

People's perceptions of HIV/AIDS as portrayed by their labels of the disease: the case of Botswana

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Abstract

It is typical of societies to come up with their own labels or names to any phenomenon that may befall them in the course of their life time. Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) has been no exception to this practice. In Botswana most of these labels are either in Setswana or English whereby an English expression is simply adopted and used to refer to HIV/AIDS. This study looks at the different labels or names that have been used to refer to HIV/AIDS in Botswana. It is an attempt to provide insights into perceptions of HIV/AIDS by the local communities portrayed through the naming of this disease. The study demonstrates how, through the different labels, the local communities started in denial distancing themselves from this disease and in some cases associating AIDS with ailments already known to them, cultural practices and taboos. Some of these labels further demonstrate the negative attitudes that may have fuelled HIV-related stigma in the country. Based on the informants' responses, the paper further attempts a categorisation of these labels influenced by different attitudes to HIV/AIDS, some of which are self-perpetuating and may continue to be a hindrance to the fight against the disease.

Keywords: HIV/AIDS labels, perceptions, radio disease, denial, stigma.

Résumé

Les sociétés trouvent souvent leurs propres étiquettes ou noms pour désigner tout phénomène susceptible de les affecter au cours de leur vie. Le VIH/Sida (virus de l'immunodéficience humaine/syndrome de l'immunodéficience acquise) n'a pas fait exception à cette pratique. Au Botswana, la plupart de ces étiquettes sont soit en Setswana, soit en anglais, quand une expression en anglais est simplement adoptée et utilisée pour se référer au VIH/Sida. Cette étude se penche sur les différentes étiquettes ou noms utilisés pour se référer au VIH/Sida au Botswana. Il s'agit d'une tentative d'éclairage des perceptions du VIH/Sida par les communautés locales représentées par l'appellation de cette maladie. L'étude démontre comment, par les différentes étiquettes, les communautés locales ont commencé à se distancer de cette maladie, dans une réaction de déni, et, dans certains cas, d'associer le sida à des maux qu'ils connaissaient déjà, à des pratiques culturelles et à des tabous. Certaines de ces étiquettes démontrent également les attitudes négatives ayant alimenté la stigmatisation associée au VIH dans le pays. À partir des réponses fournies par les informateurs, l'article tente de catégoriser ces étiquettes influencées par différentes attitudes vis-à-vis du VIH/Sida, dont certaines se perpétuent et pourraient continuer à constituer un obstacle dans la lutte contre la maladie.

Mots clés: étiquettes associées au VIH/Sida, perceptions, maladie des ondes, déni, stigmatisation.

Introduction and background

The outbreak of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in Botswana in the 1980s, just as in most of sub-Saharan Africa, led to much devastation in the country with a population of just about 1.8 million. By 2007 it was estimated that 300 000 people were living with HIV (UNAIDS report, 2008) and the country was estimated to have an adult HIV prevalence of 23.9%, the second highest in the world after Swaziland (UNAIDS report, 2008). With such high percentages, Botswana was considered one of the countries worst hit by this epidemic. According to this UNAIDS report, the life

expectancy also fell from 65 years in 1990 - 1995 to less than 40 years in 2000 - 2005, or about 28 years less than it would be if it were not for the epidemic (<http://www.unaids.org/>). These are indeed frightening numbers, especially considering the size of the Botswana population, as stated above.

The speed with which the epidemic spread was so alarming that in his interview with the *Los Angeles Times* reporter, Maggie Farley, on 26 June 2001, following his address to the UN Assembly on 21 June 2001, the former President of Botswana Mr Festus Mogae

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is quoted to have said 'We are threatened with extinction ... People are dying in chillingly high numbers. It is a crisis of the first magnitude.' (Farley, 2001). As a result, nobody and no family in Botswana has been left out: everyone is either affected by or infected with HIV. Such has been the magnitude of this epidemic in Botswana which, by 1997, had become known as the AIDS capital of the world (<http://www.unaids.org/>).

As noted in Heald (2005), by southern African terms, Botswana realised the problem of HIV/AIDS much earlier than its neighbours such as South Africa. On realising this outbreak, the government of Botswana introduced some strategies to fight against this epidemic. Letamo (2003) sums up the government response to this epidemic in three phases: the early phase (1987 - 1989) focusing mainly on screening blood to eliminate the risk of transmission of HIV and the development of an interim plan to create awareness about the disease as well as train health workers in its clinical management; the second phase (1989 - 1997) within which information, education and communication programmes were introduced in an effort to contain the rapidly spreading epidemic. Within this phase was the 1993 National Policy of HIV/AIDS which provided for a collective multisectoral response to the fight against HIV/AIDS, and this was later revised in 1998 to incorporate home-based care. The third phase (1997 - 2002) involved a more comprehensive and wide-ranging action by the political leadership. In 2000 the National AIDS Coordinating Agency (NACA) was launched and through this body, the then President Mogae declared war against HIV/AIDS. By 2002 the Botswana government, supported by foreign donors such as the Bill and Melinda Gates Foundation and the Merck Company Foundation, through what came to be known as African Comprehensive HIV/AIDS Partnerships (ACHAP), had started providing antiretroviral drugs to those who were sick. Though observed to have had a slow start, the programme expanded rapidly, such that by 2006 almost all those who needed medication were receiving it (Mathangwane, 2009). All this happened within a period of less than two decades from 1985 when the first AIDS case was reported in the country.

Unlike in other countries in sub-Saharan Africa such as Uganda, Botswana came to know of HIV/AIDS through the media before they had any experience of the disease in their lives or from within their communities (Allen & Heald, 2004; Ingstad, 1990). Then, many people believed HIV/AIDS to be a disease for men who have sex with other men, or a disease for commercial sex workers or transnational truck drivers. Thus, the disease came to be known or labelled using different terms in the local languages as well as in English.

Literature review

The use of different labels or names referring to HIV/AIDS is not unique to Botswana. Different communities in Africa have labelled this disease differently, influenced by how they have perceived it. In some cases the disease has been associated with illnesses that already existed in their communities, taboos or obligations not fulfilled as is customary in the community, or a group that the disease is associated with within the community such as commercial sex workers or transnational truck drivers. For instance, Iliffe (2006) observes that because of the rapid spread of HIV/AIDS in Bangui, Central Africa Republic (CAR) in the early

1990s, across the border in some parts of the Democratic Republic of Congo (DRC) bordering the CAR, the disease came to be known as 'Bangui'.

Chilisa (2005, p.667) on the other hand, has argued that in naming HIV/AIDS at the global level, '... many cultures were not allowed to name the disease from their own cultural perspectives and languages ...' often times their attempts were taken to be '... misconceptions or cultural ignorance ...' (p.669). Chilisa makes reference to a study that found that different meanings were given to HIV/AIDS depending on the context of the illness. For instance, if a middle-aged or elderly person were sick, HIV/AIDS was called *boswagadi* (state of being a widow/widower) and thus anyone who has sexual intercourse with a widow or widower would be afflicted with this disease called *boswagadi*. For the young though, it was commonly referred to as *molelo-wa-badimo* (shingles), one of the most common symptoms of HIV/AIDS (Chilisa, 2005). The use of these terms of illnesses already in existence and known in their communities is an indication of how HIV/AIDS was perceived by Botswana then within their own socio-cultural environment.

Rakelmann & Ruddle (2003) also note that in the beginning there were those in Botswana who considered AIDS the disease *meila* 'taboos', the result of incomplete cleansing after the loss of a partner. This *meila* is said to be cured with cleansing rituals to separate life and death in the patient along with socially reintegrating rituals. The association of AIDS to cultural practices and taboos is not unique to Botswana. Dilger (2003, p.121) also notes the use of the term *chira* in relation to AIDS in Tanzania referring to '... indigenous concepts of disease that had gained prominence in the Southern African region'. *Chira* was a result of someone within the family not observing some traditional obligation or custom.

Ndimande (2003) cites witchcraft having been blamed for many HIV-related deaths in South Africa, in particular in KwaZulu-Natal. Ndimande notes how people have accused each other of witchcraft when their loved ones fell ill, at times these would be neighbours and sometimes relatives. Even those educated enough within the family were observed to keep their silence lest they are also thought to be bewitching relatives using AIDS as a cover. Ndimande further notes that for most families affected, during the interviews, the reaction was that of denial, giving reasons for the death of a loved one as either possession by an ancestral spirit, tuberculosis, poisoning, witchcraft, and so on. Because of this state of mind, in the rural communities AIDS was given a Zulu nickname *umxabanisi* 'trouble maker' because it often caused conflicts between neighbours, those affected believing others to be bewitching them (Ndimande, 2003).

Allen & Heald (2004) state that even before people were diagnosed with HIV/AIDS in Uganda, it was already known that there is a disease known as *slim* which was killing people. According to Iliffe (2006), the disease was called *slim* by the local people because wasting was the common and visible symptom in those infected with HIV/AIDS. Reporting from the Rakai district of Uganda in 1984, Iliffe quotes one of the doctors there who wrote the symptoms of the disease to be '... general malaise, and on-and-off fevers ... in the next 6 months diarrhoea appears on-and-

off ... there is gradual weight loss and patient is pale during which time patients rely on traditional healers.' (Iliffe, 2006, p.23).

During the early years of the epidemic in Botswana, HIV/AIDS came to be associated with excessive weight loss. It was common to hear people even those in the medical field talk of, in Setswana the national language, *go lathegelwa ke mmele ka mokgwa o sa tlwaelesegang* meaning 'to loose weight in an unusual way' as one of the indicators that something was not right. Perhaps in retrospect, the association of excessive weight loss with AIDS might have had some positive influence on the youth or anyone obsessed with losing weight, that is, discouraging people from losing too much weight in an attempt to emulate their fashion idols in glossy magazines lest they are thought to have AIDS.

Allen & Heald (2004) further note that in the Moyo District of Uganda, a local word *inyinya* (witchcraft/poisoning) is used to refer to people infected with HIV/AIDS, especially women. The consequences, if one were identified as an *inyinya*, were not pleasant at the hands of the local councils that were set up by government to regulate and monitor behaviour change in the fight against HIV/AIDS in Uganda.

According to Pongweni (2010), the Zimbabwean government named HIV/AIDS *mukondombera*. Pongweni, citing Chimhundu, states that this term is glossed '... something that kills people in large numbers. This is a big fight in which weapons are used to kill people.' (Pongweni, 2010, p.132). However, a further definition which seems to have inspired the Zimbabwean government to adopt this term for AIDS is that, this '... is a disease which kills people because it sups the body strength, which it had, for defending itself, or for fighting diseases' (Pongweni, 2010, p.132).

Simmons (2009) notes that names for HIV/AIDS in Zimbabwe reflect both the moral and social meanings of the disease as well as its effects. Simmons carried out a study amongst traditional healers and their understanding of the disease. Several names were found for this disease starting with *mukondombera* by which the older healers related the disease to the devastating 1918 global influenza epidemic. Other terms Simmons found are *chiwere chepfambi* 'disease of prostitutes'; *bumbiro rezviwere* 'a group of different seeds that begin to germinate at the same time'; *shuramatongo* 'ghost compound'; a metaphor for complete ruin of households that accompanies HIV/AIDS (Simmons, 2009, p.233).

Clark (2006) considered the role of language and gender in the naming of HIV/AIDS in the South African context. In her findings, she notes that the isiZulu word *ingculazi*, a linguistic equivalent of the acronym AIDS, was the least frequent in referring to HIV/AIDS. However, it was observed that in most cases, speakers tended to prefer the use of the acronym HIV/AIDS, to which Clark considers an indication that '... language is fluid and changing, productive and reproductive' (p.465). The anglicisation and code switching involved in the use of HIV/AIDS by the participants in this study is attributed to the widespread use of the term in the media, making it part of a popular public discourse, a possible explanation for the common use of this acronym in other African countries as well.

It is therefore against this theoretical background that this paper considers and analyses different labels used to refer to HIV/AIDS in Botswana in order to come to some understanding of their perceptions of this epidemic.

Objectives of the study

This paper looks at the different local labels or names used to refer to HIV/AIDS in Botswana. It considers how these labels or translated terms provide insights into perceptions of HIV/AIDS by the communities or how the locals have perceived this epidemic. Also, a study of these labels may help explain people's attitudes towards this disease which continue to date.

The paper is divided into the following sections: the introduction and background to the study; the literature review; objectives of the study; the methodology; the findings of the study; the discussion; the conclusion, and finally, the limitations of the study.

Methodology

Study design

This paper is a study of the labels or names used in Botswana to refer to HIV/AIDS by the local people. The paper presents and analyses the findings in an attempt to highlight people's perceptions of HIV/AIDS. It focuses on those labels that are in Setswana and English, some of which have appeared in the local newspapers ever since the first case of HIV/AIDS was discovered in the country in the early eighties.

Sampling

A simple random sampling was used to select the 15 respondents for interviewing by the researcher. All the respondents were picked randomly and invited to participate depending on their willingness to take part in the study. This method was used because of its simplicity and convenience in applying to a small population to ensure bias is not introduced (Black, 1999). The data used in this study were collected from respondents within the University of Botswana (UB) community at the beginning of 2009. The respondents included 5 faculty members and 10 students who were at different levels of their studies. The ages of the faculty members ranged from 28 to 46 years old while that of the students ranged between 19 and 26 years old. There were 9 females and 6 males interviewed. Even though all the 5 members of staff reside in Gaborone where they work at UB, 2 of them originated from villages around the city, two from the northern part of the country and the remaining one from the central district in the country. Of the ten students, 5 indicated they were from within Gaborone, the capital city of Botswana; two indicated Francistown in the northern part of the country and the remaining three from villages in the southern part of the country (Kanye, Thamaga and Ranaka). Although the sample may be small, its spread of respondents coming from different parts of the country is justifiable given the nature of the study.

All participants gave their consent to participate in the study. They were assured of confidentiality to their responses as stipulated in the UB Policy on Ethics and Ethical Conduct in Research (Policy Reference Number RD 04/05H). The researcher made notes of their responses and these will not in any way pose

any risk to the respondents. No tape recordings were made of the responses given.

Questions used

Only two questions were asked of the respondents and these are:

- (a) What terms or labels do you use or have heard others use to refer to HIV/AIDS?
- (b) Explain what this means and why.

On average, each interview lasted 15 minutes including the time taken to explain the objectives of the study and gaining the consent of the respondent to participate in the study. Altogether, 11 labels/terms were identified as the respondents, in most cases, repeated what others had already given. This study has focused on the Setswana and English terms for analysis and terms from other local languages were not recorded as part of this study.

Findings of the study

Altogether 11 names/labels were collected, seven in Setswana and the remaining four in English. The following is the list of labels/terms collected that are used to refer to HIV/AIDS in Botswana and their meanings from the respondents' explanations:

Setswana names/labels

<i>Segajaja</i>	'a disaster of immense magnitude', whereby speakers are said to equate AIDS to a disaster that befell humanity; the term is commonly used to refer to AIDS in the country
<i>dithuso</i>	whereby speakers simply turned the acronym AIDS into the noun 'aids' and translated it into Setswana.
<i>bolwetse jone jo</i> <i>malwetse a dikobo</i>	'this very disease' 'sexual diseases' (lit. meaning, 'diseases of the blankets'), because HIV/AIDS in Botswana is mainly transmitted through heterosexual intercourse
<i>bolwetse jwa radio</i>	'disease heard of on the radio' (lit. meaning 'disease of the radio') because there was always talk of the disease on the radio
<i>bolwetse jwa ko ditoropong</i>	'disease of the towns/cities', used mostly in the rural areas because they considered HIV/AIDS a disease suffered by those living in the towns/cities
<i>malwetse a gompieno</i>	'diseases of nowadays/ today's illnesses' because HIV/AIDS is a relatively new disease.

English names/labels

Four	Referring to the four letters of the acronym AIDS
Radio disease	Disease that people heard of on the radio
Silent disease	Because of the deadly nature of the disease as someone could go around not knowing they are infected with the virus; it was said to be mostly used by researchers

External problem HIV/AIDS considered a disease from outside; in some cases this would be used by the rural people that the disease belonged in towns and cities, but informant stated that initially the disease was considered from the West.

The following observations can be made regarding these labels: the social input in the labels for the disease is quite evident. Some of the Setswana names are simply translations of the English ones, clearly suggesting the urban influence in the social discourse. Secondly, as already explained above, the list comprises names in two languages, Setswana and English. This is not to say that labels in other indigenous languages spoken in Botswana do not exist: such terms do not form part of this study. As an aside, what the researcher observed is that in most cases, translation of the Setswana or English term would be made into these other languages, for example, Ikalanga translates Setswana *dithuso* 'aids' into Ikalanga *dzithuso* or *dzibhatsho*, or *malwetse a dikobo* 'sexually transmitted diseases' to *magwele e ngubo*, and so forth. A possible explanation already alluded to above, is the dominant use of Setswana and English in all the messages relating to HIV/AIDS. Setswana is the national language in the country while English is the official language. As a result, these two are the languages used in mass media, administrative circles and the education system (Mathangwane, 2009; Mathangwane & Smieja, 2000). Also worth noting is that some of these labels such as *segajaja*, *malwetse a dikobo* and *bolwetse/malwetse a gompieno* are more commonly used in the country than has been the case with others such as *four*, *dithuso* and *bolwetse jwa ko ditoropong*, etc., which the respondents said are confined to a certain age group or community in their use or to a certain period in time respectively.

Discussion

Segajaja

All the fifteen respondents interviewed gave the word *segajaja* to refer to HIV/AIDS. *Segajaja* is the Setswana word that came to be associated with HIV/AIDS in the mid-eighties when the first cases of HIV/AIDS came to be known. This word is not a new coinage; the word has always been in existence in the Setswana vocabulary meaning 'a disaster with far-reaching consequences'. This word is derived from the indigenous term *go-gaila*, that is 'to kill in great numbers'; 'to terminate'; or 'to kill in a catalytic manner'. The derivative *se-ga-jaja* also implies monstrous consuming habits. Any mention of *segajaja* in this HIV/AIDS era in Botswana, the first association that comes to mind is that of HIV/AIDS. Since communities do not always make a distinction between HIV and AIDS in their everyday conversation, the word refers to both the virus and the syndrome as one. All the respondents interviewed equated HIV/AIDS with a deadly disaster that has befallen their country.

Considering the rate at which people are dying from this epidemic, the respondents were of the view that the word *segajaja* was meant to communicate the magnitude of the HIV/AIDS problem in the country and by so doing instil fear into the hearts of the people with the hope that they would change their behaviours to avoid contracting the disease. However, most Botswana, unlike in other countries in sub-Saharan Africa, learnt of this disease before they experienced it in their lives. To the people of Botswana, even by

the late 1990s, HIV/AIDS was still considered as the 'radio disease' referring to the first radio campaign they received in 1988 (Allen & Heald, 2004). Referring to HIV/AIDS as *segajaja* when already there are other deadly diseases such as cancer may have contributed to stigmatising it, putting it on a pedestal to say it was different from other deadly diseases. Evidence of this stigmatisation was reflected in the type of messages that were initially adopted in the fight against this epidemic in Botswana. These included the following messages adopted from Arua (2003, p.90):

- (a) AIDS kills
Prevent HIV/AIDS
- (b) Nothing can reverse HIV-AIDS
Prevention is your only protection
- (c) My baby died from HIV/AIDS
- (d) After HIV-Infection
There is . . .
No bail
No appeal
No re-trial.

These messages posted all over the country have been criticised for provoking fear in communities and failing to address the complexities in people's lives (Mathangwane, 2009). But because people did not have any mental picture of what this disaster was about, the messages did not have the desired effect. The rates of infection kept soaring in the country and the behaviour change that they had anticipated did not happen, much to the devastation of the Botswana government.

Dithuso

The Setswana word *dithuso* (singular *thuso* 'help; aid; assistance') refers to 'aid or assistance' in this case more than one of these. According to the informants, in using the term *dithuso*, the locals have simply equated the acronym AIDS with the word 'aids' and translated it to Setswana. One informant stated that in using this term people seemed to be avoiding articulating the acronym AIDS, something unpleasant or that which is stigmatised.

Bolwetse jone jo

This term is one of those that informants believe are used to show hate, bitterness and tiredness from all the pain and desperation that HIV/AIDS has brought to them, either by being infected themselves or being affected through relatives and friends they have lost to the epidemic. *Bolwetse jone jo* 'this very disease' is an avoidance metaphor describing this disease as a social anathema, a taboo that created a lot of the untouchables. Also, evident from the use of this term is the fatigue from always hearing about AIDS, be it on the radio, on television, at freedom squares, at the *kgotla* (traditional village meeting place) meetings, on billboards along roads and many other places. Thus, in the words of the informants, this label showed people's exasperation and fatigue with the disease as more people became sick and some died.

Malwetse a dikobo

Malwetse a dikobo 'sexually transmitted diseases (STDs)' (literal meaning 'diseases of the blankets'). In other words, those diseases that people contract during sexual intercourse under the cover of blankets, that is, at night. From the informants, in this term HIV/AIDS was considered and grouped together with other STDs. By

its suggestiveness, the term contributed a lot in the stigmatisation of AIDS, as it implies illicit and casual sex. In Botswana, as noted in Letamo (2003), HIV is mainly contracted through heterosexual intercourse, that is in addition to vertical transmission from mother to child. Because of the initial perceptions of the disease, associating it with immoral behaviour, people infected with this disease are subject to stigma and discrimination which, as many studies on stigma have shown, are a major hinderance to the fight against HIV/AIDS in sub-Saharan Africa because people living with AIDS do not seek help for fear of mistreatment (Letamo, 2003; Holzemer & Uys, 2004; Greeff, Phetlhu, Makoae, Dlamini, Holzemer & Naidoo, *et al.*, 2008).

Bolwetse jwa ko toropong / External problem

Bolwetse jwa ko toropong 'illness of those in towns/cities' together with HIV/AIDS being referred to as the 'external problem', are both said to be a result of the denial by people in the rural areas, at first assuming it to be a problem of those living in towns and cities. It was observed that those who got infected living in towns/cities, when they became very sick with full-blown AIDS, would go back to their home villages to die. As a result, the villagers or local communities in the villages considered HIV/AIDS an external problem, a problem for those who had been working in the towns and who would then come home to die (see Allen & Heald 2004). The rural communities were in a state of denial, in so doing, they were distancing themselves from the problem.

It should be noted here that towns, that is, urban settlements are a relatively new phenomenon in Botswana. Towns are places of brief sojourn during the working years. Most town-dwellers in the country still have a rural or traditional home village. Permanent town-dwellers are considered to have severed their cultural and ethnic links, making them outsiders in relation to the day-to-day village life. It is in this way that the villagers were trying to distance themselves from this disease as if in doing so, the disease would stay in the towns, away from the villages. Perceptions changed when people within their own communities started dying at an alarming rate to the point where there was not enough time for all the burials to be done on weekends as was practice, and some burials had to be done during the weekdays.

Bolwetse jwa redio/ Radio disease

Only five of the respondents gave these two labels, each a translation of the other. The respondents were quick to explain that this terminology is no longer common as people now know that AIDS does exist, what with many of them having been affected in one way or the other.

As clearly stated in other studies (see Ingstad, 1990; Allen & Heald, 2004), much of Botswana's population first learnt of HIV/AIDS through the radio before they experienced it in their lives. This was during the first national campaign in 1988 which used radio messages, car bumper stickers, and T-shirts, among other strategies to educate people about HIV/AIDS. Thus, for several years people referred to HIV/AIDS as *bolwetse ja redio* or radio disease because that is where they first heard that there was such a disease. Many were still in denial even when some of the symptoms of HIV infection had become obvious in themselves, their families, their friends or their neighbours. It is evident from this label that

the media played a very important part, but not necessarily a very positive role. The messages on the radio were promoted by those who did not consider or lacked the basic understanding of the cultural profile of the society in terms of its habits in the rural and the urban centres, and instead of preventing new infections they fuelled the stigma that was already a huge problem in the fight against the disease.

Four

The number *four* (or the word four itself) is an interesting one. Respondents explained that this term, mostly used by the youth, simply refers to the four letters in the acronym AIDS. One of the informants stated that people did not even want to utter the acronym AIDS, but simply say *four* or raise four fingers and it would be known right away that these refer to AIDS or someone who has any AIDS-related ailments. Once again we observe negative attitudes towards HIV/AIDS to the point where people were avoiding the mention of it because of the stigma that had come to be associated with the disease.

HIV-related stigma is defined as a process of devaluing people either living with or associated with HIV and AIDS (UNAIDS report, 2008). Stigma, as has been noted in many studies on sub-Saharan Africa, is very complex and it is often steeped in the people's cultural expectations. As already noted above, HIV/AIDS transmission in Botswana is mainly heterosexual (Letamo, 2003). Furthermore, it is considered culturally inappropriate to discuss matters of sex openly; this is considered a private matter between two people in the privacy of their home and in most cases under the cover of darkness. To discuss sex-related topics often brought in matters of gender, language, age and seniority, among others. Thus, to have contracted HIV meant having engaged in immoral behaviour and as a result disgracing your family and everyone else close to you. Hence, the AIDS-related stigma developed which, according to Holzemer & Uys (2004) continues to influence people living with and affected by HIV, particularly in southern Africa.

Malwetse a gompieno

Malwetse a gompieno ('today's illnesses') was also said to be commonly used to refer to HIV/AIDS. The word *malwetse* 'illnesses' is plural of *bolwetse* 'illness'. The use of the plural form was said to be an indication that Botswana now understood AIDS for what it is, that is, a syndrome and not just one disease. As a result of having experienced it, Botswana now understood that AIDS can manifest itself as different opportunistic diseases such as tuberculosis, meningitis, pneumonia, diarrhoea, etc. Thus, we see that AIDS moved from the initial belief that the disease was '... a manifestation of old "Tswana" illnesses, acquiring new virulence because of the disrespect for the mores of traditional culture ...' (Allen & Heald, 2004, p.1144); *boswagadi* or *molelo-wa-badimo* (Chilisa, 2005) or even *meila* (Rakelmann & Ruddle, 2003) to a new disease entity.

On the other hand, the term could also indicate phenomenological aspect of the malady in time and space. In time, as nothing of this magnitude had been encountered in the known history of the Botswana society; in space, as its effects have traversed all social and cultural spaces and shaken all the roots and values of tradition.

It may also imply coming to terms with the reality at present, that in this time of difficulties, things need to be done in a different and modern way. This could be a positive indication in their understanding of HIV/AIDS which may also come to influence their behaviour change in the fight against HIV/AIDS. With this understanding, many Batswana who are HIV+ are now receiving anti-retroviral treatment rather than relying on traditional healing practices.

Silent disease

This term came from two respondents who are UB faculty, stating that the term is commonly used by researchers to refer to HIV/AIDS because its propagation is silent and cannot be noticed until very late, when the symptoms start to show or when one goes for voluntary counselling and testing (VCT). This also implies the deadly nature of the disease, where victims and victimisers live in a world of ignorance, and in many cases readily indulge without knowing they are actively transmitting the disease and contributing to the epidemic. It can also be seen as a metaphor in the context of the stigma and discrimination associated with the disease. As a result, people living with HIV/AIDS (PLWHA) are not always willing to come forward for VCT so they can be put on antiretroviral therapy before it is too late. Instead, they prefer to remain silent rather than risk stigmatisation or ostracisation from their families and communities.

Conclusion

This paper set out to consider and analyse the different terms used to refer to HIV/AIDS in Botswana in an attempt to highlight some of the perceptions the communities have concerning this disease. Altogether eleven labels were identified used to label HIV/AIDS in Botswana. The paper has argued that some of these terms contributed to the stigma associated with this disease by projecting it in a negative way. To start with, when the disease was first discovered in the country, Botswana labelled it negatively by adopting a word referring to a disaster despite the fact there already existed other killer diseases such as cancer that are killing people every day. The word *segajaja* ('a disaster of immense magnitude') carries negative connotations which were meant to instil fear in the hearts of people. This fear helped fuel the stigma that came to be associated with this disease. The term *segajaja* can be compared to the Zimbabwean term *mukondombera* ('a disease that kills people because it saps the body's strength') (Pongweni 2010, p.132; Simmons 2009, p.233). In both terms, people were made to realise the magnitude of the HIV/AIDS pandemic.

The second set of labels makes one realise how people started in denial, distancing themselves from HIV/AIDS when it was considered a 'radio disease', 'disease of those in towns/cities' or an 'external problem', thus failing to address the problem until the epidemic was well established in Botswana. The third category is that which reflects HIV-related stigma, for example, the use of the word *four* or signing by raising four fingers as if uttering the acronym AIDS was taboo in itself. Labels such as these also confirm the negative attitudes towards the disease fuelling the stigma and the resulting discrimination of people infected and affected by HIV/AIDS in many communities. Likewise, *bolwetse jone jo* 'this very illness' echoes peoples' frustrations with the disease. And lastly, *malwetse a gompieno* 'today's illnesses' reflects an

understanding by Batswana of HIV/AIDS as a new disease with different manifestations, which calls for a new approach both on the individual and community levels.

This study has shown that people's perceptions on issues of HIV/AIDS can be reflected in the different labels or names that they use to refer to the epidemic. Such terms also reflect the nature of the social discourse on HIV/AIDS. Furthermore, knowledge gained from this study provides important information which can serve to guide the design of future HIV education and prevention programmes. Also, understanding the language of this disease will help researchers target and design education/prevention programmes that are more culturally appropriate for Botswana.

Limitations of the study

The study is limited to terms collected in Botswana in Setswana and English. All these terms were collected from respondents at UB in Gaborone, the capital city of Botswana. However, it cannot be ruled out that the sharing of concepts could also come across from the South Africa Setswana community and its media as Botswana and South Africa share ethnic and historical ties. Also, the study did not consider labels from other local languages that are spoken in the country; these will be the subject of another study. Another limitation of the study stems from the fact that the data gathered for the study were assessed by one investigator.

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