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## **Gaborone is Growing like a Baby: Life Expectancies and Death Expectations in Urban Botswana**

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### **Abstract**

This article examines the paradox of Botswana's twin reputations: first, successful national development and second, premature death from the HIV/AIDS epidemic. While locating these reputations in the capital city, Gaborone, the article analyzes reflections of people who are themselves the audience for, and participants in, the country's development. Ethnographic data reveal a dramatic shift in discourse by generational cohort in terms of explaining the apparent contradiction of successful development in the midst of tragedy. The article shows how official discourses of development and death are appropriated by a younger generation in Gaborone, in ways unanticipated in a meta-narrative of modernity. The emotional anguish of an older generation is absent in a younger generation's expectation that development goes hand-in-hand with funerals. The shift in perspective that is instantiated in Gaborone, reflects a profound transformation in the relationship between the production of knowledge and the state's expanding capacity since independence in 1966. This study contributes to the literature on development, modernity, African cities and the HIV/AIDS epidemic.

### **Résumé**

L'article examine le paradoxe des réputations jumelles du Botswana: premièrement, le développement national qui réussit, et deuxièmement, la mort précoce qui est due à l'épidémie du VIH/SIDA. En attribuant ces réputations à la capitale du pays, en l'occurrence Gaborone, l'article fait l'analyse des réflexions des gens qui sont eux-mêmes à la fois témoins et acteurs du développement du pays. Les données ethnographiques révèlent un changement d'orientation spectaculaire dans le discours imposé par la cohorte générationnelle, quand il s'agit d'expliquer la contradiction apparente de développement réussi en plein milieu d'une

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tragédie. L'article montre comment la jeune génération à Gaborone s'est appropriée, de façon imprévue, le discours officiel sur le développement et la mort dans une modernité méta-narrative. L'angoisse émotionnelle de la vieille génération n'existe pas dans l'espérance d'une jeune génération selon laquelle le développement va de pair avec les funérailles. Le changement de perspective instancié à Gaborone, reflète la profonde mutation qu'a subit la relation qui existe entre la production du savoir et la capacité d'expansion de l'Etat depuis son indépendance en 1966. Cette étude contribue à la littérature sur le développement, la modernité, les villes africaines et l'épidémie du VIH/SIDA.

### **Introduction**

Over the past forty-five years, Botswana's economic prosperity has taken visible shape in the rapidly changing contours of its capital, Gaborone, a modernist city conceived and built in the 1960s. Botswana's success is represented by the continuous construction of the built environment of the city, which appears to provide tangible and visible evidence that the government's rhetoric of development is closely aligned to successful implementation. However, two government buildings constructed in the twenty-first century are a testament to the contradictions of Botswana's economic growth. The Department of Taxes and Attorney General is a tall, glass-enclosed building with an indoor waterfall; a symbol of prosperity in a country beset by water scarcity and drought. The neighbouring, multi-storey building, which houses the Ministry of Health, attests to the contradiction of urban growth in the midst of devastation due to the HIV/AIDS epidemic. The building dedicated to health administration dominates the skyline even as HIV/AIDS prevalence escalates to 35.4 per cent, according to the National AIDS Coordinating Agency (2002). This is one of the many ways in which Botswana's development success runs counter to the current discourse of development failure of the twentieth century, in terms of national and international development policies and practices in Africa. Botswana's twin reputations are not lost on its citizens, who are themselves the audience for, and participants in, the country's development. In the words of one Motswana woman, 'We have diamonds, we have parks, but we're known for HIV/AIDS'.

This article addresses the key question: What are expectations of modernity when development goes hand-in-hand with funerals?

Resistance to the development project, which was articulated in the 1960s and 1970s (Addo 1986; Amin 1977; Frank 1967), arguably reached the core of the dominant Euro-American discourse when former chief economist of the World Bank, Joseph Stiglitz (2002), confessed to the 'broken promises' of international financial institutions. Despite widespread acknowledgement

that the development project has generally failed developing countries, particularly in Africa (Ake 1995; Escobar 1995; Hounnikpo 2006; Macamo 2005; Rahnema and Bawtree 1997; Rist 2002), there are examples of what are considered success stories, and Botswana is one.

The contrast between Botswana and Zambia illustrates a useful case for comparing so-called development success and failure in Africa, especially in terms of each country's dependence on a single mineral and focus on urbanization. Anthropologist James Ferguson (1999) argues that expectations of modernity in neighbouring Zambia forecast a linear narrative of industrial progress associated with urban expansion. His ethnography describes how narratives of urbanization, 'seemed to be a teleological process, a movement toward a known end point that would be nothing less than a Western-style industrial modernity,' until unanticipated reversals occurred, following a decrease in the market price for copper and failing structural adjustment programs (1999:5). Modernity's failed promise is the subject of his 'ethnography of decline' (1999:17). The Zambian industrial revolution described by him, was predicated on urbanization through mine labour and mining towns that developed in concert with the extraction of copper, a process that began during Zambia's colonial era and continued after the country's independence in 1964.

In Botswana, on the other hand, citizens recognize and applaud the development era in terms of government efforts since independence in 1966. For Botswana, who have only known a developed Botswana, increasing inequality has been part of the expectation and experience of modernity. Unlike Zambia, there has not been an industrial revolution in Botswana in the sense of an industrialized labour force being constituted through a process of urbanization. Industrialized labour, encapsulating manual and unskilled or semi-skilled labour, was historically displaced to South African mines with minor developments in Francistown and increasing growth at Selebi-Phikwe and Sowa. Unlike copper, the processes of production and distribution of diamonds are tightly regulated by a global monopoly, and therefore differently objectified in relation to free-market capitalism. Botswana's diamonds are extracted largely through mechanized mining in secured company/government towns, such as Orapa and Jwaneng. The premier site of the so-called urbanization in Botswana is the capital Gaborone, which could be considered an industrial city only metaphorically, because it is the centre for administration.

Ferguson's analysis of Zambia is compelling. However, when extrapolating from the Zambian experience to the rest of Africa, the analysis of development is less tenable. Ferguson argues, 'It is clear that ideas of development (often remarkably unreconstructed ones at that) hold great sway in many parts of

the world today, perhaps especially in areas (notably, many parts of East and Southeast Asia) that have enjoyed recent rapid economic expansion. ... For Africa, at least, as for some other parts of the world, there is a real break with the certainties and expectations that made a development era possible' (1999:247). While this statement may be useful for understanding development in Zambia, it is less relevant for explaining Botswana, a place that finds itself in the midst of a so-called development era, yet offers no certainty in terms of outcomes. Ferguson's uncritical theoretical application of development in this passage obviates his initial purpose of emphasizing the specificity of local incarnations for understanding unwieldy concepts like development. Possibilities for alternative modernities within the continent are elided by comparisons of (broad-brushed) 'Africa's' alternative modernity to elsewhere in the world.

In the context of a generalized failure of African development, academic analyses of Botswana's political economy, democracy, and poverty have been framed within the context of success, even 'exceptionalism' (Good 1992; Gulbrandsen 1994; Nyamnjoh 2003; Samatar 1999; Werbner 2002). It is this context that is explored through ensuing interviews in this article.

I argue that an unintended consequence of successful development has been a fundamental transformation in the relationship between power and knowledge, which is expressed through a generational shift in attitudes towards death. With ethnographic evidence documenting the current narrative of expectation for social change in Gaborone, this article provides a sobering alternative to the narrative of expectation in urban Zambia, prior to its reversal of fortune. In contrast to urban Zambia, research in urban Botswana suggests that expectations of modernity are remarkably different in a city where development and death are closely aligned. What is most arresting about contemporary expectation in Gaborone is the assertion by a younger generation that there is *no* contradiction between national prosperity and the high rate of mortality. It is a striking contrast to an older generation's emotional anguish that the wrong generation is dying; their children are dying. Furthermore, there is an assumption that prosperity – indeed modernity – causes death, especially in the city. As Thuso,<sup>1</sup> a University of Botswana student, remarks: 'For sure Gaborone is growing and yet *people are dying cuz [of] its growth*. As it is growing, people come in with new ideas, new behaviours and new everything. The population increases, we have traffic jams, diseases [are] increasing, and people are dying'. [*sic*] These remarks, and others like them, offer striking insight into experience, perception, and negotiation of the possibilities, limitations and continuing uncertainties for life in an African city.

### **Methodology: A Sense of Place**

This article is based on twenty-three months of ethnographic fieldwork, conducted at intervals from 1999 to 2003, that examines social and spatial transformations in Gaborone.<sup>2</sup> Here I focus my analysis on a series of semi-structured interviews that juxtapose two dominant narratives; one of urban growth and the other of a public health crisis. These narratives are grounded in local specificity and urban experience in Gaborone, a place that symbolizes development that ‘global keyword for modernity’ (Moore 2000:655).

The critical resources for this article are the narratives of people themselves in representing and discussing this juxtaposition. Interviews began with two statements, variations of which I heard repeatedly during my ethnographic fieldwork: one, ‘Gaborone is growing like a baby, you know, babies grow very quickly,’ and two, ‘The only thing you need to know about Gaborone is that people are dying.’ Respondents were then asked for reactions to these statements. The image of Gaborone growing like a baby is suggestive of the city’s growth and development. Yet, this life-affirming imagery is circumscribed by people dying, a reference to what I assumed to be the HIV/AIDS epidemic, and I was surprised to discover that it involved a more complex explanation for causality.

Over the course of three months in 2003, two research assistants and I conducted thirty-five interviews. Respondents included a range of young and old, more and less educated men and women who live, work or attend school in Gaborone. Respondents were selected opportunistically; some were well-known to the interviewer, others were unknown prior to the interview. The patterns in responses show little variation, either as a function of the interviewer’s identity or as a function of the relationship between interviewer and respondent. The pattern that emerged in interviews, and that is examined in this article, relates to generational cohort.

Importantly for the analysis, people were interviewed in the capital city at a fixed moment in time, during a period characterized by a rapidly changing global economy and an HIV/AIDS epidemic. It is possible that responses may have differed had the question been asked in another area of the country or at a different moment in the history of the city. In fact, the distribution of anti-retroviral medications to citizens was in its initial stages in Botswana at the time of these interviews. Death – an image of stunted development, growth and life – is a context that is critical for analyzing the discourse of development that emerges in the interviews, and for demonstrating a generational shift.

Without reservation, every person interviewed agreed with the two propositions: that Gaborone is growing like a baby and that people are dying.

The following comment typifies an initial response to the contrasting images of life in Gaborone, 'Yeah, I'd say it's true. Gaborone grows every day, people die every day.' The responses analyzed in this article offer remarkable glimpses into perceptions of an epidemic as it participates in creating both an emergent sense of place and also expectations of modernity in Africa today. In the next section, perceptions of development in Botswana will be discussed, followed by perceptions of the HIV/AIDS epidemic and finally an analysis of generational perspectives and patterns.

### **Gaborone is Growing like a Baby: Locating Development**

Botswana has been called an 'African Miracle' (Samatar 1999), a country where democracy is said to flourish, where both national and international laws are respected, and where formal economic opportunities exist. The country's miraculous success is most readily and regularly represented in terms of quantification. The use of enumeration as a state-making practice of power, in relation to the production of knowledge and disciplining of populations, has been widely analyzed in the making of both colonial and modern states (Anderson 1991; Appadurai 1996; Cohn 1996; Pels 1997; Scott 1998). For example, James Scott argues that a 'politics of measurement' was among a series of reforms in nineteenth century France that 'promoted the concept of *national* citizenship' (1998:32). Similarly, but with reference to colonial India, Arjun Appadurai states, 'Numbers gradually became more importantly part of the illusion of bureaucratic control and a key to a colonial imaginary in which countable abstractions, of people and resources at every imaginable level and for every conceivable purpose, created the sense of a controllable indigenous reality' (1996:117). Whether as a colonial subject or as a national citizen, the ordering of society and perception of control involve a simplification that relies on measurement. While Scott analyzes state-making schemes that have failed, Botswana offers an example of state-making practices that have succeeded by many accounts in the successful promotion of development. According to Richard Werbner, development is 'a word that has actually not gone sour' in Botswana (2004:14).

State-making practices in Botswana have relied heavily on an enumerative discourse to tout success through comparisons to developing countries and as a measure of change with respect to a colonial past. The measurements of achievement emphasize the government's development of economic and social infrastructure, including thousands of miles of paved roads and thousands of students with university degrees (Samatar 1999). The government identifies the period from 1965 to 1990 as the moment when the country had the fastest growing economy in the world (Government of

Botswana 2003a). The government's official website proclaims, 'Botswana's economic progress since independence has been one of the few success stories of the African continent. Twenty years ago, the country was one of the 20 poorest countries in the world. Today, it is considered the richest non-oil producing country in Africa' (Government of Botswana 2003b). The international discourse of successful development is similarly exuberant in trumpeting Botswana's political and economic success in stark contrast to many of its neighbours. In 2001, the World Bank reported that Botswana was 'beating the resource curse' that had plagued other mineral dependent nations. A 2003 World Economic Forum survey of twenty-one African countries found Botswana to be the least corrupt (UN-IRIN 2003).

A major context for perceiving the country's success as viewed by its citizens, I would argue, is in terms of the rapid growth of Botswana's capital city. Like Brazil's capital, Brasilia, which was built in the 1950s 'as the acropolis of an enormous expanse of emptiness' (Holston 1989:14), Gaborone was created in the 1960s out of 'the bush' – 'that antithesis of the human world' (Livingston 2005:66). Brasilia and Gaborone both heralded a promise of citizenship at the time of their construction, which was premised on a modernist vision to reconfigure social relations through urban planning. Today, it is the visibility of the city's expanding built environment that is an everyday measurement of development. The visible changes in the built environment and patterns of urban development support the expectation that the city of tomorrow will be more than the city of today. 22-year-old Tiro notes the rapid rate of construction when she says, 'Gaborone is growing very quickly. If you were to come to town at an interval of two months, you will find that there is a new thing that is coming up that when you left was not there. So every day you will find something new that you haven't seen.'

Rose, a woman a decade older than Tiro, draws on memories of the shrubs and acacias of the *bushveld*; a sharp contrast to a landscape dotted with shopping malls. Since 2002, five new malls have opened their doors and could be said to rival not only one another, but also any international mall. Naming successively developed parts of the city, Rose remarks, 'It was not developed up to Phase 2 or Phase 4. There was just Phase 1. Bushes. It was just bushes up to Old Naledi. But now there are no bushes. It is just malls like Game City [a new shopping mall].' A state-making strategy for creating what James Scott (1998) calls 'legibility' is evident in the generic planning names (Phase 1 or Block 5) that simplify place and population.

Gaborone's growth has not only created new neighbourhoods, but has consumed nearby villages as demand for accommodation has inspired both the



poor and the affluent to move beyond the city's boundaries. 55-year-old MmaB describes the city's sprawl and absorption of neighbouring villages:

Gaborone is still growing. Places are growing. When I see Gaborone, it has already covered Kgale; it has covered Tsolamosese; it has covered Mmopane; it has covered Mogoditshane. It has even continued to cover Sebele, even other places. It jumps north, south, and east ...so Gaborone grows every minute. There are so many buildings.

She continues on about her first visit to the city,

'Gaborone of '78 ... There were just so many spaces ... It was just bush, it was very small ... but it grew a lot. Most of the buildings were extended by the government'.

Gaborone was selected and constructed as Botswana's administrative capital in the 1960s. Previously, the British had administered the then Bechuanaland Protectorate from across the border in Mafikeng, South Africa. In the 1960s, Gaborone, as it was called, was a small township with limited infrastructure and few employment and educational opportunities. At that time, and for much of the twentieth century, Botswana's predominantly agricultural economy was supplemented by remittances from migrant labourers in South Africa (Alverson 1978; Schapera 1947).

Over the past forty-five years, Gaborone has become the primary destination for migrants, making it one of the most rapidly expanding cities in Africa. According to the 2001 census, Gaborone has a population of approximately 186,000 in a country of about 1.68 million inhabitants; a relatively small city on a global scale<sup>3</sup> (Government of Botswana 2001). Nonetheless, the capital is the vital centre of political and economic power for the country and increasingly important to the southern African region.

RraDineo, a 63-year-old man who helped to build Gaborone in the 1970s, describes Gaborone's growth, as 'It was just bush... that growth came through developments, through school education of Rre Khama'. RraDineo refers to Botswana's revered first president, Sir Seretse Khama. RraDineo continues, 'So, in town came developments of modern buildings ... The ones which can touch the sky. *They are even built on top of one another.* I don't know why, since we thought that the land is still there, because as you travel you will see a land which is widespread in Botswana.' RraDineo's trepidation for skyscrapers is characteristic of many people of an older generation, who prefer their feet firmly planted on the ground and who perceive land as a plentiful, rather than scarce, resource. Nkoko, two decades older than RraDineo, refuses to ascend a multi-storey building by elevator, escalator or even stairs, because she perceives buildings built vertically to be unnatural and unsafe.



The city's expansion is further questioned in terms of the metaphor of growth. Lebo, a man in his late 30s who works as an assistant administrator in the civil service, remarks:

A baby, unfortunately, when a baby grows, there are these diseases. A baby can get infected, so I mean Gaborone itself has its own problems that affect it.

Similarly, J.J., an undergraduate student at the University of Botswana, comments:

You said Gaborone is growing like a baby, right. And if Gaborone is growing there are going to be advantages and disadvantages. You are going to have people dying as Gaborone grows, so I think they go hand in hand.

These statements, and others that are similar, present a puzzle: Do people accept that increased prosperity and burgeoning modernity can be had only at some grave price?

Everyone interviewed explained that there was no contradiction in the growth and prosperity of Gaborone and the tragedy of people dying. Therefore, expectations of modernity in Botswana include acceptance that development comes with a variety of troubles, a far cry from a linear narrative of progress that characterizes the enlightenment narrative of modernity. Across generational and gender contours, respondents make a similar argument: the baby's rapid growth is accompanied by serious growing pains.

Batswana define development in terms of increasing social and material infrastructure: education, hospitals, cars, roads, houses, malls, etc., and see them as (inherently) good or bad, but not without cost. The Setswana word for development *tlhabologo* – used for example in the phrase 'the country is developing,' *lefatshe le a tlhabologa* – means to build, upgrade or improve, with reference to a plot of land or the country or oneself. In the interviews, respondents more often used the English word 'development' rather than the Setswana term, even when speaking Setswana. When asking eighteen year-old Naledi about the meaning of the word development, she responded, 'We use a lot of English words and mix them with Setswana, so I use the English word. It means to make something better off.'

In the interviews, respondents state that development is a causal factor in their explanations for why people are dying. The most articulate explanations of such a perspective are voiced by University of Botswana students; members of a younger generation who are more likely to have participated, and continue to participate, in the opportunities offered through the state's prosperity. In the following remarks, Mosetsana, a University of Botswana student, critiques a shift in values that she implies may be inherent in the rapid growth of the city. She describes her classmates at the University of Botswana, many of

whom have come from other parts of the country, and who are impressed by the novelty of the big city:

The one which says people are dying is because of the HIV thing and developments, cars and stuff like that ... And again, the fact that people think they are living in a place which is developed ... People have the tendency of blowing development out of proportion in their minds. Entertainment, energy, money, fun, you want to be there; you want to be seen there; you chase entertainment; there is too much of it... Developments are made to make life better for people, they are not meant for people to lose focus over themselves.

Mosetsana's reflections reveal her perception that Gaborone's rapid development translates into social problems. She observes that her classmates 'lose themselves' in the money, clubs and lifestyle of Gaborone, a place of numerous opportunities for social life. In a remark that resonates with capitalist urbanism, she places the responsibility for being lost squarely on the shoulders of individuals.

### ***Observing Prosperity***

If seeing the city as a place of development cloaks the specter of death, it does not mask an awareness of the uneven distribution of Botswana's socio-economic success. A person may observe prosperity without having the opportunity to partake in it. Development has been experienced very unevenly in Botswana. Economic success for the nation has been accompanied by an increase in poverty for many of the country's citizens. According to the government of Botswana, approximately 36.7 per cent of the population lives below the poverty level (Government of Botswana 2003a:24). Like many of the world's cities, such as Sao Paulo, Los Angeles and Johannesburg, there are visible symbols, including houses and neighbourhoods fortified by walls and security systems that accompany the growing disparity between rich and poor (Caldeira 1996; Davis 1992, 2006; Robinson 2000).

Some people grow rich and drive Mercedes, while others must walk, as RraKgomo describes:

Developments are there, elsewhere, but not amongst the people... Flats are being built, roads are being built, these are developments... The road is being built; it is built for us, the people, since we travel with cars on that road. It is a development, we see it... But where are the people supposed to walk?... You walk in the road. This will mean you are developed if you walk in the road. *But can you walk in the road with tattered clothes while the road is beautiful?* (RraKgomo, a 69-year-old man who runs a tuckshop in Gaborone).

Others experience the city in terms of desires that seem perpetually out of reach. In my conversations with Naledi, whom I have known since 1999, she frequently voiced frustration at her lack of participation in the world of consumption, and her inability to purchase the latest fashions at the shopping malls that have come to dominate the city. In the context of the interview, she states:

I think they're making a huge, huge mistake building all these malls... only a few people are working and only rich people can afford to go there and spend thousands and thousands of Pula. Not everybody, especially those people who don't really get anything from their jobs (Naledi, an 18-year-old who attends a government high school).

Naledi's remarks reveal that she, too, considers herself to be an observer of Botswana's prosperity. Like most people of an older generation in Botswana, Naledi's parents did not have similar opportunities for education or upward mobility that she and her siblings have today. Such opportunities were just beginning to become available in the 1970s, after Naledi's parents were in their youth. They did semi-skilled jobs to provide for their children, who later had the opportunity to earn university degrees.

Nonetheless, people express pride in the government. 22-year-old Tiro, who is a shop assistant and part-time student, remarks:

The economy is growing. *Our government is doing the best it can.* The people of Botswana [are] suffering from AIDS, some of them are very poor while our country is very rich, so the development of the person is going down. There are better opportunities in Gaborone ... if [you are] well educated and ... know big people. Nowadays, it's about who you know, where they are in higher places, that's when you get a good job. If you don't have connections you'll starve.

Tiro perceives a wealthy country where many people struggle to make a living and to cope with HIV/AIDS. Yet, her comments converge with those of others who generally voice support for the government and the development process, but diverge in expectation for the individual who may not necessarily access the prosperity of the nation. One of the more obvious reasons is that HIV/AIDS affects virtually all families in one way or another. As Gaborone 'grows like a baby,' real babies are losing their parents, and members of the older generation cannot 'afford' to die, inasmuch as they become the surrogate parents of their own grand and great-grandchildren.

### **People are Dying: Locating Death in Gaborone**

The government of Botswana (2003a) has documented the devastating impact of HIV/AIDS for the country including orphaned children, rising health

care demands and costs, a diminishing labour force and economic slowdown. The number of funerals occurring weekly is another visible indication of the impact of HIV/AIDS. 54-year-old MmaB points out that funerals have become increasingly important social locations when she says, 'We meet at the cemetery'. 55-year-old MmaLesedi agrees on the frequency of funerals. She remarks, 'Not one weekend can pass without someone dying and plenty, not only one'.

The impact of HIV/AIDS contradicts, and threatens, the presentation of Botswana as Africa's shining example of success. It is again statistics that have been effectively deployed to paint this stark picture. The National AIDS Coordinating Agency (NACA) has estimated the prevalence of HIV at approximately 35.4 per cent, that is over one-third of the working population between the ages of 15 and 49 (NACA 2002). HIV/AIDS has reduced overall life expectancy by about ten years (Mogae 2005), and there is considerable concern about how the impact of the epidemic affects the stability of the economy as well as family life. The government of Botswana has declared a war against HIV/AIDS, and it is a country that has never been at war. Combating the epidemic has brought together national and international resources to sponsor prevention, research, and treatment.<sup>4</sup>

Amidst the growth of the city, the sounds and signs of the government's 'national war against HIV/AIDS' are loud and visible (Mmegi 2003:24). Discussions of HIV/AIDS in the government, in newspapers, on billboards, on radio and in schools are part of daily life in the city. Plans are made and resources allocated from Gaborone, the seat of the national government, as well as headquarters for international agencies. Funding decisions and plans for testing centres, hospital facilities, social and medical research, educational programs and treatment are made in Gaborone. MmaSetilo, a female lecturer at the University of Botswana remarks, 'There is definitely a lot of information, almost too much information these days. There are placards, there are boards talking about HIV/AIDS, the 'abc's'; that we should abstain, we should condomise, we should be faithful and so forth. It is easy to talk about' [*sic*]. American hip-hop artist Nelly has been included in the cause to increase awareness. He is on the radio warning, 'Yo, what's up Botswana! ...Protect yourself, protect your future, wear Lovers Plus.'

Anthropologists Deborah Durham and Frederick Klaitz (2002) describe how funerals have become important spaces for public negotiations of belonging in a nation that is beginning to recognize its heterogeneity. They discuss how sentiment is expressed through a language of civility at funerals, public spaces of death. In the present article, however, death is distanced from a particular setting, such as a funeral, and placed in Gaborone, a public

space of reputed prosperity. This juxtaposition results in an unemotional discourse about death from a younger generation.

I anticipated that HIV/AIDS would be the primary explanation for why people are dying as expressed in the interviews. While all of the respondents agreed that death is prevalent, the explanations were considerably more varied. Indeed, HIV/AIDS and motor vehicle accidents were frequently cited together. Several respondents also included crime and deaths associated with violent theft, as well as what are called passion or 'love killings' (murder/suicide of a couple).

There is an important divergence in explanations for car accidents and HIV/AIDS in terms of the attribution of causality, however. One respondent's remarks underscore a sense of helplessness that is articulated about an inability to protect oneself from HIV/AIDS in contrast to car accidents, which seem to be preventable. Lebo, a man in his late 30s who works in a government ministry, comments:

People are dying, but we should take it as normal that at some point in time we should die. It's unfortunate, because when she says we are dying, it's simply because of accidents and AIDS, unfortunately. As for AIDS, it is a matter of really taking it seriously. But as for accidents, I mean, those can be controlled.

Lebo says that people can more easily prevent being hurt in a car accident caused by drivers' recklessness. It is a striking articulation in the context of the government's extensive HIV/AIDS prevention efforts, which have included a broad-based educational campaign since the 1990s (Chipfakacha 1997; Zaffiro 1994). My experience in Gaborone is that many school children in the city can recite from memory a detailed bio-medical explanation for HIV/AIDS. Yet, these interviews suggest a disconnection in meaning and intention in terms of the socio-cultural context of health and illness, if prevention appears unavoidable. MmaSetilo expresses a similar perspective in her response:

There was a time when there was nothing here, even the population was so small. Developments were very minimal, but now you see a lot of people. But at the same time a lot of people are dying as well because of HIV/AIDS and because of road accidents. Road accidents for me actually are worse because these are preventable. We can prevent those. *But then with HIV we can prevent it, but I think people have come to a stage where they feel helpless about it, or they are helpless and hopeless. But in terms of road accidents I think that's because of recklessness.*

MmaSetilo's comments are provoked by memories of an absence of people and buildings in contrast to the current, visible presence of both, which she then associates with increasing funerals from car accidents as well as HIV/AIDS.

Her sense of helplessness in terms of HIV/AIDS is a sharp distinction from the recklessness of car accidents and suggests an inevitability of people dying.

The shards of broken glass, and orange and red plastic that dot Gaborone's intersections after a weekend certainly attest to high numbers of car accidents. In 2001, there were 526 fatalities from car accidents in Botswana (Government of Botswana 2003b:415). The same year, however, there were 26,000 deaths from HIV related illnesses (UNAIDS 2002). In the imaginative capacity of citizens, deaths by HIV/AIDS and car accidents are perceived as equally problematic, if for different reasons. The emphasis on death and dying by a range of causes, including but not limited to HIV/AIDS, is a notable difference from the special urgency that the government assigns to the war against the epidemic.

### **Generational Patterns and Perspectives**

While all respondents agree that people are dying in Gaborone, the language used to frame death diverges along generational lines. In this study, I define generation by cohort, rather than genealogy, to mean people who share experience in terms of historical time (Durham 2004; Kertzer 1983). Older generation refers to a cohort born either during the colonial era or the early years of independence, while younger generation refers to people who came of age after independence in 1966 and who therefore had more possibilities for education and social mobility in conjunction with the development of the state.

The pattern that emerges from the interviews shows a striking contrast between how older and younger generations frame their comments about people dying. Respondents from the older generation describe social transformations in terms of a loss of culture and the development of new behaviours that encourage diseases. In contrast, respondents from the younger generation frame comments in terms of an unemotional discourse about population dynamics and demographics by referencing macro-processes of birth, death, and migration. The following section analyzes the explanations of an older generation, followed by those of a younger generation.

#### ***Older Generation: Narratives of Nostalgia and Loss***

People of an older generation frame the issue of people dying in terms of loss of children and loss of cultural values and practices. With a sense of confusion and sadness, respondents describe that death is experienced very differently today from the old days. Though some respondents also mention car accidents, overall they were much more likely to discuss the implications of capitalism resulting in disease, notably HIV/AIDS.

We might be getting a little bit [of money], but we are not the same as people of the old days. It is because this little [money] makes people have a brown heart [and become selfish]. In the old days, when you have seen a girlfriend,

you would just face her alone [be committed and not sleep around]. Not like you see now. So then it means that these diseases will grow (RraThato, a 54-year-old man who is a caretaker at a school).

To RraThato, money and selfishness have changed the tenor of relationships between men and women today, and decrease in commitment has resulted in the growth of disease, a reference to HIV-related illnesses.

The following comment by RraSetlhare similarly refers to changing cultural practices in terms of the immorality of a younger generation. RraSetlhare states:

These new diseases which have emerged recently, they emerge because of people not behaving. Because when you behave you will not get sick very rapidly ... To behave is to build yourself, to be a person who was born by parents. Do not be running up and down looking for things like aunties [girls] (RraSetlhare, a 58-year-old man who is a carpenter).

RraSetlhare's reflections emphasize his perception that the younger generation no longer observes cultural practices that would otherwise avert the development of disease. His comments on good behaviour, in contrast to 'running up and down,' reflect a continuous refrain in Gaborone by older people, who shake their heads at the younger generation's literal and metaphorical mobility, and all it may signify in terms of sexuality.

45-year-old MmaSeapei, who makes her living by selling cooked meals during lunch hours at the Main Mall, explains that 'this disease' is attributed to *boswagadi*, an illness of the blood that occurs after a person's spouse dies (Ingstad et al. 1997; Klaitis 2005). In brief, when a spouse dies, there are expected cultural practices, including wearing certain clothes and sexual abstinence, that accompany a period of mourning. The non-observance of these practices causes misfortune and is said by respondents to cause 'this disease.' MmaSeapei is referring to *boswagadi* in the following explanation:

About this disease, in the old days... the woman would wear black but now that is not being done. That culture is not being done... [Today] you will not know when a woman has lost a husband. You will meet that person [have sex with that person] and get dirty blood [contract a sexually transmitted disease]...She would not talk [say that she is a widow]; the thing is she wants to eat.

According to MmaSeapei, practices of mourning are not being followed by women, who desire money and other things from men, and it is this loss of cultural practice and belief that is causing misfortune and death. Similarly, RraThato describes the selfishness expressed by men now wanting many girlfriends, which he perceives to be a change from his youth. These respondents comment on the epidemic in terms of changing cultural practices or, as RraSetlhare states above, in terms of 'people not behaving.' The



explanations by an older generation are in accordance with existing scholarly analyses of ethnomedical perspectives on death and dying in the time of AIDS (Bruun 1994; Ingstad 1990; Ingstad, et al. 1997; Klaitis 2005; Livingston 2005). While research on bereavement (Klaitis 2005), disappointment (Lambek and Solway 2001), and love and jealousy (Durham 2002) offer greater understanding of sociality and emotion, this study emphasizes the analysis of discourse in the context of a changing urban economy.

To some extent, reflections presented by an older cohort reverberate in ways anticipated by a life cycle change that not unexpectedly includes nostalgia for 'the old days.' In the early twentieth century, Schapera (1940) too recorded complaints by elders about a lack of adherence to traditional practices by youth in terms of taking care of parents. Ingstad argues that the idealized past 'remains a standard against which they [elders] measure their present life situation' (2004:65-66).

While accusations of neglect may have a lengthy tradition, there is more at stake than complaints about youth today from the perspective of the older generation. In contemplating the future, these respondents recognize that there is something fundamentally different and wrong about the experience of death today compared to the experience of death decades ago. In the following heart-wrenching statements, two elderly men acknowledge that the wrong generation is dying:

The issue about people dying in Gaborone, it is not something that I understand well ... We only hear about this disease ... Some people will bury a child. One month passes and then the other child is sick, another one dies. The other one on the other side dies. It [a funeral] needs money. We don't know who will bury us when we die ... *We don't know who will bury us when we die. They are leaving us. You will find that I don't have children. My children have died and it will be like I never had a child* (RraKgomo, a 69-year-old man who runs a tuck shop in Gaborone).

The first education you are taught [by parents] is so that you can live, so that you can escape from the bad things. The pandemic which has just affected us ... we are used to the youth not listening when their parents are teaching them. It does not make us happy, since *in the old days we were born knowing that the parents have to be buried by us* (RraDineo, a 63-year-old man who repairs shoes in Gaborone).

It is extraordinarily painful for parents to bury their children and challenges established traditions regarding social relations, obligations, and responsibilities. For example, RraKgomo and RraDineo also struggle with the question of who will bury them when they die. In a place where children are expected to care for aging parents, they too anticipated that their future

in old age and in death would be secured by their children or grandchildren, or their siblings' children or grandchildren (Ingstad 2004).

The comments by RraKgomo and RraDineo further convey a sense of frustration by elders who perceive that they no longer have authority or are shown respect. Many people of the older generation had little opportunity in their youth for upward social mobility in a modernist sense, and so have little access to the forms of power and knowledge that now dominate the city, including university degrees, administrative jobs, and high-end commodities such as cars. The city's prosperity, now accessed through children, thus ought to ensure a parent's security in old age. But with the wrong generation dying, expectations for the future have been drastically altered, no matter how such a future may be imagined.

### ***Younger Generation: Narratives of Population Dynamics***

In contrast to the emotional remarks of an older generation, responses by a younger generation suggest a normative experience that birth and death go hand in hand. Scholarship of health and illness in Botswana (Ingstad et al. 1997; Livingston 2005) provides insight into generational shifts in an understanding of illness. Unlike older Botswana whose perceptions of the causation of disease fall most readily within contexts of ethnomedical illnesses like *boswagadi*, Ingstad et al. argue, 'Younger people more often use modern medicine as a frame of reference or turn to ethnomedical and biomedical categories and explanations interchangeably' (1997:363-4).

The observation of a younger generation's increasing use of biomedicine to explain illness provides a useful analogy for understanding the younger generation's discourse of statistical abstractions. The state-making practice of disciplining a citizenry through simplifying measurements has become an effective technique of governmentality in Foucault's (1991) sense of the diffused relationship of knowledge to power. The following comments exemplify this pattern:

Every day male children are born and female children are born. So, this means the growth rate increases as compared to the number of people who die. So this means that in a District you will find that in a day, a certain number of children would have been born. Let me say in Molepolole you will find that 10 children would have been born in a day, but 10 people would not have died ... People die every day, I agree. The thing is people die every day but it is not equal to the rate at which people are born (Botshelo, a woman in her mid-30s who guards an ATM).

Botshelo attempts to reconcile Gaborone's growth and the numbers of people dying through a confusing demographic explanation of birth and death

rates. In the next excerpt, Kagiso uses a similar demographic discourse that is striking in its absence of emotional pain.

It's true, people are dying and at the very same time, Gaborone is growing... *Maybe there's an equilibrium in the birth rate and the death rate*, because, as you know, Botswana is mostly affected by HIV/AIDS, and most people are dying from it. The population is growing rapidly, so I think maybe there isn't much space between the death rate and birth rate of people... *You see the most deaths are caused by accidents and HIV/AIDS. Those are the two ways that people die. And also we have people being born. So it's like a replacement, kind of a replacement.*

Both Botshelo and Kagiso's explanations of equilibrium between birth and death rates present a matter of fact response to the interview question, and appropriate a form of knowledge accessed through state-sanctioned institutions. It is likely that this discourse was learned through school, presented in the media, and sanctioned by an administrative city that is a bureaucrat's dream. Kagiso further states that people die from two causes: accidents and HIV/AIDS. Dying in/from old age does not enter into her calculation. The association of dying in old age is perhaps more aligned to an expectation of village life where proportionally there are more people of an older generation. Her appropriation of the demographic discourse is specifically located in Gaborone, and, I would argue, the narrative of demography is closed linked to the visible construction and identity of the city.

Gaborone is a city characterized by movement of the population, in the sense that residents often travel to home-villages or elsewhere, and there are many recent arrivals from other regions of Botswana. In the following comment, Gaborone is represented as a transient town, a place where people come and people go, usually to work, and where people die.

These issues are both happening, you see, Gabz is growing too much, and again people are dying very much... The thing is people who die in Gabz are the people who have been staying in Gabz for a long time. There is always somebody who is arriving here, it will be their first time to come to Gabz... The population of Gabz is increasing and [Gabz] is also growing... As you can see Riverwalk has been built, Game City... Block 3, Block 6, Block 9, you see, this is growth... [Gaborone is] bigger every day... Those who are not taking care of themselves... It [this disease] is really finishing them, it is finishing us, even me included (Khumo, a man in his late-20s who is a salesman at the Riverwalk shopping mall).

Khumo was the only person interviewed to mention the possibility of his own impending death, yet he maintains a matter of fact presentation.

The relationship between visibility of the city's growth and the invisibility of people dying resonates in these interviews. There are numerous problems that accompany development, and the crisis of the epidemic appears to be subsumed within that discourse rather than separately recognized.

[People are] flocking to Gabz so maybe the fact that there are more people coming in, that sort of takes away the truth [about] the number of people who are actually dying... Gabz is a sort of centre of attraction because of the availability of resources. Almost all government ministries and any other government sector [is in Gabz]... *A lot of people are coming here; so actually, I think that sort of like bails out the whole truth of realizing that people are actually dying...* People are dying because there are these problems basically: AIDS, accidents, health problems, in the city people eat a lot of junk food. Actually I see a lot of truth in it [that people are dying] but then I'm saying that maybe it is not being realized because there are more people coming to Gabz than are dying (Len, a 20-year-old man who is a NIT computer student).

Much like the Ministry of Health building, which houses bureaucrats whose responsibility it is to distribute resources to all aspects of health care while the city's primary hospital suffers from equipment and staffing shortages, it is difficult to see, or perhaps to imagine, the process of dying in a city dominated by development. Moreover, funerals (those spaces where death is socially recognized) happen more regularly in home-villages, where many people go during an illness or for a funeral.

This emphasis on visibility is not unlike observations made in other African cities. Simone (2004), for example, examines what he terms 'the manipulation of visibility' in Abidjan, Côte d'Ivoire, where 'large numbers of young people have died of HIV-related diseases. Most have silently disappeared... It is a community with an extensive history of people coming in to stay and people leaving to go elsewhere, and death is simply imbricated into this already accelerated and extensive ebb and flow' (Simone 2004:66). Regular patterns of movement to and from Gaborone may similarly affect the younger generation's perception, such that people are often not seen for long periods of time, and being away could then mean passing away.

Gaborone symbolizes opportunity for young people and prosperity for the nation, a place where even death can be transformed into opportunity as the following comment implies:

Right now you can go to Lynn's Funeral Parlor, you find that there are lots and lots of corpses there, being collected today because tomorrow's Saturday. And you know, in the past, let me say '90s, people were buried on the weekend only, but nowadays because of many deaths, people are being buried from Monday to Sunday. Because now people are dying, a lot of

people are dying. And even the mortuary, they don't have enough spaces so you have to take people out in order to take people in... *It is a very good business, I can start one and I will be rich* (Kagiso, a female University of Botswana student).

It is not naiveté that gives rise to the preceding comments for it is impossible in this country not to be affected by the HIV/AIDS epidemic.

The government's process of fighting a war against HIV/AIDS has become, in some sense, a productive rather than destructive endeavour. The following comment by Kabo makes this point:

*Everyone can see that Gaborone is developing... If you think about a town like Phikwe or Francistown; if you compare the death rate, more people are dying in Phikwe; more people are dying in Francistown. But as for Gaborone, really the death rate is not high. It is normal. As you know, people have to die of course. We have funerals like any other place... So the most significant thing you can see right here is the developments, new infrastructure, new technology and improve[d] standard of living* (Kabo, a male University of Botswana student).

Kabo's words point directly toward how a process of 'seeing' development, that is to say urban infrastructure, may affect the expectation of crisis in Gaborone. Moreover, the visibility of people dying is then made metaphorically invisible by a discourse that cloaks premature death in statistical abstractions. The process of Gaborone's visible growth through development initiatives is perceived to conceal the appearance of HIV/AIDS. HIV/AIDS has become part of 'development' in its own right.

The following conversation between Naledi and the author reiterates the 'normalization' of premature death as an expected accompaniment to an experience of modernity. At the time of the interview, 18-year-old Naledi was completing her final year of secondary school at a government school and hoping to attend the University of Botswana. The following response to the interview question shows how she uses global comparisons that emerge from a naturalized demographic discourse to argue that expectations of premature death – whether from AIDS or SARS – have become 'normal':

Naledi: Yeah, a lot of people are dying, I believe everywhere people are dying. Yeah, you know how people are. Even in other countries or in other cities I think they experience the same [thing] that people are dying.

Author: But do you think people are dying as quickly in other places? There are a lot of funerals here.

Naledi: Yeah there's a lot of funerals. Every weekend there's a funeral, yeah, people are dying. With the AIDS issue people are dying. People are dying. A lot of people are dying and a lot are being born every day, so I think in a way

it's not bad. Imagine if you were all being born and nobody dying, I mean only a few percentage dying, there'd be a lot of people in the country, so yeah it's sort of like a good [she bursts out laughing]. It's normal. It's normal that people should die, you know.

Author: Do you think that AIDS is normal, that they should die like this?

Naledi: I don't know what to say about AIDS actually. People are, we are being so stubborn, and we act so carelessly, but AIDS is really scary. And I think for the moment AIDS is less. People are thinking of SARS nowadays.

These remarks suggest that the younger generation seizes an imaginary connection with the global world through measurements. Following her thought process on birth and death, Naledi concludes that death is so normal that if not AIDS, it would be by some other cause. Her explanation for the normality of death is that people are born every day. Similar to respondents from the younger generation, Naledi does not mention that *who* is dying is unusual. For her generation, she accepts that it is normal to die, and she was just about to say 'It's a good thing' until she began laughing, recognizing the nonsense of her words. The repetitive theme throughout the interviews is that 'it happens everywhere', as JJ, a female University of Botswana student, states.

Though some would argue that this is a fatalistic discourse, I argue that this is a development discourse that has been appropriated by a younger generation, who came of age at a time when the development project and discourse shaped urban life and subjectivities in Botswana. In this sense, governmentality is a useful way of considering the productive dimension of power in relation to discursive practices as applied to Botswana. The present discourse represents a profound shift in expectation between an older generation, which experienced the shadow of a colonial state that considered Botswana a 'wasteland,' and younger generation, which has enjoyed the fruits of the successful state. The shift in explanation speaks to the power of the state in implementing the development project, as evident in the change in discourse of the next generation.

The younger generation is matter of fact about death, asserting that it is a normal part of life, an expected accompaniment to modern life. There is scarce mention that the rate and identity of those who are dying is unusual. In contrast, the comments made by the older generation show the abnormality of the situation by asking, 'Who is going to bury us?' A 29-year-old University of Botswana lecturer, who recently returned from a Masters program abroad, pointed out that, for two years in the U.S., she had not been to a single funeral. Nobody, not one of her classmates had died, she told me with amazement. It is normal that people die, but it is remarkable when people do

not die! The abstraction of birth and death rates are a relatively new, negotiated cultural discourse, likely imported through widespread, government-sponsored education and prevention efforts.

### **Conclusion: Expectations of Modernity in Gaborone**

Old and young, men and women agree that there is a significant correlation between the experience of rapid urban development and the devastating experience of death. This has sobered their views of development, urbanism, and prosperity. In short, it has tempered expectations of modernity. 22-year-old Tiro explains:

The fact that Gaborone is growing means that there are a lot of new things coming up. A lot of new things are good. *Some of the new things have effects that make people end up dying.* People want to buy things. People want to own something, and some are not even working. Some, yeah, they earn a living, they work. Some they don't work. They end up getting into prostitution and they get AIDS and they die. Some of the people have cars which are luxurious... They drive recklessly. They knock people down and they overturn. So you find that new cars are coming and people are dying from accidents! New things are coming and people are dying from AIDS and other things.

She observes that the city offers prostitution for some and cars for others; however, death remains a likely possibility for all.

Over the past twenty years, educational campaigns to prevent HIV/AIDS, which were based on a bio-medical approach that the government hoped would reverse the trend in HIV-related deaths, have not proven to make people any more hopeful about surviving the epidemic. The narratives represented in this article suggest that HIV/AIDS is more than a preventable disease; it is perceived as part-and-parcel of development. However, given the advances in anti-retroviral mediations and the government's current distribution policies, the discourse analyzed here may well privilege an earlier moment in the HIV/AIDS epidemic.

I have suggested that it is the visibility of prosperity and the desire to partake in the country's success, even in the face of death, that makes the epidemic appear to be less than an emergency, at least for a younger generation. A development project congruent with an expectation for improvement in the quality of life has therefore been unhinged by premature death. Whether by car accidents or disease, 'If it's your day, it's your day, you got to go,' so says 18-year-old Naledi.

The ways that members of the younger generation appropriate a demographic narrative, as I have shown, suggest two patterns: first the 'normalization' of the epidemic of HIV/AIDS, and second, a 'naturalization'



of an international and national discourse of development communicated through statistical measurements. That respondents discuss the city in these terms is indicative of the success of the dominant economic growth model. While the younger generation likely recognizes the explanations offered by the older generation, it is the state's rationality and discourse of numbers that have come to dominate their explanations. The generational shift that I have documented has not been pushed to the point of intergenerational antagonism, which Comaroff and Comaroff (1999) have characterized for contemporary South Africa. Nonetheless, these explanations parallel a shift in power away from a rural, agrarian base and toward a capitalist economy consolidated in an urban administrative centre.

The modernist vision to transform social relationships through urban planning was a critical element in the construction of Gaborone at the time of independence. In the 1960s, aspirations for democracy were couched in a promise of development not unlike the design of the parliament building. The architecture of the parliament building symbolizes openness and accessibility for a nascent democracy through its single-story design that opens into a park. In contrast, Botswana's twenty-first century economic prosperity is exemplified in the towering Ministry of Health building, which is designed for motorized accessibility and it can be difficult, even dangerous, to approach the front door on foot, due to traffic. The contradiction of concurrent premature death and urban development is manifest in the construction of a building that is dedicated to improved health administration at a time of HIV/AIDS. The twentieth century narrative of development as progress, a linear narrative of popular emancipation has been replaced by a narrative that naturalizes dying as a component of development, and does so by drawing on the very same statistical indicators that are intended to measure progress.

## Notes

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3. Gaborone's population figures indicate 23.4 per cent growth from 1964 to 1971, 12.9 per cent from 1971 to 1981, and 8.4 per cent from 1981 to 1991, according to the Government of Botswana (1994).
4. National programs include: Botswana Christian AIDS Intervention Program (BOCAIP), Botswana Network of People Living with AIDS (BONEPWA), National AIDS Council (NAC), Government of Botswana AIDS/STD Unit, National AIDS Coordinating Agency (NACA). International support includes: World Health Organization, UNAIDS, African Comprehensive HIV/AIDS Partnership (ACHAP), and BOTUSA.

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