

Zero Stigma, Zero Discrimination and Zero Infection: A Farfetched Dream for Botswana

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Abstract

Botswana has been hailed as one of the few African countries that has tackled the HIV and AIDS scourge head on. This is evident in the number of measures she put in place to curb the pandemic, these include among others free distribution of Anti-Viral drugs, preventing transmissions of the virus from pregnant mothers to child by rolling out Prevention from Mother to Child Transmission Programme (PMCT) to mention but a few. Despite all these initiatives new infections continue to rise and people are still dying of HIV and AIDS related ailments. The question that comes to mind is where has Botswana gone wrong? It is as a result of these recurring incidents that the paper argues that in spite of all the concerted efforts, the zero stigma, zero discrimination and zero infection remains a farfetched dream. The paper will discuss at length why the slogan is an impossible dream by looking at specifically male prisoners who have been requesting the Botswana Government to provide them with condoms because of their vulnerability within the prison cells. Secondly, sexual minorities of Botswana who survive behind the mask will be discussed. In the former, the government has refused to bend stating it was unconstitutional. Since male and female prisoners did not share prison facilities by distributing condoms they will be encouraging illegal acts within prisons designated to males. By virtue of being unrecognised by the Constitution of Botswana, sexual minorities of Botswana continue to be under constant attack from the Botswana Government and the Church. Unless these two issues are fully addressed, the paper concludes that zero stigma, zero discrimination and zero infection for Botswana will always remain out of reach.

Keywords: Botswana, HIV and AIDS, Stigma, Discrimination, Infection, Constitution, Prisoners, LGBTs, Church.

Introduction

Botswana just like many African countries has been hit hard by the HIV and AIDS epidemic. The disease which has been dubbed the ‘world biggest killer’ has caused unimaginable devastation not only to the economy but also to the social fabric of the society. Even though the disease is preventable, it has remained the most devastating syndrome humanity has ever encountered. As a result of this devastation Botswana decided to tackle the pandemic head on by establishing major strides in combating the spread of the disease. This includes among others the roll out of free Anti-retroviral Drugs, Prevention from Mother to Child Transmission programme (PMTCT), sex education to mention but a few.

However, despite these efforts, the new infections continue to be registered weekly, while children are born with the virus. It is the intent of this paper to establish why the efforts made by Botswana government have been deemed fruitless. We argue that the main reason is mainly because of some sections of the society which have been neglected and marginalised therefore, contributing to the spread instead of the curb of the disease. In the paper we will:

1. Introduce HIV and AIDS as a Botswana problem
2. Explore the milestone Botswana has covered in a bid to curb the disease.
3. Discuss why zero stigma, zero discrimination and zero infection is a farfetched dream,
4. Explore the position of sexual minorities that is LGBTs position with regards to Botswana government and the Church.
5. Assess the position of the Botswana Government vs. Male Prisoners,
6. Conclude that unless the above issues are resolved, Zero Stigma, Zero discrimination Zero infection are a farfetched dream.

Defining Terms

Before delving into the main argument of the paper it is important that we

define the two contested terms which the papers' argument will revolve around, that is stigma and discrimination. Unless these issues are addressed HIV infections will continue to rise in Botswana, hence rendering the Government efforts futile. In Botswana, sexual minorities and prisoners endure stigmatization and discrimination, hence the fight against the scourge becoming a losing battle since they are left out of the race. As a result they do not have any dignity which is 'the state of being worthy of honour or respect left in them' (*Oxford Encyclopedic English Dictionary*, 1991:403). Stigma becomes a very powerful tool to bring this group of minorities into disrepute since they are never fully considered part of the society's mainstream. Foreman, Lyra and Breinbauer (2003), concludes this discrimination is in most cases characterized by rejection, denial, discrediting, disregarding and under rating of these groups (Foreman *et al.* 2003). Botswana prisoners and sexual minorities suffer the most stigma, because most of their HIV infections are frequently associated only the disease that have severe disfiguring, incurable and progressive outcomes especially when modes of transmission are perceived to be under the control of individual behaviour (Gilmore & Somerville 1994). Furthermore, in their case being infected is perceived as a result of the transgression of social norms, such as socially-sanctioned sexual activity (Mmolai 2007). LGBTs and prisoners suffer because they are seen as outcasts and in cases where they are infected with the HIV they are prejudiced, discriminated and stigmatized because of their conviction in the former and their sexual orientation in the latter.

A study conducted by Mawadza (2004) in Zimbabwe revealed that the shame of having a disease that is strongly associated with sex generates the stigma. Hence it follows that there are challenges of stigma and discrimination especially in cases where Voluntary Counselling and Testing is employed. Stigma mainly comes from targeting marginalised groups which in turn breeds fear and intolerance to these groups in the public domain. This in turn defines their vulnerability and their ability to protect themselves from HIV and AIDS or deal with its impact.

HIV and AIDS in Botswana: A Milestone

According to WHO report Botswana's first AIDS case was reported in 1985. At the time AIDS was seen as a disease that affected male homosexuals in the west and people from African countries (Hoeywood 2014). This turned out to

be mistake on the part of the government of Botswana because the disease spread rapidly through heterosexuals than homosexuals. Gopolang Letamo (2003: 347-348) gives a detailed presentation of the government efforts to curb the disease by introducing different phases since the first victim of AIDS was found. The timeline of the phases introduced have been summarised as follows: During the years 1987-1989, the Government of Botswana introduced screening of blood in a bid to eliminate the risk through blood transfusion. While from 1989 -1997, the Botswana Government further introduced the Medium Term (MTP) where the introduction of information education and communication programmes was effected; however, the response was still quiet narrowly focused. In 1997 the response to HIV and AIDS was expanded in many different directions to include Education, prevention and comprehensive care including the provision of anti-retroviral treatment with the overall goal of not only reducing HIV infection and transmission rate but reducing the impact of HIV and AIDS at all levels of society.

The year 1999 saw the formation of National AIDS Coordinating Agency (NACA) which was formed and given the responsibility for mobilising and coordinating a multi-sectoral national response to HIV and AIDS. In 2001 Government decided to indicate a rapid assessment of feasibility of providing anti-retroviral drugs through the public sector. The programme began at the a single site in 2002, after a slow start expanded rapidly during 2004, so that around half of those in need were receiving medication by the end of the year.

There are programmes in place where there is public education and awareness. The ABC of AIDS, Abstain, Be Faithful, and if you have sex use a Condom was one of them. Furthermore radio drama like '*Makgabaneng*' dealing with culturally specific HIV and AIDS – related issues and encouraging changes in sexual behaviour. There was also work place peer counselling, development piloting and distribution of facilitators manual. Furthermore, education which targeted young people was introduced to provide education to young people with HIV education or prevention in order to protect them from infection. Furthermore, Youth Health Organisation (YHO), a non-government organisation which is run by youth conveys messages through art festivals, dramas and group discussion. School based learner's plays educating young people by introducing Botswana specific HIV and AIDS materials from ministry of education. There was also an initiative of Teacher capacity building programme developed jointly.

In 2016 Botswana government introduced a 90-90-90 programme which is a set of goals. A concept introduced by the United Nations programme on HIV and AIDS. By 2020 the government has set a target of 90 percent of people living with HIV knowing their status and 10 percent on treatment to have viral suppression. There will be a push for a test/treat initiative in which all those who test HIV positive would be enrolled for treatment regardless of their CD 4 count. Currently HIV treatment starts when ones' CD4 count is at 350 (Dube 2015). It is evident that the government of Botswana has worked very hard in curbing the spread of the disease however the disease continue to spread especially amongst the youth who are very educated and very much aware of the ramifications of the scourge. The question that remains are where has Botswana gone wrong in addressing the pandemic?

An Impossible Dream: Zero Stigma, Zero Discrimination, Zero Infections

Despite the milestone covered by the Botswana Government in curbing the spread of the HIV and AIDS the ramifications of the virus continues to surface where stigma and discrimination especially against those who are living with the disease continue to be felt across class and education divides. These new infections renders the government efforts futile making the zero stigma, zero discrimination and zero infection a farfetched dream. So far the ABC campaign has fallen on death ears, PMTCT has not yielded any results because there are babies who are still born with the HIV virus. There is high prevalence of multiple concurrent partnerships (MCP) and recent studies have shown Botswana has the highest divorce rates in Africa because of promiscuity and infidelity among partners. Information from the Lobatse High Court, Civil 2 Registry Matrimonial cases reveals 679 registered cases from January to October 2010. The most affected age group is that from the mid-thirties to 40 (Seitshiro 2010).

In Botswana there are still unequal gender relations in the country resulting in sexual exploitation in sexual relationships. The most recent to be trending is inter-generational relations which have taken a new form of 'Cougars' formerly known as sugar mummies and 'Blessers' who used to be called sugar daddies. Social media like facebook has taken the issues of behavioural change to another level. It is as a result of these issues that the

zero stigma, zero discrimination and zero infection becomes an impossible dream. Although we would like to dwell on that, the scope of our paper does not allow, however we would like to introduce the emerging issues which we believe further contribute to this impossible dream. This is the position of Botswana Government, and the Church versus the sexual minorities of Botswana and the distribution of condoms in Botswana prisons.

The Sexual Minorities (LGBTs) of Botswana versus Government and the Church

The constitution of Botswana does not recognise the existence of homosexuals or LGBTs communities in Botswana. This move we argue has in a way contributed to the spread of the virus thus contributing to the disease growing instead of subsiding. Botswana Penal code does not recognise homosexual as legal. The homosexual acts are listed in Division III: under Offences against Morality. Section 164 states that:

... any person who ... 'has carnal knowledge of any person against the order of nature' or 'permits any person to have carnal knowledge of him or her against the order of nature is guilty of an offence and is liable to imprisonment for a term not exceeding seven years'.

Section 167, continues by saying:

any person who, whether in public or private, commits any act of gross indecency with another person, or procures another person to commit any act of gross indecency with him or her, or attempts to procure the commission of any such act by any person with himself or herself for another person, whether in public or private, is guilty of an offence.

Despite being very strict on the rights of homosexuality, it worth highlighting that the Botswana constitution gives citizens of the country a number of rights, which tend to contradict the ones stipulated above. For instance in Article 3: 'every person in Botswana is entitled to the fundamental rights and freedoms of the individual, that is to say , the right, whatever race, place of origin, political opinions, colour, creed or sex'. The law leaves so

much to be desired because no matter how the penal code is read, there are inconsistencies which exclude the queer community of Botswana in the country. Furthermore, the church in Botswana does not seem to empathise with the queer community, in fact it has recently unleashed an onslaught on the queer community of Botswana.

The Position of the Church in Botswana on Sexual Minorities

Let us reiterate what we mean by the church. Considering the attitude of the church towards the Queer society in Botswana, three classifications can be drawn. Firstly, those that have opted to keep silent on the topic especially the African Independent Churches. Secondly, those who oppose while rejecting homosexuality outright, namely, the Evangelical/ Pentecostal churches and lastly those that have adopted a more tolerant stance that is the mainline churches. We are particularly interested in the second group which stands to oppose and reject homosexuality in its entirety. This is where we fit in the Evangelical Fellowship of Botswana because of the pandemonium when the Lesbians, Gays and Bisexuals of Botswana (LEGABIBO) applied for their society to be registered. For the first time, the issue of homosexuality became a battlefield where beliefs about the Devil, the Anti-Christ and the end times provide a powerful religious language through which people respond to the ‘threat’ (Van Klinken 2013:522).

There is no doubt that the EFB (composed of a group of Evangelical and Pentecostal churches) in Botswana did not want LEGABIBO to register as a society on the pretext that it was a ‘threat to the moral fabric of the society’ is homophobic. There are many pointers to these, for instance EFB see the society as ‘unholy and against biblical terms’ (*The Voice* 2013:1). As a result EFB advocated for stiff measures and penalties against the Queer society. In one of the meetings the EFB Pastors openly attacked the queer society of Botswana by saying:

Protecting lesbians and homosexuals will be a grave mistake that will instigate Botswana’s descent into self-destruction. The police should act fast to curb this vice. These people can be rehabilitated. We must pray for their deliverance (*The Voice* 2013: 1).

For his part Vice president of Evangelical Fellowship of Botswana

(EFB) Bishop Owen Isaacs claimed Christians found it very difficult to accept the society because it goes against the principles of Christianity. He says:

Homosexuality is pure abomination and the Bible clearly defines it as an evil practice, Christians do not hate people but rather they cannot accept the practices of sodomy. Some of us who believe in the principles of God can never accept such practice. The practice is not only unholy but goes against the Setswana practice (*The Voice* 2013:1).

The EFB President further saw homosexuality as violating law of God and cautioned law makers not to legalize it as that would be tantamount to ‘pandering to the whims and selfish desires of the immoral few at the expense of the national interest’ (Ibid.). It is clear he was attacking the Queer Society, he hypocritically cautioned the Church not to attack homosexuals and lesbians, but rather seek ways of assisting them where possible, for he saw them as those ‘in need’.

He concludes by calling upon legislators to properly gauge the mood of the people on homosexuality and uphold the public good and not diminish it by allowing gays and lesbians to be free to practice their lifestyle openly. He even invites the Queer society to his church, telling them ‘I say to my gay and lesbian friends that you have a place in the church’ (Op cit.). He further makes an assumption that homosexuality is a sin and concludes the church is for sinners and those who are spiritually upright because in his words everybody is a sinner whether people accept, condone or like. Worse still he puts together homosexuals in the same categories of ‘adulterous, fornicators, thieves, drug lords and drunkards who will perish’ (*The Voice* 2013). These remarks are not only inappropriate but are also disconcerting. As one would expect, remarks by the EFB leaders did not sit well with the human rights groups BONELA (Botswana Network on Ethics, Law and Aids) and LEGABIBO (Lesbian, Gay, Bisexual in Botswana). The two associations found the remarks not only malicious but threatening to disturb the very peace that EFB claims the homosexuals threaten.

It is statements like these that are damaging especially coming from the ‘men of God’ that render Government efforts futile. If the church is unable to show mercy and tolerance to the queer community, the society will continue to harbour malicious thoughts over the sexual minorities and as a result fearing for their lives and driving to them surviving behind the mask/ veil. It is this

survival behind the mask that makes the groups vulnerable hence the HIV and AIDS virus becoming rampant amongst such communities. Criminalisation of homosexuality activity thus would appear to run counter the implementation of effective education programme in respect of HIV and AIDS prevention (Johnson 2007). It is also worth noting that if the ‘men of God’ could stir so much hatred, what happens when they find the ‘other sheep’ in the midst of their flock?

In general the role of the Church is to bring peace and tranquility within the society, however what Evangelical Fellowship of Botswana had done with its damning remarks was not only contrary with the mandate of the church but was also against a minority group which needed their protection not their vengeance. After the disturbing remarks made by the three Pastors from EFB, we are inclined to conclude that the Church which is represented by EFB in Botswana has become a catalyst in propagating homophobia in a society that is still grappling to come to terms with Queerism. This move has in a way contributed to the spread of HIV and AIDS because the Queer society continues to be discriminated and stigmatized.

The Botswana Government, Inmates and Condoms

Permitting inmates’ access to condoms remains controversial among most correctional professionals (Hornblum 1988). Botswana is no exception. In fact the most debated issue which has dominated Botswana media has been whether inmates should be given condoms or not. There is sexual activity in prisons, which is male to male who have unprotected anal sex, which turns out to be the main route of HIV transmission. Whether we believe it or not one cannot ignore the fact that condoms should be provided to curb the spread of the disease because condoms have been shown to be an effective barrier in the transmission of HIV in the community (Dolan, Lowe & Shearer 2004).

In this paper we wish to argue that prisons and facilities for care should be part of the natural part to combat the spread of HIV and AIDS. According to Botswana HIV and AIDS and Human Rights Charter, Prisoners should be given comprehensive HIV and AIDS education and have the same access to preventative measure as the rest of the population. This will reduce the possibility of HIV spreading in prisons. Furthermore it maintains prisoners and other inmates with HIV should be treated the same as their colleagues and

have standard access to health care work and other facilities, including condoms. (See Section 12. Prisons and Faculties for Care e.g. Mental Hospitals and Schools of Industry).

In many countries, public health campaigns have introduced condoms to their correctional systems without resistance or adverse consequences. Since Botswana constitution does not recognise same sex relations the Government has made it very clear that it will not issue condoms to prisoners. Although the true incidence of HIV transmission in jails and prisons is unknown, but transmission has been studied before (see, Horsburgh, Jarvis, McArthur, Ignacio & Stock 1990). Of the most studies done in the United States, the results were obtained upon testing the inmates on incarceration and then repeating the test 10-15 months later in a yearly physical examination. There was evidence pointing to infection occurring during incarceration. The Former President of Botswana, Mr Festus Mogae who also heads the Botswana government –backed AIDS Council during an interview with Network Africa said ‘failure to give prisoners condoms was worsening the HIV and AIDS epidemic’. He concludes ‘if people can go to prison HIV negative and come out of it HIV positive, it means that prisons, whatever the law says, are one of the sources of infection’.

However, the Prisons Public Relations Officer, Senior Superintendent, Mr Wamorena Ramolefhe said by virtue of his department being a law enforcement agency, issuing condoms will be seen to promote an illegal activity. The only time condoms were to be issued would be if Botswana laws were revisited. He further, compared distributing condoms in prison to supplying inmates with dagga. Since homosexuality was illegal in the country, he claimed there was no way they could promote a crime by distributing condoms to inmates. After concerns were raised that prisoners in Botswana Prisons were indulging in sex after studies because they showed that were negative on incarceration, left prison without the virus came out testing positive. The prison officials do not buy the view and dismissed it on the grounds that prisons department does not have any mandatory HIV tests for prisoners prior to incarceration and after. Therefore the claims were baseless.

Despite the Prison PR opposition to jails not spreading HIV, it cannot be ignored that jails are thought to have less partnering and situational homosexuality due to the shorter term of incarceration, but higher population turnover provides more opportunities for those who are sexually active.

Transmission related to sexual activity in jails and prisons also occur, despite institutional regulations and laws prohibiting it. Isolated cases of sexually transmitted diseases occur periodically in correctional environment and wider outbreaks have been described.

The second reason given why inmates cannot be issued with condoms was that it will encourage cases of rape hence condoms were given only to heterosexuals. It is beyond doubt that sexual activities take place in a variety of ways. Rape is frequently reported, although most believe various degrees of pressurized sexual activity occur regularly without coming to the attention of correctional officers. Overt and subtle forms of pressure stemming from complicated internal prison codes of conduct make large numbers of inmates dependent on others, and sexual actions and favours often occur (Reyes 1997). Consensual sex also occurs. It is seen as less a threat to inmate or institutional security than rape and thus does not demand the attention of more violent behaviour (Saum, Surratt, Incairdi & Bennett 1995).

Sexual partnering occurs among inmates who may or may not have experienced same gender relationships prior to incarceration. Other inmates prostitute themselves among prisoners to obtain, money, food or other goods. Some prisoners are known to be sexually promiscuous for no gain other than personal satisfaction. Heterosexuals still had relations even if condoms are not distributed. Therefore, condoms do not tempt them to engage in sexual activity for they are already active.

Botswana Network on Ethics, Law and HIV and AIDS (BONELA) Director, Christine Stegling has said that denying prisoners access to condoms is depriving them of their right to health. This is in line with the World Health Organisation Global Program on AIDS (1993) and the United Nations Commission on Human Rights (1997) which have advocated for condom provision to prisoners. These organisations argue that denial of HIV prevention measures such as condoms to inmates exposes inmates and the general community to disease. No matter what the Government stance in on the issue, it cannot be denied that HIV infections do happen in prisons. Although this might not seem to be a problem to the Prison warders, the fact remains that once the inmates have done their terms they return to the mainstream society, and in some cases bringing with them the virus, hence contributing to the new infections with in the community. During an interview with Network Africa the Former President of Botswana, Festus Gontebane Mogae, made it clear that Botswana was fighting a losing battle if she promotes safe sex when

homosexuality and prostitution are illegal hence advocating for the two to be legalised.

Conclusions

In this paper we discussed how Botswana has made a milestone to curb against HIV and AIDS not only in Southern Africa but also in Africa. However, the attempts have proved futile because the paper argues there are marginalised groups of people who make Botswana the dream of Zero Stigma, Zero Discrimination and Zero Infection a far-fetched dream. The paper maintains that the criminalisation of same sex relation by the Botswana Constitution and the refusal to distribute condoms in prisons, contribute to the spread of the disease in Botswana. The LGBTs continue to be persecuted not only by the Botswana Constitution but by the Church which is pressuring the Government not to register LGBTs as a society. The influence that is exerted by the Church has spread to jails where prisoners have been denied condoms on the pretext that they were using them to perform illegal acts. Although the Botswana Government denies infections happening within the walls of prisons, one cannot ignore the fact that same sex acts are rampant in prisons making the spread of HIV uncontrollable. In conclusion the paper recommends prisons should be supplied with condoms and the new rolled out programmes 90-90-90 should be introduced in prisons so that prisoners benefit from the programme of test and treat, thus ensuring their safety especially when they join the mainstream society after their incarceration. Unless the Botswana Government decriminalizes homosexuality and distribute condoms to all prisons in Botswana, the Zero stigma, zero Discrimination and zero infections in Botswana remains a far-fetched dream.

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