

Botswana: Killing two birds with one stone

Jabulani Sithole

In its effort to reduce HIV spread, Botswana's Health ministry recently announced plans to circumcise nearly half a million men in five years, making male circumcision an important weapon against HIV and AIDS alongside the condom, abstinence and fidelity in sexual partnerships.

In a new onslaught on AIDS, the Government of Botswana, that has been hard hit by the disease, has gone on television and radio to encourage men to visit medical clinics for

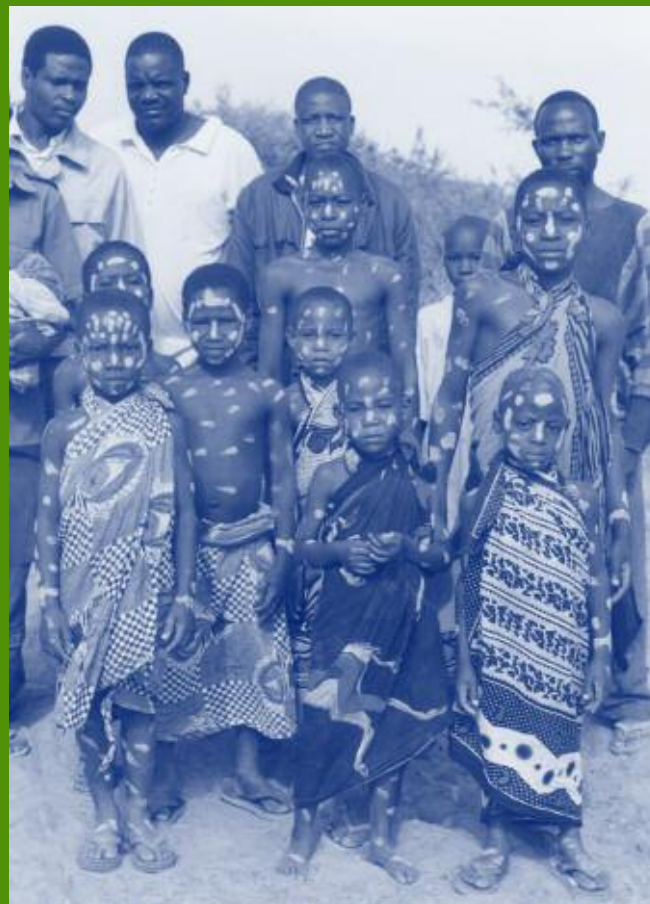
The recently released draft 2008 Botswana Impact Survey (BAIS) III indicated an increase in prevalence rates from 17.1 per cent to 17.6 per cent in the 15-49-year age group, among the highest anywhere

circumcision. In 2007, about 300,000 people were living with HIV. With a population below two million, the epidemic has reached disturbing proportions.¹ The southern Africa

country has an estimated adult HIV prevalence of 25 per cent, the second highest in the world after Swaziland.

AIDS has robbed 95,000 children of at least one parent and lowered life expectancy at birth from 65 years in 1990-1995 to less than 40 years in 2000-2005. Loss of productive adults has serious economic implications on families that are pushed into poverty due to AIDS-related medical bills, loss of income and funerals. Economic output has been reduced by the loss of workers and skills, with agriculture and mining sectors among the worst affected.

In June 2001, then Botswana President Festus Mogae told the UN assembly: "We



A group of Tanzanian boys in traditional dress attended by their adult escorts after circumcision.

Picture: Courtesy of Photoshare

are threatened with extinction. People are dying in chillingly high numbers. It is a crisis of the first magnitude."

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Botswana became the first African country to create universal access to HIV drugs. Although the programme's success has made Botswana an example for other African nations, it is far from winning the AIDS war, and must find new ways to stem HIV.

The National AIDS Co-ordinating Agency (NACA) was formed in 1999 to mobilise and co-ordinate a multi-sectoral national response to HIV and AIDS. NACA works

under the National AIDS Council chaired by the President with representatives from various sectors. In 2001, the Government initiated a rapid assessment of the feasibility of providing antiretroviral drugs through the public sector, and by the end of 2002, almost all in need were on medication.²

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In a country where “male circumcision appears as highly acceptable”, according to a study titled *Male circumcision: An acceptable strategy for HIV prevention in Botswana*, men are being encouraged to go to clinics for circumcision under trained healthcare providers.

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The MC will cost Botswana about \$49 million. According to two National Institutes of Health-funded studies conducted in Kenya and Uganda and published in the journal, *The Lancet* in 2007, routine MC could reduce a man's risk of HIV infection through heterosexual sex by 65 per cent. The studies' results mirrored those of another one conducted in South Africa in 2005. World Health Organisation and UNAIDS have since recommended the procedure as a way of reducing HIV transmission through heterosexual sex.³

Male circumcision traditionally known as “*bogwera*,” was once practised by most tribes in Botswana as a rite of passage and for hygiene purposes. It was also perceived as protection against infections in the hot and sandy desert environment. The practice defined a man, and an uncircumcised man was not allowed to

marry, or to attend and speak at traditional meetings (*kgothla*), or even to sit with other men at the fireplace.

The month-long circumcision-cum-initiation ceremony taught young men and boys traditions, values, and how a man should relate with women. However, circumcision was abandoned during the 19th and 20th centuries because western missionaries considered the use of “*rathipana*” or “Father of the Little Knife” as unhygienic.

In 1975, paramount chief Kgosi Linchwe II of the Bakgatla tribe revived MC in Mochudi as a rite of passage. The revived *bogwera* did not include the *rathipana* and the young men and boys were circumcised in hospital.

Dr Poloko Kebaabetswe, who has researched MC, notes that “few tribes still practice it... They include the Bakgatla, Balete and some Babirwa.”

Lori Bollinger and colleagues say in the *Journal of International AIDS Society* that raising MC to at least 80 per cent coverage by 2012 would avert almost 70,000 new infections through 2025 over the same period. This could be achieved at a cost

of about US \$47 million, for an average cost per HIV infection averted of \$689.⁴

Traditional leaders feel that interventions should be accompanied by schools to be attended by initiates during their three-week stay in the jungle. Traditionally, the candidates should hunt small animals as part of the ceremony. However, for the 2009 *bogwera* candidates, their chief failed to secure hunting permission from the Minister of Environment, Wildlife and Tourism.

Cultural experts query circumcision of under-10-year-olds. The Government wants all mothers of newborn boys counselled on the health benefits of circumcision.

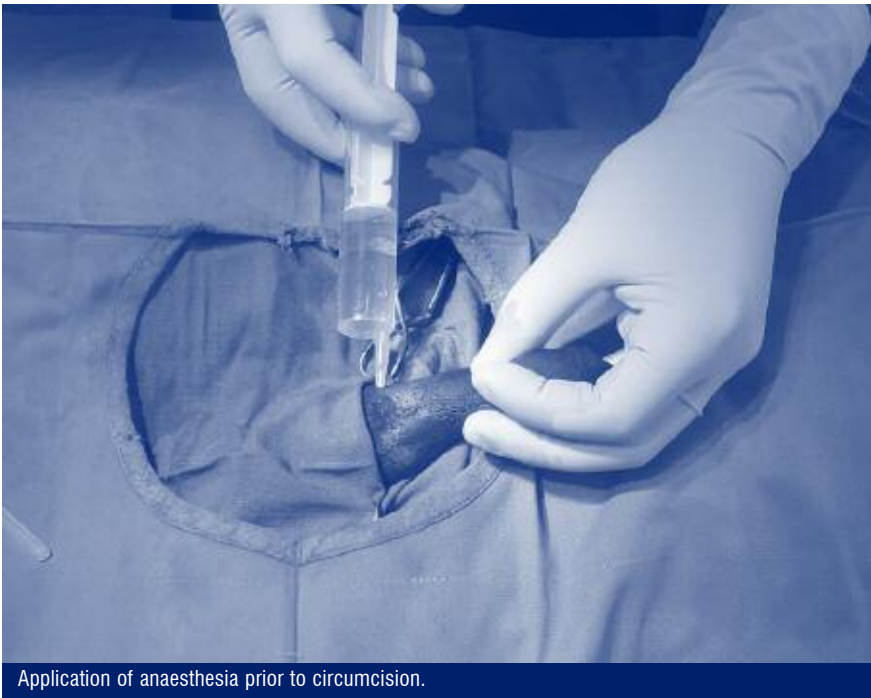
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Circumcising baby boys is viewed as a Western phenomenon that does not appreciate *bogwera* with its emphasis on initiation schools that instil specific norms and values in young men. But health



Picture: Courtesy of Dr Robert C. Bailey

A nurse counsellor gives instructions on proper nutrition to a patient after the procedure at UNIM clinic in Kisumu, Kenya.



Application of anaesthesia prior to circumcision.

workers and HIV and AIDS advocates worry about promoting circumcision as a preventive tool without the use of condoms. They fear that men might overindulge in risky sexual behaviour believing that circumcision makes them immune to HIV. Circumcision would complicate the transmission patterns in Botswana where high prevalence rates are fanned by complex sexual networks, they fear.

Health systems' readiness to deal with mass circumcision is another issue. There needs to be at least a local anaesthetic and a surgeon. Ms Janet Mwambona, the MC project coordinator with the Ministry of

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Health, says "all primary and district hospitals are currently booking clients and performing the procedures." About 50 healthcare providers, including 27 doctors, have been trained in surgical circumcision.

Dr Kebaabetswe and colleagues note the high acceptability of MC in Botswana. "Although the majority of males in Botswana

are not circumcised, 68 per cent of participants in our study responded that they would definitely or probably circumcise a male child if this service were offered for free in the hospital."

Circumcision is also linked to increased protection against the human papilloma virus, herpes simplex virus, syphilis, and chancroid

Most respondents cited prevention of sexually-transmitted infections, including HIV, for favouring circumcision. Following an information session about MC, an even larger proportion of participants said they would definitely or probably circumcise a male child, with a greater number of women saying they would prefer a circumcised partner. More education on the benefits and risks of MC can only improve its acceptance, according to Kebaabetswe's study.

Circumcision is also linked to increased protection against the human papilloma virus, herpes simplex virus, syphilis, and chancroid. But the most compelling evidence is still for HIV prevention, argues Roger Shapiro, a researcher at the Harvard

School of Public Health, who is piloting an infant circumcision programme in Botswana: "Circumcision is not a new scientific breakthrough, but it works. It is the only proven medical intervention that can complement condom use and improve protection. If we had this level of data for a vaccine or a microbicide, you can bet there would be a massive push for immediate scale-up."⁵

The study also found that circumcision status did not differ by location or ethnicity, despite the fact that some villages (for example, Mochudi, Ramotswa) revived the practice of circumcising adolescent boys during the 1970s and 1980s.

In settings in sub-Saharan Africa with high or moderate HIV prevalence among the general population, adult MC is likely to be a cost-effective HIV prevention strategy, even when it has a low coverage as it generates large net savings after adjustment for averted HIV medical costs.⁶ Besides averting HIV infections, MC can be recommended as a local tradition "*bogwera*," with the aforementioned benefits.

In Botswana with one of the world's highest infection rates, male circumcision is like a case of killing two birds with one stone. ■

Jabulani Sithole

University of Botswana

Correspondence:

University of Botswana

P.O. Private Bag 0022

Gaborone

Botswana

E-mail: jabulanis@yahoo.com

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