

The Sexual Behaviour of Young People in Botswana



A young couple in Botswana

Introduction

This study was carried out to collect information about the sexual and reproductive health of young people in Botswana. The information will be used to measure the impact of programmes implemented in Botswana over the next five years.

The study was commissioned by

- the Government of Botswana,
- UNICEF, Botswana,
- the African Youth Alliance of Botswana,
- UNAIDS, Botswana, and
- Population Services International (PSI Botswana).

The study was carried out because Botswana has one of the highest rates of HIV prevalence in the world. Currently, almost 40% of the population aged 15-49 is HIV positive and in the north prevalence has reached 50%. HIV infection is the main challenge to the reproductive health of young Botswana, but other factors such as sexually transmitted infections (STIs), pregnancy, and gender roles in sexual decision-making are also important.

As there is no cure, behavioural change is vital. This change must be based on sound knowledge and positive attitudes. Behavioural change is the key to reducing HIV transmission and protecting the uninfected population; *the AIDS-Free Generation*. Behavioural change could reduce HIV infection rates by 35% over the next five years.

Factors contributing to Behavioural Change

- Correct **knowledge** to make informed choices.
- **Skills** to act upon this knowledge (life skills).
- Access to **services** (health, education) that can reduce sexual risks.
- **Safe and supportive environments** at home and in the wider community.

Data Collection

The study collected data to find out about different aspects of sexual and reproductive health:

- Knowledge
- Attitudes
- Sexual Practices and Behaviours
- Health-Seeking Behaviours

Quantitative data (statistical data) was collected using questionnaires, filled in during interviews. 2100 interviews were conducted with 10-14 year olds, 900 with 15-19 year olds, 900 with 20-24 year olds, and 428 with adult caregivers. In total, **over 4000** people were consulted.

Qualitative data (explanations and opinions) were collected using focus group discussions. Eight were held with adults, ten with 10 -14 year olds, ten with 15-19 year olds, and ten with 20-24 year olds. Most participants in the study were very cooperative.

The study was carried out by the Social Impact Assessment and Policy Analysis Corporation and a detailed report was produced. This booklet is a summarised 'popular version' which aims to highlight the key findings of the study.



Collecting data

12) **A o kile wa utlwalela sengwe ka malwetse a a anamang ka go tlhakanela dikoboo?** Have you ever heard of any infections that can be transmitted sexually?
___ - 1 yes [go to 12a] ___ - 2 no [skip to i]

12a) [If yes to 12] **Ke Malwetsi afe a dikobo [isenge dikai tsa malwetsi] a o a itseng?**
What infections are you aware of [Enum: not symptoms of infection, name of infection itself, in English or Setswana translation] [Tick up to 5 responses]

- ___ - 1 not know types [tick by itself] ___ - 7 chlamydia
- ___ - 2 HIV/AIDS ___ - 8 herpes
- ___ - 3 syphilis ___ - 9 genital warts

Knowledge

Overview

The study revealed that most young people had heard about AIDS, methods to prevent pregnancy and sexually transmitted infections. They also knew about condoms and condom sources. However, few young people had a detailed understanding of HIV which is the key to changing practices and promoting positive attitudes. There were serious misunderstandings regarding how HIV is and is not spread.

Gonorrhoea
Herpes
Syphilis

Awareness of Sexually Transmitted Infections (STIs)

Almost all young people aged 15-24 had heard of at least one sexually transmitted infection, but only two thirds could name three or more STIs. Three-quarters of those aged 10-14 had heard of one STI, but only one-in-ten could name three.

Young people from large villages and urban areas, and those with higher levels of education, were more aware about STIs. The older youth and those who were sexually active also tended to know more, possibly because these are infections which can be seen, unlike HIV infection.

Awareness of HIV and AIDS

All older youth had heard of AIDS, but still not all those aged 10-14 (90%). Worryingly, only half of those aged 10-14 were aware of HIV, although 90% of the older youth were aware of the virus. Only two-thirds of the younger interviewees knew that HIV was related to AIDS, as did 90% of those aged 15-24. Young people in rural areas and with lower levels of education were less aware of HIV and AIDS despite the number of funerals taking place in villages each weekend.



Only half of 10-14 year olds understood the way that HIV develops into AIDS, rising to almost nine-in-ten for the older group. Of those who knew how AIDS develops, very few of the 10-14 year olds and a quarter of older youth thought that the time between HIV infection and AIDS was at least five years. Half of the younger group had no idea how long it took, nor did one-quarter of those aged 15-24. If people are aware of disease progression, they are more likely to be able to live positively with the virus. They will also be aware that a healthy looking person may still be HIV positive and therefore take precautions before having sexual intercourse.

These results were discussed during focus group meetings as it is worrying that many young people may not negotiate safe sex with someone who looks healthy. In response to how to deal with this situation, participants recommended the following:

- Use of condoms
- HIV testing
- Delaying the onset of sexual activity
- Abstinence
- Showing videos of people with AIDS
- HIV positive people to go public

Transmission of HIV

Only one-in-six males and one-in-five females aged 15-24 knew four methods of HIV transmission. Of great concern, over half of females and one-third of males aged 15-24 noted *incorrect* methods of HIV transmission, such as sharing plates or utensils with someone HIV positive, using a toilet after someone HIV positive, mosquitoes, an HIV positive person sneezing and casual contact with someone HIV positive. Almost half of young people thought that HIV could be transmitted through kissing. This inaccurate knowledge has a great impact on the attitudes of the youth towards HIV positive people and may explain the great stigma still attached to the virus.

Less than one-quarter of young people were aware that a child born of a mother who was HIV positive would not always contract HIV. With the use of anti-retroviral drugs, the rate of mother-to-child transmission can be reduced dramatically. If this knowledge could be improved, then more pregnant girls could be encouraged to be tested for HIV and take the preventative treatment.

Symptoms of HIV and AIDS

Over half of boys and three-quarters of girls correctly noted that HIV infection was largely asymptomatic, i.e. people with HIV did not show any symptoms. Young people in rural areas and with lower levels of education were more likely to state that people with HIV did show symptoms.

Almost all respondents could correctly name symptoms of AIDS, such as weight loss, hair loss, persistent diarrhoea, sores and regular illness.

Symptoms of Sexually Transmitted Infections

The older youth were asked whether males showed symptoms if they had an STI, excluding HIV/AIDS. 35% of females and 30% of males indicated that they did not know. The others mentioned pain during urination, sores in or near the genitals, discharge from the genitals and weight loss. The last symptom was worrying given that the question excluded AIDS.

When asked about symptoms of females with an STI, almost half of males and a third of females did not know the symptoms. Only a tiny proportion knew that women with STIs are often asymptomatic. This has serious implications as it means that many girls may not seek treatment even if their partner has an STI.



Contraceptives

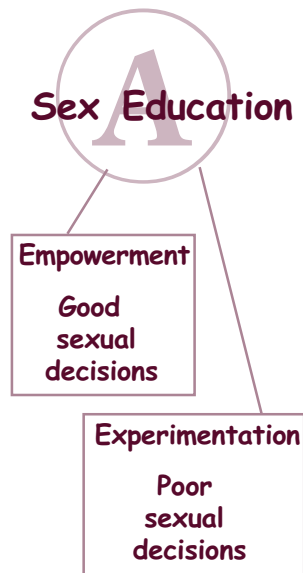
Most older youth could identify methods of preventing pregnancy, such as condoms, the pill, abstinence, injections and the IUD/loop. This shows how information which is seen as having immediate relevance to youth can be easily learned. Knowledge about HIV must also be viewed as highly relevant.

Discussion of Sexual Issues

Less than a fifth of young children had ever talked about sexual issues with an adult. For older youth, this rose to 55% for males and 39% for females. Most of these discussions were held with teachers, social workers or guidance counsellors. Two-thirds of males and half of females had talked to a friend about sexual issues. Peer education could be a very useful strategy once the youth are equipped with correct information.

Results from the adult questionnaires sometimes contradicted results from focus group meetings. The questionnaires revealed that adult caregivers believed that their children should be exposed to reproductive health education, including information about contraception. Almost all adults felt that children should be allowed access to condoms and other contraceptives, but only once the child had reached puberty. However, during the meetings, there was a general concern that if young people had more information about sexual issues, they were more likely to experiment and make poor sexual decisions. Adult caregivers felt that the focus of sex education should be on promoting abstinence and pointing out the risks of sexual activity.

One quarter suggested that such discussions should take place before puberty while 10% felt that sexual issues should not be discussed with people until they were adults.



Although most adults (over 90%) felt that it was important that their children learned about sexual matters, only 40% had actually spoken with their child who had already entered puberty, and even fewer had given their child materials. Adult caregivers need to be closely involved in addressing issues of sexual and reproductive health. By creating a supportive and conducive learning environment within the home, caregivers can take a prominent role in educating the youth.

Knowledge of Condoms

Virtually all youth had heard of condoms and many had attended a condom demonstration. Preferred sources of condoms were health facilities where condoms are free, followed by supermarkets, *semaus* (small shops), bars and chemists where young people are not asked questions and where there is privacy from adults.

Direct Knowledge of Someone Infected or who Died

Less than 6% of older youth were aware of someone who was HIV positive. Of interest, one-quarter of the male respondents noted that they had been told about someone with HIV by a friend, compared to only 3% of females. Considering the high prevalence rate, this has serious implications for young people. If they do not personalise the impact of the AIDS epidemic, they are less likely to negotiate safer sex practices. For older youth, only a fifth were aware of someone who had died of AIDS. Again, this shows the lack of openness about the pandemic as many funerals that young people attend are of people who have died of AIDS.

Comparisons with Previous Findings

- Compared to studies carried out in the early 1990s, the 2001 survey suggests that youth are slightly more aware of STIs than in the past.
- Awareness of AIDS was already 100% in the early 1990s, and this remained at 100% in the 2001 study.
- As with findings from the mid-1990s, knowledge of methods to prevent pregnancy remained high.
- Knowledge of condoms appears to have been almost universal among those aged 13 and older from the mid-1990s, and remained so in the current survey.
- Youth who had attended a condom demonstration had increased significantly since the mid-1990s.
- Condom source preferences did not change from the mid-1990s, but the fact that condoms could be obtained for free was mentioned more often in 2001 than in previous years.



A condom demonstration

Attitudes

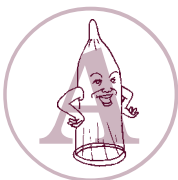
Overview

Attitudes are largely positive with regard to condoms, the ability of young people to control their reproductive health, willingness to seek HIV testing, and compassion towards those HIV positive or suffering from AIDS. However, most people do not believe that condoms can be used consistently, and confusion over how HIV was *not* transmitted may be linked to concerns about interacting with people who are HIV positive. There were also mixed findings regarding perceptions of personal risk, stigmatisation of those who are HIV positive and the rights of females in sexual situations.

Likelihood of Possible Actions

- A** *I could insist on my boyfriend/girlfriend using a condom under every circumstance.*
- A** *I could tell my boyfriend/girlfriend that I have a sexually transmitted infection and that we should both go for treatment.*
- A** *I could strongly recommend that my boyfriend/girlfriend go to an HIV testing centre to determine whether s/he has the AIDS virus.*
- A** *I could refuse sex with someone much older than me even if they were giving me gifts and money.*

- ◆ Most young people (80-96%) felt that they would be likely to insist on condom use under any circumstance.
- ◆ The majority of youth (75-90%) thought that they would be able to inform a sexual partner of an STI.
- ◆ A very high proportion of young people (80-90%) felt that they would be able to recommend that a partner go for an HIV test to determine whether they were HIV positive.
- ◆ Most interviewees (75-85%) thought that they would be able to refuse sex with someone much older. Interestingly, females were more likely to agree than males, even though the 'sugar daddy syndrome' is well documented and there is great evidence of sexual coercion of young people. Those with lower levels of education were more likely to agree even though they may rely on men for an income.



Attitude Scales

- A** *It is unrealistic to believe that sexually active people would use a condom every time.*
- A** *For the most part, my sexually active friends refuse to use condoms.*
- A** *Using a condom makes sex less enjoyable.*
- A** *A woman who carries condoms is considered loose with sex.*
- A** *If a boy refuses to use a condom, it is really impossible to convince him to use one, and a girl cannot really insist.*
- A** *If a woman wants to use a condom but the man does not, the man's decision should rule.*
- A** *When a relationship moves from casual to serious, there is no longer a need to use a condom.*



Although most young people hold positive views about the need for condoms to be used if one is sexually active, between 60 and 80% think it is unrealistic to use a condom every time. Linked to the lack of awareness that a healthy looking person may be HIV positive, this means that consistency of condom use must be stressed in intervention programmes. Even a single act of sexual intercourse with an HIV positive person can result in transmission of the virus.

Many young people did believe that condoms make sex less enjoyable, particularly those who are sexually active.

During focus group discussions, every group agreed that it would be acceptable for females to initiate condom use, insist on condom use and acquire condoms from retail outlets. 'In this day of AIDS, people have to be careful'.

Over a third of young people agreed that if a boy refuses to use a condom, a girl cannot really insist. In contrast, only a small minority believed that a male's decision about non-use of a condom would have to be the final decision.

There are clearly positive attitudes among young people about condom use, but if these are not translated into action the likelihood of HIV transmission remains high. People in committed relationships often stop using condoms. However, more than half of the young men interviewed engaged in casual sex outside of their relationship and are therefore put themselves at risk of HIV.

Perceived Personal Risk

- A** *AIDS is really only a problem in other areas, it's not here in this community.*
- A** *I don't think any of my peers have the AIDS virus, even those sexually active.*
- A** *I am at no risk of getting a sexual infection such as herpes, syphilis, or gonorrhoea, even though I sometimes have sexual intercourse.*
- A** *I am at no risk of getting pregnant, even though I sometimes have sexual intercourse.*
- A** *It is not risky to have unprotected sex because I can tell if someone has the AIDS virus.*
- A** *Pregnancy cannot occur if it's the first time the girl is having penetrative sex.*
- A** *If one is in a long-term relationship, it is really impossible to refuse sex, including sex without a condom, even if you fear that they have a sexual infection.*

Most older youth acknowledge that AIDS is in their communities (90%), but still one-third of young males deny its existence. Children in rural areas were most likely to deny that there was anyone with AIDS in their communities. Addressing this denial is an important step in behavioural change.

Most young people, but particularly males (over 70%), felt that they did not have any friends that were HIV positive, even those sexually active. A quarter to one-third of older youth still did not believe that their peers were infected. This may well be linked to the stigma attached to the virus.

Most of the youth did not feel at risk of sexual infections. Even those sexually active who did not use condoms consistently felt safe even though 10% had experienced an STI in the preceding year. Perception of risk of pregnancy among women aged 15-24 was low, even though one third had been pregnant at least once. These results clearly show that there is still a great gap between perceived risk and actual risk.

The risks of unprotected sex were not acknowledged by 10% of young people as they felt that they could see if someone had the AIDS virus.



90% of older youth knew that pregnancy could occur even if it was the first time the girl was having penetrative sex. However, over one-third of 10-14 year olds believed that they were safe from pregnancy during their first experience of sexual intercourse.

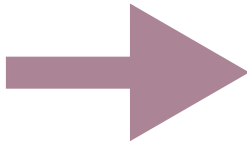
Over one-third agreed that it is impossible to refuse sex in a long-term relationship, including sex without a condom, even if they feared that their partner had a sexual infection. This can put both partners at great risk, particularly in relationships which are not monogamous.

During the focus group meetings, most young people felt that they were at personal risk. Some noted that this had led them to reduce risky behaviours by using condoms but fewer mentioned that they had delayed having sex. Others noted that risky behaviours continued for girls 'who looked for money' and for boys who had many partners.

Attitudes towards those HIV Positive

- A** *If someone is known to have the AIDS virus, they should be isolated even if they do not show signs of illness.*
- A** *Households which are taking care of an AIDS patient are avoided by other households.*
- A** *Men can be cleansed of the AIDS virus if they have sex with a virgin or a young, sexually inexperienced girl.*
- A** *If a member of my family turned out to have the AIDS virus, I would want it to be kept a secret.*
- A** *If a teacher has the AIDS virus but is not yet sick, s/he should be allowed to continue teaching.*
- A** *If a shopkeeper/semausu dealer has the AIDS virus, I would still buy products from them, including fresh produce.*

Half of young children and one-fifth of older youth believed that if someone is known to have the AIDS virus, they should be isolated even if they do not show signs of illness. Older respondents generally held more compassionate views about people living with HIV and AIDS, possibly linked to the fact that many have known them personally.



An issue which needs thorough and immediate attention is the belief that a man with HIV can be cured by having sex with a virgin. One-fifth of all young people still believe this. It has serious implications for young girls who may be forced to have sex with someone who is already infected with HIV. The fact that girls under the age of 15 are being infected with HIV may well be linked to this.

A third of young people aged 15-24 and three quarters of those aged 10-14 felt that a teacher who was living with HIV should not be allowed to continue teaching. Almost half of those aged 15-24 and 80-90% of those aged 10-14 felt that, if a shopkeeper was HIV positive, they would not purchase produce from them. Young people interact with teachers and shopkeepers on a regular basis and clearly do not believe that over a third of adults are currently living with HIV.

Focus group discussions looked at the stigma surrounding those with HIV. The groups agreed that people with HIV were stigmatised, because there was so much ignorance about how HIV was and was not spread. There was also a belief that AIDS was a disease of those who had sinned and that it did not affect 'good' people. Some contributors to the discussion said they would be afraid to eat with a friend if they found that he or she was HIV positive.

Most participants were proud of those who were 'brave enough' to declare their HIV positive status and felt they could help to create awareness that AIDS does really exist. Health workers and musicians were felt to be of great influence if they could admit that they were living with HIV or AIDS. This could be a very effective area for programme intervention if people can be supported enough to declare their status. Up to today, only 11 people in Botswana have gone public with their HIV status.



"At our school we had one pupil who had AIDS. The other pupils would not play with him, would not eat with him, or do anything with him, because they were afraid that they were going to get AIDS from him".
10-12 year old males, Gaborone.

Other Attitude Statements

- A** *Sometimes it is necessary for a boy to hit his girlfriend if she refuses to have sex with him.*
- A** *There is really nothing one can do to protect oneself from the AIDS virus, it is just fate.*

One third of young males (10-14 years) and one-quarter of males aged 15-24 agreed that boys may need to hit their girlfriend if she refuses to have sex. Even 15% of girls agreed with this, which is a serious concern for gender equality in sexual decision-making.

Some young people have a very fatalistic attitude about AIDS which may greatly influence their behaviour. One-quarter of boys agreed that AIDS is fate, as did 9.3% of girls. Those in rural areas or with lower levels of education were more likely to agree. Young people need to be empowered so that they can feel in control of their lives, particularly with respect to sexual and reproductive health.

Culture and Society

During focus group meetings with parents, discussions centred on the rapid changes in culture and society. All focus group participants agreed that sexual norms had changed over time in Botswana. Some felt that parents were no longer able to control their children. All groups noted the shift in terms of sex education from the home to the school and felt that adult caregivers had been more successful in controlling their children from having sex outside marriage. A few of the urban groups blamed the television for negative influences on their children. Many adults agreed that, in the past, relationships between young people were governed by strong societal norms that protected them and encouraged children to respect their elders.

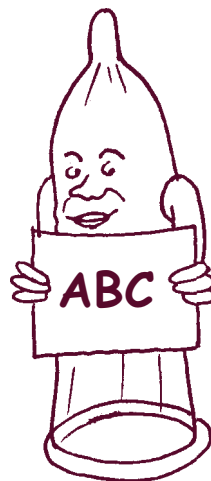
Despite reference to earlier customs and beliefs which protected young people, participants did not suggest going back to past norms. They believed that lessons had to be learned in order to make strategies appropriate for today. They felt that behaviours should be centred around abstinence and fear-based approaches (such as corporal punishment) to prevent the onset of sexual activity, but for those sexually active, protection and information are important. It is interesting that many adults would prefer to limit the rights and freedoms of young people, rather than working with them for a more informed approach to sexual decision making.



Hitting a girlfriend

Comparisons with Previous Findings

- Findings from the mid-1990s compared to 2001 suggest that attitudes towards condoms have not changed significantly over time. Nevertheless, actual practices regarding condom use have improved considerably but still not to the extent that young people believe they can negotiate safer sexual practices on all occasions.
- Overall, there appears to be a higher realisation of personal risk than in the early-1990s, which previous surveys suggest has been increasing since the mid-1990s. However, risk of pregnancy and STIs are acknowledged to a greater extent than the risk of HIV infection, possibly because these are visible risks.
- There seems to be a considerable improvement in the level of compassion for those who are living with HIV or who have AIDS, particularly in comparison with the early 1990s. Compassion seems to be linked to personal knowledge of someone with HIV, therefore young people are still less compassionate than adults.



Sexual Practices and Behaviours

Overview

This study found that most young Batswana are more likely to be engaged in safer sexual practices now than in the past, but they are still put at risk by having many sexual partners, sexual coercion, problems with condoms and substance abuse.

Sexual Practices

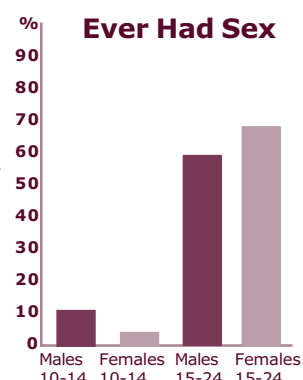
It appears that more young Batswana are opting to delay the onset of sexual activity than in the past. Only 3.3% of young girls and 10.4% of young boys had ever had sex. This rose to around two thirds of older males and females. By the age of 20, half of males and females had had sex. For sexually active youth, the average age of first sexual intercourse was 17 years.

Although only a small proportion of 10-14 year old girls are sexually active, almost 90% of them indicated that their first experience of sexual intercourse was *not planned* in advance. This may suggest that they are not in a position to make informed decisions and many may even be forced. Even for older girls, over half stated that their first sexual intercourse experience was not planned. For boys, however, half indicated that their first sexual experience was planned in advance. Most first sexual intercourse experiences occurred with a partner near their own age.

For sexually active girls, aged 10-14, almost 70% indicated that a condom was used during their first experience of sexual intercourse, rising to 87% for females aged 15-24. The figure was lower for males, particularly for 10-14 year olds (only 35%). The higher the level of education, the more likely it was that the young person had used a condom the first time.

All boys and older girls who had planned their first sexual intercourse were more likely to have used a condom than those who had not planned in advance.

Overall, about 5% of young people had had sex with someone ten years or older, with results being twice as high for girls as boys. Almost 10% of young sexually active girls (10-14 years) admitted that they had exchanged sex for gifts or money as had 4.4% of older females and 3.4% of older males.



Group meetings discussed the following statements based on findings from the questionnaires:

- ◆ More young Batswana are choosing to delay the onset of sexual activity.
- ◆ Young girls appear to be taking more control over decisions about sexual activity.
- ◆ Fewer young girls than expected are having sexual intercourse with men who are significantly older than them.
- ◆ 8 out of 10 Batswana are sexually active by the age of 20 years and half of all teenage girls get pregnant.

The groups did not agree with the finding that young people were delaying the start up of sexual activity. They felt that there is considerable peer pressure to engage in sex and noted that there are still high levels of teenage pregnancies and school drop-outs due to young girls getting pregnant.

There was a mixed response concerning the ability of young girls to take control over decisions about sexual activity. Some members did feel that young girls were able to negotiate for safer sex due to their fear of HIV and AIDS, while others said that the fear of pregnancy or their parents finding out was even greater.



The 'sugar-daddy' syndrome

Many people felt that girls were using sex 'as a weapon to get gifts and money from older men'. Some people saw this as a sign of control, while others felt that this showed the girls had no control. Overall, the groups thought that girls were now making decisions for themselves, rather than in the past when parents used to control the decision-making of young girls.

Botswana still has one of the highest rates of teenage pregnancy in the world, so although young people seem to have good knowledge and positive attitudes about methods of contraception, this is not yet being translated into consistent action.

Adult members of the group meetings were asked what measures could be taken to achieve an ideal future in terms of sexual activity for young people.

Suggestions of Adults:

1. Corporal punishment.
2. Organisation of young people into groups to help cope with negative peer pressure.
3. Banning of alcohol (which although thought to be a good idea, was felt to be unrealistic).
4. Stricter rules about the access of youth to bars, shebeens, bottle stores and night clubs.
5. Strong punishment for sex between older men and younger women.
6. Encouragement of abstinence rather than contraceptives.
7. Stopping sex education in schools as it was felt to encourage experimentation.
8. Educating boys and girls in separate schools.
9. Counselling services in schools.
10. Use of mass media to encourage proper behaviour and abstinence.

Many of these measures seem to be 'fear-based' or support the removal of certain rights of young people. It is clear, therefore, that adults and children need to discuss appropriate approaches together in order to produce a supportive environment in which real behavioural change can take place.

Sexual Coercion

Only 3% of young girls are sexually active, but almost half of them indicated that they were forced to have sex the first time. This figure dropped for older girls, but was still 12.3%. Almost all males indicated that they were willing partners during their first sexual experience; very few were coerced.

For the very few girls who are sexually active at 10-14 years, rape appears to be a common problem. Those who had engaged in sexual activity at an early age were more like to have been forced to do so. Most were forced by a peer and some were forced by a friend of the family.



Forced sex

Group meetings discussed the issue of forced sex and 'date rape' was often mentioned, particularly where alcohol was being used. Of interest, some young men and even young women felt that this was the woman's fault, particularly if she dresses promiscuously, and gets the man to buy her drinks.



Multiple partners

Sexual Partners

Most of the older youth (15-24 years) had a regular partner in the past year, and *over half* of the males had one casual partner as well (compared to a quarter of females). This suggests that the 'A and B' of the ABC message (abstain, be faithful, condomise) is still not being adopted in practice. The average number of regular partners over the past year for sexually active youth was 1.2 for males and 1.0 for females. The mean number of casual partners was 1.7 for males and 0.5 for females. 3% of sexually active youth felt that they were obliged to have sex even when they were suspicious that their partner might have an STI.

Condom Use

Virtually 100% of sexually active youth aged 15-24 had used a condom at least once. In contrast, only 43% of young boys and 79% of young girls had used a condom when they had sex.

Young people with a regular sexual partner used a condom for nine out of ten sexual events. This level of consistency is still not high enough for the prevention of HIV transmission. For sexually active youth with a casual sexual partner in the past month, the percent of sexual events where a condom was used was 92.3% for males and 88.1% for females.

Condom Problems

Many sexually active youth had experienced problems with condoms. Over half of young boys (aged 10-14) had at least one problem, as did a third of young girls. A quarter of older males (aged 15-24) and a fifth of females the same age had also had at least one problem.

The type of problems experienced included:

- Bursting
- Problems putting it on in the dark
- Pain for the female
- Falling off
- Lack of knowledge about how to use it properly



Work needs to be done to address these problems. Condoms may be bursting due to incorrect storage and excessive heat, or due to incorrect application (not squeezing the air out of the end of the condom). It is also interesting that many young people still experience problems with putting them on, despite the numbers who have attended condom demonstrations. Perhaps people need to practice with the condom and the wooden model penis, rather than just watching the demonstration. Of interest, those aged 15-19 were less likely to have experienced problems with condoms than those aged 20-24.

Potential Condom Use

For the younger children who had *never* had sex, one-third did not know under what circumstances they would use a condom. Others noted that they would use one if they were concerned about pregnancy, or if they thought their partner had a disease. Only 15% of those aged 10-14 said they would use a condom under any circumstance, rising to one-third for those aged 15-24. It is still worrying that young people are not mentioning that condoms could protect them from being infected with HIV.

Consistency of Condom Use

Consistency of condom use was high, with over 9 out of 10 sexual events involving a condom. However, reasons for consistent use were given as the prevention of pregnancy, avoiding STIs and avoiding AIDS. AIDS prevention was not given as the top reason on the list. This is emphasised by the finding that almost half of all sexually active girls indicated that they had knowingly used a condom and another contraceptive at the same time. Pregnancy is clearly the major worry for many young people.

Pregnancy

Over 12% of sexually active young girls (10-14) had been pregnant. This may well link with sexual coercion as most young girls state clearly that they fear pregnancy. Almost half of older girls (aged 15-24) had been pregnant. Most of these had already left school, so the pregnancy did not affect their education but for those who did have to leave school, half did not re-enter school after dropping out.

The average age at first pregnancy is 18, only one year after the average age of first experience of sexual intercourse. Of those who had been pregnant, almost 14% had a pregnancy which ended before coming to term.



Consumption of alcohol

Substance Use

More boys than girls use intoxicating substances such as alcohol, tobacco and *dagga*. One-in-five male respondents aged 15-24 indicated that, the last time they had sexual intercourse, they were too drunk to make a rational decision. This severely affects the correct and consistent use of condoms. The female condom is still not available in most parts of Botswana, so girls are not in direct control and must rely on their partner to use the male condom effectively. A third of young boys and a fifth of young girls had consumed alcohol. This rose to two-thirds of males aged 15-24, and 40% of females the same age. A third of older males had smoked tobacco, compared to 6% of girls the same age.

Comparisons with Previous Findings

- By the age of 20, half of all males and females had had sex. This is below figures from the mid-1990s, but still shows that the onset of sexual activity is not being delayed significantly.
- The average age at first sexual intercourse was 17, the same as it was in the early 1990s, showing that young people who do become sexually active are doing so at a young age.
- Condom use rates were quite high, at 80%, which is similar to the findings from the mid-1990s, but many sexual events were not planned in advance.
- The number of casual sexual partners of sexually active youth may even have risen, but the average number of regular sexual partners appears to have declined.
- While more young people are using condoms now than in the past, many are having problems with these condoms and do not use them on all occasions.



Health-Seeking Behaviours

Sexually Transmitted Infections

More than 10% of sexually active males reported that they had an STI in the year prior to the survey, but only 80% of these had sought treatment. A third of those with an STI had had two or more STIs within a period of one year.

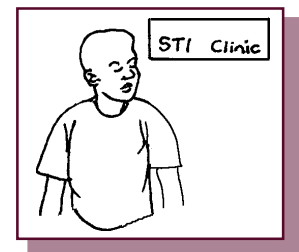
In the group meetings, members explained that people may fear to go for treatment of an STI in case they were also tested for HIV. They felt that many people preferred to use traditional doctors because they fear that the clinics ask too many questions.

Seeking Health Services

The following sexual and reproductive health services are available in Botswana but very few young people had used these services.

- STI information and treatment
- Voluntary counselling and testing (VCT)
- Ante-natal care
- Post-natal care
- Family Planning

Less than 10% had sought STI information and treatment services. Not even 5% had sought voluntary counselling and testing services and only a quarter of females aged 15-24 had sought ante-natal care and post-natal care services. This is despite the fact that the prevention of mother-to-child-transmission programme can drastically reduce HIV being passed on to babies. If more young people can be made aware of what is available to help them with regard to HIV and AIDS, it seems more likely that they will be able to live positively with the virus and will not stigmatise those who are HIV positive. Only 10% of females aged 15-24 had sought family planning services, dropping to some 5% for males the same age.



Attending an STI clinic



Youth-friendly clinic

Attitudes Towards Services

The young people who used the services had positive attitudes about them and agreed that staff respect and know how to work with young people and that they take time to discuss the issues fully. However, some did note that there was no separate time or space allotted to young people. When asked how to make the clinics more youth-friendly, the issue of privacy came up consistently as well as the problem of health workers being too busy to deal with them. It is not clear why the majority of young people do not use the services available and it clearly needs to be addressed through programme interventions.

HIV Testing

Less than 2% of all respondents aged 10-14 had gone for an HIV test, as had some 12% of those aged 15-24. Females who had been pregnant were significantly more likely to have had an HIV test. Males in urban areas were more likely to have gone for a test than those in rural areas, but for females there was no variation.

Reasons for being tested included:

- Concern about status
- Pregnancy (for females)
- Heard radio message indicating service was available
- Concern about sexual partner
- Being sexually active

Reasons for NOT being tested included:

- Belief that they were not at risk
- Not being sexually active
- Scared to know their status
- Concern over the confidentiality of testing
- Worry about being seen going to the testing centre
- Had not had the chance to be tested
- Did not want to know
- Did not know where to locate testing centres (only 10%)

The meetings discussed why so few people had gone for testing, even though in the survey most people had stated that they would not be afraid to go for a test. Groups felt that people did not know where to go for testing or were frightened to be found HIV positive, in case they would lose their friends. Some still stated that they did not believe HIV existed or felt that they were better off living without the stress of being found HIV positive.

Voluntary Counselling and Testing

"Most studies have shown that Voluntary Counselling and Testing (VCT) works as an HIV/AIDS prevention strategy, even in countries where anti-retroviral treatment is not available.

- Knowledge of serostatus empowers individuals to plan and make important life decisions.
- People can seek care, support and treatment where possible.
- Individuals can be assisted in developing personal risk-reduction plans based on their serostatus and sexual relationships.
- Together, couples can learn their serostatus, discuss risk reduction and plan their future.
- With information, decisions can be made whether to have more children or whether to breastfeed and provisions can be made for the care and support of children."

(Mataure, 2000:15)

Comparisons with Previous Findings

Past studies had only looked into STIs, rather than health-seeking behaviours. The percentage suffering from a sexually transmitted infection appears to be much lower now than in the 1990s. For 15-24 year olds, the rate was about 10%, while for 1994, 1993 and 1992 the rates averaged over 20%.

Conclusions

This baseline study has helped to meet two key objectives:

- 1) it points to key problems that need urgent attention, problems that would need to become part of upcoming interventions; and
- 2) it provides a series of measures against which to consider intervention success, and areas where improvement is required.

Knowledge

Although most young people in Botswana have heard about many aspects of sexual and reproductive health, far fewer have detailed knowledge. Most youth can name the symptoms of AIDS, but few can accurately name all the modes of transmission. Worryingly, many name incorrect modes of transmissions such as kissing or sharing plates with a person with HIV. Many young people believe that HIV is always transmitted from mother to child and very few can accurately describe the progression of HIV to AIDS. This means that they have little understanding of how the virus is linked to AIDS-related illnesses and therefore cannot fully comprehend the concept of 'living positively with HIV'. Without a deeper knowledge of HIV and AIDS, young people find it hard to personalise their risk of HIV infection and remain ill-equipped to avoid high risk activities.

Attitudes

HIV is still not real to the majority of Botswana youth. Many do not realise that it is relevant to them and their families; they assume that they are very unlikely to contract the virus and do not believe that their friends may be HIV positive. This lack of recognition has meant that there is still a great stigma attached to having HIV and only 11 people have ever gone public about their status in Botswana. Many young people feel that anyone known to have HIV or AIDS should be isolated from the rest of the community, regardless of whether they show any symptoms or not. For example, the majority believe that a teacher with HIV should not be allowed to carry on teaching and many admit that they would not go to a shop if they thought the shopkeeper was infected.

Condoms are OK, but we can't be expected to use them every time!



Although attitudes are very positive about condom use, the main reason for using condoms is the prevention of pregnancy and some girls use two types of contraceptive simultaneously. Most young people feel it is unrealistic to believe that a condom

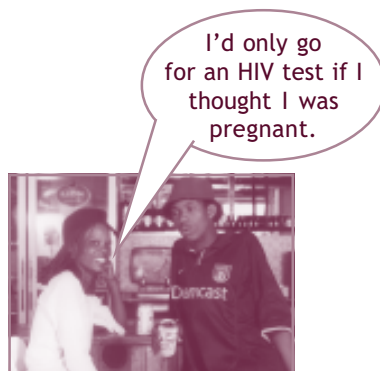
can be used during every sexual act. This attitude and the denial of personal risk of HIV infection clearly undermines the significance of the positive attitudes about condom use. Also, many girls feel that they could not insist on using a condom if the boy refused, even if she suspected that he had an STI. Again, this belief does not seem to include the fear of HIV, but only of other more visible STIs.

Sexual Behaviours and Practices

Behaviours which are recognised to help prevent HIV transmission among youth are consistent condom use, reduction in the number of sexual partners, voluntary testing for HIV and the delay in the onset of sexual activity. Although more young people claim to be using condoms now than in the mid 1990s, these statistics may be subject to reporter bias and need to be looked at against the incidence of STIs and pregnancy rates. Unfortunately, statistics remain high for both pregnancy and STIs (including HIV) for Batswana youth. It has also been found that young people have more sexual partners now than five years ago. Not all young people are delaying their first sexual experience either from peer pressure or due to sexual coercion.

Health Seeking Behaviours

Young people claim to be willing to be tested for their HIV status, but less than 5% of people under 24 years have actually been tested. This may reflect their belief that they are at very little risk of infection. A significant number of these tests have been carried out during antenatal care as part of the prevention of mother-to-child transmission (PMTCT) programmes. Few young people are using the sexual and reproductive health services available to them, but it is unclear why that is. The small percentage who have used the services have found them friendly, but suggest that there should be more privacy.



Recommendations

The findings from the study reveal that programme interventions are still clearly needed in Botswana. Suggestions for these interventions are outlined below using the UNICEF programme framework. This framework aims to promote behavioural change by ensuring that young people are involved throughout the implementation of all programmes and have:

- Correct **knowledge** to make informed decisions.
- **Skills** to act upon this knowledge (life skills).
- Accessible **services** - health, education.
- **Safe and supportive environments** at home and in the wider community.

Correct Knowledge

Young people absorb knowledge effectively when they believe it is relevant to their lives. The study revealed high levels of knowledge on certain topics, such as methods of contraception, but lack of knowledge or incorrect knowledge on other topics, such as the progression of HIV to AIDS. The ABC message has raised awareness of HIV and AIDS, but a deeper understanding of the virus is now critical.

Correct knowledge can be passed on to young people using a variety of different methods, both within school and outside:

- ◆ Peer education
- ◆ Videos made in Botswana (e.g. showing people living with HIV and AIDS and the progression of HIV to AIDS)
- ◆ Talks by people living with HIV and AIDS
- ◆ Youth-focused books and posters

The peer education approach has often proved to be effective in improving knowledge of sexual and reproductive health issues as many young people feel more comfortable talking to peers than adults. However, this approach relies on peer educators being equipped with correct knowledge on all aspects of sexual and reproductive health and they will need to be assisted in this.

Videos made in Botswana could bring home the message that HIV is in all communities in Botswana. They could also show clearly the way in which the virus is (and is not transmitted) as well as its progression to AIDS. Other videos on STIs, their symptoms and methods of treatment may also be beneficial.

One of the best predictors of a compassionate attitude towards those with HIV is personal knowledge of an HIV positive person. Therefore, talks by people living with HIV could help to remove the stigma attached to the virus and help focus on ways of 'living positively' with HIV or AIDS. Public proclamation by large groups of HIV positive people, who have worked with NGOs in terms of counselling, has taken place in neighbouring countries. It may be a successful approach in Botswana, particularly to heighten awareness that HIV and AIDS do really exist.

Family life education could be introduced at an earlier age but must take into consideration the fear from parents that 'more knowledge will lead to more sex'. Parents need to be involved in all areas of programme intervention as their support is critical.

Skills to Act on Knowledge

In order to pass skills on to young people, practical approaches are needed. These could include:

- ◆ Interactive condom demonstrations
- ◆ Youth workshops on lifeskills
- ◆ Training in skills of income generation

The number of problems experienced with condoms suggest that condom demonstrations need to be more interactive, so that young people can perfect the necessary skills before being expected to use the skill in a real-life situation. This could help to improve consistency of condom use.

Peer pressure and sexual coercion are two of the factors making it difficult for young people to delay the onset of sexual activity. Workshops where young people can practice negotiation skills could be invaluable. However, there also needs to be greater support from the legal system so that rape and defilement are curbed.

Many young women are economically dependent on men and this greatly decreases their opportunities for equality of sexual decision making. Training in skills of income generation is an important step to economic empowerment.

Access to Services

Investigation into why so few youth use sexual and reproductive health services is necessary, as is the continued effort to make these services 'youth-friendly'. Increased access to counselling, ante- and post-natal care, family planning and HIV testing services is critical. Plans to expand access to testing services should proceed as it provides HIV positive people access to counselling and encourages HIV negative people to stay uninfected. Traditional healers are sometimes used for STI treatment, so they also need to be included in programme initiatives.

The demand for condoms continues to expand and most users rely on health facilities to secure condoms. These need to be stored carefully. The relationship between HIV testing and condom use patterns needs to be carefully considered. Consistency of condom use is required even with testing because of the high number of young people with multiple sexual partners. There is a danger that those who prove to be HIV negative will see this as an opportunity to give up using condoms.

A Safe and Supportive Environment

It is important to consider the effects on young people of growing up in an 'AIDS' environment. An expansion of counselling services may well be necessary. It is also necessary that the home environment is supportive and that adult caregivers feel able to talk to young people about issues of sexual and reproductive health. Specific interventions targeting adult caregivers may be necessary.

There is a continuing need to focus on gender roles in sexual decision-making, particularly female initiation of condom use. Increasing the availability of the female condom may be an important intervention.

The environment also needs to be safe for people living with HIV and AIDS to go public with their status. Home-based care programmes have helped to overcome some of the stigma, but other actions are also needed.

Behavioural change must come from within each individual, but if young people feel that they have external support from adult caregivers, health workers, teachers and the legal system, they are more likely to be able to behave in sexually responsible and risk-free ways.

Summary Statistics

Knowledge		
STIs	Proportion of 10-14 year olds who could name 3 STIs.	10%
HIV/AIDS	Proportion of 10-14 year olds who were aware.	50%
	Proportion of 15-24 year olds who were aware.	90%
Awareness of HIV Link	Proportion of 10-14 year olds who were aware that the time between HIV infection and AIDS was at least five years.	10%
	Proportion of 15-24 year olds aware of this time lag.	25%
Methods of HIV Transmission	Proportion of males (15-24 years) who could name 4 methods of HIV transmission.	15%
	Proportion of females (15-24 years) who could name 4 methods of HIV transmission.	22%
	Proportion of males who noted <i>incorrect</i> methods of HIV transmission.	33%
	Proportion of males who noted <i>incorrect</i> methods of HIV transmission.	50%
Mother-to-child	Proportion of young people who were unaware that a child born of a mother who was HIV positive would not always contract HIV.	25%
Contra-ception	Proportion of males (15-24 years) who could name 3 methods.	71%
	Proportion of females (15-24 years) who could name 3 methods.	88%
Discussions	Proportion of males (10-14 years) who had discussed sexual issues with an adult.	12%
	Proportion of females (10-14 years) who had discussed sexual issues with an adult.	19%
Condoms	Proportion of 10-14 year olds who knew about condoms and had attended a condom demonstration.	33%
	Proportion of 15-24 year olds who knew and had attended a condom demonstration.	80%
HIV+ People	Proportion of males (15-24 years) who were aware of someone HIV +.	6%
	Proportion of females (15-24 years) who were aware of someone HIV+.	6%
Died of AIDS	Proportion of males (15-24 years) who were aware of someone who had died of AIDS.	20%
	Proportion of females (15-24 years) who were aware of someone who had died of AIDS.	22%
Sex Education	Proportion of adults with 10-14 year olds had discussed sexual issues with their child.	18%
	Proportion of adults with 15-24 year olds had discussed sexual issues with their child.	40%

Attitudes		
Condom use	Youth who felt they could insist on a condom under any circumstance.	80-96%
	Youth who agreed that it is unrealistic to use a condom every time.	60-80%
	Youth who felt that if a boy refuses to use a condom, it is impossible to convince him.	30-42%
STIs	Youth who felt they could inform a sexual partner if they had an STI.	75-90%
HIV test	Youth who felt they could tell their partner to go for an HIV test.	80-90%
Refuse sex	Youth who felt they could refuse sex with someone much older.	75-85%
AIDS in the Community	Males aged 10-14 who feel that AIDS is not a problem in their area.	33%
	Youth aged 15-24 who feel that AIDS is not a problem in their area.	10%
Friends with HIV	Youth aged 15-24 who did not believe their friends had the AIDS virus, even those sexually active.	25-33%
Stigma	Youth aged 10-14 who agreed that someone with the AIDS virus should be isolated.	50%
	Youth aged 15-24 who agreed that someone with the AIDS virus should be isolated.	20%
	Youth aged 10-14 who felt that a teacher who was HIV positive should not be allowed to continue teaching.	70-75%
	Youth aged 15-24 who felt that a teacher who was HIV positive should not be allowed to continue teaching.	30-40%
	Youth aged 10-14 who felt that, if a shopkeeper was HIV positive, they would not purchase produce from them.	80-90%
	Youth aged 15-24 who felt that, if a shopkeeper was HIV positive, they would not purchase produce from them.	60%