Maslow’s hierarchy of needs theory: It’s relevance to Botswana youth affected with HIV AIDS?

Waitshega Tefo Smitta Moalosi

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Maslow (1970) asserted that society has hindrances that can prevent individuals from succeeding in self-actualization. Cultural beliefs are one of those hindrances. The conceptual framework of this paper is based on Maslow’s hierarchy of needs theory and its relevancy to Botswana youth affected by HIV/AIDS. The writer presents her arguments in relation to the mentioned above title. The theory is humanistic and focuses on the individual’s potential. It can be more applicable to cultures that encourage independent self-conception. Some cultural beliefs are perceived as hindrances to youths affected by HIV/AIDS. For example, in cultures that promote interdependent self-conception, HIV/AIDS victims may prefer education about the epidemic that is related to their cultural context. Self-actualization, though it encourages an individual’s independence, with collective cultures it can disconnect an individual from relational advices.

**Key words:** HIV/AIDS, culture, humanistic theory.

**INTRODUCTION**

Maslow (1970) proposed a humanistic theory of personality that has influenced education and other fields. The humanistic perspective concentrates on people’s potential. Maslow believed that humans “strive for an upper level of capabilities. Simons et al. (2009), also commented that “humans seek the frontiers of creativity, the highest reaches of consciousness and wisdom”. Maslow perceived the individual as a “fully functioning person, healthy personality, or a self-actualizing person”.

This author agrees with Maslow’s beliefs about human beings, that individuals have the potential to make right decisions in their lives. Although this writer shares these perspectives with humanistic scholars, but at the same time doubts the effectiveness of the theory with interdependent cultures. For example, Botswana (the people of Batswana, in Southern Africa) are collective cultures; sometimes the decisions they make can be influenced by their groups rather than being autonomous. Merriam and Ntseane (2007) commented “Batswana are collectivists; identity is determined by the group to which they belong, not by individual characteristics”.

Hofstede (1980) used the term individualism and collectivism to describe relationship between individuals and the groups they identify themselves with. Greenfield et al. (2003) suggested that, the individualistic cultural conception stresses individual “identity, independence, self-fulfillment and standing out, while the collectivist focuses on group identity, interdependence, social responsibility and fitting in”.

Preece and Ntseane (2004) added that, “cultural beliefs and values in Botswana are grounded in factors connected with religion, myths, oral communication and traditional healing”. Hofstede’s descriptions of the two cultures are distinct. Hence assuming that they can perceive Maslow’s hierarchy of needs the same may not be true. For example, with the physiological needs (food, see diagram in Figure 1). In Setswana culture (culture of Botswana) and other African cultures, relatives and
friends are not invited for meals, people can visit any time during meals and be served. Some cultures, the British, Americans, and other Europeans will feel much inconvenienced by visitors appearing at meals without invitations. Therefore, Maslow’s theory of hierarchy of needs may differ according to cultures and how they perceive and prioritize their needs. Also in Botswana when visitors come to the house they are offered food immediately, people engage in conversation first, about their lives to know how each other are doing. They normally offer food or drinks later because the relationship is important than food. Unlike in England or American when a visitor enters a house will be asked immediately if he or she would like a drink.

The author thinks that some Botswana youth need education that can enable them to transcend myths of culture, for example, HIV/AIDS is like other diseases like syphilis, it cannot kill them. Also, myths like, taking a shower after making love. The youth can be assisted with relevant information so that they can accept the reality about HIV/AIDS; rather than holding on to cultural beliefs which may mislead them and contribute to getting infectious diseases. Simons et al. (2009) suggested that educators should teach people to rise above “trifling problems and grapple with the serious problems in life”. Accordingly, the consequences of unprotected sex involved are pain, suffering and death. Educators should not teach people to move towards self-actualization only but, also teach them how to take control of their behaviors. The author is in agreement with Brookfield (1986): “Facilitators do not direct, rather they assist adults... in order that they may complete learning efforts that they the learners have defined”.

Background of HIV/AIDS in Botswana

HIV is a Human immunodeficiency virus which destroys the T-lymphocytes in the human body and weakens the immune system so that the individual becomes vulnerable to infections. These infections with several signs and symptoms combined together the Acquired Immunity Deficiency Syndrome (AIDS).

The HIV virus is transmitted through unprotected sexual intercourse, using contaminated sharp instruments, such as razor blades and needles. The virus can also be transmitted through handling of human secretions such as blood, especially if the handler has open wounds (WHO, 2000).

An estimation shows that over 300,000 people in Botswana are HIV positive or have full-blown AIDS (Modingwa et al., 1999). Studies conducted in Botswana on HIV/AIDS among the youth concentrated on mortality (Chilisa, 2001 and behavioral change, Seloiilwe et al., 2001). Studies also conducted in the USA have reported that the majority of young people are infected sexually, Rosenberg et al. (1994) and Jack et al. (2001) have reported the same findings.

Several programs have been introduced in Botswana to prevent the spread of HIV/AIDS (Chilisa, 2001). However, the effectiveness of these programs is not realized as large numbers of people are still dying of AIDS. Accordingly, a large number of Botswana youth also possess myths about HIV/AIDS. These myths can be rectified if young people are exposed to some knowledge that can make them understand themselves better as humans and the danger of the disease. The definition of youth is provided below.

The Botswana youth policy has defined youth as a developmental transition from ages between 12 – 29 years. Lefrancois (2001) similarly defined youth as “the transition between childhood and adulthood, the period during which children have achieved sexual maturity but have not taken on the roles and the responsibilities or the rights that accompany full adult statues”. It is critical to raise the young people’s awareness of risky behaviors. It is also important to disseminate information about infectious or killer diseases before the youth engage in risky behavior. It can be noted that these are psychological, developmental challenges of transition among the youth and can put them at risk of contracting sexually transmitted diseases.

Youth is at the risk of HIV infection and it is important to raise their awareness of Maslow’s hierarchy of needs theory. Self-actualization is the highest level in the pyramid of hierarchy of needs. The self-actualized person is thought of being psychologically healthy, he/she can be aware of his/her abilities to make right decisions. The individual may need guidance as an attempt to attain psychological growth (Tennant, 2006). Maslow (1968a) adds “self-actualization is (defined as an ongoing-actualization of potentials, capacities and talents, as fulfillment of a mission, (or call, fate, destiny or vocation) a fuller knowledge of, and acceptance of, the person’s own intrinsic nature, as an unceasing trend towards unity, integration or synergy with the person”.

It could be useful for Botswana youth to acquire more knowledge that will enable them to control their sexual behaviors particularly if they have misconceptions about HIV/AIDS pandemic. This author chose to discuss HIV/AIDS in Botswana youth in regard to the theory of Maslow for the following reasons mentioned below.

i.) Pregnancy among the youth is very high in rural areas
of Botswana and this suggests that the youth engage in unsafe sexual practices. It has been reported that more than 50% of pregnant women are infected in some areas of Botswana.

ii.) Traditional practices are more common in rural areas than in towns and cities.

iii.) Understanding gender and power in relationships in Botswana can help women have knowledge about the decisions they make in regard to sex. It is not easy, as the culture views women as inferior to men, and the women have no control over such decisions (Botswana Guardian, 2000).

Quoted below are some responses from participants from the study of Preece and Ntseane (2004) which show lack of knowledge in relation to HIV/AIDS. The fact that women do not have much control over sexual matters contributes to making them vulnerable to abuse by men. They often are victims of violence and are forced to have sex against their will. Stegling (2000) have reported that some men usually force and have sexual contact with younger women, impregnating them, which is a common practice that results in younger women being infected by HIV. One of the participants in the study of Preece and Ntseane (2004) is quoted:

“Women are the ones giving us the virus... we are dogs and cannot help ourselves. Women should control the way they dress as it excites us too much. Women should not be greedy for money and goods because after we have paid much then we are entitled to get sex the way we want it”.

The above statement shows how dominant Botswana men can be in decision making in regard to sexual relationships and also how they can use their power in using women to fulfill their physiological needs. However, Preece and Ntseane (2004) reported, having drawn the attention of women to the fact that, they ‘have the power’ to say ‘no’. “They admitted that their vulnerability to infection is because of their physiology and their role as caregivers in the household...admitted to wanting gifts in exchange for sex”.

Maslow (1970) suggested that humans have hierarchy of needs as presented in Figure 1. They need food, air, water, and shelter to survive. Accordingly, sex, sleep, relaxation, and bodily integrity are also part of the physiological needs (Maslow, 1970). The lower level needs are for survival, safety, belonging and self-esteem. Maslow called them the deficiency needs. When these needs are not met, an individual’s motivation will increase to find ways of satisfying them. Thus, individuals will seek freedom from any form of danger. Accordingly, deficiency needs determines their behavior.

Maslow (1968) also suggested three higher level needs, intellectual achievement, aesthetic need
appreciation, and self-actualization. He called them the “being or growth needs”. When these needs are met, an individual’s motivation does not end rather the motivation increases for more to self-fulfillment. For example, in relation to getting a job, people will usually work to get money and buy food, clothing, or a house. Therefore, when people’s needs are not met, their motivation can be affected. They can experience stress and engage in risky behaviors. However, when they are exposed to knowledge about infectious diseases they can be aware of more safety, even from sexually transmitted diseases. Knowledge will help them to protect themselves from transmitted diseases. The belonging needs can be questioned because some men may take advantage of the love needs and have multiple sex partners. The belonging needs are also social needs which are vital in group related cultures. In Botswana these needs may fit well as the first in the pyramid rather than physiological needs.

Botswana people are group related and have close extended family relations they may prefer social relations first, and then search for physiological needs when they have established family and extended members’ relations. For example, in Botswana we do not have a large number of homeless people struggling in the streets or for residential homes of the elderly.

People in Botswana take care of their relatives and it is still a cultural shame to find a person homeless because most of the time the relatives, as group related people care for each other. There are few cases of homeless people, because the government cares for them, the social workers use government resources to care for the needy people. In addition... “some cultures appear to place social needs before any others” (Net MBA. com 2012). Botswana does not face a lot of challenges of accommodating elderly people in residential homes like USA and England and other western countries.

Maslow’s theory can be useful, and can assist Botswana youth, if they are taught its importance to them as individuals. The youth can be encouraged to be aware of their needs in general as portrayed by the above levels of needs, only if the youth believes it. For example, with regard to the physiological needs, they can be made aware that their bodies will need sex. However, they have to exercise self-control over their bodies because of the possibility of getting AIDS if they have several sexual partners.

**Putting theory to practice**

This writer does not deny the fact that the above discussed theory of needs can raise the awareness of Botswana youth in regard to HIV/AIDS. It is a humanistic approach and can help any human being willing to take advantage of it. However, this author doubts its effectiveness in Botswana. There are still arranged marriages taking place, especially in rural areas of Botswana, and young females may be victims of sexual transmitted diseases. The elderly are respected, so that even in conversations, a young person is not expected culturally to answer back when talking to adults. Despite the knowledge a young person has, even if it is in academics. Respecting what the elders say is important in a collective culture. Setswana cultural expressions can influence the male person to spread HIV/AIDS, for example, “Monnaga a botswe o tswa kae? it means (a man is never asked questions like, where do you come from? especially in marriages if he has not spent the night at home).

According to Maslow’s theory, an individual develops a desire for “strength, achievement, adequacy, mastery and competence, for confidence in the face of the world, independence and freedom, reputation and prestige” (Tennant, 2006). This may not be applicable in a collective culture; (Mothokemothokababangwe) meaning a person can accomplish his/her potential only because of significant others) and it is a serious warning about independency or isolation. External relationships are encouraged and maintained. I doubt if the self-actualized level can help some Botswana youth to raise their awareness to reduce HIV/AIDS. According to Tennant (2006) “Self-actualizers are able to submit to social regulation without losing their own integrity and or personal independence”. As mentioned above, submitting to the elderly and relatives means an individual has to lose his/her personal independence.

Botswana, a country in Southern Africa, emphasizes spirituality, connectedness and (*bothe*) which mean “a process of earning respect by first giving it and to gain empowerment by empowering others” (Vision, 2016). Some people still hold the belief that sickness is from God. Merriam and Ntseane 2007 commented “these concepts encompass ideas of respect for older people, harmony and preservation of the sacred”. Maslow asserted that society has hindrances that prevent people from progressing towards self-actualization. He suggested some ways in which education can change from its original views about the person, and engage in approaches that can result in personal growth. This author agrees with Maslow in the above statements because cultural expectations in Setswana culture can hinder people from moving towards fulfillment and self-actualization. Hence education that
enables personal growth can be useful.

Some of the ideas suggested by Maslow related to educators are listed below

i.) We should teach people to be authentic, to be aware of their inner selves and to hear their inner- feeling voices.

ii.) We should teach people to transcend their cultural conditioning and become world citizens.

iii.) We should help people to discover their vocation in life, their calling, fate or destiny. This is especially focused on finding the right career and the right mate.

iv.) We must accept the person as he or she is and helps the person learn their nature. From real knowledge and limitations we can know what to build upon, what potentials are really there.

v.) We should teach people to transcend the trivial problems and grapple with serious problems in life. These include problems of justice, of pain, suffering and death.

vi.) We must teach people to be good choosers. They must be given practice in making choices (Simons et al., 2009).

The mentioned above ideas are useful in helping humans to reach their potential for self-actualization. For example, teaching an individual to be in tune with their inner-voice is helpful as a way of controlling one’s behavior, especially with the causes of HIV/AIDS. If they decide to take advice they can develop self-control. It also makes sense, as Maslow suggested, teaching people to surpass their cultural beliefs and become part of the world. As discussed earlier, it may not be easy in collective cultures like Botswana to function beyond their cultural beliefs. Also, Maslow’s theory has limitations because its hierarchical needs may be relevant to other cultures like Botswana as the pyramid suggests. As this writer mentioned physiological needs and others may not be the first needs vital for Botswana youth. Woolfolk (2012) commented “Most of us move back and forth among different types of needs and may be even motivated by many needs at the same time”.

Though Botswana youth are victims of HIV/AIDS, dissemination of information has been emphasized much so that people should not be ignorant of the disease. Educating the people has been the government’s priority, even with HIV/AIDS. Rosenberg et al. (1994) commented that “dissemination should include careful training of providers, monitoring to ensure fidelity of delivery, continuous evaluation of the effectiveness, and modification where required by community and cultural needs”.

This author argues that, Maslow’s Hierarchy of Needs and his suggestions cannot serve as a best model to influence Botswana youth affected with HIV/AIDS. They need educators who are aware of their cultural backgrounds. To encourage people to make good choices may not be easy especially in villages, rural and remote areas where arranged marriages still takes place. How can a girl, who has been chosen a husband by elderly people, be encouraged to make the right choice? Even in communications is not expected to communicate further and ask elders questions, which can be regarded as rude, but only to listen and obey adults.

Study of Preece and Ntseane (2004) sheds light on our understanding of how adult education principles can be used for HIV/AIDS awareness intervention strategies in Botswana. Some of the responses from their participants are quoted below:

“We want no more condoms; it is the white man’s strategy to wipe Africa from the face of the earth with HIV/AIDS. We do not know where the condoms have come from; we don’t know what is in the liquid so condoms are causing the virus to spread. (The liquid in this case represented the lubricant on the condom itself”.

The above Botswana responses are typical myths and lack of knowledge about condoms as one of the preventive measures. This is an example of the defensive mechanisms proposed by Sigmund Freud, displacement where individuals, instead of dealing with the problems they are facing, blame the other person for that; in this example the white man is blamed for HIV/AIDS spreading in Africa. There is an identity problem also in relation to manufacturing condoms. Assisting these individuals to have a different perspective about HIV/AIDS implies education that should be situated in their cultural context Preece and Ntseane (2004) suggested that, another alternative is to make available the condom that is of African skin color. “In this way identity with the product might be assured alongside acceptance of a home-grown product” (p.17). Maslow Hierarchy of needs is a western theory that may not bring fruitful results for non-Western cultures. Even the suggestions that he has for educators are relevant for cultures with an independent self-view.

The above mentioned researchers (Preece and Ntseane, 2004) have outlined useful information that can help Botswana youth and reduce their chances of getting the virus if they adhere to what is being communicated. They have advocated for a new approach for Botswana in regard to the pandemic and a theory of adult education that endorses an effective curriculum that involves
learners in developing their curriculum. They emphasize HIV/AIDS information, education, and communication (IEC) strategies that can help the Botswana community to acquire more knowledge and education on the pandemic. They proposed information, education, and communication strategies that represented the “African voice.” They used drama workshops using the pedagogy strategy of Baylles and Bujra (2000). The researchers also organized a script that included the participants' language of choice, humor and words vocabulary. Accordingly (IEC) strategies engaged people “on their terms-using the practical logic of real circumstances” Preece and Ntseane, 2004.

Preece and Ntseane (2004)’s materials were relevant to adult education theory, as defined by Lather (1991) who believed that the script they used were channels of getting feedback and analyzing their data from the participants. In that regard they suggested that the educator’s responsibility shifted to that of the facilitator and the respondents performed distinctive tasks in the script.

Conclusion

Maslow’s Hierarchy of Needs theory is useful in assisting individuals to become fully functioning people, who can transcend problems in life and develop right decisions. The theory is relevant to the Western self-conception and cannot necessarily benefit group related cultures as discussed in the paper. The self-actualized person is viewed as having four characteristics, truth, justice, wisdom and meaning. In relation to Botswana youth infected with HIV/AIDS it may not be easy for them to display such qualities because of cultural beliefs surrounding their environments.

Maslow also admitted “only a small percentage of the population reaches the level of self-actualization” (Maslow’s Hierarchy of Needs. The belonging needs may not be helpful to some Botswana who may prefer the external relations advice. Classifying esteem needs as internal motivators may not influence them much, as their beliefs are rooted from external influences from their society. The social needs placed third on the pyramid in Setswana culture are important needs and can become second after physiological needs. Recent research has criticized Maslow and reported that “in some cultures social needs are placed more fundamentally than other” (Simons et al., 2009).

Maslow has suggested different ways that educators could help individuals to move forward to self-actualization. It can be helpful to Botswana adults who are victims of HIV/AIDS if they choose to take advantage of the theory. Facilitating learning can enable them to be aware that they can make right decisions and shun cultural views, rather than educators making the decisions for them. The facilitator’s presence can assist learners to become more responsible in their learning objectives. In order to help Botswana youth they should come out of their cultural beliefs and have a different perspective about HIV/AIDS and cultural taboos. This author is in agreement with Williams, (1998) “People interpret their experiences in the light of knowledge and frame works of understanding available to them in their society”.

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