Intergenerational Practices and Possibilities Related to the HIV/AIDS Pandemic in Botswana and Nigeria

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Abstract

The future of Botswana and Nigeria hangs precariously on the balance of life and death. In recent years, the latter seems to be winning as both countries face the devastation of their middle generation due to the HIV/AIDS pandemic. Neither country can afford to simply watch their populations be depleted at such an alarming rate. This paper seeks to propose how an intergenerational framework might be applied to this situation with the hope that intergenerational policies and approaches might ameliorate this social crisis.

Keywords: HIV/AIDS pandemic; Botswana; Nigeria; social learning; intergenerational programs

INTRODUCTION

Intergenerational sharing is a strong element in the historical character of the African family. It is the vehicle through which older people communicate accumulated wisdom and important elements of the culture. The central role of the African family as a place of intergenerational sharing has been thrown into

crisis due to the recent HIV/AIDS pandemic that attacks the ability of the family to function effectively and to maintain its historical character. Alongside this epidemic, the historical legacy of colonialism has changed, in part, the idea of sustainable community development based on self-reliance without offering adequate substitutes to address the region's mounting problems.

The future of Sub-Saharan Africa is threatened by multiple social problems. It has been predicted that in the next 20 years, one-third of all children in Sub-Saharan Africa are most likely to go to bed hungry, and this is with the dire consequences of retarded mental and physical development (Adegite, 2001, p. 1). In addition, we face the problems of illiteracy, restricted access to social amenities, and political instability. Compounding these problems is the presence of the HIV/AIDS pandemic, a profound social problem, which has emerged as a universal scourge related both to the colonial legacy of Africa and the traditional cultural practices of multiple sexual partners. Furthermore, the growing HIV/AIDS epidemic has hastened the breakdown of traditional community and multigenerational bonds within the family as the "middle generation" falls prey to this deadly disease. Inherent in all these social problems are intergenerational questions that address both the causes and possible solutions to these problems.

This paper will explore the problems and possibilities of utilizing intergenerational practices to address the breakdown of traditional community bonds in Nigeria and Botswana that are related to the HIV/AIDS pandemic. Presently, there is insufficient discussion among scholars about the potential of intergenerational approaches to mitigate the negative effects of HIV/AIDS on future generations. In this paper, we will address some of the identified gaps in scholarship and action related to the pandemic and make recommendations to reinforce intergenerational approaches that appear to be working in different communities. We have selected Botswana and Nigeria because both of these countries have been recently devastated by the HIV/AIDS epidemic and are in the process of cultural, political, and economic "modernization."

Our discussion will be geared around several major pivots. Among these are:

- Social conditions,
- HIV/AIDS situation in Africa, with particular reference to Botswana and Nigeria,
- Cultural influences on the problem and its management,
- Contemporary practices in the management of HIV/AIDS,
- Intergenerational possibilities,
- Emerging issues, and
- Recommendations.

It is hoped that an objective presentation and discussion of the above listed pivots will contribute positively to recommendations of an intergenerational nature that can help resolve the HIV/AIDS pandemic in Botswana and Nigeria.

SOCIAL CONDITIONS–COMMONALITIES AND DIFFERENCES

Botswana and Nigeria share many historical and present day social conditions. Both countries are democratic nations and share the British colonial heritage. English is the official language for both countries. They also share very similar education systems even though Nigeria's broadening of access to education has been a bit more spectacular, and this is probably because Nigeria has a much larger population for whom she must open access or face incredible sociopolitical upheavals. Both economies have been shaped by export industries: cattle and diamonds in the case of Botswana, and oil and minerals in Nigeria.

The burdens of imperial exploitation and uneven commercial development contributed to a bloody civil war in Nigeria from 1968-1970. Apart from the harmful human loss arising from wars, Nigeria's post independence administration has been dominated by military dictatorships that have had no regard for accountability as an element of public administration and leadership. Although considerably larger than Botswana (pop. 1.6 million), Nigeria (pop. 120 million) has suffered economically for the past thirty years while Botswana has enjoyed steady economic growth.

On the contrary, Botswana has been enjoying a multiparty democratic governance since her independence in 1966. The Botswana Democratic Party has consistently remained in power in terms of governance. Botswana has so far featured the most stable and peaceful democracy in Africa. Transition in leadership is peaceful, and one reason, perhaps, why there has been so much economic growth is because the party in power strives to pursue with so much dedication the National Development Plans already put in place. These development plans are reviewed regularly and this is with a view to ensuring that the overall goals are achieved within the specified time as much as possible.

Unlike Nigeria, there has been no military intervention in the political process in Botswana. Rather, Botswana has continued to contribute her resources towards ensuring the stability of democratic practices in the Southern African sub-region. For example, Botswana had sent her soldiers to fight along those of the Republic of South Africa in the neighboring country of Lesotho when it was obvious that the military in Lesotho was attempting to truncate the democratic process in that nation. Furthermore, Botswana's leadership has been encouraging foreign investment by way of providing stable governance, infra-

structures and migration of capital and personnel. Compared with neighboring countries, Botswana has ensured relative peace and safety of persons in the nation. Such conditions that have been generously provided have no doubt assisted Botswana in providing a model of governance that has been judged by other African leaders to be one of the best in Africa and the world.

"WALKING IN THE VALLEY OF THE SHADOW OF DEATH"– HIV/AIDS SITUATION IN BOTSWANA AND NIGERIA

HIV/AIDS are ravaging Africa. Out of the 33 million infected by HIV in the world, almost 2/3 of them are living in Sub-Saharan Africa. Since the AIDS epidemic was first reported in Africa, 17.2 million Africans have died as a result of infection; yet, in 2000, it was estimated that 25.3 million Africans were living with the disease, 3.8 million of whom were infected with HIV during that year and some 12.1 million children orphaned by it (The World Bank Group, 2002, p. 1). This is why the World Bank alone has promised to commit up to $500 million (USD) to fight HIV/AIDS in Africa.

Botswana

Nineteen of the countries with the highest HIV prevalence in the world are in Africa, and Botswana is one of them. The World Bank Group (2002, p. 1) reports that one out of every three adults in Botswana is infected. Botswana's Human Development Report (2000, pp. 1-7) puts the case very clearly when it noted that with the highest reported HIV prevalence rates in the world, Botswana is on the verge of experiencing the most devastating epidemic to hit Southern Africa. That is the case because out of a population of 1.5 million, it has been estimated that about 300,000 Batswana are currently living with HIV/AIDS. A devastating aspect of this scourge is that most of those infected are without affordable and accessible treatment. Most of them die within a decade of their infection and thereby taking with them to their graves all the promises their existence should have held for the nation. It is an underestimation for anyone to say that the problem has reached crisis proportions. Indeed, it is a catastrophe never known before in Africa. This is a human development crisis that cuts across the spectrum of the Batswana society.

The intergenerational implications of this crisis are instructive. Botswana Human Development Report (2000) suggests disparities in HIV prevalence among boys and girls aged below 15 and those among young men and women aged 15-29. The report shows that HIV is easily transmitted across generations mainly through sexual intercourse between men and considerably younger

women. For women in the age group 15-29, the relative risk of infection even gets higher, and, right now, among this category, three cases of HIV-positive females are reported for every HIV-positive male. The situation is similar for Nigeria.

Nigeria

The first case of HIV/AIDS in Nigeria was reported in 1986. Today, human catastrophe is looming very large in Africa's most populous country. The Sentinel Survey (Asamoah-Odei, E. et al., 1999) concluded in 1999 has indicated that 5.4% of the adult population in Nigeria has been infected with HIV. That translates to about 2.6 million adult Nigerians, out of a total population of 120 million, living with HIV (Nigeria-Aids, 2002, p. 5). The Nigeria-Aids report (2002) indicates, for example, that in some states like Enugu State, the mean HIV prevalence had increased from 2.3% in 1995 to 16.8% in 1999 and this gives an increase figure of more than 700%.

Today, HIV/AIDS has become a primary public health issue in Nigeria. At least 5.5 million Nigerians are living with HIV and the number of reported AIDS cases has increased by 840%. In 1997, 150,000 Nigerians died of AIDS and this figure had jumped to 590,000 by 2000 AD. It is actually being anticipated that by the year 2015, more Nigerians are expected to die of AIDS than in all African countries except South Africa and Kenya.

The picture being painted of HIV/AIDS is more frightening than before when it is realized that as of April 11, 2002, the Nigeria-Aids Organization (2002, p. 1) is reporting a new HIV population of 3,324,786, new AIDS cases of 5,578 and AIDS deaths of 8,012. The danger that is looming in Nigeria has drawn the attention of many. Radio Netherlands was reported by Beauchemin (2001) to have shed some light on the burden that everybody is bearing at the moment. HIV/AIDS is currently spreading like wildfire in Nigeria. Dr. Esther Obinya, a pediatrician at the Ahmadu Bello University Teaching Hospital in Kaduna, was reported (Beauchemin, 2001) to have lamented the rate of spread:

> On market days, prostitutes come from town to sell their wares in the remote rural areas. They just carry the AIDS there. These people do not even know what they are getting. . . .

The rate at which HIV/AIDS is spreading in Nigeria may be a reflection of the nature of the economy. The formal economy is weak and almost nonexistent so far as too many people are depending on trade as the primary means of livelihood. Trade encourages a great deal of mobility of populations as people travel back and forth between villages and towns and cities and even to nearby

countries. Beyond the influences of the modern life, Botswana and Nigeria's HIV/AIDS conditions must have been influenced by other factors, culture being one of them.

CULTURE–PART OF THE PROBLEM OR PART OF THE SOLUTION?

Culture must play a major role in the resolution of social problems related to the HIV/AIDS pandemic. This is due to the fact that cultural practices have historically contributed to the exacerbation of the pandemic. For example, in Nigeria, a father may encourage a 16- or 18-year-old son who is still a virgin to approach a commercial sex worker to obtain the experience of sexual intercourse. This is sometimes the beginning of sexual practices that include multiple partners. Beauchemim (2001, p. 2) has reported that in Nigeria it is common to have more than one sexual partner and that in the Muslim northern part of the country, men have three or four wives as allowed by the Islamic religion.

In both Botswana and Nigeria, culture does not place any limit as to the number of wives any man can have. So it is possible for men to marry up to 20 wives or more, depending on the man's desire for wives and the need to satisfy any urge. Even though this is dying as a cultural practice, nobody frowns at this out of date behavior that is contributing to the loss of a generation. Beauchemim (2001) has quoted Obinya as saying that it is culturally acceptable for a man who has four wives to go out with a 13-year-old and even go to bed with her in the pretence that the "little" girl will become his fifth wife. In fact, such cultural practice is surely encouraging the rapid spread of HIV/AIDS in both countries. This is even more the case as cultural beliefs are generally against the use of condoms and, therefore, condom distribution as a major solution to the problem has failed in the two countries.

Although traditional cultural practices linked to modern social problems such as HIV/AIDS have proven disastrous for Nigeria and Botswana's "middle generation," African culture will continue to be relevant to explore or value intergenerational solutions. For example, increasing usage of proverbs will be quite in order. For Kaplan (2002, pp. 39-64) quoting Freyha (1974) has rightly observed, a proverb never tells a lie. Africa is never lacking in rich proverbs aimed at regulating the behavior of people. African proverbs and sayings of the wise in moonlight Village Square enrich social learning transactions in many ways. For example, among the Yoruba in Nigeria, there is a proverb, which says, "Agba kii wa loja kori omo tutun wo," meaning "the presence of the elderly person in the community brings sanity to the community because the el-

derly are supposed to possess wisdom and knowledge." Also among the Urhobos in the Delta State of Nigeria, there is a proverb that says, "Wo du kpokpo vwe afieki kiridie o se che phi e uyovwi re omoni vwe," meaning you should not throw stones in the marketplace for you do not know on whose head it would finally fall. For those of you in the Western World, this proverb means you need to be careful how you mistreat other people because one day you might be the victim. In other words, there is retribution awaiting every one of us.

These proverbs contain the "truth" that intergenerational learning can contribute to intergenerational social practices aimed at regulating behaviors destructive of the community.

CONTEMPORARY PRACTICES IN THE MANAGEMENT OF THE PROBLEM

The governments of Botswana and Nigeria have embarked upon strategies aimed at meeting the challenges posed by the problem.

Botswana

In response to the challenges accompanying HIV/AIDS, the Batswana government has initiated a National Policy on HIV/AIDS in 1998. This multisector national response involving ministries, state organizations, the private sector, NGOs, and community-based organizations has turned out to be a huge national initiative. The main strategies include the prevention of HIV/AIDS transmission, the reduction of the personal and psychosocial impact of HIV/AIDS, mobilization of all sectors, and of communities for HIV/AIDS prevention and care, provision of care for people living with HIV/AIDS and the reduction of the socioeconomic consequences of HIV/AIDS. Pursuant to these strategies the government has designed social learning packages that are aimed at promoting gender equality so that women can have their rights respected, hoping that this will lead to the reduction of mother to child transmissions, thus breaking the cycle of intergenerational transmission of the HIV virus. The Batswana government has also been attacking the complex role played by poverty in the spread of the virus and trying very hard to educate mobile populations in order to discourage their free sex attitude (Republic of Botswana, 1998, pp. 1-14). The results of these efforts are yet to come.

Nigeria

On coming to office in 1999 under the democratic dispensation, President Olusegun Obasanjo made the crusade against HIV/AIDS a national priority because he believed that the nation could be wiped out if immediate action was not taken. For example, he has established the National Committee on AIDS that reports to him directly. Under the new initiative national publicity campaigns have been mounted to discourage people from engaging in free and uncontrolled sex but the problem is yet still far from being solved.

In the solutions just described, there are no intergenerational approaches that involve older adults and children in a process for helping to resolve the HIV/AIDS crisis. The remainder of this paper will consider some intergenerational approaches that may impact on the status of HIV/AIDS in African communities.

INTERGENERATIONAL POSSIBILITIES

As we consider how intergenerational approaches or programs can be considered in the context of HIV/AIDS in Botswana and Nigeria, it is important, I believe, to define what is meant by Intergenerational Programs (IPs). I present as a working definition a program in "which all generations, irrespective of age, gender, race, location, and socioeconomic status, bind themselves together in the process of generating, promoting, and utilizing ideas, knowledge, skills, attitudes and values in an interactive way for the improvement of self and community" (Oduaran, ICIP Conference, April 2002).

In the context of the countries under focus, the exchanges implied in intergenerational programs are best expressed in the different social learning programs that are commonly found in different communities. In the social learning programs, there are deliberate and purposeful exchanges that are designed to yield desired outcomes in the areas of vocational learning, vocational learning, literacy, individual and community health, agriculture, cultural transmission and security, amongst others. In such programs, generally, there are clear evidences of collective and collaborative learning and sharing between the elderly and the young. Comprehending and adapting to life's situations involves an interactive process in which an individual is faced with new social norms or new meanings that have been previously attached to old cultural symbols but all of which would obviously need reformation (Moore and Brooks, 1996, p. 6; Mezirow, 1978, p. 28).

The relevance of social learning, in the particular context of HIV/AIDS, is evidenced by the transformation of learning and behavior that can occur

through qualitative learning that leads to the comprehension of and adaptation to different life situations–specifically, situations that impinge on the ability of others to function effectively. It is this qualitative learning that enables people to become realistic in coping with the disorienting situation presented by HIV/AIDS.

Connecting the generations in formal education settings in order to address some social problems is an opportunity that is being developed in Botswana and Nigeria as part of Vision 2016, a proposal by the government of Botswana that seeks to move the nation forward on a fast track of socioeconomic and political development. The vision to create a competitive and prosperous nation has articulated seven goals–the achievement of which implies that people of all ages interact and relate regularly and fruitfully.

Some of the intergenerational efforts implied in Vision 2016 include engaging the elderly in classrooms where there is deliberate collaboration and learning about the consequences of AIDS to the family and the community. Similarly, there are formal intergenerational programs in nonformal settings that articulate how to improve communication and dialogue between the young and the old. In the African culture where the elderly persons are believed to be the custodians of knowledge and wisdom, these initiatives may demonstrate how resolving the national HIV/AIDS dilemma will require the shared wisdom, knowledge and experience of both the young and the old.

Fundamental to the culture of African countries is the family which cultivates social stability and community relationships. In the new complex world of the pandemic, there will need to be Intergenerational Program packages, related to social learning that revamp cultural philosophies on healthy living and positive social behaviors that recognize the importance of partnerships and collaboration among the communities' older and younger generations. Intergenerational programming can be applied in profound ways to the issues of prevention and management of HIV/AIDS sufferers and their families so that our societies can prevent extinction.

EMERGING ISSUES

In this paper we have noted some of the limited intergenerational program efforts that address HIV/AIDS issues in Botswana and Nigeria. As we consider reinforcing and expanding the opportunities to address the pandemic, we are confronted with several fundamental issues. These issues include an absence of clear-cut government policies that validate and advocate intergenerational programs and approaches and that report on community and family needs and supports the development of Intergenerational Programs to help the sufferers

and their families. These policies will prepare both young and old for new roles in families without a middle generation.

In addition to the issues noted above, health officials, scholars, and education managers remain uncertain as to whether an IP approach can help in addressing the overall human and social challenges of communities caught up in the pandemic. Furthermore, some people are wondering whether or not it would be too expensive to introduce an independent IP framework to help resolve HIV/AIDS problems. It seems to me, therefore, that the most plausible solution in this case is for Botswana and Nigeria to formulate strategies by which IP can become a mechanism within the frameworks of existing human development projects whose focus is finding solutions to this crisis.

RECOMMENDATIONS

The conceptualization, study, and articulation of IPs as an enhancing strategy to address the pandemic crisis are clearly at an infancy level. This is in terms of both practice and research. Even when we look forward to national educational policies that can provide relevant policy bedrock for IPs, both countries are yet to have a structured body of knowledge dealing with dominant issues. At this time, the policy base is at best weak. It seems to me, therefore, that one can attempt to make recommendations that may help in improving proper conceptualization and provision of IPs in both countries as an approach to the HIV/AIDS problem. We must identify, in both communities, clinicians, policymakers, and researchers who can come together to develop practical strategies in a local and national context. We must devise explicitly intergenerational approaches and strategies into public policies geared towards health-related problems. As public education is imperative, the mass media must be utilized effectively to articulate and promote IPs as a vehicle to ameliorate the HIV/AIDS problem. Hopefully, this will mobilize IP participants to adequately identify common goals in all aspects of human needs of families and communities affected by HIV/AIDS. Furthermore, policy planners must understand that social policies and programs, at all times, must accept that society belongs to all ages and, therefore, any attempt to discriminate between the young and old in national planning, social learning, and social action must be condemned. Existing IP agencies must be encouraged to build more solid partnerships with health agencies and to participate as advocates for intergenerational programs that support HIV/AIDS initiatives as a beginning to cultivate a stronger voice in order to be better heard. More community learning centers that are fully equipped with modern information and communication technologies must increasingly be cultivated. Such learning centers

must develop curricula activities that engage older adults and children in learning about HIV/AIDS and their combined role in the family and community to deal with the effects of this problem. Alongside these initiatives of a national scope, internationally, more developed countries need to consider the incorporation of developing countries in the conceptualization of and mobilization for IPs in order to bridge the wide gap that exists in aspects of research, scholarship, policy development, and government support. Additionally, international NGOs must assist developing countries in formulating local IP educational and treatment initiatives that can reduce the number of HIV/AIDS victims and can help families cope with issues related to this problem.

This paper, perhaps for the first time, addresses issues that are salient to the comprehension and articulation of the body of knowledge on intergenerational programs in Botswana and Nigeria in relation to the HIV/AIDS pandemic. In particular, attention was drawn to the status of HIV/AIDS, government response to the challenges linked to the scourge, and how IPs might help. Key emerging issues and recommendations were highlighted with the hope of better understanding and developing an effective intergenerational strategy to address HIV/AIDS issues in Botswana and Nigeria. Certainly, there are gaps in this paper but the identification and bridging of these gaps should move us forward and towards the continuation of this discourse.

REFERENCES

Adegite, W. (2001), "Africa needs USD 107b to tackle hunger, says report," *The Guardian Online* <www.ngrguardiannews.con/naus2/nn838312.html>, accessed on 11/12/20001.

Ait-Khaled, N. (2002), "The problem of tuberculosis in Africa and the role of NGOs" <www.Ingcat.org/htmil/nak.html>, accessed 3/30/2002.

Asamoah-Odei, E., Ogundiran, N., Gwarzo, N. S., and Gboun, M. (eds.) (1999), *HIV/Syphilis Sentinel Sero-Prevalence Survey in Nigeria*. Abuja, Nigeria: National AIDS/STD Control Programme, Federal Ministry of Health.

Banks, A.S. et al. (eds.) (1999), "Nigeria" *Political Handbook of the World*. Binghamton, New York: State University of New York.

Beauchemin, E. (2001), "Aids in Nigeria," Radio Netherlands <www.rnw/society/html/nigeriao1128.html>, accessed 4/11/2002.

Hatton-Yeo, A. and Ohsako, T. (eds.) (1999), *Intergenerational Programmes: Public Policy and Research Implications: An International Perspective*. Hamburg: UNESCO Institute for Education and The Beth Johnson Foundation.

Imisim, E. (2001), " Nigeria has been stagnant for 30 years–World Bank," *This Day*, March 27, p. 1.

Kaplan, M. (2002), "Employing proverbs to explore intergenerational relations across cultures." In Kaplan, M., Henkin, N. and Kusano, A. (Eds.), *Linking Lifetimes: A*

Global View of Intergenerational Exchange. New York: University Press of America.

Leys, C. (1996), *The Rise and Fall of Development Theory*. Bloomington and Indianapolis: Indiana University Press.

Mezirow, J. (1978), *Education for Perspective Transformation: Women's Re-Entry Programs in Community Colleges*. New York: Columbia University, Center for Adult Education Teacher's College.

Moore, A.B. and Brooks, R. (1996), *Transforming your Community: Empowering for Change*. Malabar, Florida: Krieger Publishing Company.

Nigeria-Aids (2002), "Nigeria HIV/AIDS situation analysis" <http://www.nigeria-aids.org/situation.cf>, accessed 4/11/2002.

Oduaran, A. (2002), "New intergenerational programs definition," ICIP Business Meeting Minutes of 14.00, 4th April, 2002.

Ogundimu, B.A. (1988), "Nigeria." In Neville Postlethwaite, T. (Ed.), *The Encyclopedia of Comparative Education and National Systems of Education*. Oxford, and Pergamon Press.

Republic of Botswana (1994), *National Policy on Education*, April. Gaborone: The Government Printer.

Republic of Botswana (1998), *National Policy on HIV/AIDS*. Gaborone: The AIDS/STD Unit, Poso House.

Republic of Nigeria (1981), *National Policy on Education*, Lagos: Federal Ministry of Education, Printing Division.

The World Bank Group (2002), "Intensifying action against HIV/AIDS in Africa." *HIV/AIDS prevention Sub-Saharan Africa* <www.worldbank.org/afr/aid>, accessed 4/11/2002.

UNDP (1999), *Botswana Human Development Report: Challenges for Sustainable Human Development*. Gaborone: UNDP Office.

UNDP (2000), *Botswana Human Development Report: Towards an AIDS-Free Generation*. Gaborone: UNDP Office.

VanderVen, K. (1999), "Intergenerational theory: The missing link element in today's intergenerational programs." In Kuehne, V. S. (Ed.), *Intergenerational Programs: Understanding What We Have Created*. New York: The Haworth Press, Inc.