



AIDS in the Culture of Sub-Saharan Africa

College Park Scholars Academic Showcase , May 1, 2009

Larissa Higginbotham, LHigginb@umd.edu



Earth Life and Time

Cell Biology and Molecular Genetics, History

This presentation teaches students the impact of sexual activity in a variety of thought provoking, intriguing ways. It also teaches about the benefits of condom use, informing people that, if they are going to be sexually active, a condom should always be used, even if they are in a committed relationship. I also had the opportunity to gain a greater understanding of the gravity of this disease in the everyday lives of normal people. When I played with children, it was sobering to think that roughly 15% of children are born with HIV in Botswana, according to the UNAIDS Report. It is tragic to see all of those wonderful people and realize the harsh nature of their reality. I also had the opportunity to conduct interviews in order to better understand the situation of the country and what the government was doing to assist its people in practice. In addition to the preliminary research I conducted, as I spent countless hours learning about the disease and the culture of the country.



These school children are intently listening to a presenter sharing the True Love Waits presentation to educate the students about HIV prevention during a school assembly.

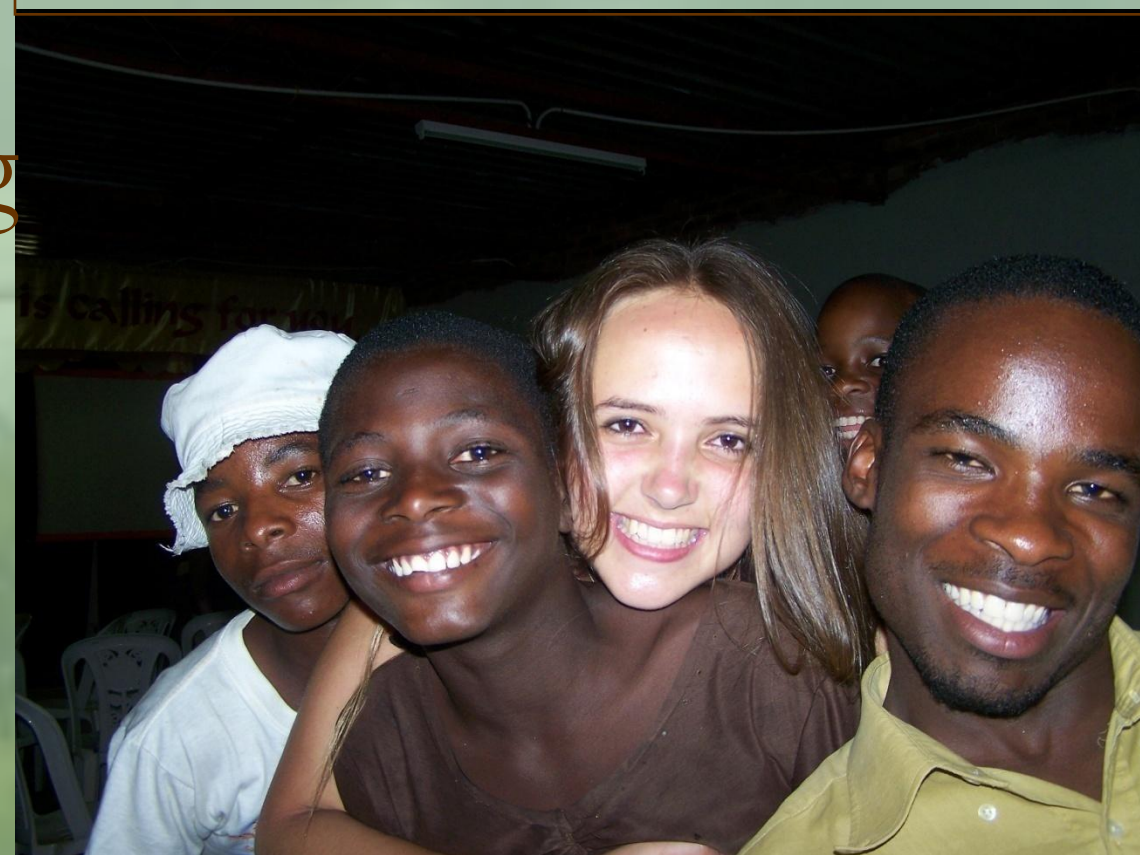
Impact:

The impact of our activities will be seen in changes made over time, rather than immediately visible changes. Indigenous people are now more prepared to share the True Love Waits presentation, and that is significant because it means a lot more for the Batswana to hear such a message from other Africans than from white people a world away. Also, we interacted with a lot of people who have been touched by the HIV epidemic that is ravaging Botswana. We encouraged these people to know their own HIV status and counseled them as they dealt with so much loss. The real impact of undertakings like this will hopefully be seen as the HIV prevalence decreases and the average life expectancy increases. This was an eye opening experience for me because I saw the reality of this lethal disease. I saw families who were missing loved ones, children who knew they would soon lose their parents, and the cultural effects of all of this. I gained a greater understanding of Africa; it is a place, with people who just happened to be born on a different continent. They watch TV and want to be like the West so badly. They see music videos and interpret this as our culture, and, in a lot of cases, what they see is unfortunate. The Batswana are also a very sharing people; they are not selfish or materialistic, but are simply thankful for the things they have.

Service Site: Palapye, Botswana

My group ventured to Botswana through the International Mission Board and did a variety of projects while there. The International Mission Board can be contacted at: International Mission Board 3806 Monument Ave. P.O. Box 6767 Richmond, VA 23230-0767

Cabo, Shadrach, me, Lebo, and Leslie. Shadrach's mother is HIV positive, and he managed to steal my heart while I was in Botswana.

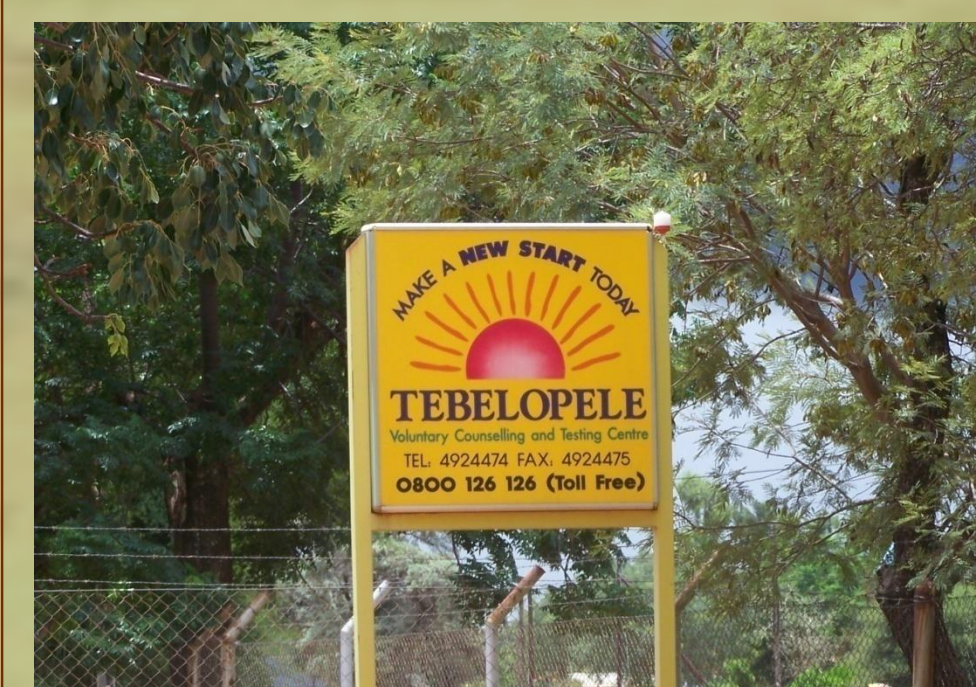


Issue Confronting

Site: Botswana, a prolific country compared to much of Sub-Saharan Africa, enjoys a peaceful society, legitimate diamond industry, stable government, and a decent economy; however, Botswana has one of the highest HIV-AIDS prevalences in the world at 23.9%, according to the 2008 UNAIDS Report. This statistic is likely lower than the actual HIV prevalence since much of the population has not been tested for the disease, and many of the people tested are pregnant women. In an interview conducted with a worker at Tebelopele, an HIV testing and counseling clinic, the estimate given was 35-40%. The life expectancy of a typical Motswana is 37, according National Geographic. This is most definitely due to the high rate of HIV in the country, as the life expectancy has been seen to be inversely proportional to the HIV prevalence of the country in the past 20 years. This young population is faced with overcoming a disease that continues to spread among their population, mysteriously killing family members, acquaintances, and friends. The culture of the country is not conducive to improving the situation, as it is not open to discussing this issue. While citizens may be unable to escape billboards, television commercials, radio ads, and even messages at the ATM machine, they do not have to discuss such topics in everyday life. Also, the indigenous beliefs of ancestor worship, superstition, and cultic practices do little to improve the situation since people rely on superstition and sacrifices to their ancestors more than they depend on healthcare. This means they are not receiving the benefits of reliable treatment offered in many forms by their government, and they are likely spreading this disease to others.

Activities:

My group traversed to Botswana with the intention of training indigenous people in presenting the True Love Waits presentation, influencing the people we contacted to make safe and healthy decisions, learning about demographic and cultural influences of HIV transmission, and to be a part of the solution to the HIV-AIDS pandemic offered through Tebelopele, an HIV testing center whose name translates as "to the future." The culture of the Batswana people is very relational, so much of what we did was accomplished through the connections of the organizer of our trip, who had lived in Africa for two years. In such a culture, the best approach to influencing people is to build a friendship with them. Once a good relationship is developed, people are far more likely to listen to what you have to tell them, so we spent the first several days cultivating relationships. As a result of these relationships, we were able to influence some HIV positive people to seek medical treatment, rather than buying a cow to sacrifice as a petition to their ancestors to be healed. We were also able to have meetings with a group of the citizens of Palapye who were learning the True Love Waits presentation to discuss the presentation and to train them to give the presentation themselves.



This is the sign for Tebelopele, the HIV testing and counseling center. Setswana for "look to the future," this center helps countless Batswana have a future by informing them of their status and treating and counseling those who test positive for HIV.

It was also a new experience to see how the government is responding to this crisis. They are successfully implementing programs to ameliorate the situation through ads and centers like Tebelopele which offer HIV testing and counseling. The message of condom usage is everywhere – billboards, banks, TV commercials, radio ads, even at the ATM machine printed advice to use a condom on my receipt. These people can read and write, for Botswana has a literacy rate over 80%. They are intelligent, yet they cannot overcome this disease as it spreads through every level of their society, and it is so unnecessary. I now have a heart for these people and know that my long term career goals as a researcher have been impacted by this experience.



This is Shadrach's family. In traditional dress is his HIV positive mother. Like many Batswana families, the father of these children is not remotely involved in their lives.

Future Work:

In Botswana, the task of eradicating this disease is far from finished. The HIV prevalence must decrease, or the unique people of this country will be no more. Currently, much of the work that organizations and the government are doing has been proven to be very effective. A study revealed that Tebelopele is very effectively testing and treating people who go through their doors, but the real challenge is to compel people to get tested and treated. They have conducted a series of campaigns that have had moderate success, but there are still many that need to get tested for HIV. Many who are not tested are still spreading the disease, and all who test positive do not cease having unprotected sex. We trained people to give the True Love Waits presentation, but, when the task is finished, it will not be needed anymore. That is a day that seems like an eternity away when so many are suffering. Our accomplishments have laid the groundwork for indigenous people to spread a message of HIV prevention, and, hopefully, this is future work that they will continue. I hope to return to see a positive change in the village of Palapye, and, hopefully, the people that I influenced will be making healthy decisions and will be disease free.

Works Referenced:

- (1) Creek, TL, et al. 2004. Botswana's Tebelopele voluntary HIV counseling and testing network: use and client risk factors for HIV infection, 2000-2004. *Acquired Immune Deficiency Syndrome* 43(2): 210-218.
- (2) Marowa, E. 2008 UNAIDS Report. Accessed 8 April 2009.

Acknowledgments:

- Dr. John W. Merck International Mission Board
- Dr. Thomas R. Holtz William and Alice Higginbotham
- Kelly Woody Palapye Baptist Church



Left: We regularly had the opportunity to plan activities for local children, and, on this day, we played European football and made a game craft, which is proudly displayed by the second child in the tree. It was such a wonderful experience to simply spend time with the Africans outside of training, counseling, and clinic settings simply because they are such beautiful, optimistic people, in spite of all of the suffering and tragedy they regularly face.