

‘Curing Their Ills’ in the Postcolony: Adolescent Sexuality and Secularized Moral Reform in Botswana's HIV Treatment Program

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This paper examines the intertwined emergence of, first, a concept “the adolescent” and, with it attendant ideas about “adolescent sexuality,” and a specifically “adolescent body,” and second, new techniques of the self, and conceptualizations of moral embodiment they entail, at the Superlative Clinic, a pediatric HIV/AIDS clinic in Gaborone. Staffed by American pediatricians and linked to an American medical school and an affiliated non-governmental organization, the Clinic, while not an explicitly religious institution, engages in processes of subjectivation and struggles to demarcate the extent of its intervention into “Tswana culture” in ways that bear an uncanny resemblance to earlier Christian missionary efforts to reform the soul by way of everyday bodily practices (Comaroff & Comaroff 1991, 1997; Vaughn 1991).

I examine two aspects of this process. First, pediatricians situate the objects of their intervention, namely, the bodies of Tswana children and youth, as amenable to the intervention of a universalistic biomedicine. Having located a universal adolescence, however, these pediatricians must determine the scope of their work. I examine pediatricians’ concerns that an objectified “Tswana culture” fails to properly recognize and respond to a universalized “adolescence.” This concept of a universalized adolescence draws upon and reinforces pediatricians’ conviction that Batswana youths’ propensity toward unruly sexuality and unruly pharmaceutical consumption must be civilized through technologies of group confession, and the alignment of internal states and external self-representations.

Second, the Clinic represents itself in Botswana’s formal political sphere as “merely” biomedical, concerned only with the health of bodies and behaviors that impact health, not with reforming the religious or cultural aspects of Tswana life. Batswana staff begin the day with hymns and bible readings, but American clinical staff regarded these as “cultural,” not “medical,” practices, and pediatricians seem largely unconcerned with the question of faith, except in those instances when they impinge upon biomedical treatments. This position requires an ongoing purification (Latour 2000) to discern “religion” from “superstition,” and “medicine” from “dangerous herbs,” resulting in awkward conflicts over the best ways to ensure the well-being of children’s bodies.