, happy-sounding messages about self-esteem and safe sex; prevention campaigns, she argued, could use less sexiness and more fearfulness. What worked in Uganda was the "ordinary, but frank conversations people had with family, friends and neighbors – not about sex – but about the frightening, calamitous effects of AIDS itself." Ugandans had enough social cohesion in

their densely settled agricultural country so that the discussions about AIDS and the urgent need to change behavior could well up from the bottom of society, rather than resulting from any bureaucratic action plan of consultants' marketing campaign. What was crucial was the open and active recognition of the danger, and community encouragement of families to avoid risk. In Epstein's (2007:15) words: "When it comes to fighting AIDS, our greatest mistake may have been to overlook the fact that, in spite of everything, African people often know best how to solve their own problems."

## **International Initiatives**

Before we conclude our SLR, we need to make mention of two important initiatives; the first relates to the United States President's Emergency Plan for AIDS Relief (hereafter PEPFAR) and the other by FHI. Family Health International (hereafter FHI) provided a survey of standard psycho-social theories of behavior change: "**Behavior Change: A Summary of Four Theories**"♦ in 2003. It reviewed (1) the Health Belief model, (2) the AIDS Risk Reduction Model, (3) the Stages of Change Model, and (4) the Theory of Reasoned Action. The Health Belief Model (Rosenstock, Strecher and Becker, 1994) identified the following belief-states as crucial to behavioral change: perceived threat (perceived susceptibility and perceived severity), perceived benefits, perceived barriers, various cues to action, and self-efficacy.

The AIDS Risk Reduction Model (Catania, et al 1990) hypothesized that the key factors or stages that influence the successful completion of behavioral change are: (1) the recognition and labeling of one's behavior as high-risk, (2) making a commitment to reducing high-risk sexual contacts and increasing low-risk behaviors, and (3) taking action, which includes not only information seeking but also obtaining remedies and enacting solutions. The Stages of Change theory suggested that interventions are more effective if they are tailored to the client's particular stage within a continuum of behavior changes (see CDC, 1993). These stages included pre-contemplation, contemplation, action, maintenance, and preparation for action. These stages are not linear but allegedly cyclical. The Theory of Reasoned Action (hereafter TRA) is a construct that linked individual beliefs, attitudes, intentions, and behaviors (see Fishbein, et al; 1994). TRA assumed that humans are rational and that the behavior in question is under volitional control. According to this theory, behaviors are defined by action and target and context and time. Intention, defined using the same list, is considered by this model as the best indicator of behavior. Attitudes or behavioral beliefs are informed by norms, which are

defined as “a person’s perception of other people’s opinions regarding the defined behavior.” In *A collection of resources for faith based organisations working on HIV/AIDS\**, published by FHI, the collection described and reviewed resources that have proven useful to FBOs in addressing the HIV crisis in Africa. The authors of the publication stated that there are two criteria for selection of materials: The first was that they promoted dignity and respect for people living with HIV. The second was that they provided correct HIV information. However, the materials have a wide range of perspectives about how to conduct HIV prevention and care, the spiritual basis for HIV activities, and the role of FBOs in addressing HIV/AIDS.

PEPFAR is one of several ways that demonstrate visibly that the U.S. Government (hereafter USG) openly supports the Government of Botswana’s multi-sectoral response. PEPFAR is “guided by clear national priorities and strategies to fight the HIV/AIDS epidemic.” Through U.S. President George W. Bush’s Emergency Plan for AIDS Relief (the Emergency Plan), USG partners, working with GOB, bring technical expertise and financial support to maximize the quality, coverage and impact of Botswana’s own national response (see <http://www.cdc.gov/nchstp/od/gap/countries/botswana.htm>). Several principles guide the work of the USG in Botswana. These principles include: (1) the Emergency Plan in Botswana aligns strongly with Botswana’s national HIV/AIDS priorities; (2) the USG leverages Botswana’s national HIV/AIDS response by strengthening capacity and providing technical assistance and resources to ensure that interventions complement and build on existing programs; and (3) the USG provides Botswana’s faith-based, community-based and nongovernmental organizations with technical assistance, capacity building and key resources to help them develop and maintain the ability to provide high-quality HIV/AIDS related services.

### **Essential Secondary Literature**

The present SLR aims at providing an up-to-date list of literature dealing with HIV prevention from within the region as well as from abroad. But since this SLR has been developed for the specific purpose of research to be conducted in Botswana, the primary focus of our attention has been directed toward literature on Botswana. Though each of the items covered in this secondary literature review are relevant if not important to conducting research into faith-based organizations and HIV prevention, we wish to recommend the following twelve documents – listed alphabetically – as “essential reading” to research partners working on HIV prevention and religious organizations in Botswana:

1. James Amanze's *Bibliography of Religion in Botswana* (1990), *The Origin and Development of the Ecumenical Movement in Botswana* (1994), the *Botswana Handbook of Churches* (1994), *African Christianity in Botswana* (1998), *Islam in Botswana* (1999), and *African Traditional Religions and Culture in Botswana* (2002).
2. Bagile Chilisa's Educational research within postcolonial Africa (2005).
3. *United Nations Development Program Report: Kweneng District in 1999* (compiled Molebatsi & Mguni) and *Francistown in 2000* (compiled by Seloilwe & Ntseane).
4. Jean Comaroff and John Comaroff's *Body of Power, Spirit of Resistance* (1985) and *Of Revelation and Revolution: Christianity Colonialism and Consciousness in South Africa* (1991).
5. Benedicte Ingstad's *The cultural construction of AIDS and its consequences for prevention in Botswana* (1990).
6. Suzette Heald's *It's Never as Easy as ABC: Understanding AIDS* (2001) and *Abstain or Die: The Development of HIV/AIDS Policy in Botswana* (2006).
7. Edward Green (2002) *A shared mission? and Faith-based organizations: Contributions to HIV prevention* (2003).
8. Isabel Phiri, Beverly Haddad & Madipoane Masenya's edited *African Women, HIV/Aids and Faith Communities* (2002).
9. James Amanze, Fidelis Nkomazana and Obed Kealetso's edited *Christian Ethics and HIV/AIDS in Africa* (2007).
10. WCC, *Facing AIDS: The challenge, the churches' response* (2000),
11. Musa W. Dube, *HIV/AIDS and the Curriculum: Methods of Integrating HIV/AIDS in Theological Programs* (2003) and *Africa Praying: A Handbook on HIV/AIDS Sensitive Sermon Guidelines and Liturgy* (2004).
12. *The African Religious Health Assets Program's Report* (2007), and
13. *Global Health Council, Catholic Medical Mission Board, Faith in Action: Examining the Role of Faith-based Organizations in Addressing HIV/AIDS* (2005); available at [www.globalhealth.org](http://www.globalhealth.org).

#### 4. Conclusion

Even when a SLR is limited in its scope to a relatively narrow field of research such as FBOs and HIV prevention in Botswana, and indeed within a relatively short span of fifteen years, an exhaustive treatment of the relevant literature



is not possible. Locating relevant grey literature – and indeed key secondary literature – has often been challenging. This challenge is itself the basis of a recommendation that Botswana develop a better system for archiving this valuable but practically inaccessible resource for further research. Perhaps the recently established 'University of Botswana Centre for HIV/AIDS Research, Resources and Outreach' could serve as an archiving hub and in conjunction with BCC work jointly on a special holding that store faith-based HIV/AIDS materials.

As a work in progress, the first step in the direction of something better, this review remains admittedly unbalanced in its treatment of the literature; the unique partnerships animating the DITUMELO Assessment provide a partial explanation for the selection of regional and international literature. While the bibliography - provided below - reflects the literature reviewed in the present document, a much larger bibliography will also be made available in the near future on the UB-TRS' planned website, which is still under construction. Viewed as an intermediary step between an annotated bibliography and a SLR review that draws the connection between the materials reviewed and the conceptual framework for further research, this document should display areas of consensus as well as points of disagreement within the reviewed body of literature.

The reviewed literature has been presented chronologically, beginning with the literature that emerged fifteen years ago in the wake of the initial public health HIV prevention educational campaign and heightened interaction between scholars in Botswana and their regional as well as international counterparts, in order to display certain trends within the relevant literature. And while the present review is focused largely on national literature, it would be useful or at least interesting to compare foci of HIV/AIDS research in Botswana with regional and international trends.

Though it oversimplifies the relationship between local and international literature on HIV prevention vis-à-vis FBOs, Botswana has relied on international or regional scholars to provide biomedical explanations of how HIV is transmitted and also for theoretical frameworks for behavioral change interventions but relied on local scholars to assess the effectiveness or appropriateness of the adopted policies and programs. In the wake of the education campaign begun in 1989, local secondary literature focuses on the relative strengths and weaknesses of adopted 'HIV awareness programs' as well as critical reflections on the role of education and media in the struggle to reduce the risk of HIV and AIDS in Botswana.

Local scholars have tended to agree on the need for better HIV prevention curriculum materials; certain scholars, such as Musa Dube, quickly moved beyond the criticism of existing curriculum materials toward designing – in association with the WCC – faith-based curriculum materials on HIV/AIDS (e.g., *Africa Praying*) and a guide for mainstreaming HIV/AIDS into the existing curriculum at theological institutions and also into social science and humanities programmes that serve the larger university community. Although the prominence of Christianity in Botswana may justify focusing on Christian organizations' activities in Botswana regarding HIV/AIDS prevention, research institutions and scholars also need to explore how non-Christian faith communities are addressing the issue of HIV prevention. Although their numbers are much smaller than those of the Christian community, the HIV/AIDS research community might nevertheless gain valuable insight from Muslims, Hindus, Bahais and other religious communities who are also involved in HIV prevention.

Unfortunately, cooperation between international and local scholars is often contingent on specific individuals and short-term interactions rather than a dedicated mechanism for nurturing sustained collaborations and partnerships. The Ministry of Health, however, it should be noted, has been instrumental in fostering research collaborations through its partnerships with ACHAP, the Botswana-Harvard Partnership and BOTUSA. Capacity for social science research at the University of Botswana is growing, collectively, and certain local scholars have been exceptionally prolific (e.g., Tlou, Chilisa, Dube, Ntseane and Preece). This has been evident when scanning the relevant HIV/AIDS publications produced by socio-cultural anthropologists and religious studies scholars. Indeed, the success of the existing research partnerships should serve as a compelling argument for encouraging further regional if not also global collaborations. We hope that this SLR will in its small way contribute to more fruitful collaborative research into HIV and AIDS in Botswana.

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## ABBREVIATIONS and ACRONYMNS

ABC	Assembly Bible College
AIC	African Independent Churches
ANERELA	African Network of Religious Leaders Living with or Affected with AIDS
ARHAP	African Religious Health Assets Program
ARV	Anti-Retrovirals
ATR	African Traditional Religion
BAIS II	Botswana AIDS Impact Survey II
BCC	Botswana Christian Council
BHP	Botswana-Harvard Partnership
BNSF	Botswana National Strategic Framework
BOCAIP	Botswana Christian AIDS Intervention Programme
BOTUSA	Botswana-United States Partnership
CADRE	Centre for Aids, Development, Research, and Evaluation
CDC	Centre for Disease Control
DMSAC	District Multi-Sectoral AIDS Committee
EFB	Evangelical Fellowship of Botswana
FBO	Faith Based Organization
FHI	Family Health International
GDP	Gross Domestic Product
GIHS	Gaborone Institute of Health Sciences
GOB	Government of Botswana
IEC	Information, Education and Communication

MTP II	Second Medium Term Plan
NAC	National AIDS Council
NACA	National AIDS Coordination Agency
PACANet	Pan African Christian Aids Network
PBC	Primary Behaviour Change
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	People Living with HIV and AIDS
PMCT	Prevention of Mother to Child Transmission
PSI	Population Services International
OAIC	Organization of African Initiated Churches
SADC	Southern Africa Development Community
SFH	Society for Family Health
SLR	Second Literature Review
STD	Sexually Transmitted Diseases
TBA	Traditional Birth Attendant
TRA	Theory of Reasoned Action
TRS	Theology and Religious Studies
UB	University of Botswana
UNAIDS	Joint United Nations Programme on HIV and AIDS
USG	United States Government
VCT	Voluntary Counseling and Testing
WCC	World Council of Churches
WHO	World Health Organization
ZCC	Zion Christian Church