

How to contain HIV/AIDS Transmission : Role of Men in Botswana

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Introduction

Botswana has the highest (37.4 percent) HIV/AIDS prevalence in the world today. Although, the Government of Botswana has launched a wide ranging campaign for containing the HIV/AIDS pandemic ever since the 1990s, the results are not very encouraging. Even the utilisation of voluntary testing services provided all over the country is far from satisfactory especially among men who are the main transmitters of the virus. In this scenario, the effectiveness of the Anti-retroviral therapy (ARV) offered free by the Government also becomes circumspect.

So far as pregnant women are considered, the ante-natal clinics serve as an effective source to recruit them for HIV management. It is here the role of partners/husbands becomes apparent. It is found that the husbands/partners do not, generally, accompany their wives/partners to the clinics in Botswana . *The main thrust of the present study is to explore the reasons why is it so.* The results could be utilised for planning an action programme for increasing males' participation for HIV test and consequent treatment regimes.

Objectives of the Study

The main objectives of the study are the following :

1. to study the level of knowledge and awareness among men and women in the reproductive age group about the ongoing HIV/AIDS control programme in Botswana.
2. to study the level of knowledge among currently married (or cohabiting) men and women about the ante-natal care services offered by the Government of Botswana.
3. to explore the reasons and perceptions about the poor male involvement in ante-natal service Utilisation from the couples' perspectives.
4. to explore the reasons and perceptions about the poor male involvement in ante-natal service Utilisation from the perspectives of programme people and community leaders or elders.
5. to derive policy implications concerning enhanced male involvement in the ongoing HIV control efforts in the country.

Methodology

Data Collection

Data collection techniques envisaged for this study were mainly Focus Group Discussion (FGD) and In-depth interviews. Unlike quantitative studies, the methodology for qualitative surveys is less structured. Recruitment of participants in FGDs was done at the health facilities and in the community, especially for male participants. Potential participants were approached and the purpose of the research explained to them, as well as matters relating to confidentiality and ethical issues. A separate interview guide related to the FGD guide was used for in-depth interviews. All FGDs were conducted with the close supervision of either the Principal Investigator or the Co-Investigator.

Sample Design for Site selection

The total number of sites selected for the study was **four**; two urban sites and two rural sites. For this, Botswana which consists of 22 health districts was first divided into two regions; North and South. The two largest urban areas of Botswana - Gaborone and Francistown - were selected purposively. The rural sites from the north and south were selected randomly and they were Molepolole and Masunga. Two health facilities from each site was again be selected randomly from the list of largely attended facilities in the selected sites. These areas were the bases for recruiting Focus Group Discussion (FGD) participants of women attending anti-natal clinics. Thus, a sample of eight health facilities from across the country were covered for this study. From all these centres, a total of 16 FGDs were conducted.

Table 1: FGDs by Site, Gender and Age

Site	Gender	Adults Over 30	Youths 16-29	Total
Gaborone	Male	1	1	2
	Female	1	1	2
Francistown	Male	1	1	2
	Female	1	1	2
Molepolole	Male	1	1	2
	Female	1	1	2
Masunga	Male	1	1	2
	Female	1	1	2
Total		8	8	16

In-depth Interviews

In addition to the FGDs, 8 In-depth interviews with certain key informants were also conducted within the community as well as at health facilities. A key informant was someone who has a good and/or unique experience of the subject at hand, either by virtue of their practical experiences or profession. The key informants were mostly facility health workers, social workers, counsellors, religious and community leaders.

Data Analysis and Findings

We have just completed the analysis of the FGDs. The findings are revealing. The socio-cultural factors inhibiting men in accompanying their partners are manifold : some are manipulable and some others not. However, it is very encouraging to note that there are signs of attributes in the community which can be fruitfully utilised for enhancing male involvement in the fight against HIV/AIDS pandemic in Sub-Saharan Africa. The policy implications emerged from the analysis so far are tremendous. We are currently in the process of analysing the in-depth interview results.

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