

Exploring the Underpinnings Weighing Down the HIV/AIDS Campaign in Botswana and South Africa: A Literature Review

S.M. Kang'ethe¹ and Tatenda Manomano²

University of Fort Hare, Department of Social Work and Social Development, Box X1314, Alice 5700, South Africa

E-mail: ¹<skangethe@ufh.ac.za>, ²<tatendamanomano@gmail.com>

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ABSTRACT Although huge attention has been given to policy and programmatic implementation to arrest the HIV/AIDS epidemic especially in the Southern African countries hard hit by the epidemic such as South Africa and Botswana, the process has faced arduous and uphill task. This paper through a literature review methodology, seeks to investigate the underpinnings weighing down the HIV/AIDS campaign in South Africa and Botswana, as well as some few examples from other African countries. The following underpinnings have been identified for weighing down the success of the HIV/AIDS campaign-State of moral decadence; culture of condoning multiple and concurrent partners; patriarchy that condones men's unfaithfulness; pervasiveness of illicit risky sexual behaviours such as prostitution; pervasiveness of broken families and condomisation as a process of increasing risky sexual behaviours. The paper recommends the following to strengthen the HIV/AIDS campaign: strengthening behaviour modification processes, mainstreaming of social and cultural education; zero tolerance against sexual relations before marriage; and diluting cultures that condone multiple and concurrent partners.

INTRODUCTION

Globally, HIV/AIDS remains a cankerworm that continues to negatively impact upon the lives of those infected, affected and tax payers generally because of the high costs of the ARVs (Kang'ethe 2014a; Ramphele 2008; Barnett and Whiteside 2006). Indubitably, the impact of HIV/AIDS continues to be felt with a lot of strain and stress and in some instances with heart-breaking experiences. The disease is an important one and continues to occupy many international discussion agendas such as the popularly known Millennium Development Goals (MDGs) and other United Nations related platforms. Research indicates that more than two thirds of the populations of 25 most affected African countries reside in rural areas where information and health services are less available than in cities. This, therefore, means that these people are less likely able to protect themselves from HIV/AIDS and even if they fall ill, they are also less likely to know how to get care. This, if acceptable by the HIV/AIDS experts gives birth to the concept, ruralisation of HIV/AIDS, or if felt compli-

cated and slightly unacceptable, the concept localization of HIV/AIDS can do.

In many Sub-Saharan African countries, evidence of the epidemic continue to show that rural areas are increasingly bearing the brunt edge of the epidemic than the largely urban areas. Poverty, information lacuna, paucity of the Non-Governmental Organizations (NGOs) to effectuate the campaign, ignorance and inadequate resources such as information, education and communication services and materials, are factors that compete to offer HIV/AIDS a stronger ground to proliferate (Kang'ethe 2010, 2012). It is crucial that all the factors underpinning a poor campaign structure are unearthed or brought to the fore in order to attract interventional attention.

Perhaps good examples of paucity of resources to effectuate a compelling and a formidable HIV/AIDS campaign can be located in Botswana where rural areas are increasingly showing higher HIV/AIDS prevalence than the urban settings (Kang'ethe 2012). Disappointingly, these rural areas also feel the financial pinch or burden because HIV infected urban dwellers of rural origin will likely return to their homes when they fall ill. While ruralisation or localisation of HIV/AIDS may be a global phenomenon, but with the phenomenon being grave in developing countries, the most worrying fact is that many people succumbing to the disease hail from the Sub-Saharan region, with South Africa being the

Address for correspondence:

S.M. Kang'ethe

Professor

University of Fort Hare

Department of Social Work and Social Development

Box X1314, Alice, 5700, South Africa

E-mail: skangethe@ufh.ac.za

country with the highest number of people living with HIV/AIDS (Ramphela 2008). Ironically, and although South Africa is one of the Africa's hugest economic powerhouse, and continues to make gigantic milestones in the corporate and business world, fighting HIV/AIDS has posed an arduous and an uphill task (South African National AIDS Council 2007; Treatment Action Campaign 2007). Statistics indicate that 3.33 million people were infected with the disease in South Africa at the end of 2009 (Nyasulu et al. 2013), while the United Nations based statistics reveal that 5.7 million people were living with HIV/AIDS, 3.2 million being women and 280 000 being children (ages 0-14) (UNAIDS 2008: 01). Although praised for its prudence and aggression in the HIV/AIDS campaign compared to other African countries, Botswana's HIV/AIDS prevalence does not appear to dwindle as expected. Perhaps this can be evidenced by the fact that in 2004, the population based prevalence was 17.1 percent, in 2008, the prevalence rose to 17.6 percent and the current prevalence is believed to be around 24 percent (Central Statistics Office 2008; Government of Botswana 2009). Unarguably and in the context of South Africa and Botswana, one huge grave impact is having to contend with a huge number of Orphans and Vulnerable Children (OVCs) (whose parents succumb to the disease), child headed households; as well as, female and male headed households. This creates serious pressure and burden on the already overwhelmed government struggling to deal with the ever rising levels of unemployment and other social problems (Kang'ethe 2014b). Other literature indicates that there is a lot of ignorance that has played a significant part in making the situation grave. Perhaps this prompts some questions such as to what extent could the possible underpinnings be contributing to the escalation of HIV/AIDS in the rural areas. These authors think that it is only when such factors are brought to the fore that plausible and formidable campaign fronts can be promulgated. It is especially critical that the state and quality of social education is analysed. This is because reliable literature indicates that the education of the youths and children has a tremendous ability to foster HIV/AIDS preventative behaviour (UNESCO 2001). However, these authors consider investigating the underpinnings weighing down successful HIV/AIDS campaign front critical and can lead to plausible

and formidable interventions to stem down the unrelenting state of the epidemic. This is urgent especially for South Africa that holds one of the highest rates of HIV/AIDS prevalence and with the stock taking of MDGs just around the corner (2015), the platform offered by this paper is welcome.

Problem Statement

Indubitably, South Africa and Botswana have been battling the state of higher HIV/AIDS prevalence. On the other hand, South Africa still battles with the challenges that the country inherited from the apartheid regime which racially and economically discriminated especially the blacks. To this end, the two countries have instituted numerous policy and programmatic clauses to handle such developmental gaps. Regrettably, South Africa being one with the highest number of people living with HIV/AIDS; and Botswana being second in the world after Swaziland for its higher prevalence, appear not to make significant scores in the direction of stemming down the HIV/AIDS pandemic. These authors contend that unearthing possible underpinnings that form a platform of HIV/AIDS proliferation for these two countries could be the right direction to stem down the unrelenting state of the epidemic. They also hypothesize that weaker campaign structures, inadequate social education, poor commitment to behaviour change, weaker family structures, emphasis on condomisation as opposed to abstinence could be reasons weakening the chances of a successful campaign in these two countries, although with some differences. It is critical, therefore, that an investigation be carried out to bring to the fore a score of factors that could be weakening chances of achieving successful HIV/AIDS campaign process for these two countries. The investigation is also likely to suggest ways of strengthening the HIV/AIDS campaign such as bolstering information dissemination process.

Rationale of the Study

This paper aims to raise and stimulate arguments and discourses that analyse possible factors contributing to the weakening of the HIV/AIDS campaign in both South Africa and Botswana. This is in an endeavour to possibly

promulgate modalities and strategies of strengthening and beefing up the quality and magnitude of an array of factors that will ensure a formidable HIV/AIDS campaign to stem down HIV/AIDS significantly for both South Africa and Botswana.

METHODOLOGY

This study has adopted the use of literature review to raise debates and discourses pertaining to a score of underpinning factors that continue to derail the success of the HIV/AIDS campaign in South Africa and Botswana, and suggesting plausible and formidable methodologies to ensure a successful HIV/AIDS campaign front. The authors have consulted United Nations documents, journals, newspapers and other papers to ensure that the correct and credible information to explore critical factors on the ground derailing a successful HIV/AIDS campaign front that will stem down the HIV/AIDS epidemic.

OBSERVATIONS AND DISCUSSION

A Score of Factors Derailing a Successful HIV/AIDS Campaign in South Africa and Botswana

State of Moral Decadence

It is an undeniable fact that one of the main causes of the spread of HIV/AIDS is through sexual transmission in Africa (Jackson 2002). Although the state of moral decadence can be initiated by either men or women, various sexual based researches in Africa as in other parts of the globe point at men as more likely to be more promiscuous than women. This might confirm globally held thinking that men are generally more promiscuous than women. However, this being the case, men are biologically also perfect transmitters of the virus more than women (Kang'ethe 2009).

Other findings also hold that in generally many African countries, males, more than their female counterparts are primarily responsible for the spread of HIV/AIDS among the married and cohabiting relationships. This findings can perhaps be corroborated by reliable information that reveal that women are more vulnerable to HIV/AIDS because in many cultural contexts, they

are expected to be faithful while the husbands are expected to have multiple partners (Kang'ethe 2009).

Incontrovertibly, moral decadence is a cancerworm that continues to wreak havoc on the prevention efforts against the HIV/AIDS onslaught (Walque 2011). Shockingly in South African cultural settings, females are expected to unanimously grant a request by a male for sexual intercourse as an obligation that binds them (Maladi 2000 as cited by Mswela 2009).

Cultures Condoning Multiple and Concurrent Relationships

Undeniably, many countries' constitutions provides for cultural rights. In South Africa, for example, the national constitution exposit the right to belong and practice a culture of one's choice. This cultural right is also a universal and a global one in that what is in many countries' constitutions providing for the rights to a culture is a development from universal instruments acknowledging that individuals have a right to a culture. Section 30 and 31 of the South African bill of rights indicate that the persons involved or belonging to a cultural, religious group have a right to enjoy, express and practice that culture making it a community shared right (Mswela 2009; Republic of South Africa 1996).

While the rights to cultures are provided for in many countries' constitutions, perhaps it is central that the perfidious and ramifying aspects of the cultures are brought to the fore for possible redress (Kang'ethe 2014c). For example the effects of cultures condoning men's concurrent and multiple relationships can be located from an array of proverbs that have been used in some countries to justify men's behaviour. For example in Botswana, the following proverbs have been used.

"monna ga a agelwe lesaka" that loosely translates that a man should not be tied to one woman;

"monna ke selepe, o a hapaanelwa" *"monna ke selepe, o a tsamaya o a rema"* that, loosely translates that a man has liberty to associate with multiple and concurrent partners;

"monna ga o botswe kwa otswang teng" that loosely translates that a man should not be asked where he passed the night (Kang'ethe 2014c).

Among the Kikuyu people of Kenya, the same thinking is also supported by a saying that “*gutiri njamba ya mwera umwe*” that translates to say that there is no cock that mates with only one hen. The proverbs above indicate the societal mind-set as far as men’s behaviour towards multiple and concurrent partners is concerned. Although the strengths of these proverbs have been waning especially due to increased spread and embracement of Christianity, many parties are still influenced by them and find justification through them. However, perhaps the 2015 passing of a law in Kenya to allow polygamous marriages could to a huge extent be influenced by men’s behaviour and reflective of such cultures. In fact, one of these researchers who has lived in Botswana over a decade would also bear testimony that the society does not seriously frown upon the phenomenon of extra marital affairs outside marriage. In fact the campaign against HIV/AIDS in Botswana has always targeted to woo men and women to indulge in monogamous relationship. This is because the phenomenon of multiple and concurrent partners has been found to be one of the hugest risk factors in the spread of HIV/AIDS (Kang’ethe 2014c).

Cultural Patriarchy Condone Men’s Unfaithfulness

It is then no wonder that in many African countries such as South Africa, Botswana and Kenya, to point only a few, husbands because of their likelihood of having more than one partner are likely to facilitate the spread of the virus to many innocent wives living faithfully in their homes (Byamugisha et al. 2002). These sentiments are supported by evidence that reveal that many couples find themselves sero-discordant when one of the partners is infected with HIV/AIDS and the one is not (Treatment Action Campaign 2007). Perhaps the facts of Africans subscribing the norms of patriarchy could explain why men tend to be more promiscuous than their female counterparts (Kang’ethe 2009). While this argument could be debated along, it is succinctly crystal clear that many patriarchal societies have tended to skew power dynamics to favour men at the expense of women. Perhaps this is why Kang’ethe (2010b) in Botswana advises that for the HIV/AIDS campaign to achieve gender

equality and support of men, efforts to dilute patriarchal cultures need to be strengthened.

In some African societies, the culture of widow cleansing can also wreak havoc on the status of the widow. This is especially when friends and relatives of the deceased married males are expected to have sexual intercourse with the widow of their deceased relative as a purification process while widowers maybe expected to have sexual intercourse with the sisters of his deceased wife. It is even heart-breaking that some of the male relatives enforce themselves even to sleep with a widow who is HIV Positive. The scenario above reflects and mirrors the culture of wife inheritance embraced by the Luo people of Kenya and some communities in Zimbabwe (Kang’ethe 2014c).

Prostitution

This is a conventional and commonly known aspect of moral decadence (MacArthur 1997). According to many religious tenets and sacred literatures such as The Holy Bible and Koran, to mention just a few, prostitution is, and remains one of the dark evils that confront humanity. It takes away people’s dignity, abuses one’s body, corrupts the mind and the soul, shakes the spiritual sanctity of human nature, is shameful and takes away the religiously, socially, culturally ascribed dignity inherent in human nature (Byamugisha et al. 2002). Ironically in some circles and countries, it has been liberalized and institutionalised as a human right. This means it has a place in those countries’ bills of rights and constitutions (Barrett-Grant et al. 2001).

Perhaps the process of humanising the rights of prostitutes appears to be a babe of the west than in other regions of the world, and apparently some countries that are increasingly adapting Eurocentric values such as South Africa. In countries such as Germany, prostitutes are also supposed to pay tax just like any other profession. The trade has been professionalised and institutionalized. However, the interest of these authors is to highlight the role of prostitution in providing a fertile niche for HIV/AIDS proliferation. In many African countries, prostitution is becoming a huge norm and is viewed as a spinoffs of developmental challenges such as unemployment and a consequence of poverty. This reminds one of these authors what some research participants living with HIV/AIDS in Botswana

said that they were left with no economic choice but to do prostitution as a way of fending for their children and themselves (Kang'ethe 2012) and that prevention took a second choice priority.

Prostitution as a trade in South Africa is so widespread especially along the routes where truck drivers stop to rest and recreate themselves. The trade is also known to thrive well in mining areas due to massive employment. Although the trade is not a preserve of these two population cadres, these are the most notable vulnerable groups that fall prey to the trade. They are known to offer easier and ready market. The trade is a major *vector* for the spread of HIV/AIDS in South Africa. It is good to state that feminization of poverty is increasingly leading to feminization of HIV/AIDS and that governments need to affirmatively empower especially the younger women who find themselves with no option but to resort to prostitution as a way of earning a living. To corroborate the need to empower women, the United Nations indicate that since slightly more than half of all the people living with HIV/AIDS are women and girls, there is an urgent need to protect them as well as ensuring their economic independence from older men (UNAIDS 2010). These authors strongly believe that social education also needs to be strengthened so that people involved in prostitution can be well informed of the perfidious and ramifying effects of prostitution, as well as ways of reducing the risk attached to it. Perhaps strengthening social education may not be a preserve of the government, but should enlist the role of the societal leaders, policy makers, faith based organizations (FBO) and the NGOs to collaborate and synergise in programme planning and effectuating social education that can go a long way in addressing promiscuity and its perfidious and ramifying consequences.

Broken Families are a Recipe of Increased HIV/AIDS Pandemic

Indubitably, the success of all the social institutions may depend on the strength of the family institution. This is because a strong family binds its members together to an integrated and cohesive whole (Kang'ethe and Gaseitsiwe 2012). Perhaps what makes people stick together in a strong family is that the family members may be bound by some family norms which all may be following, a stronger controlling unit, either a father, or a mother, and there is reciprocal and mutually compelling forces among the

members. Families break up when there are disagreements and when different parties choose to follow their own whims and wishes. This usually results in separation or divorce. While the result of HIV/AIDS is a major cause of family break-up, the phenomenon also forms a palatable niche for the HIV/AIDS proliferation. This, therefore, becomes cyclical. When one parent dies or becomes weak due to the impact of HIV/AIDS, families become weak and can collapse or break off altogether. Perhaps this would be signalled by children having to be shared to be taken care of by closer family members because of their parent or parents becoming incapacitated and therefore totally dependent on others. In countries such as Botswana, such children may also have to be assisted by the Department of Social Welfare for any possible placement; while in South Africa, the Department of Social Development have to take the task. It is unfortunate that children face the severe brunt of HIV/AIDS. They are likely to be socially weakened, their self-esteem lowered, stigmatized, and sometimes heading families (Ranchod 2005 as cited by Mpontshane 2008). Such children may lose their opportunity to continue with schooling and may find themselves swimming in a sea of poverty and other ramifications and possibly fail to make it in life. Such children may themselves be targets of abuse and other HIV/AIDS related incidences. The end result is that the breaking of their families becomes a recipe to an environment of further vulnerability to HIV/AIDS (Kang'ethe 2011).

Other literature in South African context indicates that in most cases where orphans are without parents or a visible guardian, they are found to be involved in sex work as a means of earning income and looking after their other siblings or family members (Kang'ethe 2011). Other reliable statistics on the South African context indicate that if there is no major treatment intervention for HIV/AIDS, about 3.05 million children under the age of 18 would be paternally orphaned by HIV/AIDS. Also, almost two million children would have lost both parents in South Africa. The resulting figure is that 5.6 million children under the age of 18 would have lost either one or both parents due to HIV/AIDS by 2015 (Children's Institute undated). This is a serious blow to many African countries hit by the epidemic such as South Africa and Botswana as far as fulfilling some of the Millennium Development Goals is concerned.

Condomisation has Increased Risky Behaviours

Globally, the use of contraceptives, hugely condoms, appears to be the most popular and conventional form of HIV/AIDS and STI prevention (Mario 2014). The tool has been very popular because the use of abstinence has been found to be socially unacceptable. This is because people would like to enjoy sex unabatedly and uninterruptedly (CSO 2008). Amidst the threat of HIV/AIDS infections, condoms were introduced to protect people from HIV/AIDS related infections during risky sexual behaviours (Mario 2014). However, although the condoms were introduced for those reasons, their efficacy is not 100 percent and are prone to failure. Perhaps of grave challenge to the use of condoms is that the users fail to use them correctly and consistently especially under the impact of alcohol (Kang'ethe 2007, 2012; Treatment Action Campaign 2007; Mario 2014). Other sentiments actually note that condoms also increase the chances of risky sexual behaviours to a very great extent and this makes them an opposing weapon than a protective weapon (Samuel 2005). The evidence is compelling in that countries such as South Africa and Botswana that have recorded increased condom use have not had their HIV/AIDS epidemic abate meaningfully. Perhaps the thinking of these authors is that condoms allow people to engage in myriad sexual encounters simply because they are emphasized they form a reliable barrier. However, not much has been emphasized about condom failures and more so the failure of the users to store them appropriately and use them correctly and consistently (Mario 2014). Apparently, societies are generally reluctant to adopt the use of other reliable methods such as abstinence. Shocking evidence abounds that the use of condoms has not been able to prevent other countless STIs such as HPV known to cause genital warts, cervical cancer, hepatitis B and C (which cause liver cancer), syphilis, herpes genitalis and chancroid etc (Mario 2014; Samuel 2005). These are the diseases in Kenya that have been documented to infect the poor, the malnourished and the disadvantaged women (Samuel 2005).

It is however unfair that most members of some South African countries especially in rural areas are unaware of the perfidious and ramifying effects of relying on the condoms as the only preventive endeavour (Han and Bennis

2009). Apparently, all the information pertaining to gaps associated with condom use does not appear to dawn on many people. This is probably because the HIV/AIDS campaign in some countries has been skewed to make people believe that the use of condoms for prevention is the only better available option, or have not been strong in emphasizing other plausible and apparently working interventions. In fact the campaign in some countries appears to have obscured the use of abstinence as the only reliable methodology to the HIV/AIDS prevention (Avert 2014). It is in these authors' contention that social education could facilitate abstinence from sexual behaviours before marriage as a way of protecting and ensuring sustainable livelihoods. Obligation wise, the use of sex should be an exclusive privilege to only one faithful partner in marriage.

Perhaps the Southern African countries need to borrow a leaf from the Ugandan campaign which has tilted its campaign front to lean heavily on abstinence as opposed to the use of condoms. It is pathetic that the approach has not earned Uganda a significant credit from the western world countries that used to praise the country for saving the country from the worst epidemic in Africa through massive use of condoms (Avert 2014). This could be an imperialistic mentality that most western world hold that they need to tell Africans everything that they need to do, and any country treading a dissenting view is blacklisted against possible funding and other development aid packages (Glennie 2011). For example, after Uganda government tried to criminalise gays and lesbians, the scenario has soured the relationship between the country and the western world countries. It is these authors' thinking that the West need to respect African thinking and approaches to their challenges irrespective of their paucity of resources. Importantly, Africans need to negotiate for their identity in the global platforms.

Strategies to Bolster the HIV/AIDS Campaign in Southern African Countries

Zero Tolerance towards Sexual Relations before Marriage

These authors would wish that leaders from government, NGOs, FBO's, private sector and private individuals advocate and lobby to the general populace to observe zero tolerance for sex before marriage. These authors think that

the state of moral decadence through improper sexual encounters and indulgence is responsible for increased prevalence of HIV/AIDS. This is because in many platforms especially from African countries, the gravest driver of the epidemic is heterosexual sexual indulgence. This would also be in line with what many religious sacred literature holds, whether Christianity, Islam, Sikhism etc. (Kang'ethe and Rhakudu 2010). Indubitably, the ability to stick to one partner and remain faithful to that partner is an old-time tried and tested and useful methodology to prevention (Byamugisha et al. 2002). This is because it reinforces safety and zeroes the chances of infection of the HIV/AIDS. These authors, in the light of the pervasiveness of broken families, promiscuity, and excessive alcohol intake think that since the use of condoms appear to be failing flat, turning and galvanizing on abstinence is the only methodology that will ensure zero transmission of the HIV/AIDS (National AIDS Coordinating Agency (NACA) 2006; Government of Botswana 2009).

These authors are also happy that resuscitation of cultures such as virginity testing among the Zulu people of South Africa might spill over to other communities so that maintenance of sexual chastity through cultures can become a huge norm and a plus to bolster and augment prevention. Perhaps this would be a lesson to many African countries hard hit by the epidemic that Africans can indigenously effectuate prevention of HIV/AIDS through home brewed interventions such as virginity testing and observance of sexual mores and taboos (Kang'ethe 2014c,d)

Mainstreaming Moral and Cultural Education to Societies

Although many HIV/AIDS campaigners/managers do not want the disease to be associated with promiscuity, the phenomenon is indeed a huge driver to the HIV/AIDS epidemic (Mario 2014). However, not all the people who get the disease are either immoral or promiscuous. This is because the drivers are many, indulgence in unprotected sex being one of the major one (Kang'ethe 2014a). However, indulging in sexual endeavour with someone to whom one is not married to can amount to either fornication or immorality. Being immoral or being a fornicator, according to religious literature is bad and a

detestable habit (Byamugisha et al. 2002). It is critical, therefore, that faith based organizations and institutions of learning seriously engage in mainstreaming moral, ethical and sex education with the goal of having a citizenry that respects sexual chastity. However, this may not be easy in a country such as South Africa where people as young as 16 can by right consent to sexual engagement (Barrett-Grant et al. 2001). Advisedly, perhaps people need to disregard some of the Eurocentric values that are already embedded in some countries' constitution (Barrett-Grant et al. 2001). These authors, influenced by their African cultural socialisation think that although a 16 old girl may by law consent to sexual indulgence, and she is physiologically mature, she should be regarded as a child if she is schooling and dependent on others for her livelihood. It is therefore important that societal norms especially those that can protect and defend sexual chastity are supported.

Strengthening of Behaviour Modification Processes

It is critical that processes to effectuate behaviour change are strengthened in order to bolster prevention endeavours to fight and prevent HIV/AIDS and other illicit behaviours (Maguire 2002). People who may have fallen prey to excessive alcohol intake to an extent that they are addicted may need to be subjected to behavioural modification processes such as alcohol desensitization (Maguire 2002). Perhaps this is important because alcohol offers a platform for viral proliferation. This is why Kang'ethe indicates that alcohol is a driver since when individuals are tipsy, they become vulnerable by easily engaging in a sexual encounter (Kang'ethe 2007). It is also critical that various forms of counselling is availed to people so that they can understand the ethical, moral and cultural gaps that their behaviour makes, and also learn to embrace socially, morally and culturally appropriate behaviours.

When these authors conduct a theoretical cost benefit analysis of a habit such as prostitution, they would rather have it abolished and empowerment interventions such as employment opportunities are affirmatively considered to women. It would also be critical that sexual related counselling is availed or increased in order to professionally handle such cadre of the population.

Diluting Cultures That Condone Multiple and Concurrent Partners

In this epoch of democratic dispensation, it is critical that women are also freed from retrogressive cultures that see them as sexual objects, as subordinate to men and individuals who have to always follow the whims and wishes of their male counterparts (Kang'ethe 2009). Women need to have a relatively high esteem to be able to make independent decisions about their lives. Unfortunately, patriarchal mentality appears to have influenced both parties to an extent that women have accepted, or have been socially forced to embrace a culture of being subordinate to men. This has had some perfidious ramifications in that women are not able to tap, exploit and unleash most of their capacities for not only their development, but also for the development of their countries. It is critical, therefore, that men, for developmental purposes, accept to release some of the culturally held and ascribed powers to their female counterparts. Importantly, men also stand to benefit from such kind of women empowerment (Kang'ethe 2009, 2010). However, the phenomenon of multiple and concurrent partners should not be equated to polygamy. However, polygamy is a perfidious culture because in some cases, young girls are wedded off to the elderly married men. Such has been happening to Kenyan nomadic communities such as the Maasai (Kang'ethe 2013).

CONCLUSION

Indubitably, HIV/AIDS in African countries that are refuge to close to two-thirds of the global HIV/AIDS cases cannot be arrested unless all the drivers to the epidemic are timeously identified; as well as plausible and formidable interventions are put in place to surmount and circumvent the drivers of the epidemic. Perhaps this requires a strong collaboration with as many different stakeholders as possible from the government, NGOs, FBO's, private sector and private individuals. While it cannot be denied that HIV/AIDS in Africa is heterosexually transmitted, working on modalities to deter or undermine this heterosexual transmission should form the most important part of the HIV/AIDS in Africa. It also need be borne that the use of condoms does not appear to yield huge divided pertaining to prevention. Exploring indigenous-

ly home grown interventions and solutions such as the resuscitation of virginity testing can be a huge milestone to African countries hardest hit by the epidemic.

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