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## Alcohol abuse, gender-based violence and HIV/AIDS in Botswana: establishing the link based on empirical evidence

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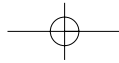
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## Alcohol abuse, gender-based violence and HIV/AIDS in Botswana: establishing the link based on empirical evidence



O D Phorano, K Nthomang, D Ntseane

### ABSTRACT

The existence of gender-based violence has been a source of concern within the public and private sectors as well as civil society organisations in Botswana. The present study investigated the link between alcohol abuse, gender-based violence and HIV/AIDS. Further, it attempted to unravel the often unquestioned assumption that gender-based violence is perpetuated by cultural practices. Case study qualitative methodology was used to gather data for the study. A sample of 20 cases was selected purposively from five women's non-governmental organisations. In addition, in-depth interviews were conducted with agency coordinators, social workers, police commanders and police officers. The findings of the study revealed a relationship between alcohol abuse and gender-based violence, which makes victims vulnerable to HIV infection. From the findings, it is recommended that gender-based programmes be established to sensitise people about the link between alcohol abuse, gender-based violence and HIV/AIDS.

*Keywords:* gender-based violence, alcohol abuse, HIV/AIDS, Botswana, poverty, NGOs.

### RÉSUMÉ

L'existence de la violence sexiste fut une source d'inquiétude dans les secteurs publics et privés ainsi que dans des organisations de la société civile au Botswana. Cette étude a mené une enquête sur le lien entre l'abus d'alcool, la violence sexiste et le VIH/SIDA. De plus, elle a tenté de démêler la supposition que la violence sexiste est perpétuée par des pratiques culturelles. Cette étude a utilisé la méthodologie quantitative de cas d'étude afin de recueillir les données. Un échantillon de 20 cas a été intentionnellement sélectionné à partir de cinq organisations non-gouvernementales de femmes. En outre, des entretiens profonds ont été menés auprès de coordinateurs des agences, des assistants sociaux et des chefs de la police. Les résultats de cette étude ont tout dit du lien entre l'abus d'alcool et la violence sexiste qui rendent les victimes encore plus vulnérables à la contamination du VIH. A partir de résultats, il est recommandé que des programmes sexistes soient mis en place afin de sensibiliser les gens du lien entre l'abus d'alcool, la violence sexiste et le VIH/SIDA.

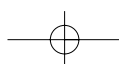
*Mots clés:* la violence sexiste, l'abus d'alcool, le VIH/SIDA, le Botswana, la pauvreté, les ONGs.

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**Introduction**

A growing body of research shows that excessive alcohol consumption plays a key role in gender-based violence and sexual risk taking that exacerbates the spread of HIV (Clement, 1999; Hamilton & Collins, 1981; Kalichman, 1999; LaBrie & Earleywine, 2000; Lancet, 2004; Ministry of Health, 2002; Mmegi, 2002; Parker, 1993; Taylor, Dlamini, Kagoro, Jinabhai & de Vries, 2003; The Voice, 2003; WAD, 1999). For the purpose of clarity, gender-based violence is defined as any act that results in or is likely to result in physical, sexual or psychological harm or suffering to women including threats such as coercion or arbitrary deprivation of liberty whether occurring in public or private life (Republic of Botswana/UNDP, 1998, p.4). This includes rape and incest by family members, female genital mutilation, female killings and infanticide, and emotional abuse such as coercion and abusive language.

Research shows that there is an increase in the number of young adults and adolescents who abuse alcohol. Some studies show that a significant proportion of college and university students in some developed and developing countries have become heavy users of alcohol (Aruffo & Gottlieb, 1994; Canterbury Clavet, McGarvey & Koopman, 1998; Clement, 1999; Greunewald & Nephew, 1994; LaBrie & Earlywine, 2000; McEwan, McCallum, Bhopal & Madhok, 1992; Mpotfu, 1994; Taylor *et al.*, 2003). Researchers contend that alcohol abuse among youth in Botswana is attributed to the lack of recreational and sporting activities (Bennel, Chilisa, Hyde, Makgothi & Mpotokwane, 2001; Fidzani, Ntseane, Seloilwe & Nthomang, 1999; Fidzani, Ntseane & Seloilwe 2000; Molebatsi & Mogobe, 2001; Ntseane & Ncube, 2001).

When reviewing the literature, it is clear that alcohol use and abuse is not the sole cause of gender-based violence. Other contributory factors cited by researchers include poverty and unemployment (Gil, 1970; Mogwe, 1988; WAD, 1999; WLSA, 1988) and traditional and cultural practices that perpetuate the subordination of women (Mogwe, 1988). By the same token, alcohol consumption is not the sole determinant of the spread of HIV and AIDS. Studies carried out in Botswana have cited various inter-related issues that act as catalysts, such as socio-economic, cultural, sexual, and reproductive health factors, as well as behavioural and biological factors (Fidzani *et al.*, 1999; Molebatsi & Mogobe, 2001; Ntseane & Ncube, 2001).

**Alcohol abuse and gender-based violence**

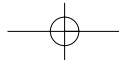
There are conflicting claims as to whether there is a direct link between alcohol consumption and gender-based violence. For example, some researchers do not consider alcohol as an important causal factor in gender-based violence (Gelles & Straus, 1979; Pernanen, 1991). According to Gelles and Straus (1979 p. 561 'some men get drunk to give them an excuse to hit their spouses and children'. In this case, alcohol is not seen as a cause but a function of deviant behaviour. However, despite these claims, other research findings reveal that alcohol consumption has a direct causal relationship with gender-based violence because its psycho-physiological consequences are that the alcohol abuser's sense of judgment is impaired, resulting in violent acts (Cervantes, 1992; Hamilton & Collins, 1981; Molamu & Manyeneng, 1988; Parker, 1993; Pernanen, 1991; WAD, 1999).

**Link between alcohol abuse and HIV/AIDS**

A growing body of research shows that the escalating rates of HIV infection may in fact be fuelled by alcohol consumption. Data reveal that alcohol abuse increases the risk of exposure to HIV infection through its association with high-risk sexual behaviours such as incorrect use of condoms (Macgregor, 1986). In trying to establish a link between alcohol and risky sex, researchers contend that individuals who drink alcohol are inhibited from using a condom, and that some drink because they want to avoid using a condom (Aruffo & Gottlieb, 1994; Canterbury *et al.*, 1998; LaBrie & Earlywine, 2000; Macgregor 1986; McEwan *et al.*, 1992; Strunin & Hingson, 1992; Taylor *et al.*, 2003).

In addressing the issue of the links between alcohol abuse, gender-based violence and HIV/AIDS, we used the gender and development framework (GAD). The GAD approach defines gender as a relational concept, which denotes the manner in which women and men are differentiated and ordered in a given socio-cultural context. It refers to structural relationships of difference, inequality and subordination between women and men as manifested in economic and social structures (Datta, 2004; UNDP, 1998).

This approach assisted us in understanding gender relations and constraints which put women at a disadvantage, in particular the gender imbalances in the Botswana society that have made women vulnerable. For example, they are unable to negotiate safer sex and



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thus put themselves at a greater risk of contracting HIV/AIDS. Another important component of the GAD approach is the development perspective. This perspective is relevant to the present study because it recognises that girl-children and women are psychologically, economically and socially disempowered as they pass through the various stages of the life cycle.

Thus the main objectives of the study were:

- to identify the extent to which gender-based violence is associated with alcohol abuse
- to establish the link between alcohol abuse, gender-based violence and the spread of HIV infection
- to generate recommendations that may assist various stakeholders to address this situation.

### Methodology

In this section we describe the research process. This includes the study sample, techniques of gathering data, data analysis, as well as strengths and limitations of the study.

#### *The use of the case study method*

The critical question for the study was how to select participants who were going to be interviewed and why. A case study methodology was preferred, given the nature of the study. This method was found relevant for the purpose of this study because it is an empirical enquiry that investigates a contemporary phenomenon within its real-life context when the boundaries between phenomenon and context are not clearly evident and in which multiple sources of evidence are used (Yin, 1989, p. 23).

In the present study five agencies and/or NGOs, which offer professional assistance to women who have been victims of gender-based violence, were selected as cases for the study. They were studied because of their understanding of gender-based violence, as a result of their experiences in their respective centres, which they could use to produce a 'very rich body of data' (Stewart & Shamdasani, 1990, p. 13) expressed in their own words and contexts.

A case study method proved even more useful given that the researchers were interested in asking questions relating to 'how', 'why' and 'when' and had little control over events. Yin (1989, p. 13) asserted that the case study's unique strength is its ability to focus on

contemporary phenomenon within some real-life context that allows researchers to deal with a full variety of evidence—documents, case histories, artifacts, interviews and observations.

It is important to point out that the case study method focused on the existing five agencies affiliated to the Women's NGO Coalition (WNGOC) only and not on persons employed by the agency. This allowed the researchers to answer the above questions (i.e. how things are taking place and why), understand the dynamics of each case and also provided the general framework to explore the cases.

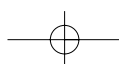
In addition to reviewing cases, researchers also conducted in-depth interviews with agency coordinators, social workers, police commanders and police officers. The findings presented in this paper are unique to these agencies and therefore cannot be generalised to the larger population.

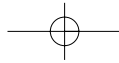
#### *Setting*

The data used here were obtained in field research conducted on the following women's organisations affiliated to the WNGOC: Emang Basadi (EB); Women against Rape (WAR); Childline Botswana; Women and Law in Southern Africa (WLSA) and Kagisano Women's Shelter. In addition, two police stations in Gaborone, namely Old Naledi and Broadhurst, were included. The two police districts cover 27 police stations. These locations were selected because they cut across all socio-economic characteristics, making the sample generally representative of the population under study.

#### *Sampling*

This study used WNGOC membership files to select cases. A membership file provides information that includes an agency's table of milestone, which refers to the history of the organisation in relation to staff and client turnover throughout the years. This was helpful in compiling an agency case study because it provided information on dates, events, agency policies, regulations, staff, clientele and its core business. Note that WNGOC has only five affiliates in Botswana and they are all focused on gender- and HIV/AIDS-related issues. Four are based in Gaborone (southern Botswana) and one in Maun (northern Botswana). This means that the cases were only limited to five sites. The researchers utilised a non-probability sampling design,




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namely purposive or judgmental sample, to select the cases. Thus through this design all the five affiliates were selected to participate in the case study. No sampling frame was used. However, affiliates formed explicit strata, given their specific responsibilities.

From each site a sample of 20 cases was selected, making a total sample of 100. This strategy allowed researchers to list and pick cases, after which the eligible cases, typical of the population that researchers had interest in, were purposely selected in each of the following categories: physical, sexual and emotional abuse. These cases constituted the ultimate sampling units (USU) of this study.

With respect to the selection of the cases, it should be noted that the researchers were not concerned about scientific generalisation of the data to the larger population but rather in understanding the life histories of women victims of gender-based violence linked to alcohol abuse in the home and the risk of contracting HIV/AIDS. In addition, five interviews were conducted with agency coordinators and another five interviews with frontline investigating police officers at Old Naledi and Broadhurst police stations.

### *Sources of data*

In conducting the five case studies, the researchers used various data sources as evidence to identify and assess the relationship between alcohol consumption, gender-based violence and HIV/AIDS. Information was obtained from various documents including police reports, agency case files, monthly and annual reports, letters, interviews, site visits, direct observations, previous studies and newspaper reports.

The study was both descriptive and explanatory in nature. The descriptive phase captured quantitative data on the incidence and prevalence of gender-based violence that was related to alcohol consumption. The explanatory phase allowed the researchers to find meaning in the descriptive data. For example, through the assessment of case histories, site visits and interviews with agency personnel, researchers were able to understand the nature and extent of gender-based violence and to ask how and why alcohol was a contributory factor. HIV/AIDS issues were examined using the same approach. It also enabled the researchers to peruse extensively through the agency files,

interview a range of respondents and identify key respondents who were connected to the case and had inside knowledge of what was going on. These were the primary sources of the case-study data. In addition, site visits and direct observations were helpful in understanding why things were as suggested by other data sources. These processes were found critical in enhancing the validity of the conclusions drawn.

### *Research instruments*

Because of their multiple data sources, case studies incorporate the full range of formal and informal instruments, from questionnaires, interviews, document reviews to direct observations. However, for the purpose of this study, a standard form was designed to capture information from all the agencies. The form was divided into the following headings: bio data, date, referral, nature of the case, action taken and implications. An interview schedule was also designed for agency coordinators and police officers.

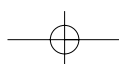
### *Procedure*

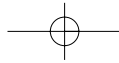
The researchers asked the agencies to provide all the case files of gender-based violence and alcohol abuse. Out of the case files provided, the researchers sampled 20 cases to study and notes were taken. The case files were studied on site since it was against the agency policy to remove the files and study them outside the agency. A whole day was spent in each agency reading and taking notes. After extensive review of each case file in each of the five agencies, agency coordinators were interviewed for more in-depth knowledge. After completing this procedure, researchers exchanged notes to cross-check each other and correct any mistakes that might have occurred.

The procedure was very helpful because it encouraged researchers to work together as a research team. The complementary strengths of team members provided the necessary basis for conducting a good case study, which included reviewing relevant case files for each client, site visits, and reviewing questions in each case file and comparing the various cases histories. In addition, observing interactions and listening to agency coordinators and other key informants added validity to the research.

### *Data analysis*

The main focus of the analysis was on the 100 selected cases. Three specific steps were followed in the analysis of data, namely data reduction, data display and





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conclusion drawing/verification (Miles & Huberman, 1994). In the data display stage, an analysis matrix was developed to enable researchers to make a case-by-case assessment. Key variables examined in the matrix included detailed bio-data, the presenting problem, action taken and implications. During this exercise, attention was given to themes, patterns and clusters that emerged from a content analysis of the data. This enabled the researchers to do pattern matching, where the pattern of relationships observed in one case was predicted in another. When the two patterns of interaction matched, validity was added to the conclusion. From this, we were able to develop explanations which indicate causal links and relationships between alcohol abuse, gender-based violence and HIV/AIDS.

### *Ethical considerations*

The study followed the generally established principles regarding informed consent, confidentiality and anonymity (Fontana & Frey, 1994; Rubin & Babbie, 1997). Reading people's cases from agencies was a very sensitive issue. Agency coordinators needed to be informed as to the purpose of looking into their clients' confidential case files. To protect the clients, names of clients were not used when collecting data. A consent form to ensure confidentiality of clients' information was signed by the researchers before the commencement of the study. The researchers were also introduced to the agencies as part of ethical considerations.

### *Strengths*

First, the sample size ( $N = 100$ ) was large enough to allow for meaningful analyses of the data linking alcohol abuse, gender-based and HIV/AIDS and to enable some generalisation of results. Second, case studies incorporate multiple sources of data and look for converging lines of inquiry. For example, good case studies combine questionnaires, in-depth interviews, site visits, direct observation, literature/document review, physical artifacts, etc. In addition, they use triangulation to interpret converging thematic evidence pointing to a clear conclusion. Conclusions suggested by different data sources are much stronger than those suggested by one source alone.

### *Limitations of the study*

It is important to acknowledge the inherent limitations of the preferred research design. There are two major

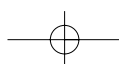
limitations – those inherent to any case study and those specific to this study. Regarding case studies generally, many critics argue that they lack reliability and that another researcher might come to a different conclusion. This also raises the question concerning the validity of the conclusions reached. It could be suggested that by purposely selecting cases, the researchers biased the research towards the issues they were seeking to study. Another limitation is that it is difficult to generalise on the basis of only 5 case studies with a sample of 100. It is not representative of the population under study. There should be multiple studies in which various cases are studied simultaneously. A specific limitation to the study relates to the peculiarities and sensitivity of the topic (alcohol abuse, gender-based violence and HIV/AIDS) as well as the unique and personalised issues surrounding the topic, which could compromise the quality of the data obtained. For example, gender-based violence is a personal matter and the cases reported may not be a true reflection of the situation, more so given that the actual victims were not interviewed.

### *Field work results*

All case files studied were full of sad tales of frequent violent acts against women. In fact, the reason women sought help from agencies was primarily because of continued acts of violence against them. They had tried to seek assistance from elsewhere, such as traditional institutions like the family and church without success. Thus, the women in the study tended to visit the agencies in 'crisis situations', when there was absolutely nowhere else to turn. While the nature and extent of violence varied, it was almost always physical, emotional and psychological, and included battering, sexual abuse, marital rape, rape, financial abuse and death threats. In order to capture the sentiments of women victims of gender-based violence, we reproduce below salient features from the cases from each agency.

### *Emang Basadi*

The Legal Aid and Counselling Centre of Emang Basadi was established in 2001 to provide counselling services to women, girls and children as well as married couples who have psychosocial problems. Women who seek help from these centres are traumatised by acts of violence perpetrated against them. Most of them are not in control of their sexual lives and, therefore, are at high risk of contracting and



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spreading HIV/AIDS. The overall quality of services provided is a key indicator of Emang Basadi's commitment to the welfare of women victims of gender-based violence.

Statistical information obtained from Emang Basadi Legal Aid and Counselling Centre revealed a sharp increase in the number of women victims of gender-based violence who visit the agency. For example, between June 2001 and March 2003 a total of 1 293 clients visited the centre. An overwhelming majority of the clients (90.5%) were women, while 9.5% were men. Thus women comprise the majority of clients who visit and are registered at the agency. From the case files reviewed, it can be surmised that women who visit the agency are traumatised, desperate and sometimes suicidal. They experience psychological problems including stress, depression, fear and phobia. They have completely lost hope in life and regard Emang Basadi as their only ray of hope. This was confirmed by the agency coordinator, who said: '... the cases we receive are shocking. Most women are traumatised and live in perpetual fear of their partners. Almost all such cases are referred to Kagisong Women's Shelter. There is a problem because on many occasions the shelter is full ... we do not have enough shelters for abused women ... this is a major problem' (research memo, 27 May 2003).

Emang Basadi Legal Aid and Counselling Centre makes an annual analysis of the types of problems for which women seek help. The problems can be classified into three categories – physical, sexual and emotional abuse. An analysis of the type of problems for which women visit the centre reveals a systematic pattern of violence perpetrated against women. For example, between June 2001 and March 2003, physical, sexual and emotional abuse leading to divorce, evictions, maintenance and adultery featured among the most common areas of concern. In the same period (June 2001 – March 2003), alcohol abuse also featured as one of the major causes of violence against women. Physical, verbal and sexual abuse often followed heavy bouts of drinking alcohol. The increasing number of women with these kinds of problems may well be due to the emotional trauma associated with alcohol abuse, violence and fear of contracting HIV/AIDS, given the nature of the relationship. Table 1 shows reported cases at Emang Basadi.

**TABLE 1. WOMEN'S VISITS TO EMANG BASADI BY REASON, JUNE 2001 – MARCH 2003**

Reason	Number of files registered (%)
Divorce and ancillaries	244 (55)
Maintenance	66 (15)
Property dispute	57 (13)
Rape, defilement, incest, etc.	6 (1)
Eviction	3 (0.6)
Wills	4 (0.9)
Custody	7 (2)
Miscellaneous (breach of promise to marry, adultery, physical abuse, damage, etc.)	60 (13)
Total	447 (100)

A case-by-case analysis of Emang Basadi files revealed that almost all women who visited the centre from June 2001 to March 2003 had psychological problems pertaining to marriage and relationships, emanating from extended periods of domestic violence. From the data in Table 1, it is evident that 55% reported divorce and ancillaries as their main reasons for visiting the centre. A sample of 20 files studied revealed that in all the divorce cases reported, the women had been subjected to ongoing periods of domestic violence and abuse. Most women had undergone physical, economic, sexual, verbal and emotional abuse perpetrated by their husbands, and therefore viewed divorce as the last resort to free themselves from such acts of violence. Divorce applications also included claims for maintenance or support for the abused spouse and her children, claims for part of matrimonial properties and claims for the children of the marriage. Table 2 illustrates reasons why the 20 women from the 20 sampled cases visited the agency.

**TABLE 2. SAMPLED WOMEN'S VISITS TO EMANG BASADI BY REASON**

Type of case	Number of cases (%)
Physical abuse	13 (65)
Sexual abuse	4 (20)
Emotional abuse	3 (15)
Total	20 (100)

The majority of women (65%) who visited the agency were physically abused. The cases reveal that 20% of women were sexually abused, while 15% were emotionally abused. Men often abused their wives or girlfriends after heavy consumption of alcohol. Thus violence on women in Botswana seems to be alcohol-related.

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**Women Against Rape (WAR)**

Women Against Rape (WAR) was established in 1993 in response to the increasing number of rape and sexual abuse cases in northern Botswana. WAR provides counselling and assistance to survivors of sexual abuse and promotes institutional change to protect women and children against sexual abuse. Research conducted by WAR in 1999 revealed that gender-based violence was on the increase in the north-west of the country. WAR became particularly concerned about this situation because women who were raped were at increased risk of contracting HIV/AIDS. The growing interest from the media has helped make the agency visible, especially its relentless effort to combat gender-based violence in all its manifestations.

Women who visit the agency come from all different social, economic and educational backgrounds. They are usually raped, battered, defiled and seeking maintenance for their children. The agency is typically viewed as a refuge for women because they would have exhausted all other means of conflict resolution available to them, such as getting help from parents, social workers or the police department. The cases reviewed showed a high level of desperation on the part of women who visited the agency. Table 3 shows reasons why women visited the agency.

**TABLE 3. WOMEN'S VISITS TO WAR BY REASON**

Type of case	Number of cases (%)
Physical abuse	6 (30)
Sexual abuse	14 (70)
Emotional abuse	20 (100)
Total	20 (100)

Data from the case files showed that 30% of men who physically abused their women were under the influence of alcohol. Seventy per cent of all the rape survivors had been raped when coming from drinking sprees. From the cases reviewed, there is no evidence to suggest that condoms were used during the rape, due to the violent nature of the act. Although both the perpetrator and the survivor of rape may be risking contracting HIV/AIDS, women are more vulnerable because of their biological nature. Furthermore, forced friction may cut open their skin, exposing them even more. The data indicated a strong linkage between

alcohol abuse, gender-based violence and HIV/AIDS. Furthermore, an interview with the social worker confirmed the above theory. The social worker pointed out that most rape cases happen in the early hours of the morning, when both the survivors and the perpetrators are coming from the bars. The following case indicates such a situation.

**Case 1.** The client reported that she had been drinking at a chibuku depot. When she was going home, the three men who had been drinking at the same chibuku depot followed her. The client was not bothered by the three men following her because she knew one of them. When she approached the bushes, the three men grabbed her and raped her in turns. She struggled and screamed, and was rescued by a passerby, who took her to the police. No condoms were used during the rape.

Of the rape cases assessed, 64% had been raped by either acquaintances or relatives and only a few had been raped by strangers. Given that the perpetrators had been under the influence of alcohol, there was lack of the self-discipline that would have constrained the perpetrators from raping the women. The case cited below further suggests a strong link between the three variables, namely alcohol abuse, gender-based violence and HIV/AIDS.

**Case 2.** The client went drinking at the bar with his male cousin. On their way home, at around 4 a.m., the cousin pushed her to the ground, she resisted and the two started fighting. He pulled out a knife and ordered the client to undress. Fearing for her life, the client undressed and the cousin raped her without a condom.

Reports from the organisation indicate an increase in rape cases and domestic violence perpetrated against women and children. Table 4 indicates such a trend.

**TABLE 4. NUMBER OF RAPE CASES REPORTED TO WAR SINCE 1995**

Year	Rape cases	Battered women
1995/6	8	4
1996/7	20	*
1997/8	30	18
1998/9	27	26
1999/2000	35	40

\* Information not available.

As can be seen from Table 4, the number of raped and battered women is increasing every year. It is not clear why these cases are on the increase and what this means to women victims of rape. However, in an

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interview the agency coordinator pointed out that this increase has serious implications for women, who are increasingly facing the risk of contracting HIV/AIDS because when these violent acts are performed, there is little or no evidence of condom use.

### Childline

Childline is a non-profit-making organisation founded in 1990. Childline is mainly committed to helping abused children who are below the age of 18 years. The agency also offers assistance to parents who may have been abused as children and those who fear that they might abuse their children. Children visit Childline because they have been physically, sexually and emotionally abused, and neglected by parents. Childline is therefore a comfort zone that children can use when in difficult circumstances. Parents also visit the agency because they have difficulties with their children or fear that they may abuse their children.

While Childline's mandate is to focus on abused and neglected children, it is important to understand the root cause of the presenting problem. Our findings reveal that an overwhelming majority of child abuse cases reported at the agency have direct and indirect links to domestic violence caused by the husband's or wife's heavy drinking habits. Table 5 indicates reasons cited for visiting the agency.

Nature of the case	Number of cases (%)	
Physical abuse	6	(30)
Sexual abuse	10	(50)
Emotional abuse	4	(20)
Total	20	(100)

As can be seen from Table 5, the majority (50%) of children who visited the agency were sexually abused. Sexual abuse exposes children to a high risk of contracting HIV/AIDS. Physical abuse accounted for 30% of the cases while 20% of the children were emotionally abused. However, an in-depth interview with the social worker revealed that in almost all the cases of child abuse reported at the agency, alcohol abuse and gender-based violence emerged as the main contributory factors. Often husbands beat up their wives and chased them away from the home only to have sex with their children as punishment to the woman.

**Case 3.** In this case, the mother of a 16-year-old daughter is too sick to have sex with the husband. The stepfather of the young girl is sexually abusing her and has even impregnated the child. The father is very angry because the child has reported the case to Childline.

In all cases where children have been sexually abused, the perpetrators were known to the children, and they were usually very close family members whom the children had trusted. Sadly, in all the cases reviewed, there was no evidence of condoms having been used, because the perpetrators took for granted that children are HIV/AIDS-free. The myth of cleansing an individual's blood by having sex with a child was the main reason for not using a condom, and this made the children vulnerable to HIV/AIDS.

### Women and Law in Southern Africa (WLSA)

Established in 1996, Women and Law in Southern Africa (WLSA) is committed to improving the well-being and status of women in southern Africa, by educating them about their legal rights, providing advice, questioning and challenging the law as well as organising campaigns for legal reforms. Women who visit the agency are keen to get out of abusive relationships and need advice regarding divorce proceedings, personal rights and maintenance claims. Table 6 illustrates women's visits by reason.

Type of case	Number of cases (%)	
Physical abuse	6	(30)
Sexual abuse	11	(55)
Emotional abuse	3	(15)
Total	20	(100)

Table 6 shows that the majority of women (55%) visited the agency to report cases of sexual abuse. In many of the cases reviewed, women experienced sexual abuse when they refused to have sex with their partners because the latter had been having other relationships or was demanding sex under the influence of alcohol. In some cases, the partner would have fathered a child outside the relationship, which exposed both parties to the risk of contracting HIV/AIDS. Furthermore, when women were raped by their partners, there were no indications of condom usage. Thirty per cent (30%) of women were physically abused, while 15% had been emotionally abused. The

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use of alcohol prior to the abuse was not captured in the cases reviewed, partly because alcohol abuse was not their presenting problem and monthly reports were too brief to capture all the material facts. However, an in-depth interview with the social worker revealed that although women usually came for legal services, they frequently would have endured a series of abuse from their partners, often committed under the influence of alcohol.

### Kagisano Women's Shelter

Kagisano Society Women's Shelter Project grew out of the cycle of violence perpetrated against women in Botswana. The shelter was established in May 1998, to provide temporary shelter for women and their children who are survivors of gender-based violence, to offer counselling and support services, and to raise awareness about the illegality of perpetrating violence on women. Since the shelter was started, the number of women and children it has received and cared for has grown, with clients not only coming from Gaborone and the surrounding areas, but also from as far as Gantsi. The Kagisano Society Women's Shelter Annual Report of 2002 reveals that 309 women and children were assisted. Of this total, 95 were women and 23 children. During this period, 191 women and children were provided with counselling services at the Drop-in Centre, while 13 women were referred to Emang Basadi for legal assistance.

This study showed that women who visit the shelter come from different socio-economic backgrounds. Although an analysis of the status of women who visit the shelter was not carried out, there was empirical evidence suggesting that gender-based violence, just like alcohol abuse and HIV/AIDS, does not respect one's social status in society. The data revealed that almost all women visiting the shelter were referred by various agencies such as Emang Basadi, WLSA, WAR and social workers. They were all victims and survivors of violence against their persons perpetrated by their husbands, boyfriends, cohabitants and casual partners.

According to the available records from the shelter, women came to share the most painful and agonising events that occurred in their relationships. Each woman who visited the shelter shared her story about the nature and causes of violence, types of violence she suffered, who was affected besides her, and how she responded to the violent situation. These issues are illustrated in Table 7.

TABLE 7. WOMEN'S VISITS TO KAGISANO BY REASON

Type of case	Number of cases (%)	
Physical abuse	12	(60)
Sexual abuse	6	(30)
Emotional abuse	2	(10)
Total	20	(100)

As can be seen from Table 7, the majority of women (60%) who visited the shelter in 2002 had suffered from physical violence. In the same year 30% visited the shelter to report sexual abuse and 10% to vent their feelings about emotional abuse. It should be noted that in most of the cases reviewed, the different forms of abuse were preceded by excessive alcohol consumption. An in-depth interview with the coordinator further revealed that women who had been abused suspected that in addition to alcohol abuse, their partners had been using hard drugs such as cocaine. It would appear, therefore, that many of the women and children were going through emotional stress and psychological trauma, feared alcohol-induced violence and sexual abuse, and were scared of contracting HIV/AIDS. The following case scenario demonstrates the relationship between alcohol abuse, gender-based violence and HIV/AIDS:

**Case 4.** Mrs X wept as she recounted the horror of her 10 years of abuse at the hands of her common-law husband. He beat her mercilessly, broke her arm and forced her to go to the police, relatives, family and neighbours. This did not help much as she was always forced to go back to the house. The abuse continued relentlessly, the husband drank excessively, and once drunk he became very violent and abused his wife both physically and sexually. The husband would demand sex after being away from home for weeks living with another woman with whom he had fathered a child. When the wife refused to have sex with him he beat her and accused her of having extramarital affairs. She could not stand this any longer. One day she managed to escape to the Women's Shelter, leaving her children behind. She was still recovering from her traumatic experience.

### Police reports

In-depth interviews were held with police officers at Naledi and Broadhurst police stations. The purpose of these interviews was to obtain statistical information on reported cases that linked alcohol abuse, gender-based violence and HIV/AIDS. Interviews with the police (sharing their experiences) suggested a clear link between alcohol abuse and HIV/AIDS.

An analysis of in-depth interviews with both senior police personnel (station commanders) and frontline

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**TABLE 8. NATURE OF CASES AT BROADHURST POLICE STATION**

Nature of offence	2000 Total males & females	2000 No. of females	2000 % females	2001 Total males & females	2001 No. of females	2001 % females	2002 Total males & females	2002 No. of females	2002 % females
Common assault	422	282	69	404	275	68	455	298	65
Causing bodily harm	241	107	44	306	117	38	317	140	44
Unlawful wounding	48	10	21	69	10	15	112	21	19
Grievous harm	17	4	24	*	*	*	5	3	60
Murder	9	Not specified by gender	*	5	0	0	3	2	67
Threat to kill	23	12	52	15	6	40	15	9	60
Rape	39	39	100	69	69	100	41	41	100

\* Information not available.

officers revealed that there was a lot of poverty in high-density areas such as Old Naledi and Broadhurst extension 27. In these locations, there was a liquor outlet at almost every third house. Both men and women participated in drinking sprees but women ended up being the victims of violence, such as common assault, occasioning bodily harm, unlawful wounding, threats to kill and rape them. Table 8 illustrates some of the issues referred to above and the implications these might have for the spread of HIV/AIDS.

Table 8 shows the number of cases reported to the police in the years 2000, 2001 and 2002. The data revealed a high number of common assault cases reported. According to the station commanders of Naledi and Broadhurst police stations, incidents of assault increased at month- and week-ends, and were often a result of heavy drinking. For example, most incidents happened at parties and were reported in the early hours of the morning. The most common cases reported involved men fighting over a woman and beating a woman.

Although the cases at Old Naledi police station were not disaggregated, they revealed a similar pattern to those reported at the Broadhurst police station. For example, assault and rape cases were also very high and women were almost always the victims of assault and rape. In addition, police officers reported that in all the cases there was a threat to kill the woman partner. At both police stations, the majority of assault cases handled were alcohol-induced and women were the victims of such violence. Police officers reported that

fight between men and women often occurred after heavy drinking. For example, men had a tendency to abuse women when they had money. They looked for new sexual partners, regardless of the fact that they were in the company of their permanent sexual partners. Also, the men who deserted their female partners at the drinking outlets became jealous when their partners became friendly towards other men. The above situations often sparked fights, which ended up being reported to the police, and on many occasions, women were the victims. At the end of the drinking sprees, men and women usually went to sleep together. There was very little evidence to suggest that men and women under the influence of alcohol had protected sex.

The case below was quoted by the police officers to demonstrate the above situation:

**Case 5.** In this case, a man and a woman went to a drinking outlet for a drink. After a few drinks, the man started dating another woman though he was in the company of his permanent partner. After a while, the two new lovebirds just went behind the toilet in the same drinking outlet to have sex. When the permanent partner discovered that her beer was getting low, she looked for her partner, so that he could buy her more beer. She found her partner making love to the other woman she had been talking to. When the man discovered that he had been caught, he started assaulting his permanent partner for intruding, and the case was reported to the police.

The above case suggests that people tended to look for multiple partners under the influence of alcohol, a behaviour that has been identified as a high-risk, which exposes partners to contracting HIV/AIDS (Nthomang, 2003).

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In addition, most women at the drinking sprees were commercial sex workers. Police reports indicated that these women usually reported incidents of rape which had taken place in the house, indicating that there had been some agreement before the two parties had gone to the house. Women often reported these cases as rape when men refused to honor their agreement. In these instances, both parties were usually under the influence of alcohol, and there was little or no evidence to suggest that they engaged in protected sex. In other situations where women got raped, their cases usually got reported in the early hours of the morning between 2 a.m. and 4 a.m., when they had been coming from the bars and shebeens. Most women who reported these cases were under the influence of alcohol. In all the rape cases reported no condom had been used, which increased the victim's and the perpetrator's chances of contracting HIV/AIDS.

**Discussion**

The prevalence of violence against women is certainly becoming a topical issue in contemporary Botswana society and is a cause for concern. It is in stark contrast with the picture often painted by authorities that Botswana are peace-loving people. Based on evidence from the findings of this research, it may not be entirely unreasonable to conclude that Botswana is increasingly becoming a violent society. Evidence from this research suggests that Botswana lack the means to resolve marital conflicts peacefully, leading to continued violence toward women. Data revealed that several factors were associated with gender-based violence:

- economic inequality between men and women
- the use of physical violence to resolve conflicts
- male authority on decision-making in the house
- alcohol and drug abuse
- lack of respect for women
- *bogadi* (bride price) is used as an excuse for violence and the need for maintaining conjugal rights
- impotence.

The above factors are mutually inter-connected: they combine and manifest themselves in various ways, the outcomes of which are incidents of serious violence perpetrated against women.

The findings of this study have confirmed many of the concerns raised in the National Gender Programme Framework (Republic of Botswana/UNDP, 1998). In particular, it has confirmed assumptions of this study that alcohol abuse contributes to gender-based violence, which leads to the spread of HIV/AIDS. The analysis clearly demonstrates that there is a link between alcohol abuse, gender-based violence and HIV/AIDS. For example, data from all cases studied indicate that the potential for gender-based violence is increased with high rates of alcohol consumption. Findings from this study revealed that alcohol abuse not only led to gender-based violence but also to unprotected sex that increased the risk of contracting HIV/AIDS.

***Alcohol abuse and gender-based violence***

The majority of the cases reviewed at the different agencies revealed that gender-based violence was common in many households. In addition, data revealed that violence was not restricted to married couples only but also occurred between concubines and cohabiting partners, which placed considerable strain on social relations among couples, parents and relatives of spouses.

In almost all the cases studied, violence in the household seemed to be alcohol related. Alcohol abuse and related violence increased at weekends and month-ends, when working men receive their wages and salaries. Although there is no doubt that alcohol plays a role in the violence that now occurs in most Botswana families, the precise relationship between heavy drinking, gender-based violence and HIV/AIDS requires multi-pronged research. A possible explanation for the relationship between alcohol abuse and gender-based violence is that drunkenness has become an acceptable condition for showing frustration and anger, which is otherwise suppressed when one is sober. Furthermore, traditional practices of resolving conflicts through the extended family structures do not work when one is drunk.

Alcohol abuse as such might not be the root cause of domestic violence; it might just be one contributing factor, acting in concert with other significant factors such as the stresses resulting from social and economic hardships. The outcome of drinking may be to release suppressed feelings. That women are more often than

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not on the receiving end of violence seems to be a result of unequal gender relations in contemporary Botswana.

**Marital rape**

Marital rape seems to be a fairly common experience among women visiting the centres. Marital rape can be defined as a situation in which a man (including a cohabitant) has sex with a woman without her permission. Our research confirmed that many women had been abused sexually, including being raped. Most of these cases had not been reported for fear of violence. As is to be expected with marital rape, the proportion of actual cases reported to the police, other institutions and family members was very low. In addition, there seems to be a taboo attached to admitting that rape takes place between married couples or those cohabiting. It was evident from the cases studied that most women felt free to report the occurrence of rape generally, but denied the occurrence of rape in the household, as reflected by insignificant numbers of marital cases reported to the police.

Marital rape is in essence a gender-related phenomenon. In most cases it is men who rape and women who get raped, and rape is essentially rooted in attempts by men to assert power and dominance over their women. This is suggested by some of the cases reported where men insisted on having unprotected sex with their spouses despite the fact that they were engaged in extramarital affairs, putting them and their wives/partners at greater risk of contracting and spreading HIV/AIDS.

**Abusive relationships**

While some of the women visiting the centres were in permanent relationships, the majority of the relationships were temporary, commonly known as 'cohabitation'. Temporary marriages seemed to be very common in Botswana given the harsh economic realities. Couples were forced to live together in marriage-like arrangements, especially in the cities, for economic reasons such as sharing rent, food and other necessities of life. This type of relationship involved mainly younger women and men who earned insufficient money. In most cases women complained that their husbands or boyfriends spent their earnings on young girlfriends. They bought them beer and other small gifts in exchange for sex, putting them at a greater risk of contracting and spreading HIV/AIDS.

A study conducted by Nthomang (2003) on the link between alcohol abuse and HIV/AIDS revealed a strong link between alcohol abuse and the spread of HIV/AIDS. The phenomena of *go itagisetsa* and *go kgokolosa sepoko* (to get a woman drunk in order to obtain sexual favours, and to exploit older men at the bar to buy you beer on promise for sex and later dodging them) was quite prevalent. It should be noted that sometimes this trick does not work, as women get drunk before they can run away. Older men with money often exploit young women without money but in need of beer. They buy them beer in exchange for sex. This mentality fuels the spread of HIV/AIDS, in the sense that alcohol is used as a bait to obtain sex. Under the influence of alcohol people become careless and often indulge in unprotected sex. On payday, many men leave the matrimonial home to pick up young women for whom they buy drinks and clothes in exchange for sex. These are temporary relationships based on material needs.

**Alcohol abuse, gender-based violence and HIV/AIDS**

The problems associated with excessive alcohol consumption pervade all layers of Botswana society. Alcohol abuse has implications for women's health and social well-being. Women are affected by their men's drinking habits and often alcohol-induced violence. In addition, women are also affected by the possibility of contracting HIV/AIDS. In all cases studied, and in-depth interviews conducted with agency coordinators, police and social workers, it was evident that women were greatly distressed by the possibility of contracting HIV/AIDS, but felt powerless. They claimed that counselling husbands had no deterrent effect as they continued to abuse them physically, sexually and emotionally.

Over the past few years the trend in Botswana has been that women are infected with HIV/AIDS at a faster rate than men. In part this reflects the inequalities in all aspects of economic and social life that women endure. Generally, women are poorer than men because they are not in the formal labour force (UNDP, 1997). In Botswana, where heterosexual intercourse is responsible for most HIV infections, the vulnerability of women from poor backgrounds has been linked to poverty, which has pushed many into marriage and cohabitation with men who subject them to abuse. It is unfortunate that women often have no choice but to stay in an abusive relationship for

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economic reasons. Abusive men often take advantage of the vulnerability of women and engage in extramarital relationships with younger women because they are said to be 'cleaner', i.e. less promiscuous than older women and thus free of HIV. It is obvious that these factors are collectively accelerating the spread of the virus among married and cohabiting couples.

**Impotence**

Interviews with the agency coordinators reveal that many couples were struggling with the issue of impotence. Although couples did not acknowledge this as an issue, it usually breeds violence in the sense that impotent men are very jealous because of their inability to satisfy their partners. In these kinds of relationships, women end up having extramarital affairs because the couple cannot find the solution to impotence. When women have extramarital affairs, they sometimes fail to negotiate for safe sex, which exposes both parties to HIV/AIDS.

**Recommendations**

All women in Botswana remain extremely vulnerable. This study has shown that women in Botswana are subject to multiple forms of abuse including physical, emotional, psychological and sexual abuse. The different forms of abuse are inter-related. The challenge is for the government, NGOs (both women support organisations and NGOs striving for gender equality) and women CBOs to develop strategies that can address the many facets of alcohol abuse, gender-based violence and HIV/AIDS. The recommendations listed below call on the government of Botswana, NGOs, donors, WNGOC members and CBOs in partnership with the community collectively to design comprehensive, multifaceted and interdisciplinary approaches at all levels of intervention to address the above concerns.

Substantial efforts are needed to incorporate alcohol abuse, gender-based violence and HIV/AIDS into government, NGOs and CBOs development policies and programmes. Very little has so far been done in this respect. Also, women empowerment strategies, where they have been initiated, have generally neglected gender concerns. We need to note that efforts to promote gender equality in Botswana have hardly ever taken into account the specific concerns of men and women, the relationship between alcohol abuse, gender-based violence and its implications for the spread of HIV/AIDS.

**General recommendations**

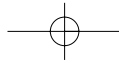
The design of appropriate responses to alcohol abuse, gender-based violence and HIV/AIDS requires a thorough understanding of this problem and its complex causes. It is important to note that violence against women is a structural problem involving broader issues of power and unequal gender relations, hence it necessitates a comprehensive approach. It is therefore recommended that strategies aimed at addressing the above concerns among men and women be guided by the following three principles:

- a recognition of the vulnerability of women in Botswana and the need to develop appropriate gender-sensitive strategies to respond to the problem
- the recognition that gender-based violence needs to be addressed simultaneously with other concerns such as alcohol abuse and HIV/AIDS in order to have a long-term impact
- the recognition that special attention should be given to the needs of women because they are vulnerable to physical, psychological, emotional and sexual abuse and are experiencing increasing levels of gender inequality.

**Recommendations for government policy frameworks**

There is a need for the government of Botswana to develop appropriate policy frameworks for addressing alcohol abuse, gender-based violence and HIV/AIDS, and to translate such initiatives into practicable action plans. Appropriate government responses should involve intervention at the national, community, organisational and micro levels.

- At the national level, legislative and policy changes are needed, as well as measures to condemn the use of violence as a method of conflict resolution, especially within the family, since it is here that women are most vulnerable. Formal condemnation must be accompanied by a clear mandate for authorities to act against the abuse of women, and to deal appropriately with both survivors and perpetrators of abuse.
- The police should enforce existing laws, policies and regulations on alcohol use, especially among the youth and those under age.
- Civil society should educate young children about the dangers of drinking and its long-term effects.
- Through strict licensing, the government should control the number of existing drinking outlets, to ensure that alcohol is not freely sold to the public.



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- Government should raise the price of alcoholic beverages to reduce alcohol consumption, which, in turn, is likely to reduce gender-based violence and HIV/AIDS.
- The government and local councils should create affordable and accessible recreational facilities for youth, to ensure that they do not use alcohol outlets as sources of recreation.
- Students should be allowed to use school facilities during school holidays for recreational and sporting activities. Students should be empowered to take responsibility for the safe keeping of the equipment.

### **Recommendations for community-based organisations**

At the community level, attitudinal and behavioural changes should begin with educational programmes for children and adolescents, aimed at removing gender stereotypes and teaching appropriate conflict resolutions and problem-solving skills. It is important to encourage the formation of community groups run by volunteers and other community activists. These groups should meet in community halls, *kgotla*, churches and any other public space to provide valuable support for women victims of gender-based violence. More importantly, they should create awareness of the problem of violence against women in their communities and in the wider society. Community groups should also step up public awareness campaigns in schools, lobbying for the establishment of more women's shelters and safe houses for battered women. These initiatives should target both men and women.

### **Recommendations to NGOs**

At the NGO level, rape specialist counselling services like women's shelters that offer counselling to abused women should be established. They are critical because, in addition to providing shelter they also provide public education and support for women and their children. They also offer community outreach services as well as legal aid and practical advice on housing and employment. These centres provide advocacy services to women and pressure for legislative change to ensure that the rights of women are protected. In Botswana there are only a few shelters in Gaborone and none in rural areas. Women NGOs need to mobilise international donor and community support and to find creative ways of providing safe places for women

and children who are in danger. In particular, they need to:

- give financial support to the Women's Coalition to continue providing psychosocial counselling to women who are victims of gender-based violence
- support research initiatives on the links between alcohol abuse, gender-based violence and HIV/AIDS.

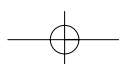
### **Recommendations to Women's NGO Coalition members**

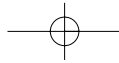
At a micro level there is need to recruit and train more social workers to offer counselling to abusive partners and to abused children. The aim of counselling survivors of gender-based violence is re-empowerment and reinstatement of their sense of worth and control. There is also a need to:

- establish treatment programmes for families with alcoholic patients
- assist women to secure the necessary resources for the promotion of income-generating projects that will alleviate poverty
- develop comprehensive computerised data-based programmes that keep clear records, which capture critical information about the reported cases
- develop comprehensive family support programmes which could include the following services:
  - premarital counselling
  - information, education and counselling (IEC) on alcohol, gender-based violence and HIV/AIDS
  - ongoing counselling for children who have been traumatised by rape, sexual abuse, divorce and family violence
  - services for men to address issues such as impotence, conflict resolution, family finances and self-esteem.

### **Conclusion**

The aim of this paper was to investigate the link between alcohol abuse, gender-based violence and HIV/AIDS in Botswana. Gender imbalance and the subordination of women to men in the Botswana society has made women vulnerable and unable to negotiate safe sex, thus putting them at a greater risk of contracting HIV/AIDS. Women's socio-economic deprivation has reduced them to being dependent on men for both alcohol and sex. Underlying gender inequalities are societal norms and values that allow men to use alcohol as an excuse for exploiting women





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sexually. This puts both parties at risk of contracting HIV/AIDS, which is threatening to reverse the economic gains that Botswana has made so far.

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