Sex, Secrecy and Stigma: Negotiating Youth in a Context of HIV/AIDS

FHS in Geography 2015
Candidate number 836220
Word Count: 11999
Abstract

Although the devastating impact of HIV/AIDS on young people is widely recognised, attention is rarely cast on connections between the epidemic and contemporary knowledge on youth in Africa. Although drawing from theories originally put forward by children’s geographers, this dissertation seeks to analyse youth as a distinct social category which deserves its own field of study. As HIV/AIDS is a health issue that is driven by all kinds of inequalities, this dissertation seeks to go beyond the quantitative surveying that dominates the field of AIDS research and focus on the social processes that influence everyday narratives of young people in and around Botswana’s capital Gaborone. In doing so this study builds on recent critiques in geographies of youth which suggest that too much attention has been focused on forms of youth agency, arguing instead that individualized trajectories of youth in Botswana are being constrained both by local structures and wider interconnected processes of global change.

It argues that global and local social processes interact to construct public discourses of youth as reckless and a threat to ‘traditional’ and ‘polite’ cultural norms, creating intergenerational tensions which are counter-productive to HIV/AIDS prevention efforts. Significant too are local geographies of sex and intimacy which serve to perpetuate the secrecy, shame and fear associated with HIV/AIDS and reinforce gendered notions of power. While stigma has been covered up at a surface level, this study highlights just how deeply rooted it is in everyday experiences in Botswana, especially for the young people who are positioned in the middle of an axis of power which is fuelled by various social inequalities.

This dissertation is the product of a six week intensive data collection period involving young people, health professionals and a range of youth organisations based in Gaborone and its surrounding areas. Driven by calls within feminist geography to empower participants, it adopts a qualitative mixed-methods approach which aims to go beyond official figures that attempt to quantify the impacts of HIV/AIDS. Through a grounded approach which includes interviews, focus groups and visual methods, this study is able to contribute to a more nuanced understanding of the dynamics of youth and HIV/AIDS in Botswana, opening up various fields of enquiry which would benefit from further research of this nature.
# Table of Contents

Abstract .......................................................................................................................... ii  
List of abbreviations and figures .................................................................................. iv  
A note on names ........................................................................................................... iv  
Acknowledgements ...................................................................................................... 1  

1. Introduction ................................................................................................................ 1  
2. Literature review ....................................................................................................... 4  
2.1 Geographies of youth ................................................................................................. 4  
2.2 Gender, power and sexual discourse ......................................................................... 5  
2.3 Stigma and secrecy ................................................................................................... 7  

3. Methodology ............................................................................................................... 9  
3.1 Study area .................................................................................................................. 9  
3.2 Qualitative methods .................................................................................................. 9  
  3.2.1 Experience as data: participant observation ......................................................... 10  
  3.2.2 Semi-structured interviews and discussion groups .............................................. 11  
  3.2.3 Participatory diagramming .................................................................................. 11  
3.3 Positionality .............................................................................................................. 13  
3.4 Ethical considerations ............................................................................................... 14  
3.5 Treatment of data ..................................................................................................... 16  

4. Navigating youth: a stormy sea ................................................................................. 17  
4.1 Resisting categorisation ............................................................................................ 17  
4.2 Transitions and trajectories ...................................................................................... 17  
4.3 Structures and agency ............................................................................................... 18  

5. ‘Let’s talk about sex’: geographies of intimacy and sexual discourse ...................... 24  
5.1 A complex pattern of intimacy ................................................................................. 24  
5.2 Shame and secrecy ................................................................................................... 27  

6. Understandings of HIV/AIDS .................................................................................... 29  
6.1 “HIV is a killing disease” ......................................................................................... 29  
6.2 Stigma and denial ..................................................................................................... 31  

7. Conclusions ................................................................................................................. 35  

8. Bibliography ............................................................................................................... 38  

9. Appendices ................................................................................................................ 45  
9.1 Appendix A: List of participants and pseudonyms ................................................ 45  
9.2 Appendix B: Example interview transcript .............................................................. 47  
9.3 Appendix C: Sample interview guide (professionals) ............................................. 56  
9.4 Appendix D: Copy of Botswana Ministry of Local Government Research Permit .... 58  
9.5 Appendix E: Sample formal letter of permission .................................................... 59
List of figures

All figures are the author’s unless stated otherwise.

1.1 Peeling government produced advertising supporting condom use near the Main Mall in Gaborone city centre (source: Google Maps, 2014) ................................................................. i
1.2 Government produced billboard advertisement with AIDS prevention message in Gaborone city centre ................................................................................................................. v

2.1 Front cover of the Botswana Voice Newspaper dated April 11th 2014 (source: Botswana Voice, 2014) ................................................................. ........................................... 6

3.1 Satellite map depicting Gaborone and surrounding areas ........................................................................ 9

4.1 Drawings created by participants during a participatory diagramming session at Stepping Stones International .................................................................................................................. 20
4.2 Spider diagram created during participatory diagramming sessions at Stepping Stones International .............................................................................................................................. 20
4.3 Understandings of ‘youth’. The results of a keywords exercise with youth participants in focus groups and workshop sessions depicted in Word Cloud format ........................................................................... 21

5.1 Sections from a recent ‘O Icheke’ leaflet featuring the ‘Break the Chain’ slogan .................... 25

6.1 Youth understandings of ‘HIV’. The results of a keywords exercise with young participants in focus groups and workshop sessions depicted in Word Cloud format ........... 29
6.2 A selection of participant drawings from keywords sessions which reflect ‘AIDS Kills’ narratives ........................................................................................................................................ 30
6.3 Participant drawing of an ‘HIV/AIDS monster’ ......................................................................................... 32

List of abbreviations

HIV: Human Immunodeficiency Virus
AIDS: Acquired Immune Deficiency Syndrome
MCPs: Multiple Concurrent Partnerships
ARVs: Antiretrovirals
SSI: Stepping Stones International
YLHIV: Youth Living with HIV

A note on names

Please be aware that all names used in this dissertation are pseudonyms in order to protect the identity of the participants in this study.
Acknowledgements

I would like to acknowledge the two research grants that helped to ease the significant financial burden of the research process.

I would like to thank my dissertation supervisor and Dr Lynne Jones whose academic advice and support were invaluable.

I would like to thank the government of Botswana for approving my research permit.

Finally (and most importantly), I gratefully acknowledge the time afforded to me by all the organisations and individuals who were involved in the research process.

Ke a leboga.
1. Introduction

HIV/AIDS is a phenomenon which gained a great deal of attention worldwide, having been widely studied from a medical and public health perspective. Since the 1980s it has fast become a globalised issue, with international actors now viewing the virus as a humanitarian concern that threatens global security (Smith et al, 2011; Barnett and Prins, 2006). However, HIV is now beginning to be recognised as far more than just a health issue (Piot, cited in Parker and Aggleton, 2003). It is driven by all kind of inequalities; ‘an epidemic of meanings and signification’ (Treichler, 1987: 32) which is deeply embedded in social dynamics, everyday discourse and fundamental human insecurities. Despite this, qualitative studies that focus on the social dynamics of HIV/AIDS are still far outnumbered by quantitative surveys, and with no realistic hopes for a medical solution in the immediate future, there is a continued need to better understand the social conditions the virus is entangled with. This is extremely important in Botswana; a country which until recently possessed the world’s highest HIV prevalence rate (UN and WHO, 2003) and now has an infection rate that continues to fluctuate despite the implementation of a pioneering government-sponsored antiretroviral (ARV) programme in 2002.

New data reveals that although AIDS-related deaths have fallen amongst the general population, deaths amongst young adults have undergone a sharp increase (IRIN, 2014). With the ageing of HIV-positive paediatric cohorts (the first young people born with HIV to survive into adolescence) coupled with high HIV incidence in this age group, the numbers of young people living with HIV (YLHIV) will only continue to grow unless targeted interventions are made (Petitt et al, 2013). Although the devastating impact of HIV/AIDS on young people is widely recognised, attention is rarely cast on connections between the epidemic and contemporary knowledge on youth in Africa. Geographies of youth and childhood exists as a vibrant and established interdisciplinary field in Northern countries of the world, yet similar literature in African contexts is still underdeveloped (Christiansen et al, 2005; Holt, 2011).

Through this dissertation I therefore hope to contribute to what has been a largely understudied frame of reference in the context of HIV/AIDS, using entirely qualitative methods to explore what it means to live as a young person in a society where HIV has had a significant impact on many people’s lives. First it draws upon recent work by Geographers and social scientists within the field of geographies of youth in order to flesh out a
theoretical basis for understanding what the term youth has come to represent. This involves destabilising ‘common-sense’ assumptions about young people and looking into how young people possess and enact unique forms of social agency (James et al, 1998, Holloway and Valentine, 2000, Holt, 2011). This is particularly important in a country with a median age of 22 (Knoema, 2014) where youth have huge potential to shape future trajectories of HIV/AIDS.

At the same time this dissertation will consider one of the main critiques of geographies of youth; this being the common over-emphasis of agency over structure (Holt, 2011). Whilst a focus upon the agency of young people in a context of HIV/AIDS is important, the structures that can constrain and facilitate young people’s experiences shouldn’t be underplayed (Holt and Holloway, 2006). Indeed, while young people may take an active engagement in constructing their own social lives they are themselves a product of social processes which are difficult to trace (Jones, 2006).

Using a mixed-methods approach, this research aims to go some way towards uncovering and understanding the social processes that affect Batswana youth in relation to HIV/AIDS, whilst recognising the competencies that these young people possess. It will include perspectives from a range of young people, as well as from individuals, organisations and institutions involved with youth and facilitating constructive dialogue around HIV and AIDS. Through these perspectives, this fieldwork will provide an analysis of sexual discourse and decision-making, stigma and gender. Importantly, these analyses will be undertaken at a micro-level, using a participatory research methodology to depict a transformed reality which privileges participants own analyses of the social dynamics of HIV. As part of this I will highlight the significance of the relationship between discourse, knowledge and structures of power, drawing from feminist post-structuralist theory which suggests that the individual is decentred as someone who is ‘multiply positioned’ by different discourses (Jones, 1997).

Although many of the points raised in this dissertation transfer across different contexts, one of the most important elements of this study is its specificity. African cultures are entangled with a very different set of conditions to European ones, just as Botswana cannot be made out to be synonymous the rest of ‘sub-Saharan Africa’. This project therefore argues for individualised responses to the HIV/AIDS epidemic, and ones which fully involve young people.

---

1 A citizen of Botswana is referred to as ‘Motswana’ in the singular tense and ‘Batswana’ in the plural.
Accordingly, this dissertation is guided by the following research questions:

1. To what extent are young people in Botswana able to shape their own trajectories in a context of high HIV infection rates?
2. What are the main social processes that distinguish the experience of youth in Botswana?
2. **Literature review**

2.1 **Geographies of Youth**

Since the early 1990s, social science research on youth, young people and childhoods has burgeoned, with geographers making valuable contributions through a consideration of the spatialities of young lives (Holloway and Valentine, 2000; Holt, 2011). Underpinning such research is the adoption of the concept of the ‘sociological child’ (James et al, 1998); the assertion that young people possess a unique form of social agency. However there have recently been some concerns that youth have been marginalised within the wider discipline of ‘Children’s Geographies’ through a bias towards children and childhoods (Evans, 2008). Although the boundary between children and young people is by no means fixed, it has been argued that young people use and experience space in different ways to children and some kind of distinction therefore needs to be made.

However, making this distinction is very problematic. According to Valentine (2003), the age range of 16-25 years is commonly used to define ‘youth’, yet in reality this is contested and fluid, with youth taking on different localised meanings. The UN for example, defines ‘youth’ as persons between 15-24, while the African Youth Charter includes ‘every person between the ages of 15 and 35 years’ (African Union, 2006). At the same time there are legal contradictions in many countries which deny youth the rights that come with adult status, whilst bestowing expectations which go far beyond those associated with childhood. The positioning of youth and adolescence as a liminal state is clear simply from looking at title of books or studies about youth such as ‘Boundary Crossings’ (Valentine, 2003) and ‘At the Threshold’ (Feldman and Elliott 1990). Meanwhile, scholars have labelled young lives as ‘pathways’ (Furlong and Cartmel, 1997) or ‘routes’ to adulthood (Evans and Furlong, 1997).

More recently, individualisation theories have suggested that modernity has led to a decline in certainty about ‘traditional’ life courses previously structured and sanctioned through institutions such as school and the church. Beck (1992) suggests that modern lives are becoming less bound by traditional norms, values and sources of collective identity, which would suggest that the transitions concept now places too much emphasis on ‘normal’ development. Indeed, mapping young lives in such a way suggests an end point; an acquisition of the social status of adulthood, which in reality does not exist due to the scale of social crises in the world (Jeffrey, 2010a).
While individualisation may be useful in explaining the multiplicity and complexity of youth transitions (Evans, 2008), it risks discounting the many structural factors which continue to limit the opportunities and experiences of many young people (Tolonen 2008; Valentine and Skelton 2003). Research in non-western contexts in particular has shown that structures and norms continue to play a role in young people’s lives (Langevang, 2007) and thus the centrality of young people’s agency in geographies of youth can be deceptive. All young people have the capacity to contribute to society and academic research, yet young lives are structured in accordance with a range of embodied differences across varied social spatial contexts (Holt, 2006). Therefore what needs to be examined is how young people negotiate and respond to these constraints within wider interconnected processes of global change. For this, Jeffrey (2010a: 249) places value in ‘a grounded approach to the analysis of young people’s practises…one sensitive to the importance of space not as a static container for action but as actively entangled in the drama of youth in practice’.

2.2 Gender, power and sexual discourse

Gender is a significant feature in the context of HIV/AIDS across the African continent; this highlighted in the preliminary results of the most recent Botswana Aids Impact Study (Statistics Botswana, 2013) which indicates that prevalence is over 5% higher amongst females. The UNDP (2000) cites gender inequality as a main cause of higher infection rates amongst women and HIV prevalence figures show that this has a heightened significance amongst young women (Statistics Botswana, 2013). The key to understanding this is through an analysis of how differential power relations are maintained, particularly in relation to sexual decision-making (Preece, 2001).

Sexuality, as Strebel (1994:36) points out is ‘socially constructed and historically located within a matrix of intersecting social, economic and cultural factors’. In Botswana there are sustained traditional beliefs and taboos that perpetuate a gendered distribution of blame and responsibility, for example; perceptions of the female body as being inherently unclean due to it being the meeting place of blood and semen (Preece, 2001). Adultery in Botswana is still regarded as a female crime only, so much so that there is a Setswana2 saying ‘monna, selepe o a adimanwa’ (translation: ‘a man is like an axe, he has to be borrowed from time to

2 Setswana is Botswana’s official language along with English.
time'). This is affirmed by a recent headline in populist Botswana newspaper The Voice exposing a female ‘marriage wrecker’ whilst the adulterous husband isn’t mentioned (see figure 2.1). In customary law courts it is not uncommon for women in a similar position to be fined for their actions, with another so-called ‘marriage wrecker’ fined 8000 Pula in 2010 (Dubani, 2010) upholding the notion that it is a woman’s responsibility to control what is viewed as an ‘uncontrollable’ male sex drive.

Paradoxically, sexual decision-making has been shown to be a domain in which Motswana women have always had limited power (Strebel, 1994). As Mookodi (2000: 12) observes, ‘there are defined power relations within consensual relationships and... women occupy subordinate positions in relation to their consensual partners’. Under customary Tswana law, women are subject to male guardianship throughout their entire life, initially under their father and subsequently their husbands which effectively prolongs a state of childhood (Denbow and Thebe, 2006; Schapera, 1970). This is symbolised by the payment of ‘bogadi’ to the bride’s family (also referred to as ‘lobola’ or ‘bride price’), which entrenches ideas that the woman’s body is a mere asset for financial transaction. Similar ideas are reinforced through the ‘sugar daddy’ phenomenon whereby women (particularly young women) in particular enter into exploitative relationships in return for money or material goods (Phaladze and Tlou, 2006). Under these circumstances HIV prevention strategies such as mutual fidelity and use of the male condom are often out of the woman’s control, leaving them more susceptible to contraction of HIV. Importantly, these practises highlight the significance of both ‘traditional’ and ‘western’ discourse in building the components of an axis of power which reproduces domination (Foucault, 1980). Certainly, meanings, identities and structures of power can and have changed over time in Botswana. However, studies to this date suggest that discourses of female subjugation are still dominant (UNDP, 2013). In this dissertation I therefore seek to investigate the significance of gendered norms and

Figure 2.1: Front cover of the Botswana Voice Newspaper dated April 11th 2014 (source: Botswana Voice, 2014)
expectations in the everyday lives of young people in Botswana, whilst recognising how such discourses intersect with other structural forms of inequality.

2.3 Stigma and Secrecy

Stigma and discrimination has been linked to HIV/AIDS since the epidemic began (Sontag, 1990; Gilmore and Somerville, 1994). However, despite this knowledge, stigma has remained a ‘roadblock to concerted action’ (Piot in Parker and Aggleton, 2003: 6), described by Jonathan Mann, former Director of the WHO’s Global Programme, as potentially more explosive than HIV infection and the AIDS epidemic itself (Mann, 1987, cited in Stein, 2003).

Stigma originates from the ancient Greek practise of physically branding an individual to expose something bad or unusual about the moral status of the signifier (Link and Phelan, 2003). Today, its meaning is similar, except that it is applied more to the disgrace itself rather than any bodily evidence of it (Goffman, 1963). According to Goffman (1963) it ‘constitutes a special discrepancy between virtual and actual social identity’ whereby individuals possess an attribute that is ‘deeply discrediting’. This is the main understanding of stigma within the social sciences (Stein, 2003), however as Parker and Aggleton (2003) point out, Goffman’s approach tends to underplay the significance of structural inequality and patterns of power (instead, explaining stigma in terms of individual psychology).

How then does HIV/AIDS stigma compare to other forms of stigma? Firstly, HIV/AIDS related stigma is more complex in the respect that a person may be stigmatised by someone who they would previously have considered to be a part of their social group. Furthermore, while HIV/AIDS is an attribute to which a negative evaluation may be attached, it is also a tangible disadvantage in that it is a terminal or chronic illness which can reduce one’s life chances (Link and Phelan, 2003: 2). As HIV has the potential to be transmitted to others (albeit under very specific circumstances), people with HIV do present a genuine material risk to others who are not infected (Stein, 2003) and thus it has been argued that forms of stigma based on fear of infectivity can be instrumental (Herek and Capitanio, 1998). At the same time, HIV/AIDS stigma can be symbolic, due to a moral or value-based component which stems from the inherent connections the virus has to sexual activity and assumptions of promiscuity (Herek and Capitanio, 1998). In this form stigma can function as a process for establishing power and control through reinforcing social norms around family and
fidelity, with HIV a marker of ‘deviant’ practices which threaten to disrupt family life (Stein, 2003).

Whilst recognising the exceptionalism of HIV/AIDS stigma, it is important to understand that HIV stigma does not exist in a vacuum, and may be reinforced by various structural inequalities in society (Parker and Aggleton, 2003). Indeed, Castro and Farmer (2005: 53) liken HIV stigma to 'the tip of an iceberg' which is often serves 'as a means of giving short shrift to more powerful inequalities' that are linked to much more complicated forms of structural violence. In this respect, stigma is not only difficult to identify, but can be deeply rooted and hence easily become part of what is seen as a ‘normal’ social order. In this respect, the quantitative surveying that often serves as the Holy Grail for understanding HIV/AIDS in the public health sector may very well conceal the true extent of stigma. This is not to devalue the importance of impact assessments such as the Botswana AIDS Impact Assessment (BAIS), but rather highlight the importance of using these in conjunction with grounded methodologies which allow for a close analysis of stigma at the everyday level.
3. **Methodology**

3.1 **Study area**

The majority of the data in this study was collected at various locations around Botswana’s capital Gaborone (see figure 3.1), with settings ranging from schools to NGO’s offices and healthcare facilities. Some of my young participants were recruited in Mochudi; a large village situated 40km north-east of Gaborone. This was predominantly due to my involvement with an organisation called Stepping Stones International (an after-school and community outreach programme aimed at unlocking the potential of orphaned and vulnerable youth) which allowed me to work with their out of school leadership youth group as part of their morning programme.

![Satellite map depicting Gaborone and surrounding areas, with data collection sites distinguished in red (source: Google Maps, 2014)](figure_3.1)

3.2 **Qualitative methods**

A variety of qualitative research methods were employed over a six-week data collection period so as to get a multi-level perspective on the implications of HIV amongst Botswana’s youth. In addition to 7 focus group sessions and 18 semi-structured interviews (see
appendix A), I used participant observation through keeping a detailed research journal as well as more experimental participant diagramming techniques.

Due to the relatively limited data collection period, a key informant technique was used to recruit most participants, which evolved into a form of snowballing. This research method has great potential due to the status of key informants as ‘natural observers’ whose role in a community, knowledge, willingness and communicability often allows them to have deeper insights than those around them (Marshall, 1996; Tremblay, 1989). Although not all participants were key informants themselves, almost all were recruited through key informants, with the only exceptions being personal contacts (mostly students) who helped with piloting discussion groups.

My choice of methods was motivated by feminist calls for research to empower the participants (McDowell, 1992), and I therefore incorporated methods which were coherent with an inductive methodology where possible. Although participatory methods were only shallow due to my limited data collection period, my fieldwork was nonetheless structured around the issues which my participants identified as important as is consistent with a grounded theoretical approach (Glaser and Strauss, 1967; Charmaz, 2000; Charmaz, 2006), and I continuously reflected on my own role in influencing the research process.

3.2.1 Experience as data: participant observation

By carrying a small notebook and camera with me at all times I was able to capture moments, perceptions, practices, conversations and any kind of anecdotal evidence. This was particularly useful during the long bus rides out to Mochudi village, which could take up to two hours; allowing plenty of time to engage in sometimes deep and insightful conversations with other passengers. I consider all the circumstances I found myself in outside of structured interviews and discussion groups to be very much a part of the ‘field’ I was investigating, and thus include insights from informal encounters which were captured in a research diary in my analysis.

Through what Cloke et al (2004: 169) call a ‘detailed, immersive, ‘inductive’ methodology’ I hoped to allow grounded social orders, practices and ways of life to become apparent through observing and participating in the everyday practices that young people in Botswana engage in. Throughout the research period I stayed and worked in the Girls Boarding House
at Maru-a-Pula School, with some of my most valuable interactions gained from informal interactions with these students that took place on a daily basis. I also developed a network of informal acquaintances (some new and some from my upbringing in Gaborone) who were curious about my research project and keen to share some of their experiences. This forced me to reflect on the unbounded and expanded nature of the field (Nast, 1994; Raghuram et al, 1998) and how as a researcher I had to attempt to negotiate complex translations of meaning across what initially seemed to be disparate settings.

3.2.2 Semi-structured interviews and discussion groups

Interviews and discussion groups formed the crux of my mixed methods approach with the semi-structured style chosen in order to allow interviewees to open up without feeling like they were being guided by a rigid agenda (see Longhurst, 2003). An important part of this was choosing how I positioned myself as an interviewer or facilitator, and I was keen to reduce the extent to which I was viewed as a figure of authority. I decided that projecting myself as a neutral observer might be seen as an attempt to retain power and for this reason I chose not to withhold information about myself. This meant that participants were encouraged to ask me questions where appropriate, creating a more relaxed and informal atmosphere which made it possible to bring up topics of a personal and sensitive nature.

My use of the term ‘participant’ (rather than ‘respondent’ or ‘informant’) is significant here as it represents a particular epistemology whereby participants were encouraged to recognize their own agency. Indeed, my aim was for those who took part in my research to enter into a reciprocal relationship in the research process as is advocated in feminist standpoint theory and reflexive ethnography.

3.2.3 Participatory diagramming

Research techniques that facilitate communication about HIV as well as studying it are said to have both ethical value and practical utility (Kesby, 2000), and I thus set out to produce research that was ‘with and for, rather than on, participants’ (Kindon et al, 2010: 2). Whilst it can be argued that research represents an action to change in itself, I felt that this would not be an adequate contribution given the high stakes involved with my topic and I therefore chose to attempt forms of participatory diagramming with some of the youth I was working with. Admittedly, my use of participatory diagramming still fitted within what Kesby (2000:}
765) refers to a ‘conventional ‘extractive’ research methodology’, with my time constraints meaning that participant analysis was not developed enough to warrant the label of anything more than ‘shallow’ participatory research (see Hagey, 1997). Nonetheless, I still managed to contribute in some way towards developing the skills and capacities of my participants to use the study results themselves which makes this more than simply a variation on entirely discursive focus group interviewing.

To allow for the possibility of post-exercise action these sessions took place with the leadership-youth at Stepping Stones International; a group who knew each other well and were in a good position to influence change amongst their peer groups. Many of the leadership group participants were about to write essay entries for a government-sponsored competition on the Millennium Development Goals in Botswana, and I hoped that this session might even provide some useful insights in relation to MDG number 6 (‘to combat HIV/AIDS, Malaria and other diseases’).

Within a larger group of 31, participants were broken up into smaller teams, with participants encouraged to choose their groups so that they could discuss their ideas independently of competing personalities (ie. form groups with friends or according to gender). The sessions took on a workshop-style format whereby participants created diagrams in small groups and then came together to compare and discuss the ideas they had come up with. Limited resources meant that similar to Kesby (2000) my experience was a strenuous one as I had to undertake many research roles simultaneously (ie. facilitator, observer, data recorder). This was particularly challenging with such a large group of participants, however I was lucky to have support from Stepping Stones staff members in coordinating and planning the exercise.

Structuring the session around visual forms of communication (ie. diagrams and mindmaps) allowed for discussions to go beyond language, helping to overcoming typical barriers to inter-subjective communications (Wheeldon, 2011). Although all participants had good English proficiency, some clearly felt that they were able to communicate more effectively about the topics which were introduced through visual methods (possibly due to the sensitive nature of what was discussed). In fact, the practice of writing, drawing and mapping ideas actually encouraged input from less dominant personalities, helping them to have a ‘voice’ without actually having to ‘speak’. Although often referred to as an experimental or ‘emerging approach’, visual methods have the potential to ‘animate multidisciplinary
explorations of content, context and narrative’ (Umoquit et al, 2013:8) and shed light on what is becoming an increasingly visual culture (Rose, 2001). Indeed, the visual representation of HIV/AIDS has been shown to impact on the dynamics of the virus itself (Campbell, 2008) and I therefore hoped that these methods might add another dimension to the more traditional approaches I used.

3.3 Positionality

‘‘Hey lekgoa!’, ‘English!’ the street vendors and taxi drivers shouted as I tried to weave my way through the hustle and bustle of the central bus rank. Even if it wasn’t said out loud I could hear the words resonating in my head; I could feel the stares. If you’re not Motswana it’s just not common to venture into this part of town and I really stood out. It didn’t matter what I said or did… I couldn’t wash off my whiteness’ (research diary- 15.07.14)

Positionality was something that I was very aware of throughout the research process, and as a white middle-class female coming from the UK, I had to think carefully about how to negotiate my outsider status. As the above diary extract shows, this was difficult to manage with certain public encounters and I grew accustomed to being called ‘lekgoa’. The term literally translates as ‘spat out of the sea’ in reference to English colonists, but is now used to refer to white people more generally and can have both negative and positive associations, most of which come to symbolise position of relative power or privilege. As Botswana is a country that has had a considerable degree of western intervention in its recent history (most notably under British protectorate and through American aid programmes), there is strong symbolism around ‘whiteness’ and ‘westerners’ in Botswana. Again, white British people symbolise something else and white British women symbolise yet another conglomeration of ideas, reinforcing just how political the personal can be in fieldwork (Kobayashi, 1994).

When I arrived in Gaborone, it soon became apparent that the most effective way to avoid potential pitfalls was through a thorough process of rapport-building with the people and organisations I was working with, this enabled by a six week intensive data collection period. As Hunter (1990: 689) aptly notes; ‘a context-rich self-conscious research programme avoiding alienation of self and other has some necessary and simple dimensions: stay a while; teach, live, share’ and this is exactly what I tried to follow. Although institutional and financial restrictions meant that long-term cultural immersion wasn’t possible, my
experiences growing up in Gaborone (up until the age of 12) and regular return visits helped to lessen my otherness. This was an easy conversation starter and very quickly persuaded participants about my long-rooted interests and personal attachment to Botswana. When I wasn’t conducting interviews or discussion groups I was volunteering with the main organisations where I was recruiting young participants and socialising with young people close to my age, in the process gaining trust and a deeper insight into the lives of the people I was interviewing. During sessions with young participants, my age was also a useful factor which helped to breakdown inter-cultural barriers and despite some of the sessions being conducted in somewhat formal environments, I found that participants were able to bring up topics which they implied they might have been more hesitant to discuss with older researchers. For example, focus group participants made comments like “I’m afraid to talk to adults about sex because they might think it’s disrespectful” (Keletso, focus group) and “I enjoy talking about these topics with people my age because they understand better” (Innocent, focus group).

Needless to say, complete objectivity is unattainable (McDowell, 1992) as fieldwork is a situated and socially-constituted process of intersubjective collaboration between participants and the researcher (England, 1994; Worth, 2008). My research is therefore inevitably influenced by the relations and personal ideologies through which it has been produced.

2.2.5 Ethical considerations

There are clearly serious ethical implications that can arise when conducting research with participants who have lived through various hardships or individuals who could be seen to occupy a marginalised status in society (Katz, 1994), this risk heightened in my research due to the sensitive nature of my topic. As I will argue in my analysis, HIV/AIDS is not only a taboo topic of discussion in Botswana, but one which has the potential to trigger emotional distress, so ensuring ethical rigour was paramount. As part of this I tried to align my research practises with the four key guidelines of informed consent, privacy, harm and exploitation outlined by Hammersley and Atkinson (1995) for the establishment of appropriate research alliance relations.

The way in which consent was gained varied between the different organisations and individuals I spoke to as each has their own individual procedures which needed to be
fulfilled alongside my own guidelines. For some, a formal letter needed to be approved by a member of senior management (see appendix E), and further personal consent gained from the individuals I arranged interviews with, whereas others were contacted directly over phone or email with consent gained verbally and in writing. In order to conduct discussion groups with young participants, a research permit was obtained from the Ministry of Local Government in Botswana (see appendix D), with additional permission sought at multiple levels within the organisations the participants were recruited from. Before discussion groups began, there was an icebreaker, followed by an interactive presentation about the research I was undertaking. At this point all participants were given the opportunity to ask any questions they had, with alternative activities made available for any who did not wish to take part. As all participants were aged 17 or over (with most over the age of 18) with good spoken English, they were able to give personal verbal consent. Privacy was very much a part of the consent process, and as will be evident in my analysis, great care has been taken to ensure comments made cannot be traced to a source unless permission was granted by the individual.

Exploitation was minimised both through my consent mechanisms and through my participatory role as a researcher. One of the key elements of the sessions undertaken with younger participants, was that they had an educational twist, whereby attempts were made to encourage participants to explain and reflect on the data that arose from exercises and discussions. I personally invested time into three of the organisations I worked with which included facilitating life skills sessions with the youth at one of centres I worked with twice weekly. The results of my study will be shared with a number of my participants as requested, and in order to fulfil the stipulations in my research permit, copies of the final study will be sent to the relevant government ministries and Library services (see appendix D). Through this, I hope that my findings will be of direct use to the people and organisations involved in my research as well as the country of Botswana more generally.

Finally, harm prevention and sensitivity to cultural difference were advocated through the way in which I structured discussions and how I brought up difficult topics. This didn’t prove to be difficult amongst key informant interviews due to participants experience talking about the kinds of topics I was addressing. However, discussion group sessions and interviews with young participants had to be thought through in much greater depth and required some piloting, with staff members at the organisations where I recruited young participants
involved from the planning stage to ensure that questions weren’t likely to trigger grief. Admittedly, it is impossible to say that all participants felt completely comfortable as no space has entirely neutral connotations. Having said this, by conducting all discussions and exercises in places chosen by the participants I hoped to at least make some progress towards decentering any position of authority and privilege that I might embody.

2.2.6 Treatment of data

All key informant and youth interviews were conducted in English, then transcribed in full and coded for topics. Youth discussion groups were not recorded as this would have been impossible on a practical level due to the number of participants involved and interactive nature of the sessions. Instead, key words and minimalistic notes were taken during the sessions with more detailed notes written immediately afterwards for coding later. Similarly, any written material and drawings produced as part of the discussion groups were taken in or photographed and coded in line with interview data. My research diary, photographs and any field notes or sketches were processed in a similar manner.

The data generated represents a transformed reality: participants’ own analysis of the social dynamics of HIV rather than objective real-time account of events and changes and for this reason I place a great deal of importance on the direct quotations used and include images of writing and drawings created by participants in my analysis.
4. **Navigating youth: a stormy sea**

4.1 **Resisting categorisation**

Globally, youth has become an ‘increasingly difficult sociological category’ (Jeffrey, 2014: 30), both to analyse and to attempt to negotiate as a young person. While ‘youth’ can be a lens reflecting global neoliberal and social change (Jeffrey, 2011, 2014; Jeffrey and McDowell, 2004), it also takes on different localised meanings (Valentine, 2003), which was reflected in the diverse manner in which my participants articulated their own understanding of the term. Amongst participants who suggested age based definitions of youth, there was no single consensus, with suggested categories falling anywhere between 13 and 35. Although many of the youth organisations that I spoke to had age brackets that they targeted on paper, there was a great deal of fluidity in reality, with organisation members reflecting a cross section of ages. For example, one of the main groups I ran sessions with was a support group for out of school youth whose ages ranged between 17 and 23. Because of factors such as high unemployment rates and different amounts of time spent in school, it was impossible to draw any age based comparisons. In this regard, any social coherence across age categories is unlikely in Botswana, and attempting to enforce any age-based or intransigent definition of youth could prove untenable.

4.2 **Transitions and trajectories**

‘I think that with age there is wisdom. You gain a sense of maturity and understanding of yourself, which is something that I’ve always battled with…’

- Katlego, University Student (22)

If youth cannot be defined by a number, why not then ground its understanding in important transitions, such as leaving home, getting married or finding a job? Indeed, many participants clearly talked about stages (in particular marriage and employment) that they needed to reach in order to acquire the “maturity” and “understanding” that signify the transition from youth to adulthood. Admittedly, life courses are much more prescribed in Botswana than in Western contexts (for example, certain acts of homosexuality remain punishable by up to 7 years in prison according to the most recent revision of the 1964 Botswana Penal Code). Despite this, the metaphor of ‘stages’ and ‘transitions’ oversimplifies experiences of youth as Botswana has not been immune to the influence of capital neoliberalism. While there are
restrictions, potential youth transitions in Botswana are multiple and rarely play out in the distinguishable stages a transitory ‘normal’ development would imply (Holt, 2006). Participants from the Stepping Stones International out of school youth group suggested that youth is about “trying to figure things out” (One, 23) and “finding out where you belong” (Moemedi, 18), which would suggest that it’s perhaps better defined as a complex trajectory of multiple pathways or routes to adulthood (Valentine, 2003; Furlong and Cartmel, 1997).

4.3 Structures and agency

Youth may be a complex and fluid term, but this is not to say that the influence of structure is lacking. In fact, all of my experiences in the field revealed that young lives in Botswana are very strongly influenced by various structures which can have the effect of restricting individual trajectories. Crucially, there are multiple structures of dominance which influence young lives in an intersectional and sometimes contradictory manner thus preventing the dominance of a singular pathway. As discussions in focus groups showed, youth can therefore have strong associations with “being vulnerable….making mistakes” (Karabo, 17) or can even become a period of “identity crisis” (Lesego, 19) where “there’s too much pressure” and “everyone is trying to tell you who to be” (Ditiro, 18). Globally, forms of youth agency have to contend with increasingly pervasive structures of power such as neoliberal economic change, divestment in welfare provisions, increasingly competitive job markets and hierarchies of education capital (Jeffrey, 2010b, Katz, 2004), and these are further complicated by structures that influence at a local level.

Due to Botswana’s economic growth and recent middle income status (AfDB, OECD and UNDP, 2014), young people now face increasing pressure from parents, teachers, the government and society to achieve more than their parents or grandparents, be this through marrying well, getting a high paid job or acquiring other forms of social capital (see Bourdieu, 1977). However, the influence of the structures of power mentioned above makes this increasingly difficult, and many young people in Botswana can therefore end up feeling ‘stuck’ and even suffer from boredom as has been observed in other settings (Jeffrey, 2010; Sommers, 2012; Masquelier, 2013). This was summed up rather aptly by a young professional with a background in technology start-ups directed at youth:
“I don’t think there’s enough to do for youth… the main thing is that people drink in excess because they are bored and in some cases there aren’t alternatives. I don’t think there are enough interesting things out there that are also productive for people to do”

- Kabo (interview)

As Kabo points out, the opportunities available to young people are not the same as they are in other countries. Young people face difficulties finding jobs, and then find that keeping themselves occupied outside of this are limited. It is in many respects a cruel irony that the hegemonic ideals of youth in the West that have been exported to developing countries are proving increasingly difficult for young people to reproduce (Ruddick, 2003).

At the same time there are pressures stemming from what are seen to be “traditional” “cultural” norms, which are subsequently countered by dominant messages from peer groups. These anxieties were strongly felt by the young people I spoke to:

“Because I grew up in a Christian home and most of the people around us were Christian, it was sex after marriage. But then when I started staying alone everyone was doing it…I was filled with so many questions, I was confused, I was living alone in a big city and didn’t have anyone to talk to. I couldn’t talk to my mum… I was afraid. In Botswana, I think that when people get to this tertiary level, it’s like you’re now pressured into having sex and if you don’t, you’re not part of things. You want to be accepted and recognised. If you don’t, your friends are going to think you’re a loser”

- Grace, 21 (interview)

“Things coming from western culture do drive young people, but as much as that is the case the Motswana culture always creeps in… like if your mum says you’ve got to do this, then that’s how it is”

- Aobakwe, 22 (interview)

The statements above illustrate quite clearly how pervasive and conflicting certain pressures are for people trying to negotiate youth in Botswana. In this instance, the significance of “traditional”, “Motswana” “Christian” family values is emphasised, however participatory diagramming exercises and group discussions showed a different picture. While the various expectations placed on the young individuals that I spoke to were often high, almost all participants suggested that as a collective, youth have come to be seen as a threat to traditional values and ‘polite’ society. In particular, it was noted that older generations often
associated young people with a certain set of risky behaviours synonymous with an encroaching “western culture”. “Smoking dagga” (marijuana), “drinking alcohol” and “leading a very reckless life” (Boitumelo, focus group) were said to be very much a part of this image of youth in Botswana, alongside implicit assumptions of promiscuity and recklessness in negotiating sexual relationships (“I can’t speak to adults about sex because they might think I’m reckless”- Gaone, focus group).

This was highlighted most strongly during participatory diagramming exercises where groups of young participants between the ages of 16 and 23 (see appendix A) were asked to come up with key words and images that they associated with the term youth. These were then drawn up and discussed in a workshop format in order to try and get participants to reflect on and explain their chosen words or images. Examples of content generated in the sessions are depicted in figures 4.1 and 4.2 and in both cases youth is depicted as being implicit with associations of irresponsibility and risk. Figure 4.1 depicts a drawing of a “dagga” leaf (marijuana) alongside an imported beer bottle and ‘Lorato’ brand government distributed condom (Lorato being the Setswana word for ‘love’). While the image of contraception can be associated with notions of responsibility, the participant who drew it explained that he did so in reference to forms of sexual activity, which fits with the keywords suggested in figure 4.2 and those across all of the focus groups (see figure 4.3).

![Figure 4.1](image1.png) ![Figure 4.2](image2.png)
Following data collection, all key words (and equivalent images) were noted and synthesized to create a Word Cloud depicting the most common words (or sets of words) that came up in all six different focus groups (see figure 4.3). The results show an overwhelmingly negative picture whereby young people themselves reinforce what appear to be popular discourses of their own generation as risk takers. This was strongly emphasized by the way in which “alcohol”, “drugs”, “Multiple Concurrent Partnerships” and “sex” by far outweighed more positive associations such as “ideas”, “talented” and “educated”. All focus groups agreed that young people as a whole are increasingly motivated by “material-things”, “money” and various forms of “entertainment” which suggests that young people represent one side of a struggle in Motswana society, between the ‘global’ and ‘traditional’, with the older generation on the opposing side.

Figure 4.3: Participant understandings of ‘youth’. The results of a keywords exercise with youth participants in focus groups and workshop sessions depicted in Word Cloud format.

In discussion participants voiced similar sentiments about the split between younger and older generations, exemplified by the comment form a university student in an interview.

“In Botswana it’s tough because older people are so strict…you can’t talk to them about just anything, so I think that’s why in our country the HIV infection rate is so high. Young people just go into things like sex and they don’t know who to turn to or talk to, because of our culture…”

- Dineo (focus group)
Meanwhile, young people as a whole are described by others and by their peers as impatient; wanting “this and that now now now” (Lebogang, focus group), embodying a fast paced way of life that clashes with a “culture” that is strongly rooted in ideas of family and the home. While this hugely varies across urban and rural settings, participants explained that youth are far more likely to be seen as ‘ba ba ratang dilo’ (‘people who like things’ or ‘capitalists’), and thanks to vast improvements in education over time, there is a deep contradiction in the pride parents and relatives feel in their child’s accomplishments at school and the sense that cultural norms are being threatened by a “western” education system.

Ironically, since the height of the HIV epidemic in particular, young people have actually had to bear a great deal of responsibility though tragedies inflicted on friends, family members and individuals by HIV/AIDS. As a staff member at Stepping Stones explained, many young people in Botswana show a great deal of resilience in their everyday lives:

“There’s an amazing cultural resilience built in from an early age… around funerals, the immediate family is called to action and is responsible making sure that everyone’s taken care of while they’re attending the funeral in their yard… so it’s like there’s no time for grieving at that immediate moment; you have to get up, focus and keep moving. There’s also a culture where people move frequently between relatives’ houses, maybe spending time at the cattle post or the lands, so it can be a very transient upbringing for young people. Some of this is normalised even in the event of a parent passing away; many young people here are used to the concept of being taken away to another household and that becoming home too.”

- Sarah (interview)

It is important to question why this resilience was not captured in associations of youth in participatory diagramming exercises or expressed by the young people that I spoke to. One explanation is that it is largely attributable to just how normalised grief and hardships have become since the height of the HIV epidemic. As Kagiso explained, it has become an accepted part of life in Botswana:

“When my mom passed away I had to take care of my younger brothers and sisters… it’s not like there was any choice. You just have to get on with things”

- Kagiso, 20
Another reason for this may be purely methodological, as participatory methods tend to produce collective rather than individual knowledges by nature of involving collaborative tasks (Ansell et al., 2012). This is not to say that any knowledge is individual (as no knowledge comes from a contextual vacuum), however there is a much higher likelihood that certain voices may have been silenced in a group environment (Kapoor, 2002). While participants in the workshops were encouraged to create individualised accounts on paper prior to discussion (as depicted in figures 4.1 and 4.2), it is impossible to preclude a degree of influence between those in the workshop. This is not to dismiss the validity of the key words exercise, but rather point out that it represents a particular kind of knowledge that is more reflective on popular discourses in Botswana rather than individual realities articulated in interviews. These results show that agency and structure clearly interact in complex ways to influence young lives in Botswana and have a huge bearing on local understandings of youth. Youth in Botswana are clearly faced with many contradictions which have a huge bearing on how they navigate the multiple challenges they face in a time where HIV still affects a large proportion of the population (Statistics Botswana, 2013).
5. “Let’s talk about sex”: geographies of intimacy and sexual discourse

“Don’t decoy, avoid or make void the topic
’Cuz that ain’t gonna stop it”

- Lyrics taken from Salt-N-Pepa’s 1991 single ‘Let’s talk about Sex’

Although admittedly only one facet of social life, it has been widely recognized that sex plays a crucial role in the construction of identity (Hubbard, 2010). Indeed, the recurrence of words and images associated with sex in my keywords exercises on understandings of youth confirm that intimacy and relationships are often on the minds of young people in Botswana. Sexual decision making has high stakes in a context of high HIV prevalence, and this is particularly significant during youth as a period that will most likely involve an individual’s first sexual encounters. As Hunter (2010) has shown in a South African context, an understanding of local geographies of intimacy are integral to understanding the dynamics of HIV, and I will argue that this is just as significant in Botswana as a country where sex is seen as a taboo topic of conversation.

5.1 A complex pattern of intimacy

“Today they use a condom… tomorrow they don’t… they use a condom with a partner that they meet on the internet... and then they don’t when they are with a long term partner”

- John (interview)

When speaking to various NGOs and health care organisations it became clear that HIV/AIDS in Botswana is often routed in a very complex pattern of intimacy. MCP’s (Multiple Concurrent Partnerships) came up often in conversation when discussing causes of high infection rates, along with views that condom use is still “inconsistent” despite numerous government campaigns. At a surface level, the young people in my focus group sessions seemed well educated on various lifestyle prevention measures required to avoid contracting HIV, citing slogans such as ‘O Icheke’ (‘Check Yourself) from the popular ‘Break the Chain’ campaign (see figure 5.1) rolled out by the National Aids Coordinating Agency (NACA) in 2009 (Lillie, 2010). Messages from the controversial US-sponsored ABC (‘Abstain, Be faithful, Condomise’) campaign from the early 2000’s were also deeply engrained in the minds of the individuals I spoke to, despite the criticism the campaign has
since received for its cultural insensitivity and the imposition of conservative Christian American ideologies (Su, 2010). However, when given actual scenarios, it was clear that some common myths were still being perpetuated. For example, 10% of focus group participants believed that a single condom could be used multiple times (amongst others who said they were unsure), while there was similar confusion regarding which circumstances condoms should be used in.

Female participants in particular admitted that they would be much less inclined to suggest using a condom in a steady, long-term relationship, fearing that this might raise issues of trust ("he might think that I don’t trust him or I’ve been with other people"- Keletso, 22). While almost all participants agreed that it would be appropriate for a male partner to suggest using a condom, there were a surprising number of objections (from an equal number of male and female participants) to a female partner initiating condom use. This backs up previous research which suggests that women in Botswana still have limited power when it comes to sexual decision making (see Mookodi, 2000; Preece, 2001; Strebel, 1994), with the implication that gender inequality remains a significant structural issue for young people.

Figure 5.1: Sections from a recent ‘O Icheke’ leaflet featuring the ‘Break the Chain’ slogan (given to me by a participant at one of my interview locations).
During my research I experienced this unequal balance of power on a very personal level, albeit in a different way to my participants due to my outsider status. As my research took place in many locations in and around Gaborone, I spent a reasonable amount of time each day negotiating the public transport system; taking combis, catching lifts and walking. This was a side of Gaborone and its surrounding villages that I had never been allowed to get to know as a child of ‘expats’ growing up in the city and looking back on this I now understand why:

“While women are objectified around the world, I’ve haven’t felt it quite the same until being here. I’m used to the cat calling now, the misogynistic comments, the way that I’m looked at, the young men approaching me and asking for my number so we can be ‘friends’- maybe it’s just my whiteness, the fact that I’m different. Today was worse. Walking back from the combi stop late this afternoon my path was blocked by 3 middle aged men who persistently tried to start up conversation. They wanted my number, asked me to come to their car and so on. I doggedly refused. They offered me money, whatever material possessions I wanted (while showing off expensive looking phones and watches), to take me away... ‘I’m too young for you’, I insisted. They looked me up and down and told me I looked ‘about 15 or 16’ and that was ‘old enough’... disgusted, I made a run for it and didn’t look back...”

- Research diary (26.07.14)

This experience was what really clarified just how problematic sexual decision making can be for young women. In interviews and focus groups my participants had talked about ‘sugar daddies’; older men (and often married) older men who lure younger girls into transactional relationships, but it was hard to understand just how easy it is to get caught up in this until I came into contact with such individuals. The men who approached me had all the status symbols that suggested they were wealthy, middle class, well-educated, and if I was younger, less educated and in a vulnerable socio-economic position I would find it very difficult to resist the pressure. While it would be easy to presume that these relationships only happen with young ‘vulnerable’ women (and sometimes men) from low socioeconomic backgrounds, my participants suggested that it was much more widespread:

“Whether rich or poor, you still want extra things for your own reasons, plus you get pressures from home. I know of many people who say ‘my mum wants me to have a rich guy’... you know, a sugar
daddy ‘so that I can bring things home’… then there is also pressure from friends saying that you should have an iPhone and a tablet.”

- Aobakwe (interview)

The main reason this is such a problem is that young women in relationships of this kind will often see it as a ‘boyfriend’ ‘girlfriend’ relationship, rather than a form of prostitution (which in many ways it is). In this instance they are less likely to negotiate consistent condom use, leaving them much more exposed to HIV infection. This is compounded by the likelihood that these young women will be sought after by men their own age who may also become their ‘boyfriend’, leading to a chain of MCPs. In this instance youth (and disproportionately women) face higher risks of contracting HIV, as reflected in prevalence rates which peak at an significantly older age for men than women (Statistics Botswana, 2013). Trying to prevent these relationships is difficult as it is an intersectional issue, typically grounded in gender inequalities but compounded by family expectations, peer pressure and neoliberal shifts which have brought about an increasingly material culture and polarisation of wealth distribution.

5.2 Shame and secrecy

“If I was to ask ‘how do you think I can get AIDS?’ my mum would think I’m having sex… Sex in Botswana is something that you’re not supposed to do… well, maybe not ‘not supposed to do’, but definitely not something we can talk about.”

- Boipelo (interview)

Sex, as one of my participants put it, can seem like “something totally out of this world” (John, interview). Indeed for some young people the feelings and pressure that come with it can become overwhelming and even damaging. For many it’s a “fundamental vulnerability, which leaves you exposed” (Dr. Allen, interview) and can therefore conjure up emotions such as shame, guilt and a fear of negative judgement from others. Indeed, sex and sexualities are deeply intertwined with norms, values and morality or lack thereof (Fincher and Jacobs, 1998) creating yet another intersectional axis of power which favours the privileged. While these negative emotions are well documented when it comes to non-heteronormative sexualities (Bell and Valentine, 1995; Hubbard, 2010), in Botswana I found a situation where sex of any kind is a huge societal taboo and something that young people feel they are “not supposed to do”.
According to participants, the issues for youth stem from the way in which young people are collectively grouped together on one side of a divide which separates young and old, the secular and religious, tradition and change as well as sexual deviancy and virtue. Admittedly, intergenerational dialogue on sex related issues is poor all over the world, but Botswana is a microcosm of this through the way in which it exemplifies an extreme form of denial. Of all the young people I spoke to, not a single one admitted to being comfortable enough to speak to a parent or guardian about sex for fear of “being disrespectful” (Neo, focus group) and even “slapped or kicked out of the house” (Dudu, focus group). Kgosi (focus group) argued that his parents are “still caught up in a 15th century lifestyle”, while other young people in the focus group saw the older generation as “completely backwards” (Kaone, focus group). Religion was considered to be very influential in this regard and secrecy around sex was blamed on what was considered to be a “mostly Christian” older generation that is “religious in everything it does” (Charity, focus group).

Young participants saw it as a “cultural” phenomenon, expressing only tentative signs that change was possible, let alone likely to be championed. As an experienced healthcare professional gravely put it; “it’s a case of death by politeness... it’s a beautiful culture, but right now it really is killing us” (Dr. Allen, interview). While the HIV epidemic is driven by all kinds of inequalities, the impacts of this unwillingness to talk about sex in an open manner cannot be underestimated. Mochudi focus group participants as old as 22 admitted that that it would be “too embarrassing” to be seen buying a condom, which demonstrates just how easily a “culture” which places too much value on abstinence can actually have a negative impact on HIV infection rates.

This is not to say that youth friendly sources of advice, support and information do not exist in Botswana. In fact, many of the organisations interviewed as part of this dissertation are delivering innovative programmes that are playing a key role in breaking down barriers to communication. However, progress is slow given the deep-rooted nature of these issues, and multiple societal structures that reinforce them.
6. Understandings of HIV/AIDS

6.1 “HIV is a killing disease”

While HIV infection rates in Botswana have slowed since their peak in 2002 (UN and WHO, 2003), prevalence rates remain high, with Botswana’s ‘vision 2016’ goal of zero infections (Presidential Tak Group, 2011) now looking increasingly unrealistic. As a disease which is deeply embedded in social dynamics, structures and everyday discourse (Treichler, 1987), there is an imperative need to go beyond the statistics and develop a grounded approach to the study of HIV which recognises the significance of space as more than just a vessel. In response to this I sought to uncover the meanings that young people associate with HIV through another participatory diagramming session. Like the session on understandings of youth (see chapter 4), participants were asked to present their responses in whatever manner they felt comfortable, and these were then followed up with a discussion and synthesized to create a World Cloud depicting the most common associations (see figure 6.1).

Figure 6.1: Youth understandings of ‘HIV’. The results of a keywords exercise with young participants in focus groups and workshop sessions depicted in Word Cloud format.
The results were very surprising, and imply an overwhelmingly negative set of associations, despite the key informants that I spoke to in the health sector stressing that the “AIDS Kills” message had changed. Although the recurrence of “ARVs” (Antiretrovirals) and phrases such as “hospital” implies recognition of the fact that HIV isn’t as serious as it used be, this is countered by the significance of words such as “death”, “kills”, “suicide” and “monster”. In fact, the language and imagery that came up in these sessions are almost identical to global discourses of HIV/AIDS in the early 2000’s that characterise AIDS as a ‘raging’ phenomenon (ICG, 2001) and a ‘stranglers cord choking Africa’ (ICG, 2004: i). Indeed, one participant even drew a noose to represent the issues HIV/AIDS presents (as can be seen in the top left image in figure 6.2). These were accompanied by other morose images drawn in other sessions including many images of graves and various weapons (see examples in figure 6.2).

Figure 6.2: A selection of participant drawings from keywords sessions which reflect ‘AIDS kills’ narratives
Why such negative associations in a context where treatment is free and able to keep HIV positive individuals alive and healthy for many years after infection? It’s important to recognize that the participants in these sessions grew up in a time where HIV really was a death sentence and hence heavily weighted with public discourses of fear. As then President Festus Mogae announced in 2001 at the UN General Assembly on HIV/AIDS, it was depicted as a ‘crisis of the first magnitude’, and indeed many participants had lost close family or relatives during this time. While chapter 5 briefly touched upon the lasting impression made by the ABC Campaign, the results from these sessions demonstrate just how powerful this rhetoric has been for Botswana’s youth over a decade on, indeed much more so than more recent slogans such as the more recent ‘Break the Chain’ slogan introduced by NACA. What this shows is the extent to which public discourses of fear remain dominant in the wider picture of HIV/AIDS in Botswana; despite the more optimistic picture reflected in recent BAlS reports (Statistics Botswana, 2013). The young people taking part in these sessions were very knowledgeable about how HIV/AIDS can be treated and where to seek help; however, recurring references to “suicide” suggest that the fear and associations that come with living as an HIV positive person can be worse than death itself.

6.2 Stigma and denial

What stood out most in participatory diagramming sessions and discussions throughout the research process was the persistence of various forms of stigma. An image drawn by a participant of an HIV/AIDS “monster” (see figure 6.3) was particularly powerful in this regard because of the way in which it was depicted as being synonymous with an “HIV/AIDS person”. When discussing stigma amongst focus groups, all were quick to argue that stigmatising is “wrong” and that “it’s getting much better”, and yet their experiences and the way in which they spoke about them said otherwise. When asked to explain the “monster” drawing, the participant who drew it explained it as “a term we use for something scary”. Without prompting he went on to describe how it resembled someone with HIV because it was “sick and thin” while the rest of the group expressed agreement.
Firstly the image is problematic through the way in which it further reinforces the discourses of fear mentioned previously. However, more significantly, it represents an ‘othering’ of HIV positive individuals, whereby they become dehumanized; or as Goffman (1963) puts it; their normal identity is ‘spoiled’. In some respects, this is a protective mechanism in the respect that stigma based on fear of infection can discourage people from situations where there might be an obvious risks (Herek and Capitanio, 1998).

However, it is more likely to lead to a form denial whereby “you feel like HIV can’t possibly come to you… you know- you always associate it with people who are really sick, or maybe prostitutes” (Mpho, focus group). In fact, it stems from a desire to locate the virus, to be assured that we are not at fault and have been have instead been ‘polluted by some external agent’ (Gilman, 1987: 100). It can therefore make the lives of those who are stigmatized incredibly difficult, to an extent where they feel unable to disclose their status and seek forms of treatment they need. Indeed, numerous studies have found that stigma may cause reluctance to get tested in the first place, facilitate denial if an individual is found to be positive and cause problems with adherence to ARV medication. This was validated when
participants were given the hypothetical situation of a positive HIV diagnosis, and all but one participant said that they would not disclose this to their friends, worried that they would be shunned by others:

“I feel like there is a reflex with in them that will change the way that they would treat me”

- Tumelo (written account)

“I won’t feel comfortable with those who are negative while I’m positive”

- Bontle (written account)

The difficulties that this presents for young people were clearly articulated in an interview with Masego, an HIV positive student at one of Botswana’s higher education colleges. She said that she’d sometimes have to miss classes to go to the clinic and expressed a fear that her peers might notice a pattern; “like I worry they’ll ask ‘how come you’re always sick?’” (Masego, interview). She also expressed problems with taking her ARV medication discreetly, having only told her closest friends and family. While this is hugely problematic for young people living with HIV, it may even become a burden for friends and relatives as a staff member at SSI pointed out:

“People might say ‘in that home, so many people have AIDS related illnesses’ and that home is then shunned by the community”

- Oteng (interview)

Stigma can therefore have a powerful effect on the lives of young people, regardless of HIV status. It influences the way in which almost everyone behaves and interacts with others, but has the potential to be most damaging for young people who already face a degree of marginalisation as a result of the issues mentioned in chapters 4 and 5. As stigma is fuelled by fear and secrecy, the best way to eliminate it is through disclosure and dialogue:

“If I don’t tell people that I’m HIV positive, then I’m creating the stigma”

- John (interview)

However, the issue in Botswana is that this cycle hasn’t yet been broken, with no participant able to name a well-known public figure or celebrity who had publicly disclosed a positive status. This is problematic precisely because it reinforces the myth that HIV only affects
‘abnormal’ people or is something that popular and successful people are immune to, fuelling further secrecy, fear and denial. What is needed is a change in what one of my participants termed as “a prevailing risk-adverse culture” (Kabo, interview). Someone in a position of power needs to break outside the norm in order to disrupt the dominant structures of power which currently restrict the agency of young people to make positive changes in the face of HIV/AIDS.
7. Conclusions

This research has brought about several important conclusions which enable a more nuanced understanding of young lives in Botswana.

Firstly, this research confirms that youth is a fluid social category that is best analysed as a series of individual trajectories. The influence of neoliberalism has enabled a degree of individualisation; however young lives in Botswana continue to be shaped by a multiplicity of interconnected issues operating on local and global scales. Importantly, while young people in Botswana have shown resilience, they remain restricted when it comes to enacting forms of social agency which would help in the fight against HIV/AIDS. Indeed this research shows that young people in Botswana are very likely to face marginalisation, sitting at the intersection of an axis of power (Foucault, 1980) that has roots in various forms of structural violence.

In the public sphere, youth have come to symbolise an encroaching globalized culture, depicted as a threat to the “traditional” and “polite” ways of life which are upheld by older generations. This is deeply embedded with notions of morality in society whereby young people are cast as risk-takers, and the source of what is depicted as a “new” promiscuity. However, a paradox emerges upon analysing individual realities. In fact, young people emerge as the victims in a context of HIV infection rates, caught up in what is seen to be a “perfect storm situation” (Dr. Allen, Interview) linked to the economy, “culture”, role of women and local geographies of intimacy.

Despite experiencing rapid economic growth, Botswana has experienced increasing inequality, with a Gini Index in excess of 0.5 putting it amongst the world’s most unequal countries (IMF, 2012). Inspired by this unequal distribution of wealth, more people are seeking ways to live beyond their means, with this pressure disproportionately falling on the younger generation. This, together with dominance of patriarchal values has fuelled problems associated with ‘sugar daddies’, which can place pressure on young women of all backgrounds into transactional relationships. Young men are brought into this too through a complex pattern of MCP’s in which condom use is avoided, allowing for quick and easy transmission of HIV.

This is reinforced by long-standing discourses of shame and guilt around sexuality which prevent open communication and dialogue about HIV. In some ways this is linked to present
“cultural” specificities that the participants in this study describe, however, the results of my participatory diagramming exercises indicate that it is also rooted in the history of HIV/AIDS interventions in Africa. Indeed, I am very wary of the overemphasis on ‘local cultural factors’ in recent explanations for high HIV infection rates across Sub-Saharan Africa (Campbell, 2008) and wish to distance this research from essentialist representations of the African continent. I would therefore like to draw attention to the strong influence of American conservative Christian ideologies through prevention campaigns in Botswana that promote sexual repression through an overemphasis on abstinence (most notably the ABC Campaign). Also powerful amongst the young people in this study are global discourses linked to the securitisation of the virus as indicated by the recurrence of ‘AIDS Kills’ narratives in keywords exercises and conversations throughout the research process.

Underlying all of this is the continued manifestation of various forms of stigma which are linked to HIV but reinforced by taboos around sex, gendered norms and discourses of fear. Although disguised on a superficial level, this stigma is deeply entrenched in the everyday lives of young people, made most visible through qualitative methodologies which are able to avoid typical intersubjective barriers to communication. Drawing on feminist geographies, this dissertation therefore highlights the potential for visual and participatory methodologies in the analysis of HIV/AIDS as a valuable supplement to more conventional qualitative and extractive methodologies which prevail in work on this topic.

Although many aspects of young lives in Botswana are guided by processes which are becoming increasingly difficult to negotiate, there are some crucial steps that can be taken to invoke changes. Based on this research, I would argue that a key priority is increasing openness and awareness around HIV and sex. For this to happen, those in positions of power need to step up as positive role-models regardless of HIV status, but especially if HIV positive.

While this study focuses on the inherent difficulties youth face in a context of HIV/AIDS, a degree of progress has been made in Botswana. The issue is that there is not enough of the right thing happening, and with available funding decreasing, the future looks uncertain. Young people in Botswana possess immense potential to invoke positive social change, however their capacities are not yet recognised and their trajectories restricted in the face of what is a deeply political epidemic. One positive thing HIV has done is draw attention to the persistence of various forms of structural inequality which influence young lives in
various ways across Sub-Saharan Africa. Let this therefore serve as an opportunity to make the changes that will disrupt the dominant structures of power at the root of many of the issues young people face.
8. **Bibliography**

Available at: http://www.unesco.org/new/fileadmin/MULTIMEDIA/FIELD/Dakar/pdf/AfricanYouthCharter.PDF [date accessed: 05/03/2014]


Available at: http://www.thevoicebw.com/2010/11/05/marriage-wrecker-fined-p8000/ [date accessed: 04/04/2014]


Available at: http://asci.researchhub.ssrc.org/rdb/asci-hub [date accessed: 03/03/2014]


**Jeffrey, C. (2014)** Everyday Youth Politics in Comparative Perspective, working paper, University of Oxford. Available at: [http://www.geog.ox.ac.uk/staff/cjeffrey-wpaper02.pdf](http://www.geog.ox.ac.uk/staff/cjeffrey-wpaper02.pdf) [date accessed: 02/01/2014]


**AfDB, OECD and UNDP (2014)** *African Economic Outlook Country Notes: Botswana*. Available at:


Available at: [http://www.vision2016.co.bw/tempimg/media/mediac_102.pdf](http://www.vision2016.co.bw/tempimg/media/mediac_102.pdf)


*Antipode*, 35(2), 335-364.


9. **Appendices**

9.1 **Appendix A: List of participants**

A note on names: all names mentioned in this dissertation are pseudonyms in order to protect the identity of my participants.

**Focus groups: Stepping Stones**  
**International out of school youth**

<table>
<thead>
<tr>
<th>pseudonym</th>
<th>gender</th>
<th>age</th>
<th>Focus group</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>F</td>
<td>23</td>
<td>1</td>
</tr>
<tr>
<td>Mpho</td>
<td>F</td>
<td>21</td>
<td>1</td>
</tr>
<tr>
<td>Mercy</td>
<td>F</td>
<td>22</td>
<td>1</td>
</tr>
<tr>
<td>Naledi</td>
<td>F</td>
<td>20</td>
<td>1</td>
</tr>
<tr>
<td>Gofaone</td>
<td>F</td>
<td>21</td>
<td>1</td>
</tr>
<tr>
<td>Dudu</td>
<td>F</td>
<td>21</td>
<td>1</td>
</tr>
<tr>
<td>Karabo</td>
<td>M</td>
<td>17</td>
<td>2</td>
</tr>
<tr>
<td>Refilwe</td>
<td>F</td>
<td>18</td>
<td>2</td>
</tr>
<tr>
<td>Lesego</td>
<td>F</td>
<td>19</td>
<td>2</td>
</tr>
<tr>
<td>Moemedi</td>
<td>M</td>
<td>18</td>
<td>2</td>
</tr>
<tr>
<td>Modise</td>
<td>M</td>
<td>20</td>
<td>2</td>
</tr>
<tr>
<td>Gaone</td>
<td>M</td>
<td>18</td>
<td>3</td>
</tr>
<tr>
<td>Neo</td>
<td>F</td>
<td>20</td>
<td>3</td>
</tr>
<tr>
<td>Boitumelo</td>
<td>M</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td>Keletso</td>
<td>F</td>
<td>22</td>
<td>3</td>
</tr>
<tr>
<td>Ditiro</td>
<td>M</td>
<td>18</td>
<td>3</td>
</tr>
<tr>
<td>Kgosi</td>
<td>M</td>
<td>22</td>
<td>4</td>
</tr>
<tr>
<td>Thato</td>
<td>M</td>
<td>18</td>
<td>4</td>
</tr>
<tr>
<td>Tumelo</td>
<td>M</td>
<td>21</td>
<td>4</td>
</tr>
<tr>
<td>Letlolo</td>
<td>M</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>Kaone</td>
<td>M</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>Kgomotso</td>
<td>M</td>
<td>21</td>
<td>5</td>
</tr>
<tr>
<td>Gloria</td>
<td>F</td>
<td>20</td>
<td>5</td>
</tr>
<tr>
<td>Oratile</td>
<td>M</td>
<td>20</td>
<td>5</td>
</tr>
<tr>
<td>Edward</td>
<td>M</td>
<td>20</td>
<td>5</td>
</tr>
<tr>
<td>Innocent</td>
<td>M</td>
<td>19</td>
<td>5</td>
</tr>
<tr>
<td>Bontle</td>
<td>F</td>
<td>19</td>
<td>6</td>
</tr>
<tr>
<td>Tefo</td>
<td>M</td>
<td>20</td>
<td>6</td>
</tr>
<tr>
<td>Masa</td>
<td>F</td>
<td>19</td>
<td>6</td>
</tr>
<tr>
<td>Kagiso</td>
<td>M</td>
<td>17</td>
<td>6</td>
</tr>
<tr>
<td>Samuel</td>
<td>M</td>
<td>21</td>
<td>6</td>
</tr>
</tbody>
</table>

**Focus groups: University of Botswana students**

<table>
<thead>
<tr>
<th>pseudonym</th>
<th>gender</th>
<th>age</th>
<th>Focus group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dineo</td>
<td>F</td>
<td>20</td>
<td>7</td>
</tr>
<tr>
<td>Tiro</td>
<td>M</td>
<td>22</td>
<td>7</td>
</tr>
<tr>
<td>Lame</td>
<td>F</td>
<td>21</td>
<td>7</td>
</tr>
<tr>
<td>Tlotlo</td>
<td>M</td>
<td>21</td>
<td>7</td>
</tr>
<tr>
<td>Katlego</td>
<td>F</td>
<td>22</td>
<td>7</td>
</tr>
</tbody>
</table>
Interviews (18)

- Dr. Allen (HIV specialist and consultant)
- Kabo (young professional and technology specialist)
- Dr. Lethlolo (Doctor at Botswana Baylor COE)
- Phoebe (Staff member at Botswana Baylor Teen Club)
- Emmanuel (Staff member at Botswana Baylor Teen Club)
- Aobakwe (university student and staff member at Young 1ove)
- Grace (university student and staff member at Young 1ove)
- Oteng (staff member at Stepping Stones International)
- Sarah (staff member at Stepping Stones International)
- Mercy (Staff member at Stepping Stones International)
- Thapelo (Intern at Stepping Stones International)
- Goitseone (Intern at Stepping Stones International)
- John (Production team member at Makgabaneng)
- Masego (college student)
- Mothibi (University student)
- Phenyo (University student)
- Kagiso (college student)
- Boipelo (high school student)
9.2 Appendix B: Example interview transcript

Young Love staff member interview transcript

Location: one of the benches on the University of Botswana campus just outside the Young Love Offices.
Total recording length: 57ms 46 sec
I= Interviewer
R= respondent

* Please note that any names have been omitted for confidentiality reasons

I: How did you get involved with Young Love? What kind of background did you have before that?

R: Right now I'm going into my 4th year at the University of Botswana UB. I'm a law student. So I got with Young Love the very first time there was the idea with young love. This was when Noam, the executive director, together with Brenda Duverse wanted to apply for Deprise, you know, they wanted to start an organisation and that organisation was going scale proven programmes that work with a focus on HIV and AIDS. I long got started with Young Love before we had offices, before any other thing, when it was just an idea… and I knew I had to work with it because of the mission they were pushing for which is eradicating HIV/AIDS (that’s the bigger picture). I knew that it was something that was close to my heart because AIDS has touched many of those really close to me so I knew that it was something I need to do and that we could only start impacting at the student level. When [redacted] told me, I jumped in and now I'm [redacted].

I: When did it start?

R: We launched in maybe August last year….

I: Oh, so it’s very recent?

R: Oh yes very- I think we’ve only been in existence for a few months and we’ve already made a huge impact.

I: That’s good to hear! What kind of changes have you seen so far and what are the key things Young Love has achieved?

R: A lot, a lot… for example, as I said I’m the [redacted]... we go into schools and we deliver this one hour programme. A lot has changed in the way we deliver the programme, and also the students that we have worked with. It’s become clear that people don’t actually know that older men are riskier. The one hour programme that we deliver is the sugar daddy one and the way that we have delivered this has really improved from our pilots. Also, the organisational structure has changed- at first everyone was doing everything, but now we have an organisational structure where of course there will be
hierarchy you know, and we respect that, but work gets done in each of the delegations. Then, professional development: that’s one of our key Young Love things, in terms of developing the staff, training youth facilitators… we’re definitely growing. Before I would say that I was confident to speak, but not confident enough to really get the message across, you know? Individually maybe people have different views about it, but for me, young Love has really boosted my confidence on another level.

I: So what kinds of people are involved? Is it mainly students?

R: So, I could say that we have a staff of 15- most are students, but some are full time… actually, let me not say that some are full time, because we are full time… I’m a full time student right. But we have some who are out of school.

I: So you said 15 staff… do people work on a voluntary basis or are you supported by donors? How does funding work?

R: Our first major funder was Deprise, an organisation in the states which funds proven programmes or anything that impacts change or aims to make the world a better place. Secondly we have a relationship with the US embassy, then the Botswana Ministry of Education… for example this office was acquired through them. They don’t really give monetary funding, but provide support in other ways.

I: Were there any difficulties getting funding or was it quite an easy project to engage various donors or agencies?

R: I’m not really sure as the main person who deals with funding is [name], but there are definitely challenges, because of course we’re a new NGO… people don’t really know what we’re doing so we need to have a clear track to secure funding.

I: Are there any key partner organisations you work with in Botswana?

R: We work closely with [organisation], as you know, the Young Love, one love project we have coming up we are starting to scale in September. [organisation] is actually one of our funders in a way that we work closely with them.

I: In summary, what is the main mission of young Love?

R: To scale up this one hour programme we have… millions of youth are affected by HIV/AIDS. There are many resources out there, but how many actually work? We sift through the vast sea of materials and programmes out there to find the programmes that actually work, and then we scale them. Of course right now, our focus is on the sugar daddy phenomena.

I: so, getting materials out there that are succinct and accessible to young people?

R: Yes, exactly.
I: So, youth can be quite a problematic term and it can be defined in many different ways. The UN says 16-24 for example, and the ANC says 15-35. What kind of definition of youth do young love go by and who do they include or exclude?

R: That’s actually very interesting. We like to think our staff are very youthful… and I don’t know what youth is … It’s hard to say ages, but I think it based on what we do in schools we work with people from 13 till… I’ll say 35, because sometimes youth in Botswana are described as 18-35, and this covers our staff. So yeah, I don’t know- it’s a good question.

I: What do you think are the special or key defining aspects associated with being a young person? What makes ‘youth’ different from adulthood or childhood?

R: I would say behaviour, but I’m sceptical of saying. I guess that with age there is wisdom, a sense of maturity and understanding yourself, which is something I’ve always battled with growing up… I guess youth is identity crisis if I can put it that way.

I: So it’s the way in which they’re still finding themselves?

R: yes, they’re still finding their voices, to break any silences, they’re still battling with ‘should I? Should I not?’ , ‘is it a or b?’, you know. Also pressure from society, from home, from friends.

I: Where do you think that young people fit within the wider picture of HIV/AIDS in Botswana?

R: I feel as if young people are struggling, but the statistics show that the older generations are more likely to have HIV. The young people are struggling in the sense of negotiating condom use… that’s a huge struggle. Secondly, being a youth and observing the young people in this country, we somehow feel that HIV is so far-fetched, you know-it’s so far away from us. Yes, we know people who are affected by AIDS and who know of someone who has HIV, but we never think that it will come to us. You know what I mean? They just think that we’ll manage to dodge it like many things in life… so I think that we don’t realise yet, but we still have a really long way to go and we need to change our behaviour.

I: Is there any denial as far as HIV is concerned?

R: Of course there is. Like we always see that person on TV who has AIDS and then you look around you and you figure that ‘oh well, no one has it’. Even though we know that it exists, we don’t think it will come to us possibly how AIDS has been portrayed on TV. Yes, we know that healthy people can live with AIDS, but we always think about sick-looking person. That’s what makes AIDS so far-fetched.

I: How are young people with HIV represented? Are they seen as victims or competent social actors?
R: So one thing I can tell you is that, yes we have people coming out and saying that they are HIV-positive. But, in Botswana we don’t have any public figures or celebrities coming out and saying that they have HIV, so that gives you a negative thought about what HIV is... so HIV, only affects abnormal people- it’s not the norm and doesn’t affect popular or successful people. Second point is that the people spread the message that ‘AIDS kills’ and there are lots of sickly people so people don’t want to think it will come to them because of the way it’s portrayed, the way that every sick person has AIDS. But, even normal people can have HIV- even you and I, but you wouldn’t tell because I’m not coughing, I’m not so skinny, you know? So there are many factors that can lead people to be in denial.

I: So it sounds like a lot of representations are of victims, people who are sickly, and that’s why people can distance themselves from this?

R: Exactly.

I: You mentioned the lack of HIV positive role models earlier on? Has there been any progress with this or anything near to this level?

R: Yeah, well the ones in Botswana I don’t know about, but I think other countries... especially in South Africa there have been people who have come out and said ‘I’m HIV positive’, but in Botswana the only thing I have heard (but maybe that’s my ignorance) was a beauty contest for people who are HIV positive.

I: Do you know if that’s still running? I’ve heard that it had stopped...

R: I don’t know to be honest. I don’t think it was a consecutive thing, so unfortunately I think it just happened once.

I: Would you say having an HIV-positive role model (or at least someone who embodies those values) is an important thing for young people to have?

R: Yes, yes. We need a confident, HIV positive role model for sure. One, because there are young people who’ve got HIV who need some sort or understanding and some sort of closure and some sort of way to come out. Also providing safe spaces for these people to actually talk about it, because living with it and not having support creates some sort of sadness and depression in your life. So yes, I would say a public figure because that person is known, and that person is living with it, especially someone who is making a difference in our country and sighting the right kind of morals and principles. For some people only public figures can have real influence... people who are struggling need this. We can’t always think about the negatives- people need to know that they are not alone.

I: Do you think that this is possible at the moment (for public figures to come out as positive without this affecting their career or status)?

R: Yeah... well, I could say yes and I could say no. The reason I say yes is because HIV/AIDS is something that Botswana is tackling hard. It’s what we are known for- we have a lot of
AIDS campaigns, a lot of AIDS this and that. I can’t see why a person can’t come out and share their status. I say no because of stigma, and I don’t like to use the word stigma because it’s something that’s talked about all the time. I’m not sure if we’re ready for such shocks as a nation- ‘shocks’, you see what I mean? Are they really? No!- It would definitely be interesting…

I: What do you think is holding people back at the moment? Statistically there must be people who are in politics or on television who are positive…

R: Of course!

I: Is it a legitimised fear of stigma? As in, will people actually be stigmatised if they come out as positive in public?

R: I think the key points that you raise, sure… but I’m not sure about fear. It’s not even about fear… I don’t know. Hmm, maybe about what people may think or lack of acceptance.

I: Is it anything to do with reputation?

R: yeah, of course! Not just reputation, but status in society: who are you and what are you known for. If you have HIV, there’s this thing about labelling and thinking about what other people may say or what you believe about yourself. Maybe you are promiscuous and that’s how you got it… all these sort of things. I don’t know how it will affect us as a nation, but it’s difficult.

I: What do you think makes HIV/ AIDS so unique in a Botswana and what do you think maybe has fuelled things as far as society is concerned?

R: Very good question… I guess MCPs: multiple concurrent partnerships, and also mothers who have had HIV/AIDS and haven’t gone through PMTCT. Thirdly, maybe refusal to take ARV’s… and then maybe sleeping with another person because you don’t take ARV’s and you don’t let them know. Also another thing… partners who don’t go for testing and a similar thing happens.

I: What leads to people not getting tested? Are centres not accessible or is it linked to the denial you mentioned earlier?

R: Centre’s are very much easy to access. Even in UB we have a testing centre, so it’s mainly denial- like ‘I won’t have HIV, come on!’ Also maybe just being scared of knowing the truth if you’ve engaged in risky behaviour.

I: How difficult is the truth these days? Obviously with ARVs people can live a near to normal life, but what is the general perspective on that? Do people still think that it is a death sentence?
R: you know, honestly… can I share a personal thing here?

I: Please do!

R: For example, me. I’m very educated and would like to think that I’m smart or intelligent. I know about HIV and AIDS. I know people who have HIV and have lived with them and accepted them. It’s fine, you know, to have HIV. But, I can’t tell you that I really know about it… the CD4 count thing, and when it’s high etc etc, ARVs, all the things that come with it: I’m really clueless about it. I don’t want to lie- it’s because of my ignorance. The testing and a lot of issues around it… you can know about things, but you don’t really get educated on them.

I: Is that kind of what Young 1ove is trying to do?

R: Young 1ove is basically saying that knowledge is power. We are coming there with an hour programme that has a 15 minute video, then a graph activity that shows HIV prevalence rate by age, then a group discussion. We are only disseminating information to these students. Whether they take it to influence their behaviour or not, that’s really up to them.

I: What schools have you worked with so far? Is it mainly government schools?

R: We have been to government school and also private schools, then Baylor. There were 4 government schools in Phalapye, we’ve gone to some in Mochudi. Westwood and MaP were our first pilots, however our focus is on the government schools.

I: Has there been a difference in how participants have reacted to these sessions across different schools/ areas or has it been similar?

R: The similarities: our programme was fun for all students, and most didn’t know that older men were riskier- they don’t really know that statistics. It’s seems like whether in private or government school, the knowledge is not so clear. In government schools the difference that we saw was the kids there related to sugar daddies the most, whereas in the private schools during the discussions they didn’t really have ideas and weren’t aware of sugar daddies.

I: would you say that some of these issues are therefore affected by wealth and class?

R: Of course, of course.

I: Have you seen examples of any more middle- upper class youth experiencing problems with sugar daddies?

R: no, not in my experience.

I: So is it an issue which affects those from less wealthy families?
R: Yeah, once you’re in schools, but I know that once you’re out of school, even now you may start wanting a lot of things, even guys… I know that there’s a lot of whether rich or poor, middle class, lower class, you still want extra things for your own reasons, plus you get pressures from home. Like I know of many people who will say ‘my mum wants me to have a rich guy’, you know a sugar daddy ‘so that I can bring things home, and these are conversations that we listen to in classrooms. I know that when we get older there are also pressure from friends saying that you should use an iphone and a tablet, and you should find a man who coughs up money.

I: You’ve just mentioned peer pressure to have the latest phones and things like that. What other pressure out there for Botswana youth?

R: Maybe work pressure- trying to balance school and work. Trying to find your spot in school. Pressure from family when they’re saying you should be this, when you want to be that. What kind of pressure could we call that?

I: So let’s move on to communication between older and younger generations… How much would young people talk to their parents about personal issues like sex and HIV?

R: Zilch. And I don’t blame parents because it’s not like their parents did that either. They’re still learning- it’s a learning curve for everyone. Only some very rare cases.

I: Where do people get this information and support from?

R: Pretty much entirely from friends (or at least in my experience anyway).

I: Do you think there should be more communication between parents and their children? Or is this just not something that’s going to happen and not a cultural thing in Botswana.

R: It should happen because family is a support network and provide clarity for young people. I think the elders always know what’s best because they are wiser… but in Botswana we haven’t got a culture where mother and daughter talk. Only in certain circumstances. We don’t yet know about asking so we have a long way to go.

I: Why do you think issues like HIV are so difficult to talk about?

R: One- it’s a scary thing. Two- a lot of people have died. It also goes back to sexual intercourse which is something we shy away from talking about.

I: Like a taboo topic?

R: yeah, behind closed doors.

I: How would you say things are looking as far as Motswana values vs western influence is concerned? Are young people more easily influenced by Motswana values or things coming from the west?
R: Things coming from western culture do drive young people, but as much as that is the case the Motswana culture always creeps in. If your mum says you’ve got to do this, then that’s how it is.

I: What about religion and the church? Does this play in to HIV and communication about HIV?

R: Yeah, yeah. I mean for one, I think we are a very religious country. As much as people try to say we are secular, most of society is religious in everything that it does. Our older generation is mostly Christian… and that plays a role because all the younger generation is having sex, but Christianity says sex after marriage, so how do you address and talk about these issues?

I: How much of an influence has growing up in ‘an era of HIV’ had on your life? Are you often made aware of it?

R: Yes, I do think about it- from the students that I work with, from being at [ ] the people who came for teen club, all of them were positive. Being sexually active it’s always at the back of my mind, you know. Like ‘watch out’, ‘protect yourself’- definitely something that’s engrained in my thinking.

I: What are the key things that need to be done in relation to AIDS prevention in Botswana?

R: Honestly, there’s only one key step that I need to talk about and that’s programmes that focus on behaviour change, because other than that the other things don’t work. What Young Love is doing now is giving people knowledge and there need to be more programmes which do this.

I: Are students at UB educated on HIV/related issues?

R: Yes, I’d say they definitely are… but that’s why I mention behaviour change a lot. Yes, we are educated. Yes, we think we know what’s what, but our behaviour shows otherwise.

I: What are the best ways to go about changing behaviour?

R: Eish, I don’t… It comes all from the individual. Often people have to experience things to change their mentality and truly learn. I can’t say people should experience how it feels to have HIV, but we need to put ourselves in other people’s shoes.

I: Finally- one last question. Where do think HIV/AIDS is heading in the future?

R: I’m hopeful. I think many proven programmes will be put in place, Young Love setting a standard. I hope condoms will be dispensed across the country and that ARVs will continue to be readily accessible. I hope that people’s attitudes will change- we can reduce the number of people affected by HIV/AIDS in Botswana.
I: Thank you for talking to me about this! I’m all done unless you have any further comments or questions.

R: No, that’s great- thank you!
9.3 **Appendix C**: Sample interview guide (professionals)

1. **Contextual/introductory topics**
   - Questions about role within the organisation, and motivations for joining.
   - General questions about how X organisation was started and how it is run at present (include aims, impact and effectiveness of programmes)
   - Contributors to organisation (Donors, volunteers, partners, staff etc.)

2. **The status of young people in a context of HIV/AIDS**
   - Definitions of youth
   - Assessing where young people fit into the wider picture of HIV/AIDS in Botswana.
   - The problems/pressures young people can face in Botswana.

2.1 **Representations and attitudes towards youth**
   - Perceptions of ‘youth’ and young people in Botswana amongst adults.
   - Media representations of youth.
   - Representations of OVC’s and young people living with HIV.

2.2 **Youth agency and responsibility**
   - The agency and responsibility young people possess in a context of HIV
   - Youth involvement in key decision making in relation to HIV prevention?

3. **Youth support networks**
   - The importance of X organisation in this…
   - An assessment of the different forms of support (services related to HIV/AIDS) that young people may be able to access.
   - Role models for HIV positive teens (at different levels)

4. **Education**
   - Availability of youth focused education about health and sexual decision making
   - Reflection in behaviour patterns?
   - Informal education… peers, communities, families?
   - X organisation’s educational programmes…

5. **Spatial/structural patterns**
   - Any differences/similarities between urban and rural + parts of Gaborone in relation to the impacts of HIV on young people.
   - The effects of wealth/class on the dynamics of the HIV epidemic (if any).
6. Gender
   - Any links/patterns between gender and HIV?
   - Differences (or similarities) between HIV positive males and females (can include experiences/examples)

7. Stigma
   - The prevalence of stigma (how, where and why)
   - Ways of addressing stigma

8. ‘Exceptionalism’

8.1 HIV/AIDS exceptionalism
   - HIV as an exceptional problem?
   - Differences and similarities between other major health issues (e.g. does it require ‘special’ interventions?)

8.2 Youth exceptionalism
   - Are youth uniquely impacted upon by HIV/AIDS? (if so how?)
   - The impact and relevance of making a case for targeted interventions

9. Recent changes and the future
   - Changes in the dynamics/impacts of HIV since the introduction of the MASA programme.
   - The role of technology (e.g. widespread cell phone use) and the internet.
   - The likely future direction of HIV/AIDS in Botswana.
9.4 **Appendix D:** Scanned copy of the Botswana Ministry of Local Government Research Permit attained as part of the process for gaining permission to facilitate focus groups with young participants at schools, universities and local NGOs.

---

**TELEGRAMS:**
Telephone: 3658400  
Fax: 3902263/1559

**Ministry of Local Government & Rural Development**  
Private Bag 006  
Gaborone  
BOTSWANA

**REPUBLIC OF BOTSWANA**

July 17, 2014

**Private Bag**
Gaborone

Dear Madam,

**RE: RESEARCH PERMIT**

This serves to acknowledge your application for a research permit in order to carry out a study entitled “The Changing Face of HIV/AIDS in Botswana: A Youth Perspective.”

The permit is valid for a period of one (1) month – commencing on July 17, 2014 to August 17, 2014 and it is granted subject to the following conditions:

1. Copies of the final product of the study are to be directly deposited with the Ministry of Local Government, Ministry of Finance and Development Planning, National Archives and Record Services, National Library Service and University of Botswana Library.

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

3. You conduct your study according to particulars furnished in application you submitted taking into account the above conditions.

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

Yours Faithfully,

[Signature]

---

**cc:** PS, Ministry of Finance and Development Planning  
PS, Ministry of Labour and Home Affairs  
PS, Ministry of Youth, Sports and Culture  
Director, National Archives and Records Services  
Director, National Library Service  
Director, Research and Development, University of Botswana

---

MLG – A centre of excellence in local governance & social service provision for improved quality of life

BOTSWANA  
Our pride, your destination
Appendix E: Scanned copy of a sample formal letter of permission (Page 1)

I am an undergraduate student at the University of Oxford in the UK and am currently undertaking a dissertation for the final year of my Bachelor’s degree in Geography. As part of this I will be in Gaborone until the 16th August to conduct research in my area of interest; youth perspectives on HIV/AIDS.

During this time I would really value being given permission to speak to at least one representative involved in the production of [censored] about the aims and impacts of your programmes as well as the chance to have a more general conversation about how young people in Botswana get information about life skills and sexual decision making. I’m really interested in outlets which send out empowering messages to young people in relation to HIV/AIDS, and having heard how successful your programmes are from other participants involved in my project I would love to be able to include some of your insights.

On a practical level, all this would involve is a relaxed and informal interview (this wouldn’t need to be more than an hour in length). If allowed, I would ideally like to be able to record any conversations, however please note that this would only be for the purposes of transcription (and the only person with access to this would be myself). As I’m not in Gaborone for much longer, I’m willing to be very flexible regarding practicalities (to save inconveniencing you) and can provide any documentation you require. At this point I would also like to stress that my proposals have gone through rigorous ethical review under the Central University Research Ethics Council (CUREC) at Oxford and I will be adhering to international ethical protocols on research with human participants. I would be able to ensure anonymity of any individuals involved (if this was desired) and would also be happy to share my findings/ a copy of my final research with you.

I have included some further information about the nature of my project overleaf but would be happy to elaborate on this either in writing or in person. I look forward to hearing from you soon.

Yours faithfully,
9.5 **Appendix E continued:** Scanned copy of a sample formal letter of permission (page 2)

**Undergraduate Geography Dissertation:**
**The changing face of HIV/AIDS in Botswana: a youth perspective**

This project differs from a great deal of HIV/AIDS related research carried out so far in that it will use entirely qualitative methods to explore what it means to live as a young person in a society where HIV has had a significant impact on many people’s lives. I will be getting perspectives from a range of young people about their perceptions and experiences related to HIV/AIDS, as well insights from organizations and institutions which are involved with youth and facilitating constructive dialogue around this issue. I’m particularly interested in innovative ways in which organisations have tried to tackle the myths and stigma surrounding HIV, so getting a better insight into how [redacted] has been able to combine entertainment and education through television/ radio programmes would be very relevant to my research.

**Why youth?**
Young people have been a relatively understudied frame of reference in the HIV/AIDS discourse, and though my project I would like to attempt to change this. Placing young people at the center of research is important due to the different kinds of agency they possess and their central place in shaping future trajectories.

**Why Gaborone?**
I decided to undertake my research in Gaborone for two main reasons. Firstly, Gaborone (and Botswana in a more generally) is a very special case in the picture of HIV/AIDS globally due to the incredible progress that has been made in recent years. I hope that my research will be relevant not just in a national context, but will translate to other countries. Secondly, I spent a large amount of my childhood in Gaborone (I attended primary and secondary school in Gaborone) and this is therefore an area which I am connected to on a personal level.

**Practicalities**
The practical nature of my research depends entirely on what you would be able to accommodate, but what I would really value is an opportunity to conduct at least one semi-structured interview with a member of staff involved with the production of Makgabaneng. I will be in Gaborone until August 16th, so this would ideally need to be at some point in the very near future. This week I’m available any time on Friday (July 1st), and should be able to make any time next week other than Wednesday (July 6th) and Thursday (July 7th) afternoons.

**Ethical guidelines**
My research proposal has been approved by the Central University Research Ethics Committee (CUREC) at the University of Oxford and I will be ensuring that all aspects of my research are in line with their ethical protocols (please get in touch if you would like further information about this). Any participants’ views would be anonymized in line with the ethical protocols my department follows. Please also find enclosed a copy of my Research Permit from the Ministry of Local Government in Botswana and one of my consent forms which provides further details about the nature of my project.