

EXPLORING CARING AS A PRINCIPLE OF UBUNTU IN SETSWANA DRAMA TEXT

Bridget Mangwegape

Mrs., Central University of Technology, Free State, South Africa, Email: bmangwegape@ cut.ac.za

Abstract

While caring is regarded as a principle in enhancing the quality of teaching and learning, it is also a practice fraught with moral and ethical issues and considerations. An analysis is made of the prescribed drama text in relation to caring as a fundamental principle of Ubuntu/Botho. The paper explores the characters as actors in the development of theme and conflict in a drama Setswana text, in relation to caring being the key figure for the success or failure of the philosophy of Ubuntu/Botho. The position of the lecturer (researcher) as a mediator between policies and diverse, students are explored in the light of moral and ethical consideration. Based on the notions of ethical caring and caring about, in the drama text 'Ga ba na batsadi' (Orphans) lost their parents because of HIV. Furthermore, the researcher, using the drama text as a pedagogical strategy, has observed that students as young citizens, in a country with a history of unspeakable atrocities, human rights abuses, injustices, secrets, violence and imposed voicelessness, have emerged into the twenty-first century with another kind of voicelessness which HIV is. Students are therefore seemingly faced with feelings of same hopes and excitement, but feelings of loss, alienation and confusion. The article suggests that principles of Ubuntu/Botho be infused in caring practices – this process may provide a framework to embed and strengthen morality and ethics in South African Schools.

Keywords: caring as the principle of Ubuntu/Botho, morality, drama text, and education.

1. INTRODUCTION

Caring can be conceptualised as a fundamental principle that directs relationships within communities as expressed in Ubuntu/Botho. Caring may be predominantly thought of as action, but in addition to physical labour, it also entails emotional work and is related to a person's mental state (Hochschild, 2003).

According to Razav (2007) the assumption about caring within families is prevalent though he draws our attention to the interconnections between families, states, not profit organisations (NPOs) and markets in caregiving. It is important to note that the specific relationships between these four sectors in society maintains the element of Ubuntu/Botho in which caring takes place in the community.

The social stigma around HIV/AIDS, which prevents people from being open, increases the isolation of

people in families affected by HIV/AIDS. The greatest impact of HIV is on adolescents who we can treat them with dignity and not as second-class members of our family. Tutu (1999) once emphasized this, when he said that a person with Ubuntu is one who is open, available, affirming others and does not feel threatened by the skills of other people whether they are good or bad for he knows that he belongs to and is not diminished by others. Therefore, the nature of Ubuntu is that I cannot exist in isolation outside other people but that I exist in relation with other people. In brief, Ubuntu/ promotes the value of all people and it places a high premium on dignity, compassion, humaneness, helpfulness, understanding, and caring for the humanity of other people. It also avoids confrontation but embraces mediation and conciliation, good attitudes, a caring concern and a healthy treatment of other people in order to strive for harmony in relationships

While the world waits for an effective HIV/AIDS vaccine, to reduce the prevalence of HIV in the community, public health programs need to continue to emphasize proven methods of HIV transmission prevention among groups with a high-risk of HIV acquisition, as well as provide counselling for the general population about personal protection and the provision of compassionate care for those affected.

In addition to increased illness and early death, those HIV-infected children who do survive into childhood and adolescence face a number of social problems. They are usually in a family unit where one or more adults are also infected. They may have been taken in by their extended family, placed in an orphanage or live on the streets. There may be limited educational opportunities due to frequent illness, parental HIV-related illness resulting in lowered income for the family unit and inability to pay school fees, or the decision not to devote limited family resources to educate a child who will not likely live to adulthood.

Families in which adults and/or children are identified with HIV infection are at risk of stigmatization in the developing world just as they remain so in other areas. As a result, the community is often hesitant to discuss the parents' situation or the family's illness, or to provide counselling. There have been champions for more openness related to AIDS in the developing world.

2. MORALITY AND ETHICS

Brandt and Rose (2004:335) distinguish between morality and ethics. For them morals are rules and standards, dictated to us by society or social institutions, to which we must conform when deciding what right behaviour is. Morality refers to any aspect of human action and it concerns the goodness of voluntary human conduct that affects the self or other living beings. On the other hand, for ethics refers to professional behaviour. It refers to principles of conduct that people choose to direct their actions as a guiding philosophy that they have chosen for their lives. Therefore, for Brand and Rose, the real difference is embedded in the possibility to 'conform' or to 'choose' which implies that in the case of morals, the thinking has been done; with the ethics there is a freedom to think and choose your personal philosophy for guiding the conduct of your life.

Madimabe (2003) in his drama text, *Ga ba na batsadi (Orphans)* highlights the points on issues of male dominance and men's power in sexuality issues of the families who are infected and affected by HIV/AIDS and not too enlightened about HIV/AIDS in the village they lived. In this regard Ubuntu/Botho is embedded in Modiegi she is showing concern to her husband that he spends much of his evenings with young girls, she finds it improper particularly in these times of incurable infections. She cares a lot about him and the situation he finds himself in, because he picks them up from school and drives around with them all night in his car. She illustrates her concern further by saying:

"Modise a ga o lemoge fa o tsenya nna yo ke go ikantseng mo

Diphatseng"? Madimabe (2003:1)

("Modise don't you realise that, the trust I have in you, put my life at risk"?)

Donovan & Adams (2007) points out that a fundamental moral value for Ubuntu/Botho is identification with others that is, enjoying a sense of togetherness and coordinating behaviour to realise common goals. Mmamati is listening to the conversation of her two daughters who display caring towards the behaviour of Oratile as she sleeps around with Montsho (a youth) and Modise (an old man).

Mmamati as a caring mother brings in the idea of Ubuntu/Botho tradition that prescribes a rule of conduct and social ethics that one would expect the sexual behaviours of youths to be good. This rule also advocates safe sexual behaviours of adolescents in Africa. She enlightens her family with words captured in the extract:

Bana ba rutwa kwa sekolong gore ba dirise dikausu,

*ba ratane le motho a le mongwe kgotsa ka jaana e le
baša ba ikgaphe gotlhelele mo go tsa tlhakanelo dikobo
go fitlhelela e nna bagolo ba ba nang le maikarabelo,
mme foo ba tlaa bo ba nyetswe kgotsa ba nyetse. (Madimabe,2003:16)*

(Children are taught at school to use condoms, they should
fall in love with every person or now as youths they should
abstain altogether in sharing blankets until they are fully
matured and have responsibility, in that case, they will be
married or got married.)

The extract implies that the philosophy of Ubuntu/Botho plays an important role in educating the youth to take care of themselves. Mmammati maintains that they should abstain from unprotective sex or they should use condoms and take responsibility until they got married. If youth could adhere to the rules, this could in turn bring about safe sexual practices among them and curb the discrimination and stigmatization against HIV/AIDS.

3. HOW DOES HIV/AIDS AFFECT ADOLESCENTS?

Unprotected sexual activity can lead to new infections. The Centres for Disease Control and Prevention's (CDC) national Youth Risk Behaviour Survey and other CDC data have identified risk factors that can increase adolescents' and young adults' risk of HIV infection. These include:

- **Male–male sex.** Young men who have sex with men, especially Adolescents with the same sex, have high rates of new HIV infections. This may be because this group is less likely to be aware of their infections than other young people who are HIV positive. Another reason may be that these young people have been less likely to receive relevant, effective prevention education and interventions.
- **Early sex.** By age 16, about one-third of boys and girls have had sex.
- **Sex with older partners or with a number of partners.** This may increase teens' infection risk.
- **Use of alcohol or drugs before sex.** This can affect decision making about whether to engage in sex or to use protection during sex.
- **Not knowing HIV status.** Most of the undiagnosed HIV infections in South Africa are among young people aged 13–24.⁵ Youths who are at the highest risk of infection (males who have sex with males and minority youth) are not only more likely to be infected, but also they are the most likely to not get tested for HIV. This risks their own health and the health of people with whom they have sex

4. ADOLESCENTS LIVING WITH HIV/AIDS

In 2003 the Government approved the National Operational Plan for Comprehensive HIV/AIDS care, management and Treatment (CCMT). This meant that antiretroviral treatment became available at government hospitals and clinics. The roll out and implementation of the plan proved more difficult than expected (Steinberg, 2008). Furthermore, Steinberg is more concerned and caring about the challenges facing the youth infected and affected by HIV within a broad context and frames the challenge in this way:

How does a society absorb the death of its youth?

Whom does it blame? (Steinberg, 2008:6)

According to the Department of Health (NSP 2007) South Africa has approximately seven million people in a population of 46 million who are HIV positive. Two million of these are said to be adolescents. However, South African social scientists are still struggling to accurately estimate the extent of the impact on adolescents in the country (Higson-Smith et al. 2006). Gender also plays a role with women and girls being the most disproportionately affected: 55 percent of HIV infected people (NSP 2007). According to (Barbarin and Richter,2001), much has been done since 1994 to address, at a policy level, the needs of children and adolescents in South Africa.

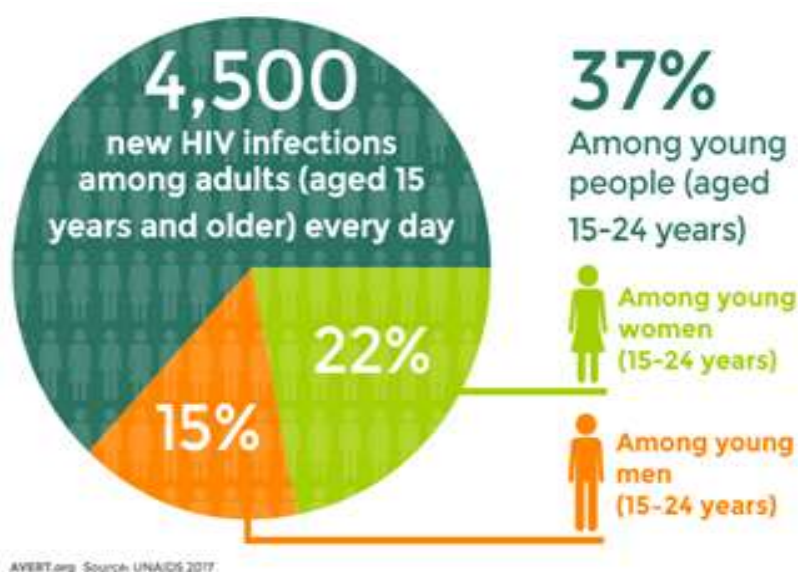


Figure 1: HIV/AIDS Statistics in South Africa

Source: Lancet, 2000

The South African National Department of Social Development (2005), agreed with the South African government in preparation of the National Action Plan for Orphans and other Children made vulnerable by HIV and AIDS. This action plan calls for the implementation and evaluation of psychosocial models/programmes that offer care and support to vulnerable children, that can be 'scaled up to children and adolescents in South Africa infected or affected by HIV/AIDS face many and varied challenges. Richter (2004) provides a summary of eight ways in which HIV/AIDS will impact upon adolescents:

1. As parents die, so children will lose their homes and access to family assets.
2. Adolescents be disturbed as families migrate and seek work or return to their original communities to die.
3. As parents of children die, many children will have grandparents as their primary caregivers, who may be less able to respond to their needs. In some cases, older sibling (mainly girls) may head up households.
4. Additional responsibility will be passed to children and will be forced to take on more adult responsibility inside the home and outside.
5. There is a strong likelihood that children will leave school early, thus impacting on the general level of education.
6. Neglected many children will be less cared for and as a result become more vulnerable to abuse, illness and malnutrition.
7. HIV with less adult care, many children will become more vulnerable to HIV infection through abuse and early sexual experiences.
8. Loss and bereavement will have the impact of multiple deaths and losses will affect the emotional and psychosocial well-being of many children.

5. HIV/AIDS IN SCHOOLS

The education sector has a crucial role to play in checking the spread of HIV. The education sector is an integral part of the Partnership Against AIDS (Department of Health 1999a). In 1998, as part of the promotion of a multisectoral strategy and community mobilisation, the then Deputy President Mbeki said:

"The power to defeat the spread of HIV/AIDS lies in our partnership as youth, women and men, as business people, as workers, a religious leader, as parents, as educators, as students, as healers, as farmers and farm workers, as the unemployed and the professionals, as the rich, and the poor, all of us".

One of the primary goals of the Strategic Plan is to reduce the number of new infections especially among adolescents. As part of promoting this goal, Department of Education is specifically charged with implementing life skills education in all primary and secondary schools (Department of Health 2000a). Part of the goals of the Strategic Plan are reducing the spread of HIV especially among adolescents, providing care and support and protecting legal and human rights. As part of the Partnership Against AIDS, schools must complement the objectives of the Strategic Plan in their curriculum. The policy seeks to contribute towards promoting effective prevention and care within the context of the public education system where the adolescents have access to education regardless of HIV/AIDS status. A continuing life skills and HIV/AIDS education programme must be implemented at all schools. Adolescents are reasonably protected from the risk of contracting HIV in the school environment. Adolescents are entitled to know about the facts relating to HIV/AIDS as such facts are necessary for the developmental of skills for survival and development.

6. RESULTS AND DISCUSSION

The notion of Ubuntu plays an important role as 10 students raise questions focusing on caring with related to HIV/AIDS concerning the adolescents at school. Questions were based on the needs of adolescents, how the stigma of living with HIV/AIDS can result in the unbearable weight of holding a secret, which has emotional and psychosocial consequences How do they begin to negotiate the independence that they are in search of whilst holding the secret? How do we as nation, who collectively hold this secret, face up to the reality of how living with HIV affects the needs of adolescents, our future generation? Will it be said that several successive generations of South Africans were destroyed by a sense of disgrace? How do we as a nation begin to find a voice to speak about this disgrace. We need far reaching and diverse interventions. What happens when adolescents cannot speak and is traumatised? Is it helpful to provide a space that is in conflict with the social context? What does it mean to live with HIV and negotiating this important life stage? We are indeed left with more questions than answers when it comes to Ubuntu, seeking appropriate caring to meet the needs of the adolescents.

The exercise was important in terms of the caring attitudes displayed by the group of students with a nature of Ubuntu in Setswana drama text. Outcomes of questions were as follows:

- To provide an opportunity for adolescents to deal with the issues associated with being adolescents and having a chronic illness.
- To encourage adolescents to develop and strengthen their capacity to express their feelings.
- To encourage adolescents to find and build a support network.
- To explore personal stories, experiences, challenges, hopes and dreams through talking.
- To learn to listen to one another.
- To enhance self-esteem and self-awareness
- Explore different values and attitudes in order to help each adolescent develop their own moral framework.
- Behave responsibly and in a caring, respectful way in all relationships.

The students learn to have trust in the group because of the caring attitude they displayed and the nature of Ubuntu that no man is an island. One cannot survive alone; we need each other to fight HIV/AIDS epidemic

7. CONCLUSION

It is essential that the principles of Ubuntu be infused in caring practices to strengthen morality and ethics in South African schools, to take seriously the challenge of imparting human rights knowledge and skills in the face of the current HIV/ AIDS epidemic. In South African schools, life skills education, which includes a component on HIV/AIDS, human rights and sexually education as required by the National Policy on HIV/AIDS, should be regarded as an integral part of education, training and development of adolescents It must be taken to form part of Life Orientation.

Students feel that adolescents infected and affected with HIV/AIDS cannot live in isolation, they need to be connected to the greater society e.g. schools, policy, homes and caregivers. Caregivers need support too in finding ways of dealing with and communicating with adolescents. We face enormous challenges as our adolescents are in crises, over the years South Africans adolescents have been victims of political and socioeconomic and cultural crises. They have been subjected to poverty, violence, inadequate schooling,

loss of parents and now HIV.

It is important for us as human beings to practice the spirit of Ubuntu/Botho in relation to caring for those orphans that needs to be supported and taken into consideration as part of our lives. Hence Nkosi Johnson THE LANCET (2001), born HIV positive was captured at the 13th Annual International AIDS Conference in Durban, electrified the audience when addressing the delegates about his own personal experiences. Id Nkosi pleaded with spectators:

"Care for us and accept us - we are all human beings. We are normal. We have hands. We have feet. We can walk, we can talk, and we have needs just like everyone else. Don't be afraid of us - we are all the same."

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