

Educational research within postcolonial Africa: a critique of HIV/ AIDS research in Botswana

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This paper uses the postcolonial lens to highlight that mainstream research in postcolonial societies still ignores, marginalizes and suppresses other knowledge systems and ways of knowing. The marginalization of local knowledge systems, it is argued, was established in the colonial times that relegated all things indigenous or from the colonized communities as unworthy, uncivilized, barbaric and superstitious. Systematic efforts to inscribe Western ways of cultural, economic, political and social systems were applied during the colonial times and maintained in the post-independence era. The educational system did not escape the colonial construction of the colonized subjects and their relegation to otherness. Years after the struggle for independence the content of what is taught, methods of teaching and research remain Western in non-Western contexts. This does not only alienate the ‘othered’ from their own knowledge systems, it can be a matter of life and death as demonstrated by the HIV/AIDS information and education campaign. Using excerpts from studies on HIV/AIDS, the paper highlights that interventions to prevent the spread of HIV/AIDS, legitimized by conventional/Western research knowledge and frameworks, have alienated the people from the struggle to prevent the spread of the virus. Findings from a number of research studies on HIV/AIDS in Botswana are analyzed within the framework of current prevention strategies, more specifically posters and cartoons used in the campaign against HIV/AIDS, to illustrate the marginalization of other knowledge systems and the intersection of the ‘otherness’ ideology with mainstream First World research methodologies.

While the postcolonial framework remains contentious (Moore, 2000, p. 182), it is an undoubtedly important framework of analysis given that nineteenth-century imperialism left very few places on earth untouched by colonialism (Said, 1993, p. 259). In Africa the climax of Western hegemony was the partition of Africa by European colonizing countries in Berlin in 1884. From that time African polities were stripped of their identities and became appendages of European powers, given

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definitions and names relational to the colonized. For example, the British named the geographical area that is now Botswana, British Bechuanaland Protectorate. Behind the pretense of ‘protecting’ the people of the territory from conquest by others lay the reality of Britain’s desire to keep control of the trade route between South Africa and Central Africa, in particular, Cecil John Rhodes’s desire to build a railway from the Cape to Cairo.

The colonizer used methods that encompassed every other department, to dominate, suppress the colonized and make efforts to fashion the whole world into sameness, that is, into the image of the colonizers. Thus, while geographical independence, and to some small extent political independence, was evidently won, the cultural and economic independence was never really, if at all, won. The colonial systems of domination continued, and were in fact entrenched in the neocolonial and globalization era, as the former colonizer continue to economically, culturally, financially, militarily and ideologically dominate what constitutes the so-called developing world, the Third World—in fact the formerly colonized nations (Said, 1993, p. 282). It is on these grounds that the term postcolonial has been correctly used to mean ‘since colonialism’ rather than ‘after colonialism’ (Moore, 2000, p. 182), thus underlining the legacy of colonialism to both the former colonizer and the colonized.

African postcolonial writers have identified education as the space and the instrument that was used to inscribe the colonizing ideology of otherness. In his book, *The idea of Africa*, V. Y. Mudimbe highlights how colonization was not only geographical, but also sought to colonize the minds (1994, pp. 104–121). Mission centers, which pioneered the formal educational system, used education to alienate their students from their cultures and people (1994). Christianity created an ‘African otherness’ by labeling Africans as ‘barbarians, savages, uncivilized’ non-believers who had to leave their cultures to appropriate the Christian faith (Dube, 2000). The Eurocentric perception of the inferiority of the Africans was reflected by educationists. In so called French-speaking Africa, George Hardy, an influential inspector of Education, noted ‘that any curriculum that emphasized abstract knowledge was too complicated for Africans to grasp, was a waste of time and worse still, might cause major problems’ (Kelly, 1984, p. 12). In Bechuanaland Hargreaves, a teacher sent by the London Missionary Society to educate the Batswana (meaning the people in Botswana) echoed the same perception about African intellectual ability. She observed:

I have found them [women in Bechuanaland] in consequence of the hard conditions of their lives and as result of their exceedingly low intellectual levels utterly without regard to any department of work new to them. I tried to encourage them to have their dresses made for them, but they don’t care how to make them. The same applied to learning how to read. I am going to resign. (cited in Mgadla, 1997, p. 75)

The colonial agenda and thought was thus characterized by ideological processes aimed at undermining the authenticity of the ‘other.’ Hence, education was framed, constructed and driven by an ideology aimed at colonizing the mind and alienating the self and creating an individual that did not believe in her/himself (Teffo, 2000). The colonizer was constructed as one who knows, while the colonized had to learn from the colonizer. The above quote captures the tragedy of imposing foreign

frameworks, namely that recipients become disinterested. They close up, even if the knowledge could be helpful. Hence, Hargreaves found her students ‘utterly without regard to any department of work new to them.’ If using non-indigenous methods of research and education solicits apathetic responses, then it is clear how deadly this can be in the HIV/AIDS era and context.

In her book, *Male daughters, female husbands*, Ifi Amadiume (1987) not only shows that colonial education was a systematic instrument that alienated the colonized from their cultures, beliefs and economic systems, she also shows how the system changed the somewhat flexible gender system, which did not totally marginalize women, into a more entrenched patriarchal system. In his book, *Decolonising the mind: the politics of language in African literature*, Ngũgĩ wa Thiong'o returns to the question of education and colonization, focusing on literature and language. Not only does Ngũgĩ (1981, pp. 1–30) recall his own educational formation and how English language was enforced and how the use of English language to write African literature continues the legacy of colonization, but he also shows that the content and the arrangement of English literature in many African departments privileges the Western canons and, more fundamentally, it alienates students from their cultures, worldviews, environments and continents. Another interesting factor that Ngũgĩ tackles at length is how the postcolonial intellectuals of Africa have now become the promoters of English language, hence systematically annihilating indigenous languages and continuing the legacy of colonialism. Ngũgĩ underlines that:

The biggest weapon wielded and actually daily unleashed by imperialism against that collective defiance is the cultural bomb. The effect of a cultural bomb is to annihilate a people's belief in their names, in their languages, in their environments, in their heritage of struggle, in their unity, in their capacities and ultimately in themselves. It makes them see their past as one wasteland of non-achievement and ... it even plants serious doubts about the moral righteousness of the struggle. (1981, p. 3)

This continuing dominance has led one of the leading postcolonial theorists, Gayatri Spivak, to ask one of the most controversial yet pertinent questions: ‘Can the Subaltern Speak?’, especially the female subaltern. This, however, is not to suggest that the colonized have been passive recipients of colonial domination. Indeed resistance was more often than not evident at the very point of contact, gathering momentum up to the era of the struggle for independence and in post-independence times (Moore, 2000, p. 183). For example, a conversation between John Mackenzie, a missionary, and Chief Sekgoma Kgari of the Bamangwato of Botswana, who resisted Christianity, shows the Chief challenging the missionary's way of knowing and constructing knowledge:

It is all very good for you white men to follow the Word of God, ... God made you with straight hearts like this—holding out his finger straight; but it is a very different thing with us Black people. God made us with a [circular] heart like this—holding out his bent finger. Now suppose a Black man tells a story, he goes round and round—drawing a number of circles on the ground; ‘but when you (white people) open your mouth your tale proceeds like a straight line. (cited in Bennet, 1997, p. 47)

In so doing, Kgari was highlighting that there are different ways of constructing reality, knowledge and understanding. Kgari's speech represents some of the earliest resistance discourse against the imposed colonial sameness. He was challenging the rational, objective thinking that informed Christian values and construction of knowledge. He reveals his thinking and that of the Black people as circular and therefore complex and multiple, reflecting the interconnectedness that the people have with the environment, the spirits, ancestors and every living thing around them. But despite such early examples of African resistance to Western ways of knowing in the colonial period, Eurocentric epistemologies went on to dominate African education systems and have remained hegemonic to date.

The current discourse of African Renaissance attests to the continuing resistance of the colonized, who insist on creating space for a hundred flowers to bloom (Ngugi, 1993, pp. 12–24) rather than the imposition of sameness—the continuing attempt to universalize Western ways of knowing, economics, politics, religion, culture and political systems. Postcoloniality, therefore, is an important framework of analysis even for educational content, methods and research. As Edward Said points out:

Imperialism after all was a cooperative venture, and a salient trait of its modern form is that it was (or claimed to be) an educational movement; it set out quite consciously to modernize, develop, instruct and civilize. The annals of schools, missions, universities, hospitals in Asia, Africa, Latin America, Europe and America are filled with this history, which over time established so-called modernizing trends as much as it muted the harsher aspects of imperialist domination. But at its center it preserved the nineteenth-century divide between native and Westerner. (1993, p. 223)

This description of the postcolonial condition remains pertinent and evident in educational research, where the application of mainstream research epistemologies, and their assumed universal validity, in assembling, analyzing, interpreting and producing knowledge today remains a highly foreign and a colonizing instrument that continues to define those from former colonies, and all the department of their lives as 'the other.' Thus Scheurich (1997) correctly notes that despite embeddedness of mainstream/Western research epistemologies in the history, culture and value systems of the so called First World, these ways of knowing have become the 'universal appropriate norm and the conceptual frame that constrain all other thoughts.' Noting a similar trend, Harding (1997, p. 49) argues that mainstream research epistemologies block multidirectional borrowing and lending of knowledge or easy exit from the 'hegemonic Eurocentric discourses.' Augmenting this perspective, Pallas (2001, p. 7) adds that to prevent a recurring pattern of 'epistemological single-mindedness educational researchers should engage with multiple epistemologies' that include beliefs about what counts as knowledge. In a theme issue of *Educational Researcher* on preparing doctoral students on educational research, Young (2001), Pallas (2001), Page (2001) and Metz (2001) argue that novice researchers should be prepared to deal with 'epistemological diversity.'

The African Renaissance underlines the imperative that educational research which excludes indigenous ways of knowing is most likely to fail to speak to and come up with research results that can enhance the quality of life of the researched

Table 1. Age-specific prevalence rates among pregnant women (%)

Year	Age					
	15–19	20–24	25–29	30–34	35–39	40–44
1992	16.4	20.5	19.4	16.5	13.5	9.3
1993	21.8	27.1	24.2	16.8	13.3	9.4
1994	20.7	31.5	30.2	18	11.8	8
1995	32.4	34.8	32.6	33.5	11.1	15
1996	27.2	40.9	34	32	25	20
1997	28	41.4	41	33.3	39	23.1
1998	28.6	42.8	45.2	38.2	33.3	23.9
1999	21.5	38.7	43.3	42	33.3	25.5
2000	25.3	41.0	52.6	49.6	41.9	34.9

Source: Ministry of Health (1992–2000).

communities. Given the HIV/AIDS epidemic in Sub-Saharan Africa, the need for diversity in research epistemologies has become not a luxury of nationalism or the African Renaissance, but rather an issue of life and death. In this paper, I seek to highlight that the HIV/AIDS era has vividly shown us the tragedy of imposed frameworks of learning, research and writing.

Botswana has, for instance, seen volumes of research on HIV/AIDS paralleled by escalating HIV/AIDS prevalence and mortality rates. The HIV/AIDS prevalence rate of the 20- to 24-year age group, for example, rose from 20.5% in 1992 to 41% in 2000. Table 1 shows the escalating HIV/AIDS prevalence rates. The other tragedy is that about 70% of the 15- to 19-year age group is in schools where education partly informed by the research on HIV/AIDS focuses on the biomedical characteristics of the virus ignoring the life experiences of the children. In the HIV/AIDS era this means that our research fails to communicate effectively and to have the desired impact, and thus fails to preserve life. The question to ask, however, is how the colonizer/colonized dichotomies work to subjugate other knowledge systems in HIV/AIDS research. Who are the colonizers?

Colonizer/colonized dichotomies and implications for HIV/AIDS research

While contemporary Western theories have changed dramatically in the last 30 years, the universalized research methods of the so-called First World, using self-valorization and hegemonic powers, continue to construct the World along binary opposites of self/other; colonizer/colonized; center/periphery; developed/developing; North/South; First World/Third World. These constructions privilege the First World and subjugate the various knowledge formations from former colonies. Although these constructions are useful, they are broad and run the risk of being labeled essentialist or universalistic, or homogenizing the differences within them (Dube, 2002). Gillan

(cited in Dube, 2002) argues that these broad categories are at times necessary as they enable a discussion that connects the 'local to the national and international.'

For this discussion, I explain the center/periphery, and self/other dichotomies to highlight the dominance of global research agendas on HIV/AIDS over national research agendas and the subsequent subjugation of local knowledge systems. The main actors at the center are the USA, Britain, France, Germany and Japan. These world powers work through multiple global networks that include transnational corporations, research institutions, international research funding agencies and donor agencies to penetrate all cultural, political and economic structures of nation-states. It is, however, not the masses in these countries that form the center but the ruling class—a 'male bourgeoisie minority, predominantly euro centric and making up to one percent or two percent of the world's population' (Skutnabb-Kangas, 2000, p. 393). It is this male bourgeoisie that forms the center that constructs the peripheral 'other.' Frantz Fanon (1969), one of the earliest postcolonial theorists, discusses the binary opposites of 'self' and 'other' in the image of a White man and a Black man. His argument is that, in post-independence Africa, the ruling black male inherited and worked with the hegemonic structures created by the colonizers during colonial rule. Consequently, the African ruling classes became alienated from the peripheral masses, their cultures and the value systems that informed their daily activities and experiences. This argument has been picked up by other postcolonial writers such as Ngugi wa Thiongo (1981) and Mazrui (1990).

In the current phase of global capitalism, the peripheral ruling classes struggle to represent the nation-state and the local communities as equal partners in an international political economy dominated by global capitalism. For instance, in the emerging global economy Sub-Saharan Africa is included in the category of a 'fourth world' where the majority in 'the region's population has shifted from a structural position of exploitation to a structural position of irrelevance' (Castells, 1993, p. 37). That is, in the context of HIV/AIDS for instance, local knowledge, languages, cultures and value systems cannot be converted into a capital value in the global market and are thus excluded from the knowledge and information that circulate globally to make profits.

Worse still, the image of a White man/First World/center and a Black man/fourth world/periphery blurs all other social hierarchies that exist. The woman's image for example is irrelevant and subsumed under that of man. This is despite the fact that patriarchal ideologies in all worlds continue to oppress women, placing them last in the social hierarchy and constructing their experiences and bodies as handicaps or making them invisible except as sites for investment. Indeed, in her article 'Can the Subaltern Speak?', Spivak (1993) underlines that 'the subaltern as female is even more deeply in shadow' or 'muted' (p. 83) and she can speak only through self-erasure (pp. 101–3). This is vividly demonstrated in the HIV/AIDS zones, where women are at the center of the storm. For instance, in Botswana, under the prevention of mother to child transmission (PMTCT program), zidovudine (AZT) was administered to pregnant mothers. When research showed that the majority of these pregnant women did not finish the six courses prescribed for the full effectiveness of

the drug, another drug, nevirapine (NVP) was added to the PMTCT drug protocol on expertise advice from the Atlantic-based Centre for Disease Control. Meanwhile, NVP was deregistered by the Medical Control Council of South Africa on the ground that it is toxic (*Midweek Sun*, 2003). What we hear is what the experts say but not the voices of women on why they are not able to finish the prescribed six weeks' course. In short, the subjugation of knowledge formations from the position of the 'other' is further entrenched along the lines of race, ethnicity, social class, age and gender.

To take the example of HIV/AIDS, former colonies, particularly in Sub-Saharan Africa, fail to participate as equal partners in the search for solutions to the HIV/AIDS pandemic because donor agencies and research-funding institutions define global research agendas, preferring to pay attention to common problems that can be addressed through uniform research methodologies. Using the example of Botswana, it is clear that the hegemony of Western knowledge entrenched in its research methodologies, systems of thought and analysis marginalizes and makes irrelevant knowledge on HIV/AIDS from the perspective of the majority of the people of Botswana. The majority of Botswana cannot participate in setting the HIV/AIDS national research agenda. They also become irrelevant because what falls outside the language of the HIV/AIDS research is stigmatized, made invisible, labeled false, of less value or a handicap to addressing the spread of HIV/AIDS. The end result is that national research agendas are decided elsewhere and the government's efforts to respond to local communities' needs are frustrated. Local research conducted by students and independent scholars from tertiary institutions is also constrained by the hegemony of Western informed research methodologies and fails to create space for community knowledge systems. The research studies discussed in this article demonstrate these assertions.

The colonized, however, continue to resist this subjugation of their knowledge and use their experiences to build new knowledge formations. The resistance is a challenge to the Western-educated indigenous researchers to begin to problematize their multiple identities. These identities include their position as colonizers participating in the 'othering' of their people through the use of Western mainstream research methodologies, but also their position as peripheral 'others' marginalized by the global network of First World research elites and the global markets as they continue to define and determine knowledge discourses on the basis of global market prices. Thus, in summary, postcolonial theorizing involves:

... interrogating colonial discourses, imploding their political partisanship by introducing, in strategic points of their critiques subaltern texts that sees the colonial moment differently, that use other knowledges—as distinct from western—to articulate another view of the self, of history, of knowledge–power formations, resisting in the process the burden of colonialist epistemology and in fact mounting a counter-assault by enabling previously disabled languages, histories, modes of seeing the world. (Mishra, 2000, p. 1086)

Postcolonial theorizing is useful in explaining a general process of colonization and counter-attempts by former colonies to disengage from the colonial syndrome. Even more importantly, it shows the continuing of these power relations in cultural, economic, political and intellectual production. The experiences of the former

colonies are varied and thus require that any postcolonial analysis be rooted in its specific space, time and history. In this article I explore how the different positions from which the nation-state, the masses, the indigenous Western-educated elites and other social hierarchies based on gender, social class and age become irrelevant in the production of research knowledge, using the example of Botswana and its fight against HIV/AIDS. It is within this context that the research on HIV/AIDS in Botswana is presented as an illustration of how knowledge from the 'other's' perspective continues to be subjugated, distorted or erased by dominant knowledge-power formations determined through the conspiracy of silence in the research discipline towards accommodating other knowledge systems and powerful networks from the center that determine and fund research agendas. I demonstrate the people's resistance to Western-produced knowledge on HIV/AIDS and suggest other ways of carrying out research. I invoke African world-views—more specifically ways of perceiving for instance reality, the nature of existence, ways of knowing and value systems to justify the inclusion of African indigenous ways of collecting, analyzing, interpreting and disseminating findings in educational research practice

Context

Botswana is in Southern Africa. It gained independence from the British in 1966. At the time of independence, Botswana was one of the poorest countries in the world. Today, it is the third largest natural diamond producer in the world and has one of the highest GDP per capita in the continent. There are however, marked inequalities of wealth with 50% of Botswana living below the poverty datum line and women forming the majority of the poorest. The country has a population of about 1.7 million. It is multiethnic, comprising 25 languages with most of the people speaking one ethnic language. The life expectancy of 65 years, which was among the highest in Africa in the early 1990s, has fallen to 45 years because of HIV/AIDS.

Although missionaries of different denominations (including the London Missionary Society, German Lutherans, Roman Catholics, Dutch Reformed and Wesleyans) converted the young and old into different faiths during the colonial period, the culture of the people, especially their perception regarding the metaphysical world, has to a large extent remained unchanged. The majority of the communities' understanding of humanness or reality in Botswana, for example, is influenced by their connectedness to the earth (*lefatshe*) and all its inhabitants, including animals, birds and plants and the spirits (*Badimo*). This connectedness is embraced, relived and celebrated through taboos and totems. For instance my totem is *Kwena* (a crocodile), an animal that remains sacred to me and my relatives. In this way, I remain connected to the crocodiles and care about their preservation. Thus, Botswana see the human and physical world as one, and the self and world as one (Tournas, 1996). According to Tournas (1996, p. 43), separating the Botswana 'from the environment and from their traditional conception of God can deprive them of their source of knowledge as a people.' Within this context, my concern is whether research on HIV/AIDS regards the communities' stories, belief systems,

and spiritual and earth connections as knowledge that can inform approaches to mainstream HIV/AIDS in education, to create knowledge to include in the curriculum, and to generate strategies and approaches to curb the epidemic.

After the first case of HIV/AIDS was diagnosed in 1985, Botswana developed the Medium Term Plan 1 (1989–1995) and Plan 2 (1997–2002), which were aimed at addressing the epidemic. The emphasis was on prevention, treatment and care. These goals were supported by a national policy on HIV/AIDS in 1998, which adopted a multisectoral approach to the epidemic. All sectors and ministries including parastatal organizations and the private sector are expected to develop HIV/AIDS prevention, care and support strategies. According to the policy, the Ministry of Education is for instance to focus on:

... integration of AIDS and STD education into all levels and institutions of education, starting at primary school level, and extending to tertiary, teacher training and non-formal institutions. (Ministry of Health, Government of Botswana, 1998, p. 7)

Business, enterprises, organizations and institutions are all expected to educate their employees about the dangers of HIV/AIDS and to promote safer sex practices. Despite all these efforts, HIV/AIDS infection rates continue to escalate and today Botswana has one of the highest national HIV prevalence rates in the world with 17% of the total population infected in 1999. It is projected that about 22% of the population will be infected by 2010. Botswana's greatest challenge today is thus to carry out research on HIV/AIDS to produce knowledge to inform policy and decision-making and to guide formal and non-formal educational interventions. The question is: How has this knowledge to date been produced and what is its impact on practice? What are the consequences of using imported frameworks of knowledge in the struggle against HIV/AIDS? In what follows, I use the postcolonial framework to highlight how HIV/AIDS prevention has been highly compromised by employing language and categories of thinking that are alien to the infected and affected communities.

Dismissing indigenous ways of knowing: the journey into the empire and back

Global research on HIV/AIDS shaped by the concerns, relevancies and norms of the First World/center operating through the United Nations family, for example the World Health Organization (WHO), the joint United Nations Programme on HIV/AIDS (UNAIDS), international agencies such as the Department for International Development (DFID), and Western medical research institutes, for instance the Harvard Institute of Research have framed the language and topics of research on HIV/AIDS. In fact, the almost universal usage of the name HIV/AIDS at a global level speaks for itself. It indicates that many cultures were not allowed to name the disease from their own cultural perspectives and languages. The language and topics of research on HIV/AIDS, based on Western perceptions of reality, continue to exclude and marginalize the Third World's own perceptions of reality and what

counts as knowledge in the fight against HIV/AIDS. Botswana has been carrying out annual sentinel surveillance on HIV/AIDS since 1992. The research follows standardized procedures determined and closely supervised by the UNAIDS/WHO working group on global HIV/AIDS and STD surveillance. The main areas of concern recommended by this group are HIV/AIDS prevalence rates, prevention indicators, knowledge of HIV/AIDS and sexual behavior. The UNAIDS/WHO (2000) epidemiological sheet for instance contained statistics on the following: prevalence rates by age and sex, AIDS cases by mode of transmission, access to health services, condom availability, knowledge and behavior. It is these areas of concern and the statistics language that is used by the USA Bureau of Central Statistics, for instance, to create league tables that compare HIV/AIDS prevalence and mortality rates of countries in the world. It is a naming game where those with the highest HIV/AIDS prevalence rates in the world, like Botswana, increasingly come under pressure to embrace Western-prescribed norms, buy the circulating knowledge and technology on HIV/AIDS, and sacrifice the vulnerable sick to research experiments and drug trials. The research on HIV/AIDS simply works within the colonially established framework of homogeneity in the search for answers and solutions to the HIV/AIDS pandemic. This leaves out the voices of the researched 'other,' namely the former colonized languages and cultures.

Bill Ashcroft *et al.* have titled their book *The empire writes back: theories and practice in postcolonial literature*, capturing the literary resistance that was exhibited by postcolonial subjects, the former colonized masses. Edward Said, on the other hand, speaks of the colonized populations that have taken 'a voyage into the metropolitan centers of their former colonizers (1993, p. 244). I invoke these titles and phrases to describe my journey into the empire and back as one who has studied in the Western centers. Returning to my own communities, cultures and languages brings me to realize the gap between my training and my culture. I therefore wish to reflect and narrate on the lessons I learnt as an indigenous, Western educated intellectual, co-opted into the dominant First World epistemologies on HIV/AIDS and participating in the naming and description of the 'other.' The discussion is based on a critique of research studies that I conducted, along with researchers from the so-called First World. I found myself troubled by the standard topics and language in the research on HIV/AIDS because they trivialized the core values that define my identity such as the totem and taboos that I continue to practice without question. Worse still, these topics and language are in most cases further entrenched through data-gathering instruments such as the questionnaire survey that makes it impossible to escape from Western perceptions on HIV/AIDS.

The questionnaire survey is a top-down method of collecting data that mirrors the worldview of the researchers or their perception of the topic to be covered (Mukherjee, 1997), blocking any continuity with the researched people's worldview. The questionnaire serves the dominant arithmetic language and is conceived within the positivist paradigm with its claim of rationality, objectivity and knowledge as absolute truth. In a study that others and I conducted (Bennell *et al.*, 2001) and in other studies on HIV/AIDS (Jack *et al.*, 1999; Ramasilabele, 1999), questionnaire surveys were used. Of

Table 2. HIV/AIDS knowledge questionnaire items

Instructions: Circle/tick the correct response in 201–203, and all that apply in 204

201. What is the difference between HIV and AIDS	1. There is no difference 2. HIV is a disease while AIDS is a virus 3. HIV is a virus while AIDS is a disease 4. AIDS can occur without HIV, but HIV cannot occur without AIDS
202. Is there a vaccine for HIV infection, or a cure for AIDS?	1. _____ Yes 2. _____ No
203. Can preventing the spread of HIV virus prevent AIDS?	1. _____ Yes 2. _____ No
204. How can HIV/AIDS be transmitted (Tick all applicable)	1. _____ Air or insects 2. _____ Sharing needles and syringes 3. _____ Blood transfusions 4. _____ Heterosexual activity 5. _____ Contact such as handshakes and hugging 6. _____ Homosexual activity 7. _____ Mother to child at birth 8. _____ Sharing food and utensils 9. _____ Body fluid such as saliva and sweat 10. _____ Sharing toilets and bathrooms with

Source: Jack *et al.* (1999)

interest in these studies is the controlled meaning of HIV/AIDS and the modes of transmission when respondents were requested to answer questions that are indicative of their knowledge on HIV/AIDS. Table 2 shows questionnaire items on HIV/AIDS knowledge used in a study on knowledge attitudes and behavioral aspects of HIV/AIDS among students at the University of Botswana. The items are limited to the Western scientific definition of the virus and the dominant modes of transmission as perceived in the First World and Botswana's understanding of the disease is left out. The consequence of such an instrument is that respondents play a passive role because knowledge on HIV/AIDS and its modes of transmission resides outside their realm. What are the implications of using First World epistemologies in such life and death matters?

When people give their meanings of HIV/AIDS based on their life experiences and perceptions of reality, Western-trained researchers—often operating within the dominant HIV/AIDS language—label them as misconceptions or cultural ignorance. For example, during a study on the impact of HIV/AIDS (Bennell *et al.*, 2001), I and two other independent consultants from the First World dismissed the indigenous people's definition of what HIV/AIDS is. The meanings given differed depending on the context of the illness. If it was the middle-aged and elderly who were sick, HIV/AIDS was called *Boswagadi*. In Tswana culture anyone who sleeps with a widow or widower is afflicted by a disease called *Boswagadi*. For the majority of the young,

AIDS is *Molelo wa Badimo* (fire caused by the ancestral spirits) and for others it is *Boloi* (witchcraft). For Christians 'AIDS is the Fire that is described in the Bible Chapter of Revelations, nobody can stop it.' The people's naming is embedded in their perception of reality. In their world of reality, things don't just happen. There is always a cause. The cause may be traced back to the supernatural such as, for example, the ancestral spirits or experience. This cause-effect relationship is informed by careful observation. This history of observation is illustrated in the Setswana saying *Mafoko a mathong*, literally meaning 'words are from what you observe.' From the people's observation, those who died from HIV/AIDS had relationships with widows or widowers, thus the name *Boswagadi*. For the young, a distinct observation was the appearance of herpes, *Molelo wa Badimo* (fire caused by the ancestral spirits), for herpes does look like a burn. Closely connected to this meaning-making is also the people's perception of health. For the Batswana and most African societies illness is associated with unhealthy relations with the family, the wider community, the land or the ancestral spirits (Dube, 2001). To us Western-trained researchers, these constructions were dismissed as a reflection of illiteracy. But suppose we pause a little on the assertion that HIV/AIDS is caused by bad social relations. Such an assertion is not radically different from saying that HIV/AIDS is caused by poverty, disempowerment of women and children, and unfaithfulness. Nonetheless, failure to work with the framework and language of the researched means that life and death matters are either not understood or take a long time before they are understood.

Similarly, modes of transmission of HIV/AIDS derive from social relations aimed among other things at maintaining healthy relations with the family, the community, the ancestral spirits and the environment in general. In a study on the impact of HIV/AIDS on the University of Botswana (Chilisa, 2001), focus-group interviews with students identified the following as modes of spreading the HIV/AIDS virus: (1) caregiver practices; (2) the practice of *seya ntlong* (wife inheritance); (3) unequal power relations between men and women; and (4) religion, for example in terms of church attitudes towards the use of condoms that give power to men to insist on unprotected sex.

Ideally, these ways of knowing should form the basis for understanding people's perceptions of realities and informing education, communication and information strategies on the prevention of HIV/AIDS. For us, the researchers, these were treated as separate from the universal definition and modes of HIV/AIDS transmission perceived as the sole indicators of what counts as knowledge about HIV/AIDS. As Western-educated people, who use Western-defined categories of analysis, we were not in a position to acknowledge the explanations of other realities. Noting a similar trend, Smith (1999, p. 15) observes that some methodologies do not treat values and belief systems of communities as an integral part of research but as 'barriers to research or exotic customs with which researchers need to be familiar in order to carry out their work without causing offence.'

Dismissing these perceived realities has resulted in a dichotomy of knowledge where the researched refer to 'their knowledge' (the researchers being mainly from the First World or educated in Western ways) and 'our knowledge', the researched

Table 3. Ways of knowing

	Western First World knowledge	Indigenous knowledge in Botswana
Illness	Naming HIV/AIDS virus	<i>Boswagadi</i> <i>Molelo wa Badimo</i> (herpes) <i>Boloi</i> (witchcraft) <i>Bolwetse jwa Makgoa</i> 'Westerner's disease for which they [Westerners] know the name but do not know the cure' <i>Bolwetse jwa radio</i> 'The disease described on the radio'
Transmission	Blood transfusion Needle and syringes Heterosexual sex Mother to child transmission	Unequal power relations between men and women Caregiver practices Wife inheritance Religious and diviner practices

people's knowledge. This is illustrated in Table 3. The researched use their knowledge to inform daily life practices ignoring researcher-based knowledge aimed at combating the spread of HIV/AIDS. It is this competition of the two knowledge systems that partly delays progress in combating the spread of HIV/AIDS. The progress on combating the spread is further delayed through an otherness ideology that produces a sameness error.

The error of sameness

In this discussion, I show how the global network of international organizations that fund research work within the long established categories of the colonized and the colonizer (although of course today they would identify themselves by the different titles of First and Third World or Developed and Developing World) to produce a sameness error by presenting research methodologies that blur any differences in the researched 'other;' namely, the former colonized subjects. The error of sameness or universalism is that it can only proceed by massive domination and silencing of the less powerful. I therefore argue that progress in combating the spread of HIV/AIDS is tragically delayed by prescribing research methodologies that blur any demographic differences in the research and in the process committing a sameness error. I use the Botswana Annual Sentinel Surveillance Reports 1992 to 2000 to illustrate how the positional superiority of First World knowledge systems and perceptions of reality has created a dichotomy where the remaining world is perceived as opposite and therefore the same. Africa and its inhabitants, for instance, are seen as one mass exhibiting the same characteristics and same behavior, irrespective of geographical boundaries, diverse languages, ethnicity and particular institutional practices (Teunis, 2001). Thus, even though context is an important factor in post-positivist research, it is context in the mirror of Western epistemologies and realities. Often context is limited

to those factors that can be contrasted with standard First World experiences and expectations of what is worth studying. Very often, however, context is ignored in preference for describing the generic 'other' that is the same. The sameness error is characteristic of embedded errors about the Third World, which as Chambers notes:

Go deeper, last longer, and do more damage. Often they reflect widely held views and are generalized. Often they fit what powerful people want to believe. They tend to spread, to be self-perpetuating and to dig themselves in. (1997, p. 15)

The damage, resilience and permutation of the sameness error is reproduced by transnational companies and international organizations that prescribe research methodologies which ignore contextual differences.

Botswana carries out annual national sentinel surveys of pregnant women attending clinics. The purpose of the Botswana Annual Sentinel Surveillance Reports is to monitor the impact of the prevention interventions in place, determine the status and trends of HIV/AIDS, and direct further strategies of action. Noting the link between research and intervention, the Botswana Annual Sentinel Surveillance Report (Ministry of Health, 2000) asserts that, 'Data must therefore be used to direct strategies of action and distribution of resources for the survey to be meaningful' (p. ii).

Despite claims of information contributing to the distribution of resources in a country marked by diverse cultures and disparities of income (BIDPA, 2000), the Botswana Annual Sentinel Surveillance Reports also treat the researched as a homogenous universal mass where occupation, education and social class do not matter. Context-specific differential analysis is ignored and only detailed age-specific prevalence and mortality rates are given (see Table 1 for age-specific prevalence rates). Bailey (1994) notes that it is unethical to provide partial information, present facts out of context or provide misleading information. Augmenting this ethical perspective, O'Brien (2001, p. 4) contends that researchers have to ensure that 'the quality of the data forecloses the possibility of it bringing harm through good efforts by planners or others who use the information.' In the research on HIV/AIDS in Botswana, partial information is given through blocking local views on HIV/AIDS and its modes of transmission, and by ignoring context and basic demographic variables such as occupation, education and social class that count even in mainstream research. The end result is that research fails to give substantive information that can assist in addressing national concerns regarding equitable distribution of resources.

There is a correspondence between the annual Botswana Sentinel Surveillance Reports (Ministry of Health, 1992–2000) and the nature of information, education and communication materials. The majority of the information, education and communication materials aimed at preventing the spread of HIV/AIDS are context and culture insensitive. The materials do not target the vulnerable groups and are mostly written in English. There is an assumption that everybody is middle class and can therefore read English. Yet because the reports meet the validity and reliability criteria from the Western-based research perspective, they form part of the archival knowledge that informs policy, practice and perceptions concerning the 'other.'

This point is illustrated by the relationship between the data-collection methods in the annual sentinel surveillance reports, the reports that solicit people's knowledge on HIV/AIDS (Jack *et al.*, 1999), and cartoons used in educational campaigns. Earlier on, I demonstrated that the mother to child transmission is an important mode of transmission in the Western mode of knowing (see Table 3). The annual sentinel surveillance reports use data from pregnant women as the most reliable source of information on HIV/AIDS. Similarly, some intervention programs target women, ignoring the complex networks that contribute to the spread of HIV/AIDS. In Figure 1, it is clear that mother to child transmission is an important mode of transmission. The cartoon focuses on women, like the annual sentinel surveillance reports. The cartoon, because of the sameness error, assumes that men and women have equal power to negotiate for sex. The message communicated by the cartoon is that the majority of women can choose when to have children. However, research shows that women do not have reproductive rights (Tlou, 2001). Further, such pictures or cartoons endorse existing gender stereotypes that have come to associate illness with women, for they seem to suggest that if a woman knows her status the child will not contract HIV/AIDS. The picture thus ignores the fact that it might be the partner who is HIV positive or that the partner might contract HIV/AIDS and infect the woman during pregnancy. This illustrates Spivak's argument that within the postcolonial context the subaltern as female is even more deeply in shadow that is 'muted.' The emphasis here is that women are further distanced from the male ruling elite periphery/other by the male ruling elite center/First World that frames problems and solutions from the vantage point of men.

Furthermore, some billboards are written from a colonizing perspective that equates the 'other' with lack of intelligence. Take for example, the billboards that read: *'Don't Be Stupid, Condomise'*; *'Are you careless, ignorant and stupid?'* The messages are offensive, degrading and written from the perspective of a superior observer who casts the recipients of the message as ignorant. The billboards also seem to suggest that condoms are the major solutions to the spread of HIV/AIDS. Such hegemonizing content does not leave space for the marginalized majority people to name other multiple solutions from their own perspective.

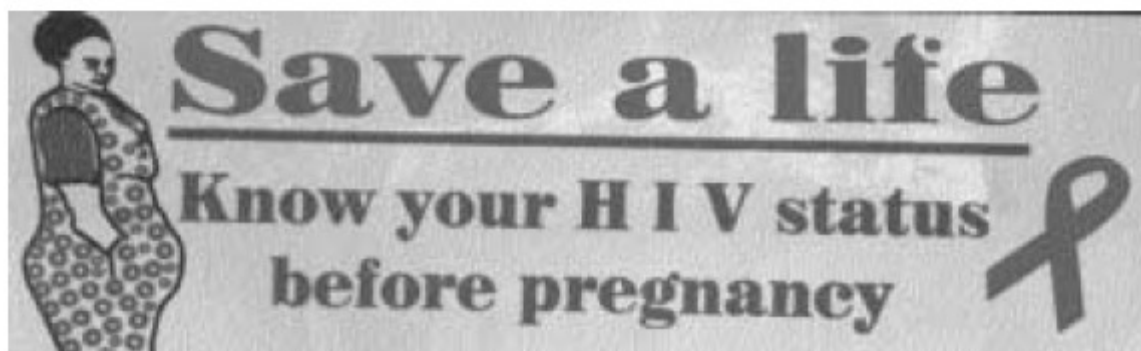


Figure 1. Importance given to mother to child transmission of HIV/AIDS

The methodologies on HIV/AIDS further entrench the marketing of condoms. The epidemiological fact sheet on HIV/AIDS (UNAIDS/WHO, 2000), research by Bennell *et al.* (2001) and by Chilisa (2001) all measure change in sexual behavior by the number of condoms that are used. Government, parastatal and private institutions deposit condoms in strategic places at the workplace. Sexually active primary and secondary school students are encouraged to obtain condoms from the hospitals and clinics while in tertiary institutions condom bins are located in numerous central points. Thus condom sale becomes tied up with HIV/AIDS research and education and a country's effort to curb the spread of HIV/AIDS is measured by condoms per capita (UNAIDS/WHO, 2000). It is a sad story of the price that the Third World has to pay as knowledge becomes more and more an important profit-making mechanism in the global capitalist economy, for, as it clearly shows, the First World must devalue knowledge from the peripheral 'other' to expand its markets.

The exceptionality and crisis myth

Research on HIV/AIDS informed by a colonially established 'otherness' ideology is sustained by development narratives, which are simply legitimized stories that explain events (Sutton, 1999). The policies have created the 'Except-Africa' and 'Crisis' myths (Roe, 1995). The exceptionality notion is that things will happen everywhere else except Africa. Reports in South Africa (Coombe, 2000) warn that unless preventive measures are taken, school effectiveness will decline to a point where 30% to 40% of teachers, officials and children are ill, lacking morale and unable to concentrate on teaching and learning. In Botswana, it is predicted that up to 50% of all students will become infected during or after their education (AbT, 2001, p. 4). Narratives have circulated on how teachers in Africa have the highest HIV/AIDS infection and death rates despite their higher education and accessibility to information relative to other social groups. One report (AbT, 2001, p. 9) sums it up thus:

It is generally acknowledged that the teaching service in many African countries has been severely affected by AIDS. Death rates in excess of 3% per year have been recorded in at least two countries and some prevalence surveys indicate teachers have higher infection rates than other adults.

The effect of these narratives is to legitimize certain research agendas and marginalize others. Donors for example are quick to fund research on HIV/AIDS and teachers, schools and universities. But these are priorities based simply on myths. Research recently carried out to assess the impact of HIV/AIDS on the University of Botswana (Chilisa, 2001) shows that HIV/AIDS in Botswana has a poverty dimension with the less privileged, the less educated, the poorly paid women and girls experiencing high mortality rates. The industrial-class workers of the University of Botswana, for example, who earn the lowest wages and have the lowest education in comparison with other cash-income groups, had the highest mortality rates. Primary school teachers also had high mortality rates in comparison with secondary teachers and university lecturers who earned higher wages and had a higher level of education. Table 4 shows mortality rates per thousand for selected occupational groups.¹

Table 4. Mortality rates for selected groups 2000 (deaths/000)

	Female	Male	All
Primary teachers	7.2	7.7	7.4
Junior secondary teachers	3.5	5.3	4.4
Senior secondary teachers	2.3	5.1	3.7
University lecturers			2.0
UB junior support staff			17.0
Industrial class staff			18.0
Students			1.8
Adult population			20.0

Source: Chilisa (2001).

Research ethics and the legitimacy of knowledge

The colonially established superiority of Western epistemologies is further privileged and reproduced through the research regimes of acceptable practice and conduct in research or simply research ethics. The simple definition of ethics is that it refers to regulations of conduct of a given profession or group. The questions to ask are: Can there be universal research ethics? Can they be value free and inclusive of all knowledge systems? Ethical issues in research include codes of conduct that are concerned with protection of the researched from physical, mental and/or psychological harm. Here the assumption is that the researched might disclose information that might expose them to psychological and physical harm, which includes discrimination by the community or the employer. The codes of conduct to protect the researched include ensuring anonymity of the researched and confidentiality of the responses. This dimension of the ethical codes emphasizes the individual at the expense of the communities and society to which findings from the study can be generalized or extrapolated. Paradoxically, while in quantitative research one of the major aims is to generate laws and principles that govern the universe, the universe is not protected against harmful information by the sampled researched. The assumption made is that research procedures which include sampling, validity and reliability in quantitative research clear the findings of any respondent and researcher biases that cannot be considered universal.

While generalization of findings is clearly an essential ethical issue to consider, disrespect and psychological harm to communities, societies and nations to which research findings are generalized or extrapolated is another important dimension. Research knowledge authorizes views and perceptions about the researched. An accumulated body of knowledge on the researched becomes the point of reference for legitimizing new knowledge. The problem of giving legitimacy to research knowledge is that most of the accessible research was not carried out by the researched. Even in cases where there is collaborative research between the First World researchers and Third World researchers, the First World researcher's voice is dominant and imposes

the foreign categories of research, hence determining what type of knowledge can be produced. Here I will consider the power struggles that arise between First World researchers and Third World researchers in collaborative research, and the power of written sources.

First World researchers get research funds from international donors under the pretext that they are building research capacity in the Third World. One proposal for research funds for instance read thus:

In both countries and at all stages of the research process, in-country researchers will play an integral part. They will also be provided with important research training opportunities, especially in the use of qualitative and ethnographic data collection tools, with which researchers in developing countries are often unfamiliar. (Department for International Development, 2000)

Collaborative research between First and Third World researchers invariably begins with a contract that positions each researcher within a hierarchical structure. Notably the researcher has nothing to learn! Rather First World researchers are invariably referred to as team leaders, lead researchers or research co-coordinators. They bring certain methods to be learnt and applied by the Third World. As leaders they are also assigned the responsibility of producing the final document. The assumption is that they are better researchers in comparison with the 'other' because their educational background is superior in comparison with the 'other' and also because research is communicated in their language at which they are masters and of which the 'others' should be masters. The framework goes back to established colonial times, when the colonized were regarded as empty vessels to be filled. But it also indicates the colonial ideology that seeks to fashion the world into sameness. The draft of the contract agreement between the First World researchers and the Third World researchers was clear on who was producing and controlling knowledge. The contract read thus:

Any and all intellectual property including copyright in the final and other reports arising from the work under this agreement will be property of the University of x. (Department for International Development, 2000)

This quote speaks for itself. The Third World is still exploited for the good of the West! Accordingly, my experience during collaborative research on the impact of HIV/AIDS on Education in Primary and Secondary Schools (Bennell *et al.*, 2000) demonstrated these underlying notions of the 'other' that researchers carry into the field. The research design was quantitative but used the qualitative techniques to complement the quantitative and focused mainly on teachers and students. We agreed that there should be document reviews to expand on the quantitative data. The lead researchers were responsible for producing drafts. Statements in the first draft read as follows:

A high acceptance of multiple sexual partners both before marriage and after marriage is a feature of Botswana society. Given the high priority and status given to sexual pleasure and fathering children, condoms are not popular especially with regular partners.

The sentences conflicted with what I considered to be the valued norms of the society. I was told that these statements were informed by a review of the literature. The First

World researchers argued they would simply quote statements from the literature to show that they were not making any value judgements about the society. But this begged the questions of which literature, generated by which researchers and using which research frameworks? Answers to these questions point to the vicious circle of power in the process of knowledge production. The following statements were quoted from a situational analysis of HIV/AIDS in the Kweneng West Sub-District in Botswana (Hope & Gaborone, 1999):

- 'Sex for drink' is common.
- Botswana society is too 'permissive and bordering on lawlessness.'
- Sex tends to be an 'important activity' for the unemployed and the poor.
- 'Failure to please one's partner can lead to abandonment and loss of income (however meagre)'.

But what if the researched do not own a description of the self that they are supposed to have constructed? From my perspective, the quoted statements were a Western interpretation of the 'other;' perfectly feeding into and relying on colonial stereotypes of African sexuality. They were selected from a variety of information because they were perceived as important in weaving a story about the 'other.' Becker quoted in Denzin (1989) notes that interpretation is always 'incomplete and unfinished.' Peshkin (2000, p. 9) notes that:

It is the work of others to reject, modify and recount the researcher's selection of fact, and the order and relationships that form the basis of interpretation and its conclusion.

The question, however, concerns the number of researched 'others' who can engage in this debate and be heard. This is precisely where Gaytri Spivack's question 'Can the Subaltern Speak?', remains legitimate. First World researchers have enjoyed the privilege of the written word and have used the written text as the forum for debate and for legitimizing knowledge. Unfortunately the majority of the researched, who constitute two-thirds of the world, are left out of the debate and do not therefore participate in legitimizing the very knowledge they are supposed to produce. The end result has been that ethics protocols of individual consent and notions of confidentiality have been misused to disrespect and make value judgements that are psychologically damaging to communities and nations at large. But, above all, the production of knowledge continues to work within the framework of colonizer/colonized. The colonizer still strives to provide ways of knowing and insists on others to use these paradigms. In the postcolonial era, however, it is important to move beyond knowledge construction by the Western First World as the knower. Resistance to this domination continues and it is attested, among other things, by the current African Renaissance.

Towards a framework for inclusive research practices

I have argued that context in the mirror of First World epistemologies and perceptions of reality excludes and marginalizes the perspective of other knowledge systems

and perceptions of reality. These power relations were established in colonial times and continue to operate. A colonially established 'otherness' ideology thus reduces context under Western eyes to sameness. Research ethics protocols fail to protect the researched from these methodological flaws because ethics is narrowly defined, emphasizing protection of the individual while ignoring researched ownership of knowledge, and respect for communities. My proposal is that the postcoloniality of our power relations should lead us to be more suspicious of the accepted or the so-called standard or universal methods of research. We should interrogate to whom these methods and ethics are acceptable. For example, research ethics in the Third World should go beyond the narrowness of issues of confidentiality and consent to respect and protection of the integrity of the researched communities, ethnicities, societies and nations (see also Smith, 1999). Researched communities should validate research findings, which are generalized or extrapolated to them. Such an exercise will enable the researched to have full participation in the construction of knowledge that is produced about them.

Eurocentric epistemologies, especially the post-positivist ones, should honor their cherished value of multiple realities and be able to extend it to the Third World. For instance, whose validity is privileged where there are multiple realities? If validity is achieved through triangulation, what is triangulated? In countries where the written text was produced by the First World researchers, how much of it is validating invalidity and perpetuating stereotypes about the 'other?' Ethics in research should thus include creating space for other knowledge systems. This should include using local knowledge as archival sources to identify research problems and to legitimize research findings. That the HIV/AIDS epidemic in Botswana is escalating amidst volumes of research may be an indication that ongoing research is dominated by Eurocentric research epistemologies and ethics that fail to address the problem from the researched's frame of reference. Creating space for other knowledge systems must begin by recognizing local language and thought forms as an important source of making meanings of what we research. In research, definitions of terms are first referenced to dictionaries and then operationalized. It is also important to make reference to local meanings attached to experiences. Proverbs, folklore, songs, myths should be part of the literature review and source of problem identification and meaning making as well as assisting in legitimizing findings. Proverbs, for instance, represent 'cultural theories or models of experience, evaluative assertions from a moral perspective, generalized knowledge that can be applied to the interpretation of particular events, and a point of view or certain ways of looking at problems' (Tippins *et al.*, 1995, p. 2). Rather, a research ethics protocol should insist that the research is carried out in the local language and that findings are written in the local language, especially where the researched are not familiar with English.

In addition, researchers in Africa should identify sources that help to build educational research theories, models and practices embedded in the indigenous knowledge systems and worldviews. African communities with particular reference to Botswana have had a long history of diverse ways of processing and producing knowledge in centers such as the Kgotla (chief's palace), shrines and religious centers. The

production of knowledge was facilitated by indigenous researchers/intellectuals that included chiefs, poets, social critics, diviners and storytellers guided by the communities' values and ways of perceiving reality. Most African communities, with particular reference to Bantu people of Southern Africa for instance, view human existence in relation to the existence of others. Among views of 'being' for instance is the conception that '*nthu, nthu ne banwe*' (a person is because of others) or 'I am because we are.' This is in direct contrast to Western views that emphasize individualism: 'I think therefore I am.' Most African worldviews emphasize belongingness, connectedness, community participation and people centeredness.

Amongst communities in Botswana, the 'kgotla' was and is still a central research site. If there is a problem to be addressed, the chief calls a *pitso* (gathering of community members) and presents the agenda. In this gathering the Chief is a facilitator. Codes on the facilitation process are embedded in the values and practices that guide everyday life experiences. For instance the saying *Kgosi ke thotobolo e latlhelewa matlakala* (A chief is a disposal site) sent messages to the chief/facilitator to be open minded and listen to all the voices. An open space system of communication is encouraged through the saying *mmua lebe oa bo a bua la gagwe* (every voice must be heard). Conclusions are achieved by reaching a consensus. Knowledge produced is thus communally owned and is disseminated to the rest of the community by indigenous intellectuals through songs, plays, poems, dance, theatre and storytelling. Elsewhere (Chilisa & Preece, 2005) I show how stories, poems and songs are an illustration of how African communities have collected, analyzed, deposited, retrieved and disseminated information. Stories, poems and songs are central to collecting and depositing social knowledge, socialization, analysis of social reality and commentary on society/family/social relations. They are teaching instruments and are a reflection of the values of communities and societies. Frameworks for inclusive research practices should accommodate collecting communities' stories available on research problems to learn how communities have defined the problems, the analysis encoded in the story and the solutions marketed by the story. For instance, rather than ignore communities' stories on the meaning of HIV/AIDS, researchers should use such stories as entry points to conduct community-centered research. Such an approach promotes a dialogue with the communities and the 'indigenous' intellectuals because the research starts with their frame of reference. The dialogue could create space for the construction of community-centered educational strategies to address the spread of HIV/AIDS.

Another example, from Botswana and indeed from the region of southern Africa as a whole, that illustrates the production of knowledge from an African worldview is the process of data collection and interpretation etched in the *dingaka* (diviners) practices. In what she labels 'divining as an ethical method of reading,' Dube (2001) maintains that *dingaka* use a set of as many as 60 bones symbolizing divine power, evil power, foreign spirits (good or bad), elderly men and women, young and old, homesteads, family life or death and ethnic groups that include Makgoa (white people) to construct a story about the consulting client's life. The pieces represent experiences and networks and relationships of people and the environment. In constructing a story, the diviner consults the patterns of the divine set as the client throws them to the

ground. The diviner asks the client to confirm the interpretation of the set as a true story about his/her troubled part of life. In the process neither the set nor the diviner has exclusive knowledge. The client is invited to talk freely about his/her life and to reject the constructed story if it does not tally with her/his life experiences. This process contributes significantly to research epistemologies in three ways:

1. In the context of the diviner and the client there is no absolute knowledge; the three that is the diviner, the set and the visitor construct knowledge together.
2. Context is complex, expansive and infinite since there is no claim to an identified description of context. Context is, however, brought to the consciousness of both the diviner and the client through symbolic representations of the surroundings.
3. The story in whatever form is read and agreed upon. No interpretation occurs in the absence of any one of the three.

This worldview challenges the positivist view of knowledge as absolute, the researcher as the sole objective constructor of knowledge and the researched as a passive object. The diviner's worldview appeals to new methods of data analysis and interpretation that involve the researched and are validated by the researched. The worldview appeals to community construction of knowledge as opposed to the researcher's construction. The premise of the diviner's knowledge construction method challenges Western research's control of knowledge. It offers alternative ways in which researchers may work with communities to theorize and build models of research designs that are owned by the people, and restores the dignity and integrity that has been violated by First World epistemologies since colonial times.

Conclusion

Appealing to the colonial frameworks, in this article I have argued that beliefs about the nature of what counts as knowledge, which are largely informed by the dominant First World epistemological perspectives, coupled with notions about the 'other' informed by ideologies of imperialism and colonialism, have influenced what research is carried out, how it is carried out and what we know about HIV/AIDS in Botswana. I have demonstrated, for instance, how the perceptions of First World-trained researchers (including me) of what is HIV/AIDS is dominant over the researched people's perceptions. I have also problematized my multiple identities as a researcher marginalized by Western research hegemony and as a member of a privileged elite participating in the colonization of the researched people. I have also shown how National Surveillance research on HIV/AIDS and regional research on HIV/AIDS illustrates notions of uniformity and sameness of the people of Sub-Saharan Africa. These notions are informed by the dichotomous hierarchy that privileges the First World position and relegates the Third World to the position of 'other.'

My conclusion is that knowledge on HIV/AIDS based on Western ways of knowing competes with knowledge produced by indigenous people. But since the latter constitutes suppressed knowledges, this leads to slow progress in curbing the HIV/AIDS epidemic. Because of the dominance of universalized Western research

methods, the cumulative body of research on HIV/AIDS in Botswana fails to capture the body of knowledge informed by the people's practices, experiences, histories and power relations. Consequently, the knowledge on HIV/AIDS that is incorporated in the school curriculum and in education, information and communication strategies for out-of-school youth and adults is most likely to be removed from the experiences of the learners, their parents and the public at large. These colonially founded shortcomings are a challenge to educational research practice, to how researchers are prepared in academic institutions, and to the way standard research methods books are written. It is a call for the postcolonial indigenous intellectual to revisit the way educational research is taught in his/her institution and to begin to rethink other ways of researching that challenge Eurocentric epistemologies and create space for marginalized knowledge systems. I concur with Pallas (2001) that the preparation of educational researchers and researchers in general should include an engagement in epistemologies. In particular these should include 'epistemologies of traditionally subordinated racial/ethnic groups' (Pallas, 2001, p. 7) and women in research methods and methodology courses and textbooks. The research training should include situating knowledge systems in their historical space and counteracting the legacy of imperialism and colonialism in postcolonial age by creating space for indigenous environmental and spiritually centered knowledge systems, and enabling a multi-directional borrowing and lending of knowledge across nations and within nations.

Notes on Contributor

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Notes

1. The study was based on a mixed method design using quantitative and qualitative approaches and multiple techniques of data gathering. Time-series data on student and academic and support staff illness and mortality, and the prevalence of HIV infection was obtained from university data-based sources. Semi-structured focus-group discussions using participatory research techniques were held with students and staff.

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