

Introduction

Botswana has achieved the baleful distinction of being the country with the highest recorded incidence of HIV infection—but not yet AIDS mortality—in the world. As an international publication published in Botswana, this journal must therefore treat the topic of HIV/AIDS very seriously and in depth.

In the first two articles, this issue lays out the scale of the epidemic and its demographic implications, for the general populace and for the essential economic sector of diamond and copper mining. Three articles follow on the impact and potential impact of HIV/AIDS on Botswana's (to date sole) university, raising questions about the lack of student behavioural change to counter the epidemic. Two articles cover more general issues of gender power relations in Botswana and the need for community-based research. Two articles tackle pertinent issues of home-based care for sufferers and the HIV-related needs of handicapped people in particular. One article is devoted to the key issue of hygiene and nutrition in caring for HIV sufferers and thus delaying the onset of full-blown AIDS. Finally, an article and a book review raise historical questions and comparison with past epidemics.

Why Botswana? The most rapidly mutating sub-variety of HIV/AIDS virus is found in Botswana. Communities of men-only surrounded by bars and nightspots serviced by relatively few women, notably trucking-stops and mines and military camps, are therefore particularly at risk. This sub-type of virus is also found in Central Tanzania and KwaZulu-Natal, which suggests previous routes of transmission. The trucking routes between Botswana and Tanzania via Zambia were set up in the 1970s, to avoid sanctions-bound and war-infested Rhodesia. The BotZam trucking connection was intensified in the 1980-90s by trucks travelling between KwaZulu-Natal and Malawi, avoiding Zimbabwe which was not a member of the Southern African Customs Union.

There are also deeper reasons within the social history of Botswana to be considered. One is a matter of male hygiene going back more than a century. Traditional male circumcision was abolished under Christian missionary influence in the 19th century, and penile hygiene, leaving mucus membrane liable to infection, has been neglected since then. More generally, since at least the 1930s as noted by Isaac Schapera in his classic *Married Life in an African Tribe*, family life has broken down under the impact of extensive male labour migration. Sex without marriage, *bonyatsi*, has become the norm. In a parched country not good for cultivation, migrant men have not invested in permanent cultivator-wives on the lands, but have selfishly spent their income on lovers in town and on cattle.

During the last three decades of the 20th century, Botswana had been the fastest-growing economy in the world. Education has expanded rapidly and the school-age of children has dropped dramatically. The average age of females at top primary level has dropped from maybe 18-19 to 12+ and the average age of first sexual experience seems to have dropped correspondingly. (Experience in Uganda has shown that the most effective way of limiting HIV infection has been to raise the average age of first sexual experience among females.)

Increasing affluence among wage-earners has compounded all this by the democratization of 'bad habits' of *bonyatsi*, the sugar-daddyism of older men in Mercedes waiting outside school gates. Corrupting sexual habits that were traditionally confined to a tiny number of rich men or chiefs are now the prerogative of a greater number of predatory males. We may also add here the influence on male and female youth of the commercial eroto-mania of music lyrics (n.b. rap) and accompanying videos broadcast from dawn on radio and from dusk on television.

What then has Botswana to teach the world? If there is one main message of this issue of *Pula*, it is this. It is that, whatever the causes of HIV-infection, its consequences of AIDS suffering can be effectively delayed by better nutrition and living conditions. In other words, poverty may not be the cause of HIV, but it is certainly the accelerator of AIDS.