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Global Health at the Local Level: Innovative Approaches for Preventing HIV/AIDS Among Adolescent Girls in Botswana with Evidence from an Evaluation Study on Perceptions of Cross Generational Sex and *Edutainment* Strategies

Rebecca L. Upton

Introduction

In Botswana, cross-generational sex (CGS) accounts for a disparity in incidence and prevalence rates of HIV infection between young men and women in the country. Ministry of Health quantitative data and ethnographic research indicate that almost one third of college-aged girls in urban cities had high-risk sex with a partner over ten years older in the past year. Described as “Mma 14s” (in the past this was often translated as “mothers at age 14” or “women at 14”) these girls are caught between cultural imperatives that emphasize the “traditional” and global consumption and goals of being a “modern” person. Rates of incidence and prevalence of HIV infection for young women of that age are considerably higher for women despite active education and awareness programs targeted toward the reduction of CGS. Increasingly, global health initiatives have placed emphasis on gender issues in the construction of efficacious, culturally competent prevention strategies but have yet to truly examine how local initiatives (and interpretations) of health messages can facilitate these goals in the twenty-first century.

This chapter describes how a local initiative, *Makgabaneng*, a very popular, long-running radio serial drama, has helped to raise

awareness and increase education across the country about CGS. The show, a product of grassroots development and culturally competent strategies, has helped empower young girls as well as community members in their efforts to ameliorate some of the disparities in HIV infection. This approach has had positive outcomes for girls living in urban contexts and from both low and high socio-economic backgrounds, indicating a shift in awareness that transcends assumptions about socioeconomic status (SES) and empowerment. In this chapter, I demonstrate how ethnographically-driven research at the local level helped to inform better strategies for intervention in what has come to be seen as an increasingly problematic aspect of the global epidemic. I suggest that a *reconsideration* of and *reinvestment* in more grassroots and culturally logical messages can help move this phase of HIV and AIDS prevention forward and have a positive impact beyond urban to more rural parts of Botswana.

Context and Drivers of Cross-Generational Sex in Botswana

Studies in different parts of Sub-Saharan Africa indicate that young women aged 15 to 24 are three times more likely to be infected with HIV than males of the same age (cf. Sutherland 2014). The disparity in levels of HIV infection, especially in countries in Sub-Saharan Africa, is of great concern, particularly given the relative success of HIV and AIDS education, prevention, and treatment programs over the past several decades. One explanation for this disparity in infections is age inequality in sexual relationships between older men and young women and the cultural norms and gendered obligations that drive sexual behavior. Older men have higher rates of HIV than young men and the relationships with older men limit young women's power to negotiate safer sex, particularly because there is often exchange of money or gifts for sex. In Botswana, this has meant a

new focus and concerted efforts to discourage multiple concurrent partnerships and reduce the “sugar daddy” appeal through the use of various media campaigns and health promotion strategies.¹ In addition, the socioeconomic and power imbalances inherent in cross generational and transactional sexual relationships put young women at high risk of unintended pregnancy and sexually transmitted infections including HIV.

As I have written elsewhere (Upton 2001, 2010, 2015), fertility and pregnancy desires have long been drivers of the HIV and AIDS epidemic in this part of the continent. For many young Tswana women today, however, particularly those in urban areas, these cultural desires have shifted. Just a few years ago, Tirelo, a young college student at the University of Botswana said to me as he lamented his lack of a girlfriend,

My aunties, my sister, everyone back in my home village asks me all of the time if I have a girlfriend . . . but I tell them that women these days just want the three C’s . . . cash, clothes and cell-phones. I can’t give them any of that, I’m a student too . . . but those guys outside the gates [of the University grounds], those old men, they can give them all that, they are “big men,”² they make it easy for the girls to want to go with them because they can give them everything that they want.

The concept of a “sugar daddy” is not new, and in Botswana, as in many contexts, cross-generational sex among older men and young girls is driven by the need to fulfill wants, as Mpho, a friend of Tirelo’s said, for “lipstick, handbags, nail varnish to sweets, chocolates, clothes,” and other luxury items. It is sometimes motivated by the hope to get married to a good, already reliable and stable person who, as Sutherland (2014) suggests, in most economic situations in the continent, are characteristics of men of higher ages and

social status. In Botswana, as I have argued, while establishing one's fertility has long been considered (for both men and women) a sign of adulthood and indicative of being a productive (as reproductive) member of society, this more recent ethnographic research among college-aged youth suggests that while the three "Cs" may be important, times have changed. As Tirelo put it, "there just isn't a fourth C, there is no child in the picture for those ladies, that is not what is important to them, maybe in the rural villages, but not women here in Gaborone." What has become important at the *local* level and the significant cultural driver of cross-generational sex, is the emphasis that many place on economic benefits that derive from multiple and intergenerational intimate partnerships. As several scholars in Botswana note, "men and women who willingly have intergenerational sexual relationships may feel young and develop very high self-esteem" as a result of these partnerships (Raditloaneng and Molosi 2014, 39) and contributes to a sense of well-being, self-worth, and attractiveness that is culturally sanctioned and perhaps even expected (cf. Mookodi, Ntshebe, and Taylor 2004; Oyediran, Odutolu, and Atobatele 2011).

CGS, HIV, and AIDS in Contemporary Botswana

In Botswana, the association between cross-generational sex, unsafe behaviors, and HIV risk makes the phenomenon a priority concern. While education and awareness, as well as a tremendous amount of international attention and funding to control the epidemic, has long been a part of life in Botswana, HIV incidence and prevalence rates remain higher than expected. In addition, data from the 2014 UNAIDS Gap Report clearly indicate that in much of Botswana, young women continue to bear the brunt of the AIDS epidemic. HIV prevalence among young women aged 15 to 19 is 4.8 percent compared to 2.3 percent among men. In the 20-to-24-year age group, women's prevalence was 6.3 percent compared to 2.4 percent

among men. While there are 320,000 people living with HIV and AIDS (PLWHA) in Botswana and an overall prevalence rate of 21.9 percent with 69 percent of the population on ARV (anti-retroviral therapy), this is a considerable drop in overall incidence and prevalence rates over the past two decades, and life expectancy has begun an upward trend. Prevalence among men above 30 years or more peaks at 9.3 percent. Nevertheless, it is widely believed that sex among young women (15 to 24) and men who are ten years or more older is to some extent the cause of the disparity between young women and young men. The Botswana Demographic Health Survey and BAIS III (2010) showed that one in ten young women had sex with a man ten or more years older.

In other parts of the continent, similar findings occur. Ntozi et al. (2003) considered this issue in Uganda over a decade ago. Uganda has long been considered a “success story” in combatting the HIV/AIDS epidemic and for encountering many of these epidemic-related outcomes far earlier than other African countries. They found that the economic conditions of most families have affected the potential of parents to meet the growing demands of their children in a competitive environment (similar to this study in Gaborone, the urban capital of Botswana and site of the national University of Botswana). Thus, the socioeconomic pressures put young women in situations of sexual relationships with men who are perceived to be financially secure.

In addition to the socioeconomic drivers of risky sexual behaviors, older men often express a desire for sexual partnerships with young women, in part because they are believed to be free of HIV and AIDS infection, at least in the more recent decade. In Botswana, campaigns for an “AIDS-free generation” are far more realistic than ever, given the efficacy of ARV therapies and the cultural resilience of fertility outcomes as definitive of individual success and identity, particularly in more rural parts of the country. Now that HIV and

AIDS are seen as more chronic and less fatal conditions, the need for locally-driven and effective approaches to ameliorating CGS and the increasing STI rates in the country have come under public health scrutiny. While much is known about the hazards of cross-generational sex, the effects of existing interventions, particularly in those more rural areas, remain largely unknown.

Given the disproportionate rates of HIV among young women in Botswana as compared to older male counterparts, continued efforts are needed to better understand that the effect of interventions against cross-generational sex and develop evidence-based approaches. While this project was not the first to examine “edutainment” approaches (others have investigated this and a range of popular media designed to engage youth with positive messages and the reduction of stigma) to health promotion in Botswana, it offers a careful re-examination of one approach and suggests its potential use and impact in more underserved parts of the population. Specifically, the overall aim of this study, and one congruent with the aims of this volume, was to determine how interventions with respect to cross-generational sex influenced a change of behavior among young women in tertiary schools (the University of Botswana or teaching colleges in and near the capital city of Gaborone). The study sought to test the hypotheses that young women from low economic status families are more likely to engage in cross generational sex than young women from high economic status families and that young women who are exposed to media campaigns against cross generational sex are less likely to engage in cross generational sex in general. In presenting this work, grounded in ethnographic approaches to evaluation of edutainment strategies, I hope to demonstrate the need to connect local, cultural interpretations to global messages in order to better evaluate the efficacy of public health practices.

The Study Population: Mma 14s and “Mr. Price”

Beginning in 2010, I extensively interviewed twenty-five college-aged women living in Gaborone about their perceptions of gender in the twenty-first century and whether they felt that being an “urban” or “city person” versus living in their home village affected those perceptions. Using qualitative methods and ethnographic practice, I spent a year documenting women’s lives in urban Botswana and considering the effects of globalization on bodies and beliefs. In different places, I write about the paradox for many of these young women in terms of concepts of “health; ” that globalization and shifts in concepts of beauty, “fatness,” and well-being are conflated and confounded with contemporary understandings of the HIV and AIDS epidemic (cf. Upton 2010, 2016). In that work and subsequent research in Botswana, it is clear that whether young adults envision themselves as urban or rural persons at present, they *fundamentally* conceive of themselves as being connected to others across global boundaries, a core theme of this volume as well. Cell phones, videos, television, and social media have facilitated the spread of knowledge and mediate messages in local and global contexts.

In this study, a more focused and follow-up project conducted in 2011 and 2012 for a period of eight months, I asked young women (using individual ethnographic interviews as well as a series of five focus groups formed as a result of snowball sampling from the first project) who were self-reported heavy users of social media and consumers of internet entertainment to respond to open-ended interviews about particular kinds of messages about CGS. Specifically, I asked an additional twenty-five women between the ages of 19 and 25 years of age who were living in Gaborone, Botswana about their perceptions of CGS. Central to the interview instrument was a discussion of the cultural category of a “Mma 14” and how this may have changed over the past several years. All study participants

knew and talked about how young women were often seen as “looking for a man” or “looking for a sugar daddy” as teenagers, but all were also aware that most young people today did not actively seek pregnancy and motherhood as an initial outcome or as a driver of CGS.

Rather, the stigma of being a “Mma 14” (a mother at age 14) is now *less* about fertility and *more* about financial benefits. As one young woman in a focus group told me, “you definitely want nice things, to be able to buy nice clothes and to buy air time [for cell phones], you want to go into Mr. Price, not just stand outside and look in the window.” Others in the focus group nodded in agreement, citing upscale shops (such as the home goods store “Mr. Price” and others like Woolworth’s) as desirable. Several even equated the phrase “Mr. Price” with the men who could provide financial benefits themselves. As Daisy and Sethunya, two college-aged friends of Mpho and Tirelo both observed, “city life” is what everyone wants, a comfortable and “globally driven” lifestyle. As Sethunya put it, “girls want to be with Mr. Price because he can *afford* Mr. Price, he can get you things in the mall, he can get you things here in Gabs [Gaborone], the things that everyone wants, he can give you the life we see on TV, and having a sugar daddy just isn’t the problem that our parents, our teachers here at University, adults, think it is.” Clearly, being a cosmopolitan and financially comfortable person has its advantages, and for many young women in particular a local strategy for success in these areas is through culturally sanctioned cross-generational sex.

Makgabaneng: An Edutainment Approach

Makgabaneng drama was launched in August 2001. It was the first radio serial drama in Botswana and continues to this day. As early as 2003, the National AIDS Coordinating Agency in Botswana (NACA) increased its surveillance and strategizing within the country to

combat the HIV and AIDS epidemic, and one member of the organization called for the implementation of “a wide array of preventive and curative strategies to bring [HIV-infection] to a halt” (Fidzani 2003, 3 in Cole 2011). In tracing the rise of multi-pronged approaches to the epidemic, Cole writes that “radio serial dramas occupy an integral role in public education campaigns” (2011) and suggests in her own analysis of edutainment strategies in this context that *Makgabaneng* offers one of the best examples of grassroots approaches to behavior change.



The *Makgabaneng* recording studio (Photo courtesy of *Makgabaneng* [NGO], Gaborone, Botswana)

Makgabaneng is one of the many preventive strategies that have been formed in Botswana over the past ten years. It uses HIV/AIDS health education and behavioral change programs to transform perceptions of HIV and AIDS in the country. Maungo Mooki believes *Makgabaneng* serves as a “gateway to behavioral change” that can make considerable contributions to Botswana’s HIV/AIDS epidemic (Cole 2011). While efforts to ameliorate, address, and abolish HIV/AIDS from the country have been ongoing for the past two decades,

recent discourse and focus on locally-driven initiatives has grown. Specifically, as the fiftieth anniversary of the nation's independence occurred in 2016, much of the government-sponsored research and propaganda emphasized the potential for Botswana to be "HIV/AIDS Free" in the near future.³ Based on the program's various accomplishments and successes, members of the *Makgabaneng* staff had long been convinced that the "trajectory" of the serial drama was "endless" (cf. Cole's research on this and based upon extensive interviews with the actors/staff themselves) and that the drama was slated to continue until "the war on HIV/AIDS in Botswana is won" (Tembo 2003). As Cole describes it, *Makgabaneng* is a "behavior change SeTswana-language edutainment radio serial drama designed to support the nation's HIV prevention and mitigation goals" (2011, p.144). The serial targets 10-to-49-year-old BaTswana and combines the drama with community-based reinforcement activities to encourage safer HIV related behaviors (such as delaying initiation of sex, being faithful, accessing services and providing support to people living with HIV/AIDS). *Makgabaneng* uses the Global Reproductive Health Communication Strategy Framework: Modeling and Reinforcement to Combat HIV/AIDS (MARCH), which has been developed by CDC's Division of Reproductive Health. In the sections that follow, I illustrate how relevant themes that emerged in conversation supported and may help shape the efficacy of ongoing (and even future) local health strategies such as this.

Evaluating the Efficacy of Health Communication Strategies

Emergent and Relevant Themes in Makgabaneng

In this section, I highlight several examples that reflect general responses to and usage of the material found in *Makgabaneng* that emerged during the focus group and ethnographic interviewing I

conducted. During interviews and focus groups about the series, several specific themes emerged in response to questions about efficacy of the series and relevance to everyday life. Many respondents noted that themes about partner violence and CGS were connected and were all the more relevant depending upon where in the country people were listening. Many argued that while CGS might be higher in the cities and urban areas, those who “needed to know about those issues” would be located in the more rural and northern parts of the country. Others argued that initially *Makgabaneng* was defined broadly and could appeal (and be relevant) to all, but that plot lines had initially been more generally about the impact of HIV/AIDS on everyday lives. Many noted that more *recent* story lines involved CGS, globalization, and issues beyond just the epidemic, however, and suggested that in fact *Makgabaneng* was a fair reflection of both how “Tswana people live” and recent awareness around the country of intimate or gender-based violence (GBV) as a global issue.



A *Makgabaneng*-sponsored health fair in the village of Letlhakeng, Botswana (Photo courtesy of *Makgabaneng* [NGO], Gaborone, Botswana)

HIV/AIDS

Like much of the rest of the education and prevention strategies that have been ubiquitous throughout the country over the past few decades, *Makgabaneng* has emphasized individual agency and the promotion of behavior change. While early prevention messages reflected more global emphases on the ABCs of prevention (Abstain, Be Faithful and Condomise), messages in many of the *Makgabaneng* episodes address the need for HIV testing. In this study, participants mentioned repeatedly that the show must emphasize more than just testing in order to stay relevant and have an impact. As Letsatsi, a 21-year-old first-year student at the University of Botswana, described it,

My generation, the college students you see around here and youth in Gaborone . . . we've grown up with HIV and AIDS, it's like the air we breathe, we are so used to knowing, hearing, learning about it. AIDS is nothing new for us so we're used to testing. [laughs] I think every event when we were kids gave away a t-shirt or bag that encouraged people to get tested, so it's almost not even something to think about, you know you will get tested, you know people are and that it's probably okay to ask about status. [laughs] Is everyone going to tell you the truth? That's a different story, depending on what they want, what you want, but it's not a taboo to ask about testing or to encourage it, that's a real change from my parents and when the epidemic first came to our country.

When asked about *Makgabaneng* specifically Letsatsi said,

They definitely need to keep doing more to be in touch with younger generations, they reflect what people are doing and thinking about in terms of HIV but life is moving faster . . . so they need to pay attention even more

to the issues of violence, to what's happening on campus these days with the sugar daddies. One of my first professors on campus, she was telling me that she wanted to close the University gates and make it impossible for those old guys to come around looking for us [young female students] . . . [laughs] I don't think that will happen, they have the guard at the gates, but people come and go all of the time, you can walk out and in and nobody wants to have it be a prison just to prevent the sugar daddies. Some of my friends, yes, they are in those kinds of relationships, it's not good, because you have to put up with a lot, sometimes the men are greedy and want you all the time and it takes time away from studies. But the money is nice. Yes, the shows on the radio need to incorporate some more of those stories.

In fact, Letsatsi and her friends (some of whom admitted to being in a CGS relationship and were willing to speak with me) all described how some evenings, if they were listening to the show or talking about it, they actually came up with plots and episodes that they thought would be appealing. I asked them if they had ever written in to the *Makgabaneng* staff with their suggestions, and while they had not, the idea held appeal and suggested one avenue for improving the resonance of the show for future audiences.

While HIV and AIDS have now long been a part of the everyday life of many young BaTswana, it was clear in this study that other, locally relevant factors intersect in the lives of young people. Specifically, ideas of intimate violence and the various outcomes of being a part of a cross-generational sexual partnership are both real and in need of discussion. An overwhelming majority of respondents in my study spoke about their own as well a general Tswana cultural familiarity with HIV and AIDS (it is not uncommon today

to hear people talk about having “AIDS fatigue,” a social exhaustion from hearing about the disease for years that runs the risk of alienating people from seeking health care) and pointed to the new issues at hand for young people. If the three “Cs” that Tirelo and his friends spoke about no longer include “children” and fertility concerns to the same degree they once did for their parents, it is all the more important to look at other issues that are salient and affect risk of STIs and HIV.

Gender-Based Violence

Attention to gender-based violence has increased over the past decade in Botswana. Policies and productions such as *Makgabaneng* began to emphasize (and recognize) the need to bring men into conversations about HIV/AIDS prevention. A key collection of essays by local academics and advocates in Botswana makes clear that male involvement in research and HIV and AIDS programming is essential for any future efficacy in policy and public health (cf. Maundeni et al. 2009). Lekoko suggests that patriarchal systems in Tswana culture have meant that social tolerance of multiple sexual partners and intimate violence and coercion in relationships have directly contributed to the failure of many HIV and AIDS prevention programs over the past two decades (in Maundeni et al. 2009, 91).

In this project, study participants were asked to explain several Tswana proverbs in the context of health; specifically, the expressions, “monna selepe o a amogwana” (a man is like an axe in demand, going from one to another) and “monna poo ga a agelwe mosako” (bulls cannot be contained to a single corral). Most participants talked about these expressions in terms of the license they give to men in relationships, either in terms of power or actual violence against women. Kabo, a 23-year-old male student living in the capital city of Gaborone, described how,

When we were children and we would go visit relatives at the cattle post or my mother's home village [more rural parts of the country], people would always act like the boys were the little men already . . . we thought it was great but as you grow you have to think about what the messages are that boys are getting . . . sometimes there were real conflicts in the messages at home versus what you learn in school or on TV, on the radio and from your girl friends too [laughs] like there is no way that you were going to be a "big person" or a "big man" with your girl friends who you grew up with.

Kabo is a peer counselor at his agriculture college and a mentor for youth and he continued,

The expressions, those proverbs, they reinforce the negative messages about men. Yes, yes, about men . . . that men can and maybe even should do these things to women in order to be respected. It is a dangerous path to be told that men should have many partners . . . or that they can hit them . . . those are messages that today's youth are more skeptical about. Multiple partners these days, that's something that women are doing more . . . nobody is blaming them but it is more attractive to get something from older men than younger ones and many will tell you it is empowering, they are not being beaten, they are beating the men at their own game.

It was significant to hear from numerous participants in this study that young women, those who considered themselves fans of *Makgabaneng* and who identified as those involved in multiple or cross-generational relationships, saw themselves as "close to" some of the characters on the show. While others have noted the resonance

that audience members had with certain regular characters on the show in positive ways (cf. Lovell et al. 2007)—thinking about the possibility of HIV exposure, for example—it was clear in this research that many women felt that they were “smarter” than the characters. For example, Osi, a 24-year-old student told me that “many of the show’s characters are discussing real things, real problems, but we have different ones, we’re smarter about how to deal with sugar daddies and to still get everything from them, except HIV.” Like Peirce (2011), it seems clear that through ethnographic investigation of themes and audience acceptance of *Makgabaneng*, there are some gaps when it comes to adequate discussion of violence and of the actual empowerment of women and CGS, areas often overlooked by larger global health emphases and programming on HIV and AIDS. As others in this volume suggest, here we see the value of alternatives to the status quo and the role of individuals in crafting different and potentially more efficacious approaches to social problems such as HIV/AIDS.

Cross-Generational Sex

When asked whether they had cross-generational sex or knew of someone who had, all of the participants in each focus group responded positively. But many respondents in this evaluation study talked about how actual awareness of CGS had increased and that interventions and peer pressure not to engage in multiple or cross-generational sex was growing. Participants in this evaluation were quick to point out that intervening and telling one’s peers not to engage in CGS was positively valued. Additionally, while not a part of early *Makgabaneng* plot lines, most felt that CGS was one of the more profoundly important public health problems for BaTswana today. As Mmamelodi, a 34-year-old mother of three, put it, “this is how young women, girls of today, will see their futures. I’m working

hard so that my girls do not think that they should be falling for these old men.” She continued, “being a Mma 14 for girls a generation ago was okay because having children young was still valued, but now that label, it indicates being with one of these older men, these married men.” A recent study builds upon and echoes what Mmamelodi told me, concluding that young girls and women in more rural areas, those without as much education and those seeking financial prestige, were more likely to engage in CGS (Sutherland, 2014).

In this research, participants talked about how interventions such as *Makgabaneng*, those that are seen as long-standing, respected and resonant, can and do have an impact upon decisions to enter a CGS relationship. For many participants, and those who described themselves as “long-time listeners” such as Letsatsi described above, CGS was considered the most pressing and relevant issue. Mpho, a friend of Letsatsi’s and a woman who had had several CGS relationships, said the following in a focus group,

There are a lot of billboards telling us to say no to sugar daddies, the ones that we probably all know are the ones, “cross generational sex stops with you,” and to “respect yourself, the gifts aren’t worth it” . . . I think the recent one that asks “would you let this man be with your teenage daughter, so why are you with him?” and is geared toward much more community responsibility . . . I understand all that and those are good messages, but for myself I wanted to be better off, these men offer nice things, some security, and these days nobody worries as much about getting sick.

Mpho’s explanation of CGS was arguably not about the risk of contracting HIV or STIs, because in an ironic twist of public health,

the success of prevention messaging over the years and the advent of ARV (anti-retroviral therapies) means that living with HIV and AIDS is not a death sentence. The positive outcomes associated with CGS can now far outweigh the stigma or perceived danger of such relationships. As Itumeleng, an acquaintance of Mpho and Letsatsi and a member of the same focus group in which Mpho made the statement above, said,

Billboards, radio shows, television, school programs, all of this has been going on our whole lives and we are aware . . . we are aware of HIV and AIDS and STIs and nobody wants to get those diseases but we also know they are treatable, the government will pay for your care and you can live a healthy life. All those shows, they focus on testing, making the male partners involved and what they should focus on is that we are still at risk. Those diseases are manageable, but people think they will live forever and they want to live in the moment, live nicely, especially when we are all young and in school, you have nothing so you are tempted to find a sugar daddy, be taken care of.

When asked about *Makgabaneng* in particular, Itumeleng observed that while more could be done on the show about CGS, it was a good medium. As she put it, “people pay attention to what the show says and what happens to the characters, I’ve even written to them to say what I think about certain stories and lives that influence me, I could be those characters and that makes a difference.” Itumeleng, Mpho and Letsatsi all reiterated that the messages in *Makgabaneng* made a difference in their lives because the issues felt “local” and “like they could be happening” to all of them in contrast to the ubiquitous (albeit arguably successful for the most part) messages they have received about HIV and AIDS throughout their young lives.

Discussion—the Relevance of the Local for the Global

Cole (2011) writes about the efficacy of *Makgabaneng* in terms of modeling positive behavioral change and boosting self-efficacy in its strategies for reduction of HIV/AIDS over the years. Specifically, and as was clear in my own evaluation study using the serial, this program offers a sound, culturally relevant and realistic set of scenarios that reinforced positive change. Clearly, too, having personalized the problem of HIV/AIDS means that audience members, wherever they are located, can share in the “imagined community” (cf. Anderson 1983) of healthier, positive, and supportive environments across the country. Drawing upon the serial and its scripts over the years has seemingly lessened the stereotypes as to who has HIV/AIDS, who is more prone to intimate violence, and, more recently, who might be at risk for negative outcomes associated with CGS. *Makgabaneng* stories lessen stigma and create connections across communities.

In a self-evaluation and ongoing critique of the serial, *Makgabaneng* staff have documented how effective “letter writing strategies” have been in the efforts to keep content current and relevant. Specifically, fans of the show and the community writ large are periodically welcomed to submit letters in response to questions about their favorite episodes, characters, or situations. Letters to the radio show reveal that fans have, in fact, internalized many of the messages as related to HIV/AIDS (cf. Cole’s discussion of an episode entitled, “Masego and Cecilia,” 2011) and have created a dialectic between the fans and the broader social issues that are embodied in the narratives of the show. Local populations (and there were overwhelmingly large responses from women and those in rural communities) felt and still feel connected to broader conversations about what it means to be informed, in conversation with and affected by more globally “visible” (or in this case perhaps “louder”) messages about HIV/AIDS and other public health threats.



A listening and discussion group (LDG) in the village of Tutume, Botswana. (Photo courtesy of *Makgabaneng* [NGO], Gaborone, Botswana)

Two things are clear in assessing the efficacy of *Makgabaneng* as a form of edutainment in Botswana: One is that the duration, the length of time that people listened to and felt connected by the shifting stories over the years, has had an impact on behaviors—even as the HIV/AIDS threats have changed over the years (CGS was not something that people felt “existed” prior to the last five years, for example) suggesting that like ethnography, long-term participation in a local context can actually change the global public health problem.

Second, this assessment points to the rise of “radio role models,” a context in which technology and mobile phone use and, in particular, Twitter have strong footholds for a majority of the population, both rural and urban alike. Despite social media, radio role models, characters who individuals imagine to be like themselves, can act as mediators between online and lived experiences. Specifically, radio role models occupy a kind of “imagined community” in which their voices, their experiences, and the outcomes of their behaviors

are subject to interpretation by those in the less-virtual world. Their voices are relevant, however, as the local interpretations are always and inherently connected to a constellation of global health concerns. Even in the most remote part of northern Botswana, individuals talking about *Makgabaneng* think of themselves as “connected” in the conversation about HIV/AIDS, CGS, and GBV.

Conclusion

In 2007, Carter et al. wrote that in Botswana, “efforts to reduce the risks associated with concurrency and multiple partnerships are hindered further by the lack of examples and *evaluations of interventions* that effectively target partner reduction and faithfulness” (p. 829, emphasis added). Now, almost a decade later, it is clear that with added ethnographic research, the complexity of Tswana social, economic, and gendered lives reveals that these efforts must take into account the local constructions of health or priorities about sex and reproduction. Similarly, with respect to this study of cross-generational sex and a particular intervention strategy, the *Makgabaneng* radio drama, understanding local concepts will always lead to improved health outcomes at a global level. Reclaiming anthropological best practices that ground our understanding of “what makes sense” in local terms will logically and practically lead to stronger health programming and more efficacious interventions for all. Evaluation of locally produced and inspired edutainment strategies offer but one among many examples of those practices and the power of the ethnographic endeavor. From central themes of this volume, such as the valence of cultural resilience and the very real actions of individuals within communities to effect change, *Makgabaneng* offers a useful lens to consider what we mean by empowerment and activism at the local level. Tswana individuals, like those in other chapters in this volume, illustrate through their actions both cultural

resistance as well as adaptability and the reshaping of health-related policy from the perspective of those most affected. Ultimately, *Makgabaneng* becomes a way in which ethnographers can see how individuals really *see* themselves through the craft and consumption of contemporary media.

NOTES

1. The *o icheke* campaign, or “check yourself” campaign is one recent example of a media health promotion strategy that was designed to reduce the appeal of CGS and multiple sexual partners. Billboards for example, with the *o icheke* slogan and reminders to check who was in one’s sexual network were ubiquitous for the past several years throughout the capital city of Gaborone and well-traveled roads across Botswana.
2. Historically a term to describe an individual in a Tswana community with a good deal of political power, economic wealth or social prestige.
3. Vision 2016 is a governmental plan to obliterate HIV/AIDS in Botswana. The details of this program can be found in *Towards an AIDS-Free Generation: Botswana Human Development Report 2000—The Popular Version* (UNDP 2001).

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